Health Equity Zones

Program Co-Creation Guide

This guide describes how the Health Equity Zones Initiative implemented program co-creation in the zone selection process and offers lessons learned for local and state government agencies interested in using a participatory decision-making model. It was drafted by community members and Department of Health staff, who have co-created the initiative together over the last three years.

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Program Co-Creation

The Health Equity Zones (HEZ) Initiative used an intentional approach to create the foundations of the program through a participatory process. Since its inception, the HEZ Initiative has collaborated with community partners to design the initiative, define key program features, develop the zone selection process, and identify the next steps to grow and sustain the program. The distinction of co-creation from other collaborative practices is that it involves sharing power through participatory decision-making.

Participatory Decision-Making

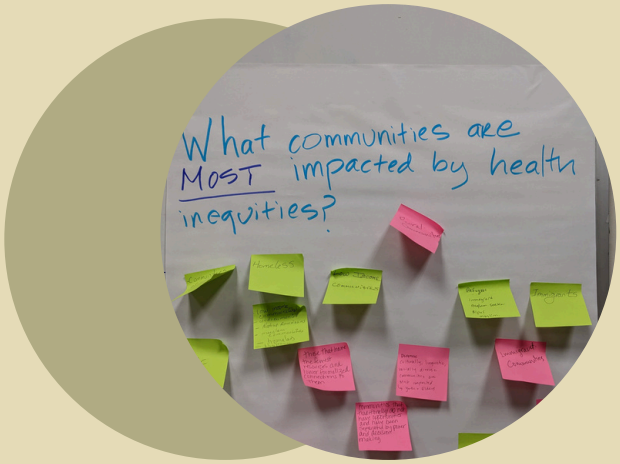
In a nutshell, participatory decision-making is a collaborative process in which those most impacted by inequities make the decisions. This process centers community members as experts in the strengths and needs of their local community, as well as the strategies to improve health. The Department of Health convened a Community Advisory Council to ensure that the initiative centered community-driven decision-making and program co-creation. The Community Advisory Council is comprised of community representatives from around Washington selected by their peers, Native representatives, and sector representatives from local health jurisdictions, philanthropy, Accountable Communities of Health, and the Governor's Interagency Council on Health Disparities.

Co-Creation Example

The Community Advisory Council (CAC) members proposed and decided that there would be three zone designations for the pilot: rural, urban, and Native communities. This decision gave structure to the selection process, leading to the creation of subcommittees where participants with lived experiences could create tailored zone definitions and criteria that would then be brought back to the entire CAC. This CAC-led decision impacted not only how funds were allocated, but also how staff time was spent and fostered CAC ownership of the zone selection process.

Key Steps in Participatory Decision Making

Key steps in participatory decision-making include providing space and information for community members to make and implement their decisions with transparency and accountability. Prior to implementing a decision-making process, it is important to identify shared values that will guide the process and program.



After the HEZ Community Advisory Council and Community Workgroup (CW) – an open membership group that provided feedback to the CAC on key decisions – were convened, staff supported members in building relationships and trust with one another. From there, the CAC and CW participated in activities to share their long-term vision for the HEZ Initiative and the values they wanted to guide the HEZ selection process. Staff compiled responses and developed the HEZ Guiding Principles then shared a draft with both groups, who provided feedback and edits before the document was finalized and approved by the Community Advisory Council (see Appendix A). This process of creating the HEZ Guiding Principles was the initiative's first exercise in using the participatory decision-making process steps outlined below.

1. Form a community decision-making body
2. Identify the decision points
3. Gather information for community decision-making
4. Present information for discussion and delibration
5. Community reaches a decision
6. Implement the decision and update community on progress
7. Repeat steps 3-6 for each decision point
8. Evaluate process and outcomes

Hurdles & Learnings

Throughout the process of co-creating the HEZ Initiative and health equity zone selection process, staff experienced several moments that led to important learnings and points of reflection. The examples included below show hurdles we experienced along the way as well as the learnings that came from staff and community partner reflection.

