Report to the Legislature

Health Equity Zones

DECEMBER 2023

RCW 43.70.595

Prepared by
Office of Family and Community
Health Improvement
Prevention and Community Health

Washington State Department of HEALTH

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Executive Summary

Differences in conditions where people are born, live, learn, work, and play, often referred to as social determinants of health, can influence who is healthy, who is sick, and who lives longer. Communities of color, low-income communities, and people in areas with limited access to health care are disproportionately impacted by health inequities; yet their voices, experiences, strengths, and cultural knowledge are often not centered in the decision-making that influences their health.

In 2021, the Legislature passed Senate Bill 5052, which created an important foundation for the Department of Health (department) to support communities in identifying geographically-based health equity zones, places where people face more limited access to health care and other conditions that negatively impact their health (RCW 43.70.595).

The department's Health Equity Zones (HEZ) Initiative is guided by a Community Advisory Council (Council) made up of community, tribal, and sector leaders. This group ensures efforts are community-centered and justice-oriented, with focused attention given to communities experiencing the greatest health inequities. The Council, with support from department staff, led decision-making on the development of the HEZ Initiative, including the nomination and selection process with feedback and input from the Community Workgroup – an open membership group made up of community members across the state. In summer of 2023, the first zones in Washington state were selected by the Council:

- The rural communities of Whatcom County
- The combined communities of Burien, SeaTac, and Tukwila

The selection process for the third zone, dedicated to Native communities, is currently being developed by tribal community representatives on the Council and is anticipated to launch in Winter 2024. Data was used to support zone selection by applying an approach that values all forms of data, including stories or anecdotes from community members, cultural teachings, and data collected by community organizations and governmental agencies.

Next, each selected zone will establish a guiding body (Community Collective) that will lead efforts to improve the health of their communities. Zones will receive core infrastructure funding for two years that can be used to identify health priorities, develop community action plans, and implement solutions unique to the needs of the community.

Throughout this process, the department provides technical assistance, which includes facilitating the implementation of the workplan, collating community feedback, conducting evaluation of the initiative and coordinating relevant improvements to the process, and collaborating with intergovernmental stakeholders and external partners.

Through the initiative's participatory decision-making and evaluation model, the department is learning and changing the way it does business to better serve communities across the state in improving health outcomes.

Health Equity Zones (HEZ) Initiative Background

Where you live can make an impact on how easy or difficult it is to be healthy, resulting in some Washington communities facing more health-related problems than others. Social determinants of health, or the economic and social conditions – based on where people are born, live, learn, work, and play – affect a person's health status. Some communities struggle with air pollution and other environmental concerns that impact health. Some places have few doctors or medical facilities. Some neighborhoods lack safe places for children to learn and play, or economic opportunities for families. These factors can result in geographic health disparities and can impact many health outcomes, including life expectancy.

In recognition of deep and longstanding inequities in communities across Washington state, lawmakers passed Senate Bill 5052 in 2021 to create the Health Equity Zones (HEZ) Initiative, which the Department of Health (department) was tasked with implementing. This was in response to the growing understanding of how the social determinants of health can impact communities that are geographically connected. The HEZ Initiative is designed to support communities in identifying their priority health needs and support community-based strategies to address them. This model recognizes that people living in a community with significant health barriers often have the best solutions to improve the health of their community. This aligns with the department's Transformational Plan, of which the initiative is a featured program, as well as the Governor's Pro-Equity Anti-Racism (PEAR) efforts.

Health Equity Zones as Defined in Senate Bill 5052

"...'health equity zone' or 'zone' means a contiguous geographic area that demonstrates measurable and documented health disparities and poor health outcomes, which may include but are not limited to high rates of maternal complications, newborn health complications, and chronic and infectious disease, is populated by communities of color, Indian communities, communities experiencing poverty, or immigrant communities, and is small enough for targeted interventions to have a significant impact on health outcomes and health disparities."

HEZ Initiative Development Process

Phase 1: Planning

In July 2021, the department engaged in discussions with agency and community partners to initiate the development of the HEZ Initiative. The first year emphasized partner engagement and establishing community-driven processes to build a sustainable foundation. Staff dedicated time to gather information on similar models from other states and identify the strategies that would work best for Washington, including meeting with the Rhode Island Department of Health, which launched the first Health Equity Zones Initiative in the country.

The focus of the HEZ Initiative would be for the department to support the development of an innovative model for community centered decision-making and community investment. From this, the department determined that the pilot of the initiative would begin with three zones.

