Health Equity Zones

A Case Study in Community-Led Decision Making

Written by
Health Equity Zones
Evaluation Team
Published October 2024

Washington State Department of **HEALTH**

Authors
Alina Swart
Brianne Ramos
Delany Steele
Dominique Horn
Kaeli Flannery
Keshreeyaji Oswal
Leah Ford
Mustafa Mohammed
Phinthang Yeang
Sara Eve Sarliker
Shaan Shridhar

Purpose

This Health Equity Zones case study describes the community-led process of developing the initiative and selecting the first health equity zones in Washington. It provides an overview of the strategies used to center community decision-making, challenges encountered along the way, and key learnings that we believe broadly apply to anyone engaged in community-rooted work. The case study was drafted by community members and Department of Health (DOH) staff, who have co-created the initiative together over the last three years.

Health Equity Zones Initiative Overview

Health Equity Zones (HEZ) is a place-based initiative that is committed to reimagining public health systems to center community-led decision-making. The initiative recognizes that people most impacted by health inequities have the best understanding of their needs and strengths, and the strategies that can improve the health of their community.

Each health equity zone collectively determines its health priorities and develops projects that builds on the strengths of the community and addresses local needs.
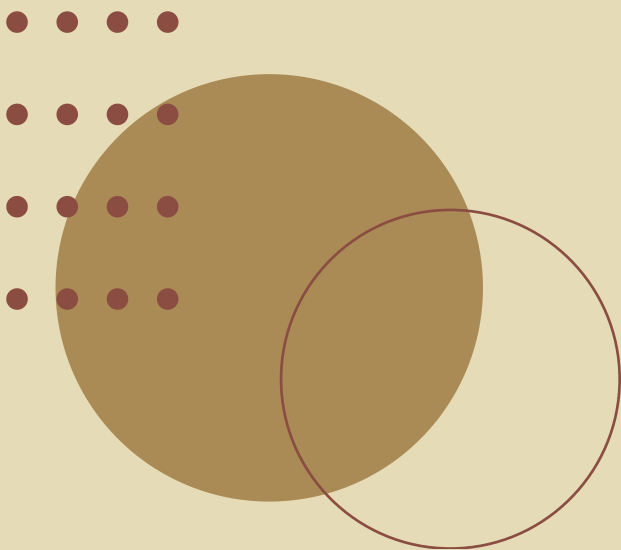
KEY INNOVATIONS

- **Infrastructure Development**: Zones receive funding and technical support for infrastructure development and capacity building.

- **Community Investment**: The initiative uses a community-first funding model in which the community determines health priorities, and then DOH staff help identify aligned funding sources.

- **Participatory Decision-Making**: Key decisions on the initiative, health priorities, projects, and budget allocation are made by community members whose lives are affected by the decisions.

Milestones

2021

July 2021: State Legislature passed Senate Bill 5052 establishing the Health Equity Zones Initiative

August 2021: Department of Health began implementation planning

October 2021: First staff person hired

December 2021: Peer nomination and selection for Community Advisory Council (CAC)

February 2022: Epidemiologist hired

April 2022: Community Advisory Council & Community Workgroup (CW) convened

2022

May 2022: Guiding principles created by CAC & CW

November 2022: Zone designations of rural, urban, and Native communities identified by CAC

December 2022: Zone designation subcommittees created to develop definition and selection criteria

2023

January 2023: Rural zone coordinator hired

February 2023: Nomination form launched for rural and urban zones

June 2023: Rural & urban pilot zones selected, Urban zone coordinator hired

November 2023: Indigenous Advisory Panel convened

March 2024: Zone for Native communities' submission process launched

2024

October 2024: Zone for Native communities selected

Participatory Approach

The legislation that established Health Equity Zones provided the foundation for Department of Health to convene a Community Advisory Council (CAC) to guide the development of the initiative, ensure efforts are community-driven, and center the experiences of those facing the greatest inequities.

The CAC is a statewide group selected by community members, and made up of community representatives, Native representatives, and sector representatives from local health jurisdictions, philanthropy, Accountable Communities of Health, and the Governor's Interagency Council on Health Disparities.

The CAC led decision-making on the development and implementation of the HEZ Initiative, including the nomination and zone selection process, with guidance from the Community Workgroup – an open membership group made up of community members across the state. The Community Workgroup was formed in response to feedback from community members who participated in the CAC selection process, to provide more opportunities for input.