TRUST BUILDING

When missteps happen, they can set back progress and result in a loss of trust. Be as honest as possible about how the setback happened, take accountability, and provide action steps that will be taken so that mistakes aren't repeated.

Trust Building Example

The HEZ Initiative brought in a contractor to facilitate the CAC. Due to the lengthiness of the government contracting process and delays in onboarding, the contractor joined almost a year after the CAC was convened - around the time of zone selection. This disrupted the selection process and DOH was slow to define contractor, community, and staff roles. DOH selected a contractor from out of state who did not have an existing relationship with Washington communities, which created distrust and confusion around their selection and role in the process. DOH staff held a series of reflection activities to gather input from CAC members on how to avoid this future misstep and identify recommendations for contractors (see Appendix B).

"I felt heard. DOH staff listened to [community] voices and then self-corrected when necessary, [they] cleared up explanations and tried to address questions."
- Community Advisory Council Member

COMMUNITY DRIVEN DECISION MAKING

External factors have the potential to influence community-driven decision-making and deter innovation. Present decisions that need to be made, neutrally gather information to support decision-making, and give ample opportunity for community members to discuss options and hear from each other.

Community-Driven Decision-Making Example

Based on similar health initiatives, government stakeholders envisioned that zones would be defined according to zip code and that selection would be based on social and health metrics. DOH staff compiled research and presented multiple options for zone definition and selection to the CAC, including those that differed from stakeholder expectations. After months of deliberation, the CAC created zone designations for rural, urban, and Native communities; decided that communities would self-define their zone in recognition of self-determination; and developed a selection process that would invite community-based data, including stories and cultural teachings, to center those who are often left out of public health data sources.

"I felt like there was a lot of energy put in from the government side to reduce the "power over" ideology that is part of a systemic issue in government agencies...they were very thoughtful and deliberate in their communication.

- Community Advisory Council Member

COMMUNITY LEADERSHIP

Community-led decision-making, ownership, and self-governance are different ways to work that take time to implement and to adequately support community partners. Continue to affirm that community partners are the decision-makers and identify and support opportunities for community members to step into leadership roles, including facilitating or presenting.

Community Leadership Example

The HEZ Evaluation Team led a 6-month process to interview participants about their experience and to analyze the data. The team organized a gathering for community partners, with support from DOH staff, to present the findings and gather feedback on recommendations to improve the HEZ Initiative. DOH staff and the Evaluation Team held planning meetings to coordinate the following aspects of the meeting: grounding and connection, accessibility and engagement, evaluation and data. In addition to planning the agenda and activities, Evaluation Team members facilitated the gathering and led participants in discussions. Staff supported their efforts by creating slide decks and materials, providing supplies and resources, developing talking points, holding practice sessions, and documenting feedback.

"DOH staff helped me draft talking points for my presentation [on HEZ], it was so much easier knowing what to say and to be able to practice. I felt prepared."

- Community Advisory Council Member

CLARITY IN ROLES

A lack of clarity on roles and responsibilities can impact progress and participation. Identify key decision points on progress. Delineate community, staff, and sector representative roles in decision-making and invite feedback on what is going well and what can be improved.

Clarity in Roles Example

The HEZ Initiative convened an Indigenous Advisory Panel to lead the design of the Zone for Native Communities selection process. From the beginning, DOH staff communicated the timeline, goals, and key decision points so participants clearly understood their roles and responsibilities. This shared understanding helped the Indigenous Advisory Panel build momentum for this effort and resulted in increased participation. DOH staff provided technical assistance by providing information to support their decision-making, which created a space for the panel to discuss key decision points without staff intervening. At times, a lack of clarity about which group made which decisions slowed progress and impacted participation. To mitigate this, DOH staff created a decision tree (see Appendix C) as a tool to inform which decisions required community feedback and approval, and which decisions could be made by staff to ensure progress and momentum.