Phase 2: Development

The department established a Community Advisory Council (Council), whose roles included guiding the development of the nomination process, determining classifications of the three pilot zones (rural, urban, Native), and selecting the initial zones.

The department intentionally centered community decision-making at every step of the process to develop the HEZ Initiative. Community members nominated themselves or others in their community to be considered to serve on the Council. The community representatives were selected by their peers with technical assistance provided by department staff throughout the process. In response to the strong interest expressed by community members who participated in the representative selection process to continue engaging with the HEZ Initiative, the department convened an open membership Community Workgroup (Workgroup). The role of the Workgroup is to facilitate broader community input and provide guidance to the Council.

The Council and Workgroup met monthly from April 2022 to June 2023 to guide the development of the HEZ Initiative. During this time, the Council, supported by department staff,

determined the criteria for nomination and selection, released and promoted the nomination process, and scored the nominations received – all leading to the selection of the first urban and rural health equity zones in Washington.

Phase 3: Implementation

Each of the selected zones will be led by a cross-sector guiding body that reflects the diverse makeup of their community. The department will provide technical support to the guiding bodies to identify health priorities and implement projects using strategies to improve health outcomes that are unique to their community.

The guiding bodies are anticipated to convene in Winter 2024 to implement a participatory decision-making process to determine allocation of core infrastructure funding. Each zone will use a community-driven decision-making process to identify a backbone organization, whose role is to support the coordination and logistics of their guiding body, otherwise known as their "Community Collective."

Phase 4: Sustainability

The department will support the zones' guiding bodies in identifying continued funding and other resources that align with the identified health inequities and selected projects in their community. The department will implement a participatory evaluation process to assess the impact of the HEZ Initiative, measure outcomes, and make ongoing improvements. The department is also conducting ongoing analysis of the community engagement process utilized to implement the HEZ Initiative, using lessons learned to help inform other community-rooted initiatives.

Community-Driven Leadership

The HEZ Initiative is designed to be community-centered and led by community members with lived experiences across the state. The community-driven approach was applied at every step of the process, including the initial convening of the Council and the creation of the Workgroup.

The Council has 25 seats and includes 16 community representatives, 4 Tribal community representatives, and 5 sector representatives. The sectors represented are Accountable Communities of Health, local health jurisdictions, the Governor's Interagency Council on Health Disparities, and philanthropy. The role of the Council is to lead decision-making on the zone selection process, select the zones, and provide guidance on the development of the HEZ Initiative model.

Community representatives were selected through a peer nomination process. There was strong interest in participating in this work and over 70 nominations were submitted. The nominations were reviewed by the nominators and nominees, who selected the 16 community

representatives through ranked choice voting. The department followed the lead of community representatives throughout the process. The shift in the department's role from decision-maker to support has been integral to the success of this pilot program and provided invaluable learnings, which have contributed to ongoing improvements to the HEZ Initiative.

One example of incorporating feedback in real time was the creation of the Workgroup. Department staff received feedback that having a limited number of seats on the Council contributed to a scarcity mindset among participating community members. Therefore, the department created the Workgroup, an open membership group made up of community members across the state. Please see Appendix B for more information about the Community Advisory Council and Community Workgroup structure.

Both the Council and the Workgroup worked to ensure that the HEZ Initiative is community-centered and justice-oriented, and focuses attention to communities experiencing the greatest health inequities in the state. The Council and the Workgroup helped identify and shape stories that provide insight on the health inequities facing communities in Washington, as well as the public health data that document how these groups are disproportionately impacted.

Leah Tanner, a Tribal community representative (At-Large) on the Council, shares her excitement for joining the HEZ Initiative because of her readiness to "roll up my sleeves and get to work with like-minded people on developing strategies that will improve health throughout Washington state. Persistent health disparities in communities of color, rural areas, and low-income families need innovative solutions so all people can achieve optimal health."

Figure 1: Taniela Tokailagi, Community Advisory Council Member

Appendix C lists representatives on the Council who participated in the initial development of the HEZ initiative. The department is grateful to these individuals for their leadership in developing the HEZ Initiative and their passion for improving the health of Washingtonians.

Inaugural Zone Selection Process

The Council met monthly, with support from department staff, for approximately one year to develop the process of selecting the inaugural rural and urban health equity zones. The first several months were spent building relationships, establishing the decision-making

infrastructure, and learning about similar initiatives, which all came to fruition during one of the major milestones for the HEZ Initiative: creating priority designations.

