

Report to the Legislature

# Health Equity Zones

December 2025

RCW 43.70.595



Prepared by  
Health Equity Zones Initiative  
Prevention and Community  
Health



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# Executive Summary

## Health Equity Zones Initiative

The Washington State Legislature passed Engrossed Second Substitute Senate Bill 5052 in 2021, which established health equity zones to address significant health disparities identified by health outcome data. Health equity zones are geographic areas that demonstrate measurable and documented health disparities and poor outcomes, which may include, but are not limited to, high rates of maternal complications, newborn health complications, and chronic and infectious diseases. They may also be populated by communities of color, Indian communities, communities experiencing poverty, or immigrant communities.

The Department of Health (the department) works with community leaders within each health equity zone to share information and coordinate efforts that reach the goal of addressing urgent health needs. As required by RCW 43.70.595, by December 1, 2023, and every two years thereafter, the department must submit a report to the legislature detailing the projects implemented by each zone and the outcome measures, including year-over-year health data, to demonstrate project success.

The HEZ Community Advisory Council selected the first rural and urban zones in June 2023, a monumental step in the Initiative's growth. The selected zones are in east Whatcom County (Rural HEZ) and south King County (Urban HEZ). In October 2024, the HEZ Indigenous Advisory Panel, comprised of Indigenous (American Indian/Alaska Native) people from across the state, selected the first zone for Indigenous communities on the ancestral homelands of the Port Gamble S'Klallam Tribe, spanning across Kitsap, Clallam, Jefferson, Mason, and San Juan counties.

While early progress demonstrates the promise of the health equity zones model, the Initiative has also surfaced lessons about what it takes to sustain this work. Community-driven efforts require significant time to build relationships and shared leadership, and zones need stable, upfront investment to move from planning to implementation. Continued legislative investment is essential to maintain the trust and momentum communities have built.

## What Are Health Equity Zones?

Social, economic, and environmental factors shape people's opportunities for health. The Health Equity Zones (HEZ) Initiative, created in 2021 under RCW 43.70.595, empowers communities to self-identify zones and design projects that address local needs through a place-based, community-driven approach.

## Community-Led Selection

Community decision-making determined the 3 current zones:

- **Rural Zone:** East Whatcom County
- **Urban Zone:** SeaTac, Tukwila, and Burien
- **Indigenous Zone:** Port Gamble S'Klallam Tribe homelands (Kitsap, Clallam, Jefferson, Mason, San Juan counties)

## Roadmap and Evaluation

Community members co-created the HEZ Roadmap, guiding work across 6 phases: Preparation, Community Engagement, Planning, Implementation, Evaluation, and Continuous Improvement.

Evaluation is participatory and community-led, with indicators designed to measure progress and systemic change. This approach centers community knowledge, fosters reflection and learning, and ensures accountability.

## Why Continued Investment Matters

Ongoing investment in HEZ is a long-term strategy to advance equity by ensuring there is community leadership on health decisions. It:

- Strengthens trust and equity in public health
- Improves health outcomes by uplifting local priorities
- Sustains long-term impact through shared decision-making
- Builds connections across Washington's diverse communities

# Background

[RCW 43.70.595](#) requires the Washington State Department of Health (DOH) to establish a process to support communities in identifying geographically based health equity zones—places where people face more limited access to healthcare and experience other conditions that harm their health (Appendix I).

Health Equity Zones (HEZ) are self-defined geographic areas, selected through a community-driven process, where people come together to make decisions that support health and wellbeing in their community. Each zone is tasked with creating a guiding body of community members that will lead efforts to improve the health of their communities. Zones receive core funding of \$200,000 per year for 2 years to identify health priorities, develop community action plans, and implement solutions tailored to the community's unique needs. After the initial 2 years, DOH provides technical support for each zone to seek additional funding for project implementation.

“Many corners and pockets of Washington communities have not been served well by a ‘one-size-fits-all’ approach to community health. The Health Equity Zones Initiative matters because it puts decision-making power where it belongs—in the hands of community members who live these challenges every day. It’s a chance for communities like ours to create solutions to fit our lives, instead of having decisions made about us without us. HEZ invests in people, not just programs by recognizing that true health equity starts with community-led decisions and honoring lived experiences. Through HEZ, communities are making direct improvements in their lives and paving the way for more communities across Washington to do the same.”

— HEZ Legislative Report Subcommittee, comprised of Community Advisory Council members and Zone Partners

Two statewide groups led the creation of the HEZ selection process. The Community Advisory Council, established in 2022, is a closed membership group made up of Native community representatives, community representatives selected by their peers, and representatives from local health jurisdictions, Accountable Communities of Health, and the Governor’s Interagency Council on Health Disparities. The Community Workgroup, which merged with the Community Advisory Council in March 2024, was an open membership group made up of community members across the state who provided feedback to the Council to guide their decision-making (Appendix II).

