

Health Equity Zone for Native Communities

HEZ FAQ

Contents

[About the Health Equity Zones Initiative](#)

[Zone Details](#)

[Funding](#)

[Submissions and Selection](#)

About the Health Equity Zones Initiative

Q: What is a Health Equity Zone?

A: A Health Equity Zone (HEZ) is a geographically connected area where people living there work together will work to address their community's unique health concerns. The idea is that people living in a community facing health barriers often bring the best solutions.

Q: What does geographically connected mean?

A: For the purposes of the submission process, geographically connected communities are areas that are next to each other and share a border or waterway.

Q: How was the Health Equity Zones Initiative created?

A: State lawmakers passed [Senate Bill 5052](#) (only in English) in 2021 to create the Health Equity Zones Initiative. The Department of Health was tasked with implementing the legislation and convened a Community Advisory Council with members from across the state to lead decision-making on the design and vision of the initiative.

Q: Who is the Community Advisory Council (CAC)?

A: The Community Advisory Council is a group of community, sector, and Native leaders from across Washington state who are developing the HEZ Initiative. The CAC works in collaboration with the Community Workgroup.

Q: Who is the Community Workgroup?

A: The Community Workgroup is an open membership group that provides guidance to the CAC on key decisions through their lived experiences and expertise.

Zone Details

Q: Why only three zones?

A: The Health Equity Zones Initiative is in the pilot phase of implementation and the Department of Health determined that piloting three zones would allow for robust support and success of the initiative. The Department of Health is committed to growing and sustaining Health Equity Zones with this important foundation created by community leadership.

Q: Why are there three zone designations?

A: To ensure equitable selection of zones across the state, the CAC created three priority designations for the zones: urban, rural, and Native communities. These designations recognize the unique social, economic, and environmental factors in each of these communities.

Q: How do I know if this is something I should apply for?

A: The Review Panel created the following definition: An opportunity for Tribal communities and Urban Native communities in a zone to continue to strengthen health through culturally relevant approaches. The zone will be a geographically self-defined and connected area, that is small enough for focused strategies to have a measurable impact on health outcomes. For example, ancestral homelands, defined tribal lands, a city, town, zip code, or neighborhood.

Q: What if my organization works statewide or across multiple communities?

A: The Health Equity Zones Initiative uses a place-based approach by seeking to reduce health inequities in geographic communities. Organizations that work statewide or across multiple communities are encouraged to think about areas they serve that would benefit most from focused locally-driven solutions.

Q: Who developed the process for selecting the Zone for Native Communities?

A: Native community representatives on the Community Advisory Council formed a Zone for Native Communities Subcommittee to develop submission guidelines, which includes a zone definition, eligibility criteria, and selection process. The subcommittee invited input on the selection process from Native leaders in Washington and led recruitment of a review panel reflective of Tribal and Urban Native communities from across the state.

Q: How big should a zone be?

A: The zone will be a geographically self-defined and connected area, that is small enough for focused strategies to have a measurable impact on health outcomes. For example, ancestral homelands, defined tribal lands, a city, town, zip code, or neighborhood.

Q: What are Community Collaboratives?

A: Each zone's Community Collaborative will identify health priorities in that community and solutions to address those needs. A Community Collaborative is a diverse group of community members, leaders, and organizations who will work together to improve the health of their community. Collaboratives will build on existing partnerships in a community and help establish new ones.

Funding

Q: How much funding is available?

A: Initially, each zone will receive \$200,000 per year for two years to build community capacity, identify health priorities, and **develop a plan to address health priorities**. The Department of Health will work in collaboration with each zone to identify funding sources after the initial two years for implementation of the identified strategies.

Q: Are there restrictions on how funds can be spent?

A: Community Collaboratives in each zone will determine how funds should be spent based on the unique needs of their community. Funds can be used for new or existing projects.

Q: What will be the reporting requirements for this funding if selected as a Health Equity Zone?

A: Reporting and evaluation will be determined in partnership with the selected Health Equity Zone and HEZ staff.

Submissions and Selection

Q: Who can submit the form for the Health Equity Zone for Native Communities?

A: The submitter must meet the following criteria to be eligible for the Zone for Native Communities:

- Represent a Tribe (federally and non-federally recognized), Tribal Organization, Urban Indian Organization, or Collaborative of these entities.
- Identify as a Native-led entity.
- Use a community-driven approach.
- Serve and prioritize the Native population.

Q: What are examples of health inequities?

A: In some communities, people have a shorter life expectancy, or higher rates of asthma or diabetes. Some have more air pollution. Some communities lack doctors or medical facilities. Health inequity means that people who live in a certain community have poorer health outcomes or lack health resources. You can explore how your community compares to the rest of the state in a number of health categories by using the [Washington Tracking Network](#) (English only). If you need help using the Washington Tracking Network dashboards, please email doh.wtn@doh.wa.gov.

Q: Do I need to propose a specific project to be chosen as a Health Equity Zone?

A: No. Communities do not need to have a specific project in mind to be chosen as a Health Equity Zone.

Q: When and where can I fill out the submission form?

A: The submission form opens February 28, 2024, and closes on May 22, 2024. Technical assistance will be available after the launch of the submission form. You can find the submission form at <https://waportal.org/partners/home/health-equity-zones-hez-initiative>.

Q: What kind of technical assistance will be available?

A: Virtual Info and Workshop sessions are scheduled for March 5 from 4:00-6:00 PM, April 18 from 12:00 – 2:00 PM, and May 8 from 6:00 – 8:00 PM to provide an overview of the submission form and selection process. Staff and review panel members will be available to answer questions. For information on how to join the meetings, visit <https://waportal.org/partners/home/health-equity-zones-hez-initiative>.

Q: Who will be selecting the Zone for Native Communities?

A: The Zone for Native Communities Review Panel will identify the urban and rural zones.

Q: When will I know if my community has been selected as a health equity zone?

A: The submission form closes on May 22, 2024. The final zone selection is expected to be announced in Summer 2024.

Q: How will I know if my submission was received?

A: An email will be sent to the person listed in the submission form indicating that the submission has been received. This email will be sent from healthequityzones@doh.wa.gov. Adding that email to your contacts may help prevent email ending up in junk or spam folders.