To ensure equitable selection of zones across the state, the Council 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 the three communities. After this milestone, the Council formed two subcommittees for the rural and urban zones whose participants had expertise and lived experience in the communities, to develop language that described the unique characteristics of the respective communities and geography.

A third subcommittee, made up of tribal community representatives on the Council, was formed to develop the process of selecting the health equity zone for Native communities. The selection process builds on the process created by the Council to identify zones, while honoring Native traditions and leadership.

In April 2023, the HEZ Initiative concluded a six-week nomination process for the selection of one rural and one urban zone. A total of 43 complete nominations were received from across 21 counties in Washington. See the map (right) for all community nomination locations.

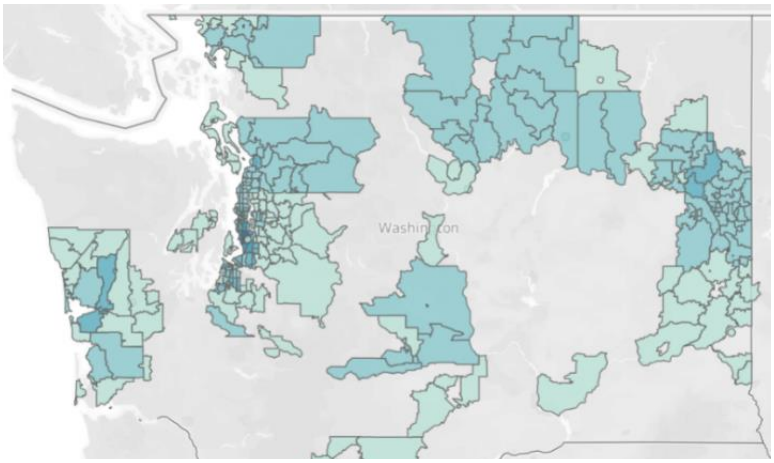


Figure 2: Map of Nominations for Rural and Urban Health Equity Zones
Darker blue color indicates areas with a higher concentration of nominations received.

The Council reviewed and scored the nominations using the scoring rubric they developed, focusing on community support, centering community, envisioning collaboration, and prioritizing equity. The Council then convened in-person in June 2023 to deliberate using Council-developed selection criteria and data profiles compiled by staff highlighting areas of interest that were identified by the Council including demographic, socioeconomic, and health disparities data.

Alina Swart, a community representative from Asotin County, shares her experience selecting the pilot rural and urban zones, “we were able to collaborate and discuss the merits of each application in order to come to a fair and beneficial understanding of each one, helping us to choose the zones that would best benefit the people of those communities. It was a very hard decision because there were so many great applications and communities who deserved and would have benefited from the grant. The people of the CAC [Council] rose to the occasion and did the hard work needed to get us to the goal intended.”

Data was used to support zone selection by applying an approach that values all forms of data, including stories or anecdotes from community members, cultural teachings, and data collected by community organizations and governmental agencies. Nominators were invited to submit

community-based data sources describing the strengths and challenges of their community. This information was reviewed by the Council alongside public health data on demographics, socioeconomic status, and health disparities.

The 2023 nomination and selection process included meeting eligibility criteria, zone priorities, zone definitions, and scoring by standardized rubric (see Appendix E).

Community Outreach

The HEZ Initiative aimed to have a broad reach with the nomination process. A group of Council members and Workgroup members formed an Outreach Team to develop a comprehensive strategy and tailor messaging about the HEZ Initiative, including a focus on how to reach rural residents. This team, with support from staff, guided the creation of communication materials and led outreach efforts in their communities.

More than 100 different organizations were contacted across 30 counties in Washington state. Various sectors were represented, such as libraries, clinics, schools, community councils or coalitions, local health jurisdictions, city governments, and community-based organizations. Department staff, in collaboration with the outreach team, offered one-on-one presentations to existing community groups and held two web-based overview sessions attended by over 30 community members in the lead up to the nomination launch.

Technical Assistance

While the nomination process was open, department staff provided technical assistance to support community members in completing the nomination form. Virtual office hours were held weekly, including on evenings and weekends, to provide face-to-face opportunities to answer questions that may arise during the nomination process. In addition, a list of data resources was compiled on the HEZ website to support nominators in the use of data to strengthen their narratives.