The HEZ Community Advisory Council selected the first rural and urban zones in June 2023, a monumental step in the Initiative’s growth. A total of 43 complete nominations were received from 21 counties in Washington. The selected zones are in east Whatcom County (Rural HEZ) and south King County (Urban HEZ). The HEZ Indigenous Advisory Panel, comprised of Indigenous (American Indian/Alaska Native) people from across the state, selected the first zone for Indigenous communities in October 2024. The zone is on the ancestral homelands of the Port Gamble S’Klallam Tribe, spanning across Kitsap, Clallam, Jefferson, Mason, and San Juan counties (Figure 1).

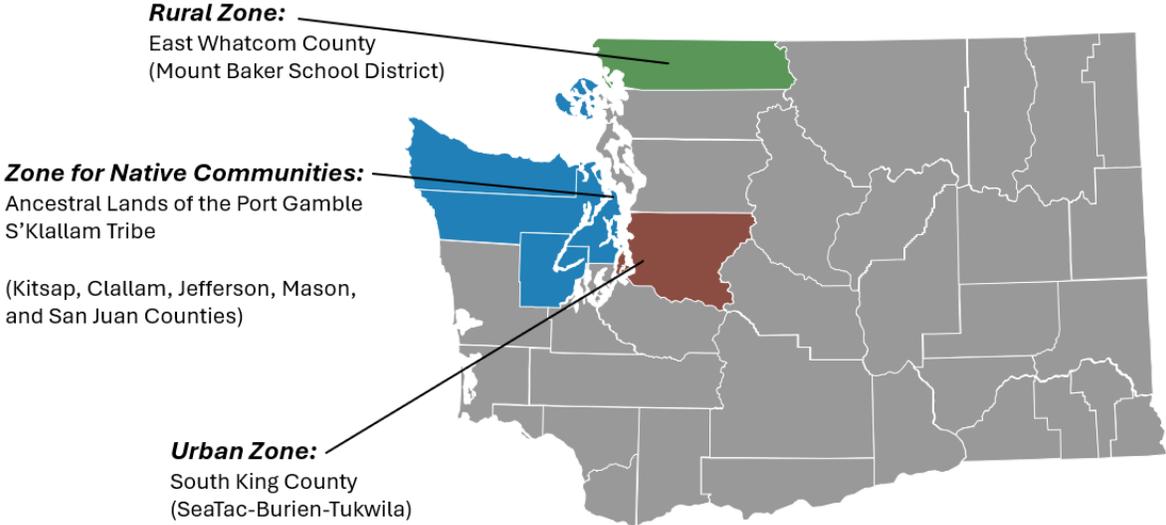


FIGURE 1. MAP OF HEALTH EQUITY ZONES IN WASHINGTON

# Roadmap

In collaboration with community partners, DOH staff developed a roadmap to guide the direction of the Initiative and support long-term growth and sustainability. The following 6 phases illustrate the Initiative’s place-based approach to address the non-medical circumstances that impact health in the selected health equity zones, while centering community-led decision-making.

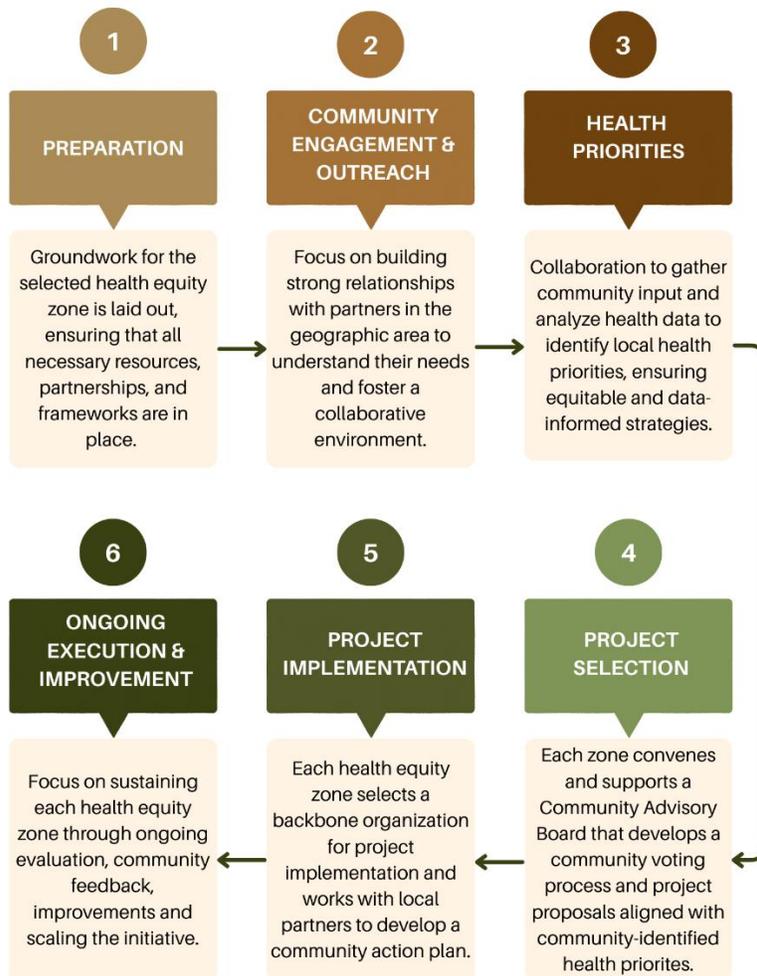


FIGURE 2. HEALTH EQUITY ZONES ROADMAP SUMMARIZING EACH PHASE.