Community Leadership & Decision-Making

Participatory approaches support community leadership and decision-making while challenging existing power relations and hierarchies. Resources, infrastructure, and an openness to new ideas and methods are necessary for engaging communities and supporting equitable participation.

We took the following steps in the HEZ Initiative to shift power and center community decision-making:

1 **Seek funding to support the community decision-making process.**

Prior to convening community partners, HEZ accounted for expenses needed to support community decision-making (such as community compensation, language interpretation and translation, transportation, and family care) to engage those who may otherwise not be able to participate.

2 **Convene community partners who would be impacted by decisions.**

The HEZ initiative impacts people across the state, particularly those experiencing the most significant inequities. The CAC was created as a decision-making body through a peer-led process, in which community members nominated and selected individuals from their geographic area to serve on the council.

3 **Establish guiding principles to ground the group in shared values.**

The CAC and CW were asked to describe what it means to achieve health equity and what values they want to guide HEZ. The guiding principles they co-developed were used at multiple points in the process to ground all partners in a shared purpose, including to select zones and evaluate the initiative.

Community Leadership & Decision-Making

4 **Build trust through facilitation that reaffirms community is the decision-maker.**

In the initiative's early stages, staff drafted proposals, based on prior input, as a starting point for the CAC to consider and provide feedback. After months of trust building, CAC members formed subcommittees and created their own proposals for the larger group to consider.

5 **Strengthen relationships and connections between community members and with staff.**

For every in-person and virtual meeting, there was time built into the agenda for relationship building through icebreakers, team activities, one-on-ones, and sharing about local community events, resources, and opportunities.

6 **Provide the resources and information needed to make decisions.**

Staff researched and prepared information on various approaches to selecting zones. From there, the CAC engaged in in-depth discussions of the various decisions and suggested other areas where research could be supportive.

7 **Use feedback loops and repetition to prevent gaps in knowledge.**

Each CAC or CW meeting started with a recap of past decisions and discussions. Staff also supported bi-directional communication between the groups by providing updates on actions taken and any setbacks.

8 **Create opportunities for leadership roles and self-organization.**

CAC and CW members stepped into leadership roles in subcommittees, where they directed strategies for outreach and evaluation. Committee members shared back progress with the larger groups and facilitated discussions. Additionally, CAC members represented HEZ at conferences and speaking opportunities.

Community Leadership & Decision-Making

In practice, using a participatory approach can be time- and resource-intensive, as it challenges us to contend with systems not designed for equity.

Historically, public health leaders have made decisions on behalf of communities rather than supporting communities in their decision-making and self-determination.

Consistent internal advocacy within established public health structures is key when communities set the direction, especially when that direction appears to conflict with existing practices and protocols. It is essential to regularly invite community feedback and engage in self-assessment to improve participatory processes and maintain accountability to the community.

Impact of Community-Driven Decision-Making

Community-driven decision-making leads to more effective and sustainable outcomes that are attuned to community needs. Participation creates greater community ownership over the process and strengthens skills and connections that will extend beyond the initiative.

Throughout the development of this initiative, we documented key learnings and invited feedback from community members and DOH staff using reflection activities, surveys, and key informant interviews.

Highlights of the evaluation results can be found on the next page.

Impact of Community-Driven Decision-Making

Connection

100% of Community Advisory Council members made new meaningful connections & relationships through HEZ.

*"I was so pleased to **collaborate with folks in so many different areas**, especially health care. It was **valuable personally** and also in working in community health."*
– Community Advisory Council Member

Collaboration

75% of Community Advisory Council members want to continue with HEZ.

*"The success is that communities across the state are **working in a collaborative fashion** to address health equity. We were able to **reduce barriers between community and government** and share spaces of communication that I hope can continue into the future."*
– Community Advisory Council Member

Inclusion

100% of Community Advisory Council members felt their opinions and feedback were valued.

*"My experience over the course of the Initiative, **it felt collaborative**. As a representative of my community, **I felt heard."***
– Community Advisory Council Member

Leadership

85% of Community Advisory Council members felt they had leadership opportunities.

2 Council members stepped into other positions of leadership beyond HEZ.

2 Council members presented at statewide conferences about HEZ.

Access

50% of the nominators said the nomination process was not difficult at all and **67%** said it was very transparent.

Reach

41 rural and urban nominations were received from **21** different counties, with **53%** representing a community-based organization.