At the guidance of the Council, nominations were also accepted in the nominators' preferred language and format, such as video or audio. Three video submissions were received. Lastly, two web-based Informational Sessions were facilitated by Council members to provide an overview of the nomination form and selection process.

2023-2025 Selected Health Equity Zones

The HEZ Initiative is in the pilot phase of implementation. The department is committed to growing and sustaining the HEZ Initiative with this important foundation created by community leadership.

Figure 3: Facilitator speaks to Community Advisory Council

Inaugural Health Equity Zones

Rural

The Rural Communities of Whatcom County have long served as an agricultural center and major port of entry into Washington. With more than 100,000 acres of rich farmland, an active commercial fishing industry, and both large student and older adult populations, the nomination for the Rural Communities of Whatcom County noted that, geographically, it is predominantly rural but also has a mid-sized city in Bellingham. This combination presents a case study for advancing health equity and bridge-building between rural communities and more densely populated areas of a region.

Urban

The combined communities of Burien, SeaTac, and Tukwila comprise one of the most diverse regions of the state. It is home to immigrant and refugee populations representing numerous ethnic and racial groups, with more than a dozen languages commonly spoken. The nomination for Burien, SeaTac, and Tukwila highlighted the challenges new residents face when relocating to Washington.

Zone for Native Communities

The selection process for the zone dedicated to Native communities is currently being developed by tribal community representatives on the Council. The nomination process is anticipated to launch in Winter 2024.

Community Collectives

A Community Collective is a diverse group of community members, leaders, and organizations who guide the selected project to improve the health of their community. Each zone will form Collectives that build on existing partnerships in a community and establish new relationships, especially seeking to include people and communities most impacted by inequities.

Community Collectives in each zone will identify health priorities and develop an action plan to address those priorities with technical support from the department. Community Collectives will determine how they want to assess health priorities using new and/or existing data. For planning purposes, the department is estimating up to 12 months for this process, however the timeline of this planning phase will be driven by the Collectives.

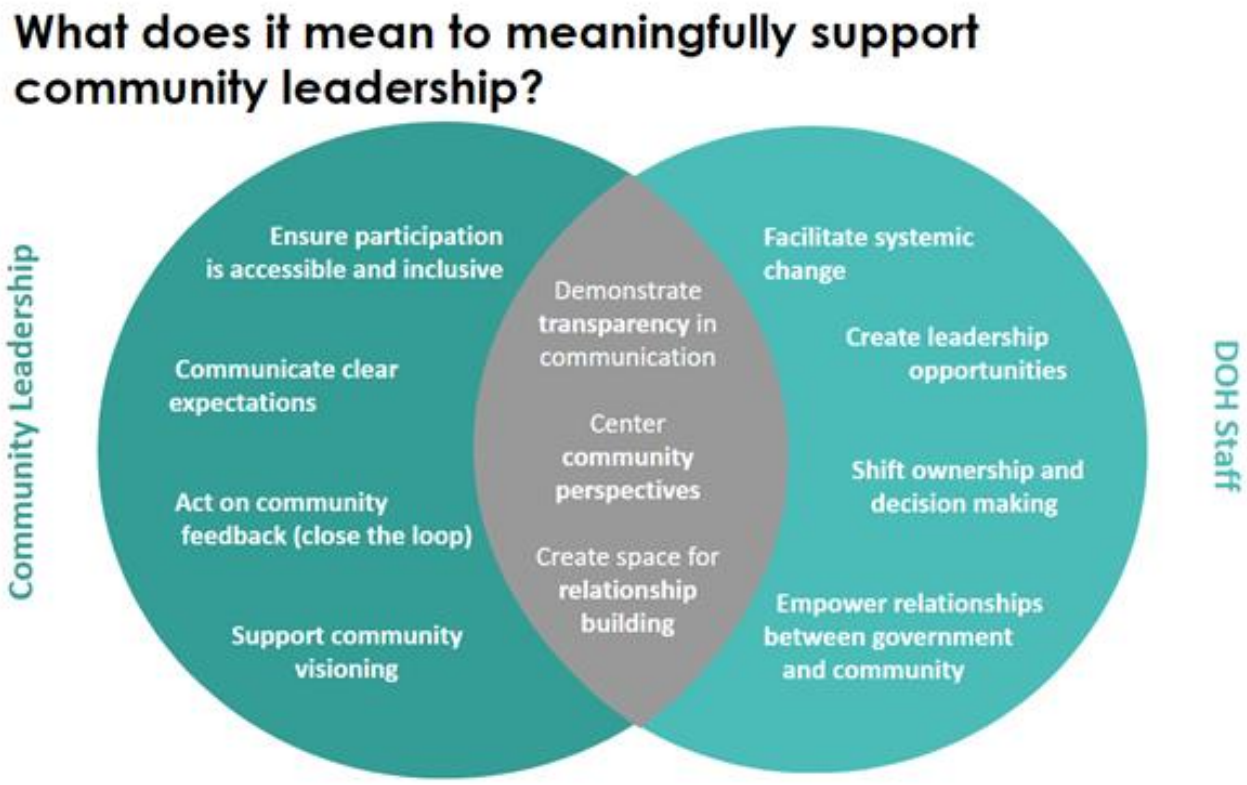
The department will provide funding to support the convening of the Community Collectives, including the identification of a backbone agency to support outreach and related logistics. This also includes funding to compensate participating community members for their time and expertise. These funds are separate from and in advance of additional funding allocated for zones to implement their project plans. Community Collectives will themselves determine which organization will manage these additional funds to implement the community-driven solutions in their action plan. The organization who is implementing the projects may or may not be the same as the backbone organization; the Collective will drive these decisions.