## Preparation

In the preparation phase, DOH staff establish relationships with partners who will lead outreach and community engagement efforts in the selected health equity zone. A backbone organization is identified to serve as the administrative liaison and facilitator of broad community participation, collaboration, and decision-making. DOH staff compile and analyze data from community needs assessments to support outreach efforts.

## Community Engagement and Outreach

With the information gathered during the preparation phase, partners in each zone engage community members as trusted messengers to raise awareness about the Initiative, build relationships, and understand their needs and concerns. Establishing this foundation

requires a substantial amount of time and capacity. Building trusted relationships and shared governance cannot be rushed and must be recognized as a core component of the work.

## **Health Priorities**

During the health priorities phase, zone partners conduct community events, focus groups, and surveys to gather input from the community about their most pressing health concerns. By aligning data with lived experiences, the HEZ Initiative ensures that identified health priorities reflect the challenges and opportunities within the zone.

## **Project Selection**

In the project selection phase, each zone convenes a Community Advisory Board. This is a key decision-making body whose role is to collaborate with the backbone organization and DOH to co-develop project proposals that reflect community-identified health priorities. This group also co-develops a community voting process, as community members in the zone will vote to select a project to move forward. An open-membership Community Collective supports the Community Advisory Board throughout these processes with consideration for feasibility and sustainability.

## **Project Implementation**

After a project is selected, the Community Collective, zone partners, and the Community Advisory Board identify partners to lead project implementation and develop a community action plan that sets clear timelines and goals to ensure the project plan is effective. As health priorities and projects are identified, DOH provides technical support to identify aligned funding for project implementation.

## **Ongoing Execution and Improvement**

Continuous evaluation, learning, and adaptation are necessary for the growth and ongoing improvement of the Initiative. DOH staff continue to support the Health Equity Zones by providing technical assistance to evaluate outcomes, identify long-term funding, and foster connections with other programs and initiatives that align with zone priorities. Each zone participates in the HEZ Learning Community to share knowledge and skills, receive training to build capacity, and identify strategies for scaling the Initiative.

# Zone For Native Communities

In October 2024, the HEZ Indigenous Advisory Panel selected the first Health Equity Zone for American Indian/Alaska Native (AI/AN) Communities. The zone is on the ancestral homelands of the Port Gamble S’Klallam Tribe, spanning across Kitsap, Clallam, Jefferson, Mason, and San Juan Counties.

Beginning in March 2023, Indigenous community representatives on the HEZ Community Advisory Council formed a subcommittee to develop the selection process for the Zone for Native Communities. This process builds on the guidelines created for the rural and urban zones and makes modifications specific to the needs of Indigenous communities.

The subcommittee invited input on the selection process from Indigenous leaders in Washington. It led the recruitment of an Indigenous Advisory Panel that is reflective of Tribal and Urban Indian communities from across the state. The Indigenous Advisory Panel developed a zone definition, eligibility criteria, submission form, and standardized scoring rubric.

The panel defined the Zone for Native Communities as an opportunity for Tribal and Urban Indian communities within a geographically defined area to strengthen their health through culturally relevant approaches. Tribal and Urban Indian communities across Washington were encouraged to apply, as outlined in the following eligibility criteria: applicants must represent a Tribe, Tribal Organization, Urban Indian Organization, or Collaborative of these entities; identify as AI/AN-led, use a community-driven approach, and serve and prioritize the Indigenous population.

## Outreach

The Indigenous Advisory Panel in collaboration with DOH staff led a statewide outreach effort from September 2023 to May 2024. The panel used a combination of in-person and virtual approaches to share broadly about the opportunity. In total, 111 AI/AN organizations and 179 Indigenous individuals were reached. The panel and staff participated in 7 presentations, 5 tabling events, 30 phone calls, 60 emails, and 3 HEZ workshop sessions to connect with Indigenous communities across Washington.

Workshop sessions provided an opportunity for applicants to receive technical assistance from panel members and staff while the submission form was open. Evaluation of the outreach efforts reveals that Indigenous organizations and individuals from each county were reached and there was an equal share of Tribal and Urban Indian entities.

## Selection

The submission form closed in June 2024 with a total of 10 applications received. The Indigenous Advisory Panel reviewed and scored applicants using the rubric they developed, which is comprised of criteria on Indigenous sovereignty, multigenerational vision, growing relationships, strengths-based, and Indigenous knowledge.

The submission questions developed by the panel encourage applicants to share the strengths of their community, stories or examples of existing efforts to improve community health, and the potential impact of the Initiative for current and future generations. The zone selection process uplifted cultural and Indigenous knowledge practices as community health strategies and honored Indigenous self-determination to decide how funds would be used. The panel also included a data commitment statement in the submission form to recognize Indigenous Peoples' inherent rights to their data and to describe how the information in the submission forms would be used, protected, and stewarded.