"It was very collaborative. [DOH staff did] a lot of work in the background, with tasks they are completing that would be [discussed] in meetings. They were very open to input and criticism and responded in a very proactive way whenever anything would come up."

- Community Advisory Council Member

INTERNAL SYSTEMS

Government policies and processes can be lengthy and inflexible and can interfere with community-led decisions being implemented. Be transparent with the community about the timeline of processes and communicate any changes. Advocate internally for shifts in processes that support building trust. Establish strong relationships with colleagues and community members to solve challenges together as they arise.

Internal Systems Example

HEZ work requires the time and energy of community members who volunteer to guide the work. This means that it is essential to provide community compensation to eligible participants. However, government policies and processing timelines do not always align with the needs and expectations of community members. HEZ prioritizes requesting and acting on community feedback regularly and creating a system of accountability. When the timeline to receive community compensation was delayed, which negatively impacted community members, staff reached out to DOH leadership for support. Leadership members attended a HEZ meeting to acknowledge the harm done by agency processes and to share their commitment to improving them. Advocacy by program staff and responsiveness to the community were important to achieve an outcome that helped repair trust and build better internal processes.

“Part of my role is to be a liaison between the Department of Health and community members so sharing feedback with more senior leaders at DOH and being that advocate in spaces where there's opportunities to improve the way that we're doing things.”

- Staff Member

Community Partner Key Takeaways

The following key takeaways summarize community partner perspectives on program co-creation and offer recommendations for how local and state government agencies can implement a participatory decision-making model.

- Center co-creation as a core principle when collaborating with communities.
- Allow the time necessary for co-creation and relationship-building to take place.
- Be flexible and open to shifting away from conventional ways of doing things. Avoid relying on “this is how it’s always been done.”
- Engage the community in all decisions that impact them, including programmatic and contractor decisions.
- Prioritize accessibility in meeting spaces and communications to ensure everyone can participate.
- Support the community in identifying their goals and processes for making decisions and evaluating success.
- Invite community feedback regularly to improve collaboration and ensure community members are supported in decision-making.

Appendix A
HEZ 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 B
Contractor Recommendations

- Invite community partners to be part of the contracting process, including drafting the request for proposals, evaluating and interviewing bidders, and selecting the contractor.

- Determine the contractor scope of work and desired qualifications with community partners. This may include a preference for locally based contractors with expertise in Washington.

- Include community accountability checkpoints in the contract to gather feedback from community partners and make improvements in contract management.

- Be mindful of government jargon in contracting and use plain language.

- Provide compensation to community partners for the time spent on the contracting process.

- Ensure community partners have the resources and support they need to participate in the contracting process. For example, meeting one-on-one to answer questions or printing and mailing evaluation scoresheets.

- Communicate transparently with community partners about government guidelines and requirements for contracting.

- Establish expectations around the timeline for contracting and communicate about any delays.

Appendix C
Program Decision-Making Tree


BEGIN!
Is it...
Data
Related to Transparency
No
No
Yes
Are there security and confidentiality protocols in place?
Yes
Create them. Return to beginning.
No
No
Are they needed?
Yes
Who is included in the data?
Yes
Who is being held accountable?
DOH
DOH = Decision Maker
Community
Community = Decision Maker
However, DOH needs to be a collaborator to provide support and agency context.
Note: if related to Tribes DOH follows protocol and sovereignty
Public State Data
DOH = Decision Maker
Community Based OR Directly related to a specific community
Community = Decision Maker
Go to Steps for Collaboration

Steps for Collaboration

1. **Assess if a subcommittee or small group is needed.**
2. **DOH creates first draft of item.**
3. **Community editing session.**
4. **DOH creates second draft of item.**
5. **Community approves.**
6. **Community approval stands unless a change that affects the integrity of the decision occurs.**