The department will work with Community Collectives in each zone to establish a sustainable structure for community-driven decision making and to seek funding sources within and outside of the department, to sustain the work after the initial two years.

Participatory Evaluation

The HEZ Initiative uses a participatory action approach to evaluation, in which those closest to the initiative lead the design, implementation, and creation of solutions that result from the findings. This includes community advisory groups involved in its development, Community Collectives leading local projects, community members engaged as recipients of local projects, and department staff supporting community efforts. The participatory evaluation process is grounded in centering community knowledge and self-determination, catalyzing action and systemic change, and embedding the practice of reflection and learning into all aspects of the work.

In the development phase of the HEZ Initiative, a team of Council members, Workgroup members, and department staff came together to evaluate the process of zone selection and community engagement. Collectively, the Evaluation Team reflected on what it means to meaningfully support community leadership. Responses can be found in the image below.



Based on responses from the reflection sessions, evaluation questions were created by the Evaluation Team to drive data collection efforts (see Appendix F). As the initiative continues to grow, the questions may be adapted or tailored to align with lessons learned. Learn more about the Evaluation Team plan.

Figure 4: Community Advisory Council members Phinthang Yeang (Left) and Katie Stephens (Right)

The Evaluation Team devised multiple strategies to collect data, including surveys, interviews, and interactive reflection activities with Council members, Workgroup members, and department staff. While data collection efforts are still underway, early findings have provided a window into how community members felt during the development of the HEZ Initiative and allowed department staff to apply real-time improvements.

For example, an interactive evaluation activity held with Council members at two different points in the process reveals feelings of confusion and concern about the direction of the Initiative early on that are then resolved by January 2023 ahead of the launch of the nomination process. Steps were taken by department staff in between these two points in

response to the feedback shared by community members, such as slowing down the process and creating space for more discussion about the priorities of the Initiative.

Figure 5: Reflection activity with the Council, August 2022

Figure 6: Reflection activity with the Council, January 2023

The evaluation approaches described above will continue to be used by the HEZ Initiative to ensure community members feel supported, that their participation is meaningful, and feedback provided is used to improve the initiative. Strategies developed from the findings may also be shared with other initiatives and programs that are doing community-driven work.

Next Steps

Health equity is achieved when every person has the opportunity to attain their full health potential and no social position or social determinant can disadvantage their opportunity. The HEZ Initiative recognizes that people who are most impacted by health inequities are closest to the solutions that will improve their health. This initiative supports communities in identifying pressing health concerns and developing place-based projects to address their unique needs.

Selection of Zone for Native Communities

The zone selection process for Native communities is being developed by tribal community representatives on the Council and consultation with tribal partners and other community leaders. While tribal nations, tribal organizations, and urban Indian organizations are eligible to nominate their community as a rural or urban health equity

zone, there is an additional zone selection in process specific to Native communities. This selection process is anticipated to launch in Winter 2024 and will differ from the process for identifying rural and urban zones as advised by the tribal community representatives on the Community Advisory Council

Community Collectives

Each zone will receive funding for two years to identify health priorities, develop a plan to address health priorities, and implement solutions while funding remains available. Community Collectives in each zone will determine the backbone organization that acts as their fiscal agent, and how funds should be spent based on the unique needs of their community using a participatory budget development model. Funds can be used for new or existing projects. During this time, the department will provide ongoing support and technical assistance to the Community Collectives as needed throughout the project development, evaluation, and planning.