In October 2024, panel members convened on the traditional homelands of the Spokane Tribe and deliberated for 2 days, culminating with the selection of the Port Gamble S'Klallam Tribe as the first Zone for Native Communities.

The panel describes their hope for the HEZ Initiative to set the groundwork for strengthened government collaboration with Native communities.

“We believe that the visionary work of the Port Gamble S'Klallam Tribe has the potential to set a precedent here and across the country. Through a collaborative effort with the Washington Department of Health, we have been honored to design a funding opportunity specifically for Native communities. The process we have designed takes a strength-based approach, honors Indigenous practices, and lays a framework for government entities to better collaborate with Native communities.”

— HEZ Indigenous Advisory Panel



FIGURE 3. INDIGENOUS ADVISORY PANEL AND DOH STAFF AT ZONE SELECTION GATHERING IN SPOKANE, WASHINGTON.

## Rural Health Equity Zone

In June 2023, the statewide HEZ Community Advisory Council selected the first Rural Health Equity Zone in Washington. This zone encompasses the rural communities within the geographic area of the Mount Baker School District in east Whatcom County. The backbone organization and fiscal supporter for this zone is the Chuckanut Health Foundation (CHF). CHF collaborates with several east county partners, including the East Whatcom Regional Resource Center, Whatcom County Opportunity Council, Foothills Food Bank, Whatcom County Health Department, and many others, to move work forward in the zone.

### Community Engagement and Decision-Making

The rural communities of the Mount Baker School District in Whatcom County represent 15,135 of the county's 234,954 residents but face some of the most significant challenges to achieving health in the county. This zone is home to small communities across 649.1 square miles that include parts of the Mt. Baker Wilderness area. The East Whatcom HEZ prioritized partner outreach with local organizations to connect residents with available services. This effort also explored how community members could advocate for their ideas

and solutions to address concerns around healthcare access, transportation, environmental safety and sanitation, community development opportunities, and spaces for physical activity.

From October 2024 to August 2025, the East Whatcom HEZ brought community members together through a series of 33 events. The zone facilitated 5 workshops, 3 focus groups, 4 trusted messenger events, 4 information sessions, and participated in 10 tabling events and 7 community gatherings. These efforts reached over 1,150 community members in person.

At HEZ-facilitated events community members were supported in exploring community assets and envisioning potential projects for the zone. These events ensured that community members could participate fully by providing meals, childcare, translated materials, live interpretation, and community compensation in recognition of the expertise being shared.

Zone partners enlisted 29 trusted messengers—each reaching an average of 40 neighbors—bringing at least 150 new participants into HEZ spaces in just 4 months. The zone partners provide ongoing monthly updates in the Foothills Connection HUB, a website and newsletter reaching 1,000 households, ensuring East Whatcom voices remain at the center of shaping local priorities.

To ensure access for as many residents as possible in the zone, engagement was supported in 4 community-identified languages: English, Spanish, Ukrainian, and Russian. Trusted messengers have played a key role in reaching community members across remote areas, especially those who are homebound and without digital access.

The East Whatcom HEZ has also served as an umbrella to help weave together the work of different organizations and community coalitions in the area through their community gatherings strategy. By centering and leveraging this work the Whatcom HEZ has been able to help connect community members with resources and local organizations. Zone partners reflect on the success of outreach efforts in bringing together people from diverse backgrounds with the shared goal of improving health and wellbeing.

“I saw people with vastly different political views, different nationalities, extremely different economic status, elderly and youth, two-parent families and single parents. For that evening, they all came together for the betterment of the community. They not only got along but seemed to enjoy the conversations, met new people, and realized that the only way forward is together.”

– East Whatcom County Zone Partner

Through the establishment of an 11-person Community Advisory Board, the East Whatcom HEZ is now moving toward creating project plans that build upon the ideas and solutions community members have voiced over the past year. The Community Advisory Board will present these project plans to the broader community for a vote to select which will be prioritized first.



*FIGURE 4. MEMBERS OF THE WHATCOM HEZ COMMUNITY ADVISORY BOARD AND STAFF FROM THE BACKBONE ORGANIZATION, CHUCKANUT HEALTH FOUNDATION, AT THE BOARD'S FIRST CONVENING IN JULY 2025.*

## Urban Health Equity Zone

The statewide HEZ Community Advisory Council also selected Washington's first Urban Health Equity Zone in June 2023. This zone encompasses the cities of Burien, SeaTac, and Tukwila in South King County and is supported by the Somali Health Board as the backbone organization. Congolese Integration Network and Partner in Employment are also leaders within this zone through a South King County coalition with the Somali Health Board, as was Global to Local before the organization's closure in January 2025.

### Community Engagement and Decision-Making

The combined cities of Burien, SeaTac, and Tukwila comprise one of the most diverse regions of the state. This zone is home to immigrant and refugee communities representing numerous ethnic and racial groups, with more than a dozen languages commonly spoken.

The Burien-SeaTac-Tukwila HEZ prioritized outreach to these communities to highlight the health challenges that new residents face when relocating to Washington.