Key Learnings

A cornerstone of HEZ is the embedded practice of reflection, dialogue, and learning in all aspects of the initiative. As a pilot, we undertook this work with the intention that it will be a roadmap for others and part of a larger movement to strengthen community power.
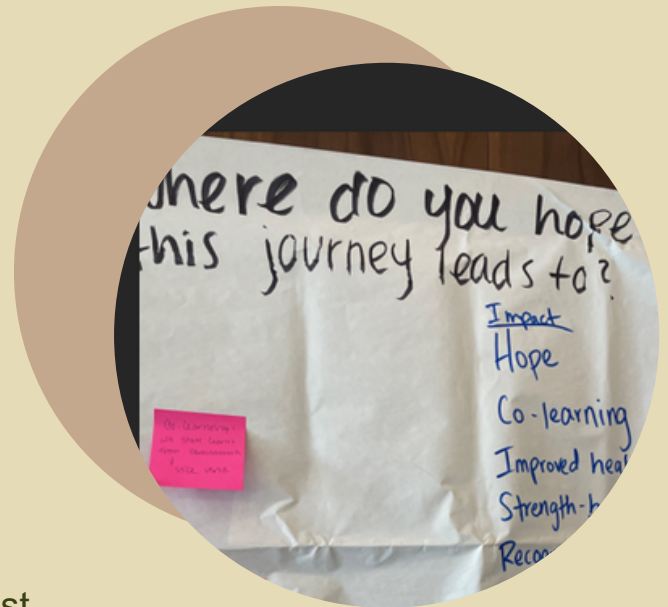
The following key learnings summarize our takeaways from co-creating the initiative over the last three years and reflect on what it looks like to meaningfully support community leadership.

Grounded
Establish a shared purpose, commitment, and equity framework.

Flexible
Be open to new ideas and be agile when things do not go according to plan.

Relational
Center relationship building that is rooted in care and connection.

Process-Oriented
Focus on process, not only outcomes, and involve community at every step.

Transformative
Take action to change systems that aren't working.

Reflective
Take time to assess what is going well and what can be improved.

Sustainable
Create a foundation for longevity and growth.

Transparent
Communicate transparently about challenges or missteps.

Calls to Action

Participatory approaches that center community leadership and decision-making can transform the public health system. This transformation cannot happen without a concerted effort across sectors, agencies, and organizations to engage communities in the decisions that impact them and provide the necessary resources and time to support equitable community participation.

Government agencies can:

- Establish the expectation to engage community members in the decisions that impact them through the creation of initiatives, participatory decision-making policies, and standardized procedures.
- Ensure equitable community participation and retention in decision-making processes by making community compensation, language interpretation and translation, and reimbursement for transportation and childcare standard practice.
- Provide flexibility in timelines to engage community members in co-creation and participatory decision-making at a pace that allows for authentic collaboration.

Program staff can:

- Identify opportunities for the community to lead decision-making on program implementation and set goals for advancing efforts toward greater community ownership.
- Dedicate time and resources to build relationships with community partners to create the foundation for participatory decision-making and collaboration.

Funders can:

- Provide flexible funds that allow the community to create tailored local solutions and come to collective decisions.
- Co-create reporting and evaluation requirements with communities to align with their existing data collection practices and community-defined measures of success.
- Be mindful of community timelines – holidays, annual events, and life events can impact the amount of time it takes to reach decisions.

Legislators can:

- When creating or modifying legislation, take community feedback into account and respond to community requests to share recommendations.
- Allocate dedicated, multi-year funding for community-based efforts in recognition of the time and resources it takes to initiate and sustain community work.
- Authorize and fund participatory community engagement beyond public health across sectors so that communities have a say in everything that affects their lives, including initiatives that address the social determinants of health.

Glossary

Place-based:
an approach used to address the social determinants of health in a defined geographic area that centers local needs, assets, and strengths.

Communities experiencing the greatest inequities:
populations facing disproportionate impacts of social, environmental, and economic injustice.

Participatory decision-making:
a collaborative process in which those most impacted by inequities make the decisions.

Co-creation:
sharing power through collaboration and joint decision-making.

Data Sovereignty
the inherent rights of Indigenous Peoples to govern the collection, ownership, and application of their own data.

Trusted messengers:
individuals who are viewed as trustworthy and credible sources of information in their communities.