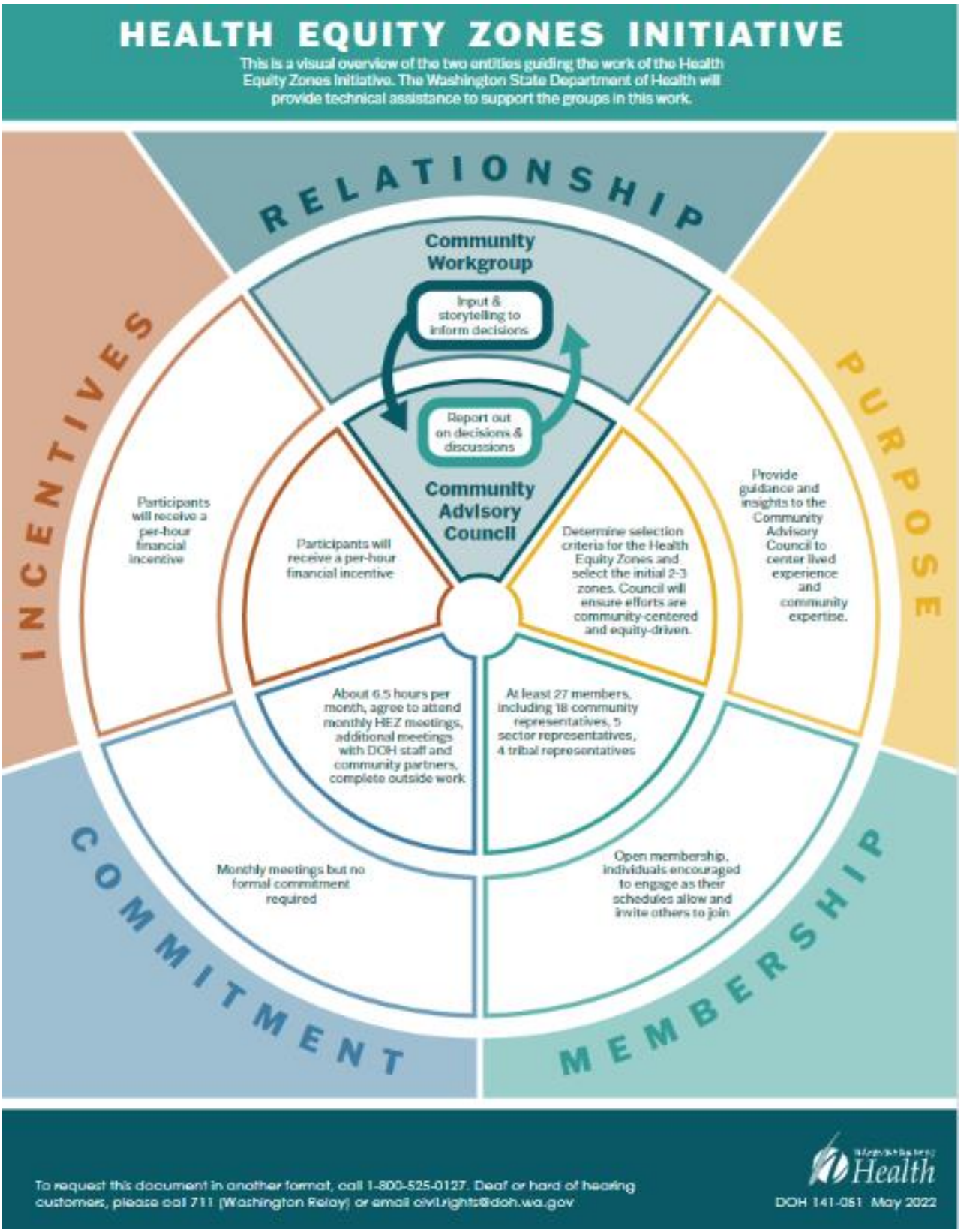
HEZ Learning Community

The Council, along with the department, will determine how to disseminate information about the pilot zones to inform the work that other communities are doing and provide a space for communities to learn from each other. This information may also support other community-centered work within the department and other state agencies. The HEZ Initiative website, housed on WA Portal, is a place where documents about learnings can be shared. Department staff participate in inter- and intra-agency groups that align around health equity. Efforts to develop the HEZ Learning Community are ongoing.