The Burien-SeaTac-Tukwila HEZ engaged with the community through a strengths-based approach. In each outreach activity, community members discussed the strengths and assets they see within this zone, identified the health priorities most important to them, and explored what goals or projects can address these health priorities with their community strengths in mind. Zone partners highlight how the community-driven approach of HEZ differs from traditional funding models.

“This approach of working with communities to identify their priorities and then having DOH help to align funding to fit the projects is a dream for our communities. We often see it the other way around, there is funding, and we have to adapt our communities’ priorities to fit. This is an important shift.”

– South King County Zone Partner

Throughout the zone’s first year, the Burien-SeaTac-Tukwila HEZ facilitated 2 community engagement sessions and 3 focus groups to create spaces for people to come together and discuss their health priorities. Community members reflected on potential solutions and community assets to address concerns that immigrants, refugees, and asylum seekers face in accessing housing, neighborhood safety, employment opportunities, transportation, and children and youth programs.



FIGURE 5. ZONE PARTNERS AND DOH HEZ STAFF AT A HEZ COMMUNITY GATHERING IN TUKWILA.

Concurrently, zone partners in the Burien-SeaTac-Tukwila HEZ created and shared an online survey to gather community perspectives regarding their health priorities. To uplift the diversity of voices in this zone, outreach was supported in 12 languages: Dari, English, French, Lingala, Oromo, Pashto, Portuguese, Russian, Somali, Spanish, Swahili, and Ukrainian. More than 200 people who live and work in the Urban HEZ participated in these community gatherings and surveys, representing refugees, asylum seekers, and other immigrants from Afghanistan, Somalia, the Democratic Republic of Congo, and countries across Latin America.

## Participatory Evaluation

The HEZ Initiative uses a rigorous participatory action approach to evaluation, in which community members co-develop the evaluation and use the findings for collective action. Our evaluation approach centers community knowledge and self-determination, catalyzes action and systemic change, and embeds the practice of reflection, dialogue, and learning into every aspect of the Initiative.

The HEZ Evaluation Team, comprised of zone partners, Community Advisory Council members, and staff, is leading the evaluation of the Initiative and documenting the strengths, learnings, and impacts of community-led decision making. Since 2022, the Evaluation Team has met monthly to co-create the evaluation, review data, and share back insights with the broader HEZ community. This collaborative evaluation process has deepened trust with community partners and fostered mutual learning and skill building, as stated by a member of the Evaluation Team.

“Evaluation invites community feedback and reflection throughout the process and uses our experiences to change things for the better. It feels like teamwork, collaborative, and transparent, with each person contributing their skills.”

– Evaluation Team Member

## Co-Created Evaluation

Deep community engagement in this process has meant community partners co-create the evaluation from the ground up. In 2025, the Evaluation Team developed an initiative-wide evaluation plan and theory of change to assess how HEZ is strengthening community power and collective decision-making to address the underlying social drivers of health. The Evaluation Team identified indicators in alignment with the vision and 4 core strategies

outlined in the theory of change: place-based, community investment, reimagine systems, and community power-building (Appendix IV).

A key lesson from the first phase of implementation is that sustainable evaluation and learning also depend on consistent resourcing. Community partners need support for data collection, interpretation, and leadership in evaluation activities—without which the participatory model cannot be maintained.

## Using Data to Shift Power

Since its inception, HEZ has used evaluation to shift power to communities by supporting cross-agency collaboration and knowledge exchange on community engagement. In 2024, the Evaluation Team published a series of new materials that detail the community-led process of selecting the first pilot zones in Washington. This includes a [Community-Led Decision-Making Case Study](#) and 3 supplemental guides on [Program Co-Creation](#), [Evaluation](#), and [Community Participation](#). The materials offer actionable insights that government agencies can use to strengthen how they partner with communities.

Key learnings identified by the Indigenous Advisory Panel through the selection process for the Zone for Native Communities were also published in a [summary report](#). The lessons uplift practices that honor Indigenous sovereignty and government-to-government collaboration.

Following the publications, HEZ staff hosted a workshop series for government agency staff to share their community engagement experiences and strategies with each other. The series was attended by over 100 staff across state and local agencies, including the Department of Transportation, the Department of Ecology, Washington State Parks, Greater Health Accountable Communities of Health, Seattle Public Health King County, the Washington State Board of Health, Tacoma-Pierce County Health Department, Office of Financial Management, and the Department of Commerce.

Workshop feedback surveys indicate 100% of attendees learned something new that they plan to implement in their own work. These workshops provide a learning community for other programs seeking to center community voice and leadership.

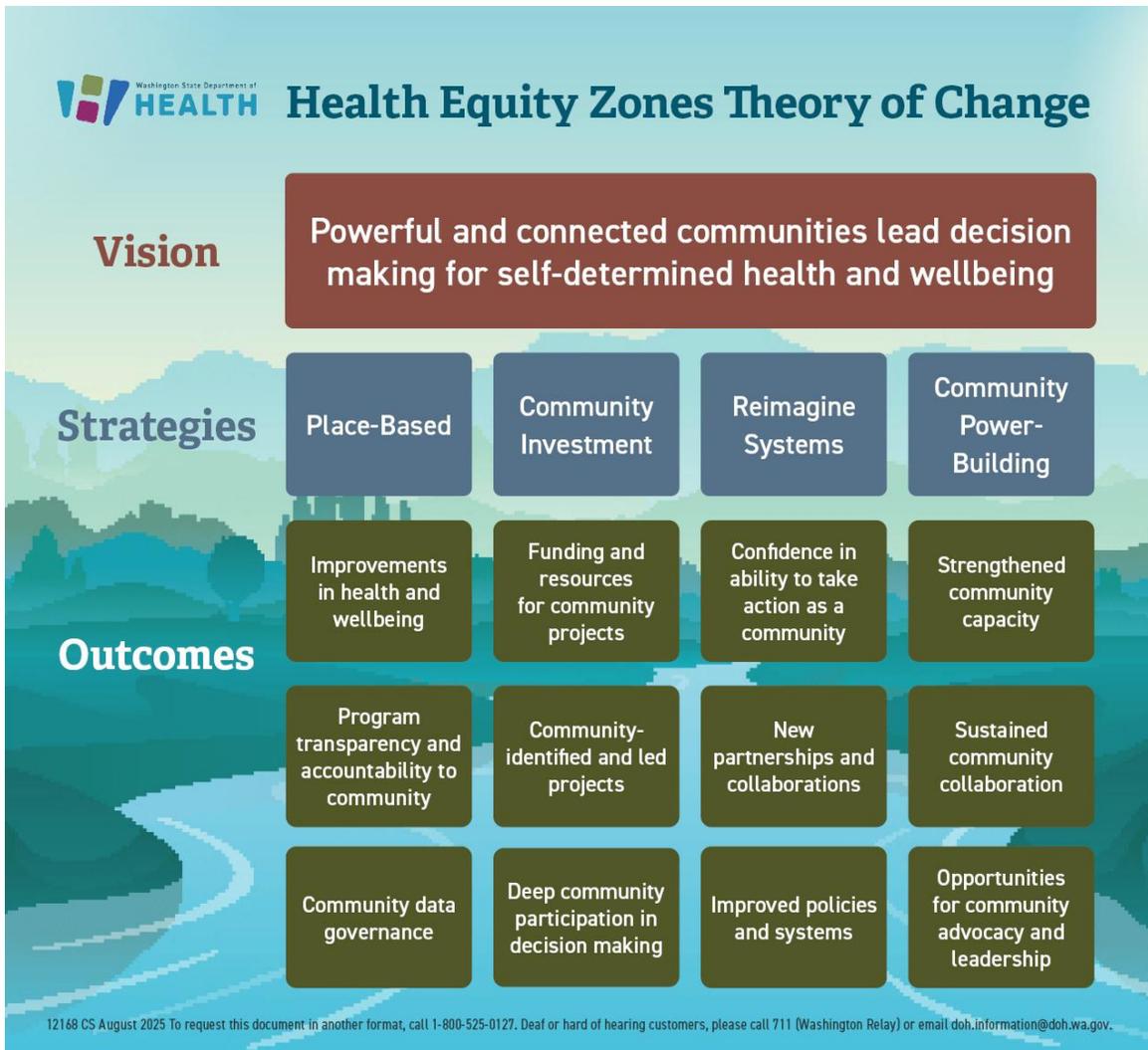


FIGURE 6. HEALTH EQUITY ZONES INITIATIVE THEORY OF CHANGE

FOR A SCREEN READER ACCESSIBLE VERSION OF THE THEORY OF CHANGE, SEE APPENDIX V. TO REQUEST THIS IMAGE IN ANOTHER FORMAT, CALL 1-800-525-0127. DEAF OR HARD-OF-HEARING CUSTOMERS, PLEASE CALL 711 (WASHINGTON RELAY) OR EMAIL [DOH.INFORMATION@DOH.WA.GOV](mailto:DOH.INFORMATION@DOH.WA.GOV).

The evaluation measures included in the plan assess the implementation process, immediate outcomes and results, and long-term transformations in health equity. Data equity principles, or the commitment to fair and just use of data, were centered when determining how to use evaluation to advance community power and ownership in data collection processes.

As the urban and rural zones conclude the first year of community engagement, the Evaluation Team will support the documentation of place-based outreach strategies to create a blueprint for future zones and other programs doing similar work, in addition to collaborating with zone partners to honor their self-determination to decide how evaluation data is collected and stewarded.



*FIGURE 7. MEMBERS OF THE EVALUATION TEAM FACILITATE A DATA WALK ACTIVITY TO REVIEW EVALUATION FINDINGS AND DEVELOP RECOMMENDATIONS ON ZONE SELECTION.*

## Next Steps

The HEZ Initiative recognizes that people most impacted by health inequities are closest to the solutions that can improve their health. As each zone enters the next phases of the Initiative, the Community Collectives formed through this work will continue to center community-led decision-making to guide project planning and implementation.