Appendix A. (2021) Engrossed Second Substitute Senate Bill 5052

By December 1, 2023, and every two years thereafter, the department must submit a report to the legislature detailing the projects implemented in each zone and the outcome measures, including year-over-year health data, to demonstrate project success.

Appendix B. Health Equity Zone Community Advisory Council/Community Workgroup Visual Overview



Appendix C. Community Advisory Council Membership/Geographic Representation

Community Advisory Council Members

Name	Role
Alina Swart	Community Representative
Carmen Pacheco-Jones	Community Representative
Cheryl Sanders, Lummi	Tribal Community Representative, Western Washington
Delia Gutierrez	Community Representative
Jean Scheid	Community Representative
Jessica Nye	Sector Representative, Local Health Jurisdiction
Katie Stephens	Community Representative
Leah Tanner, Nez Perce	Tribal Community Representative, At-Large
Mike McNickle	Sector Representative, Local Health Jurisdiction
Mustafa Mohammed	Community Representative
Nichole Peppers	Sector Representative, Accountable Communities of Health
Olivette Foster	Community Representative
Paul Park	Community Representative
Phinthang Yeang	Community Representative
Dr. Quyen Huynh	Sector Representative, Governor's Interagency Council on Health Disparities
Symetria Gongyin, Spokane	Tribal Community Representative, Eastern Washington
Taniela Tokailagi	Community Representative
Vacant	Sector Representative, Philanthropy
Vacant	Tribal Community Representative, Urban

Appendix D. HEZ Initiative Guiding Principles

HEZ Initiative Guiding Principles

The following guiding principles were developed by the Community Advisory Council and Community Workgroup. Members of both leadership groups were asked to describe what it looks like to achieve health equity and what principles they want to guide the HEZ Initiative.

- Ensuring all people can achieve their full health potential and thrive, regardless of their identity, environment, or experiences.
- Recognizing, not centering, the systemic impacts of generational trauma, racism, oppression, and colonialism, and leading with truth, care, and reconciliation.
- Identifying our own complicity, bias, and privilege within oppressive structures and confronting power dynamics and institutional harms that perpetuate systemic inequity and lateral oppression.
- Fostering systems-change by transforming conditions and health care institutions to be responsive, accessible, and inclusive.
- Creating communities of support and care through collective action and collaboration.
- Committing to put community first and look beyond the needs or goals of individuals, policies, or institutions.
- Centering communities and their diverse voices, experiences, histories, and cultural knowledge.
- Applying a data-informed approach that values various forms of data, including individual stories and ancestral wisdom.
- Prioritizing communities who have been disproportionately affected by inequities, historically marginalized by systems, and excluded from data.
- Demonstrating the values of equity, integrity, accountability, and transparency.
- Catalyzing community leadership, ownership, and power.
- Balancing a visionary perspective to change the status quo with creating reasonable, attainable, measurable, and scalable goals and strategies.

Appendix E. Zone Selection Process

Scoring Rubric

Scoring Category	*Possible Points*
Community support - Engaged the community in the decision to be nominated as a health equity zone - Approach to engaging the community demonstrates intentional outreach to those most impacted by inequity (see zone selection priorities) - Illustrates broad reaching support from community members, organizations, and/or institutions	3
Centers community - Describes the community being nominated, including key characteristics, strengths, and challenges - Description of the community centers the experiences of those most impacted by inequity (see zone selection priorities) - Demonstrates a strong understanding of the systemic contributors to the community's inequities, such as historic and contemporary injustices, structural racism, and intersectionality* - Highlights the experiences of community members by using stories, examples, and/or data	3
Envisions collaboration - Describes existing or new partnerships in the community, including coalitions, collectives, grassroots formations, and/or community councils and working groups - Provides examples of how partnerships would be utilized if selected as a health equity zone - Shows the ability to envision a Community Collaborative of community members and organizations working together to improve the health of their community - Description of collaboration is not focused on the needs or goals of a single organization or institution - Illustrates the community's innovativeness to address inequities	3
Prioritizes equity - Interest in community nomination is rooted in advancing health equity or the ability for all community members to thrive - Identifies inequity(ies) in the proposed zone that impacted communities want to address - Identifies intermediate and/or long-term benefits to being a health equity zone - Demonstrates a visionary perspective to create systems change for future generations	3
Total Points	12
*__Historic and contemporary injustices__ refers to wrong-doings committed in the past or present that continue to have a lasting impact. __Structural racism__ refers to a system of policies, institutions, and practices that work together to create and reinforce racism.	