## Project Planning

Through outreach and engagement activities, the Urban HEZ and Rural HEZ have identified key health priorities to improve health equity. Each zone is establishing a Community Advisory Board to co-develop project proposals and facilitate in-depth community engagement and a community-designed voting process to select a project to prioritize for funding. The Zone for Native Communities will begin community outreach and engagement to gather broad community input on health priorities and projects.

## HEZ Learning Community

The vision for the HEZ Initiative is to establish the foundation for long-lasting community-led decision-making in each zone. Through a continued partnership between DOH, Community Advisory Council members, and Community Collectives in the zones, a HEZ Learning Community will be established, enabling participants to share learnings, receive capacity-building training, and identify successful strategies. Lessons shared through the HEZ Learning Community may also support other community-centered work within DOH and other state and local agencies.

## Growth and Sustainability

Ongoing evaluation efforts identify program successes and learnings to support the growth of the Initiative and the evolving needs of each community. Continuous learning, adaptation, and community collaboration are key to the sustainability of each of the Health Equity Zones. DOH HEZ staff will continue to support each of the zones by identifying long-term funding and fostering connections with programs and initiatives that align with the priorities of each zone.

The long-term success of the HEZ Initiative depends on continued investment, dedicated staffing, and time for relationship-building. Each zone requires stable, upfront funding to establish infrastructure before pursuing additional grants or projects. Supporting local capacity, translation and interpretation services, and fair community compensation, are essential to maintaining equitable participation.

## Continued Investment in Communities

The HEZ Initiative seeks to create lasting change in Washington by addressing the social factors that shape health and well-being at the community level. Continued and robust funding is essential for achieving long-term outcomes and strengthening the trust already established between communities and the state. With 3 zones currently established, this Initiative is laying the groundwork for broad, statewide improvements in community health.

Examining similar initiatives nationwide, such as those in Rhode Island, demonstrates the impact of investing in community-led decision-making. This approach reduces vulnerability to natural disasters, lowers rates of chronic disease, and cuts healthcare costs. Since 2015, Rhode Island has supported 15 Health Equity Zones, which have launched over 70 projects to improve food security, address the opioid crisis, update housing policies, and expand access to healthcare.

Where the HEZ model has been implemented, it has not only improved the health and well-being of communities but also supported local economic growth by building partnerships and aligning funding. It has further sparked civic participation, bringing communities together to advocate for the issues that matter most to them.

Washington is leading the way in using this innovative approach to strengthen community leadership and advance health equity. The early experience of the three zones demonstrates that meaningful progress occurs when communities are given both the necessary time and stable investment to lead. These lessons should guide future legislative appropriations to ensure the Initiative's success statewide.

With further investment, the HEZ Initiative is ready to expand beyond the current 3 zones, with the potential to transform the state's public health system. By investing in the Initiative, Washington affirms its commitment to centering community voices in decision-making. Continued investments in this work by the Legislature is a vital step toward achieving health equity and improving the quality of life for communities across the state.

# Conclusion

The Health Equity Zones Initiative represents a promising, evidence-informed model for advancing health equity in Washington. By centering local leadership, aligning resources with community priorities, and fostering cross-sector collaboration, HEZ has built a foundation of trust and shown early progress in just three zones. With continued legislative investment, the Initiative can expand statewide, driving systemic improvements that reduce health disparities, strengthen public health infrastructure, and ensure lasting benefits for Washington’s diverse communities.

Early successes from the three zones highlight the Initiative’s success:

- Zone for Native Communities
  - Engaged 111 AI/AN organizations and 179 individuals
- Rural Equity Zone
  - 33 community events
- Urban Health Equity Zone

Outreach supported 12 languages (Dari, English, French, Lingala, Oromo, Pashto, Portuguese, Russian, Somali, Spanish, Swahili, and Ukrainian) and reached 200 community members.



# Appendix I: RCW 43.70.595

## Health equity zones.

(1) Subject to the availability of amounts appropriated for this specific purpose, the department, in coordination with the governor's interagency council on health disparities, local health jurisdictions, and accountable communities of health, must share and review population health data, which may be related to chronic and infectious diseases, maternal birth complications, preterm births and other newborn health complications, and any other relevant health data, including hospital community health needs assessments, to identify, or allow communities to self-identify, potential health equity zones in the state and develop projects to meet the unique needs of each zone. The department must provide technical support to communities in the use of data to facilitate self-identification of health equity zones.

(2) Communities' uses of data must align with projects and outcomes to be measured in self-identified zones.

(3) The department must use the first 12 months following July 25, 2021, to develop a plan and process to allow communities to implement health equity zone programs statewide. The department has authority to determine the number of health equity zones and projects based on available resources.

(4) Communities that self-identify zones or the department must notify relevant community organizations in the zones of the health equity zone designation and allow those organizations to identify projects to address the zone's most urgent needs related to health disparities. Community organizations may include, but are not limited to:

- (a) Community health clinics;
- (b) Local health providers;
- (c) Federally qualified health centers;
- (d) Health systems;
- (e) Local government;
- (f) Public school districts;
- (g) Recognized American Indian organizations and Indian health organizations;

(h) Local health jurisdictions; and

(i) Any other nonprofit organization working to address health disparities in the zone.