Intersectionality refers to the ways in which systems of inequality based on race, class, gender identity, disability and other forms of discrimination interact to create unique patterns of oppression.

Point Scale
1. No Score = Criteria Not Met At All
2. Incomplete = Criteria Partially Met
3. Average = Criteria Met
4. Above Average = Criteria Exceeded

Eligibility Criteria

- Community must be geographically defined and connected. A zone should be small enough for focused solutions. For the purposes of the nomination process, geographically connected communities are areas that are next to each other and share a border or waterway.
- Nominators must indicate whether their community is rural or urban. To support communities in making this determination, the Community Advisory Council and Community Workgroup created definitions of rural and urban. Nominators must live in Washington state and have a demonstrated connection to the community being nominated. Those who live in Washington state seasonally or as temporary/migratory farm workers are eligible.

Selection Priorities

The zone selection process will prioritize communities most impacted by health inequities. This includes communities with significant populations that identify as black, indigenous, and people of color; immigrants, migrant farmworkers, refugees, and asylum seekers; low-income, unhoused, and under-resourced; living with disabilities and mental illness; elders or seniors; LGBTQIA+ and/or having limited access to healthcare.

Rural and Urban Definitions

Rural Definition	*Urban Definition*
Rural is defined as remote areas on open land that are sparsely populated; small towns (places with fewer than 2,500 people); and larger towns with populations ranging from 2,500 to 49,999. Rural areas also have one or more of the following characteristics.	Urban is defined as densely populated areas of 50,000 people or more with at least 1,000 people per square mile and the surrounding suburbs. Urban areas also have one or more of the following characteristics.
Environment	
Remoteness of location and geographic isolation; further proximity to quality resources; presence of open countryside and natural resources; varied access to public parks and recreational areas;	Residential crowding; increased risk of disease outbreaks associated with population density and environmental contamination; reduced tree canopy coverage and usable green spaces; varied

household use of wells for drinking water; and/or prevalence of air and water pollution associated with agricultural and manufacturing industries.	access to public parks and recreational areas; prevalence of air and water pollution associated with urbanization; and/or depletion of natural resources.
Public Access	
Limited availability of public transportation and reliance on personal vehicle; difficulty meeting basic needs such as food and housing due to limited availability of resources; lack of availability of support services for houseless individuals; long distance travel to access medical and behavioral health care services; and/or impacts to service accessibility due to seasonal changes.	Close proximity to public transit, international airports, railways, seaports; presence of large public education and healthcare institutions; service shortages associated with population density, and/or availability of healthy food options varies by neighborhood.
Economy	
Major industries are agricultural, forestry, and manufacturing; limited options for educational attainment and employment opportunities; and/or out-migration of highly skilled workers.	History of redlining or residential displacement; high cost of living relative to income; competition for employment; and/or major employment industries are finance, science, and technology
Technology	
Limited access to reliable broadband; less ownership of computers and other electronic devices; and/or less reliance on electronic devices to receive information.	Availability of advanced technologies in healthcare and communications; rapid means of communicating information; decentralized/fragmented communication systems; multiple streams of information sharing; and/or access to computers and high-quality broadband varies by neighborhood.
Culture	
Slow-paced way of life; strong relationships between people; willingness to help others in distress; and/or limited access to culturally and linguistically relevant resources.	Fast-paced way of life; presence of cultural centers and culturally appropriate resources varies by neighborhood; diversity of people from different backgrounds and cultures; and/or neighborhoods with high proportions of immigrants, refugees, and asylum seekers.

Appendix F. Participatory Evaluation Questions

The following questions were developed by the HEZ Evaluation Team to assess the initiative's community decision-making model and engagement efforts.

- Is participation in the HEZ Initiative accessible and inclusive for community members?
- How does the HEZ Initiative center communities disproportionally impacted by inequity?
- How is the HEZ Initiative supporting community decision-making and ownership?
- Is the HEZ Initiative establishing and strengthening connections, networks, and relationships?
- How is the HEZ Initiative changing systems, structures, and practices that perpetuate inequity, racism, and discrimination?
- How is the HEZ Initiative responsive and accountable to community feedback?
- How does the HEZ Initiative maintain transparency in information and communications?