(5) Local organizations working within zones may form coalitions to identify the needs of the zone, design projects to address those needs, and develop an action plan to implement the projects. Local organizations may partner with state or national organizations outside the specific zone designation. Projects may include, but are not limited to:

(a) Addressing health care provider access and health service delivery;

(b) Improving information sharing and community trust in providers and services;

(c) Conducting outreach and education efforts; and

(d) Recommending systems and policy changes that will improve population health.

(6) The department must provide:

(a) Support to the coalitions in identifying and applying for resources to support projects within the zones;

(b) Technical assistance related to project management and developing health outcome and other measures to evaluate project success; and

(c) Subject to availability, funding to implement projects.

(7) Subject to the availability of amounts appropriated for this specific purpose, 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.

(8) For the purposes of this section "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. Documented health disparities must be documented or identified by the department or the centers for disease control and prevention.

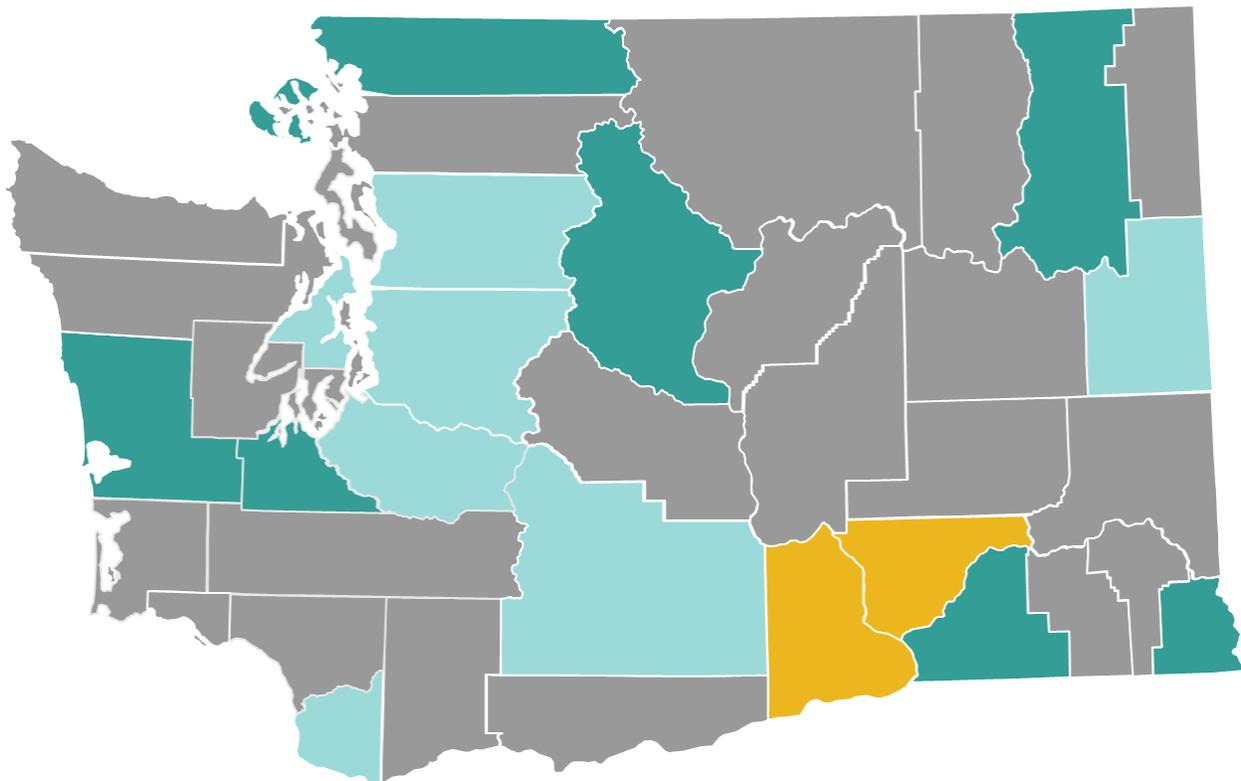
[ **2021 c 262 s 2.** ]

**NOTES:**

**Findings—Intent—2021 c 262:** "(1) The legislature finds that people of color, Indian, people experiencing poverty, and immigrant populations experience significant health disparities compared to the general population, including more limited access to health care and poorer health outcomes. The legislature finds that these circumstances result in higher rates of morbidity and mortality for persons of color and immigrant populations than observed in the general population.

(2) Therefore, the legislature intends to create health equity zones to address significant health disparities identified by health outcome data. The state intends to work with community leaders within the health equity zones to share information and coordinate efforts with the goal of addressing the most urgent needs. Health equity zone partners shall develop, expand, and maintain positive relationships with communities of color, Indian communities, communities experiencing poverty, and immigrant communities within the zone to develop effective and sustainable programs to address health inequity." [ **2021 c 262 s 1.** ]

# Appendix II: Geographic Representation of Community Advisory Council (CAC) and Community Workgroup Members (CW)



Legend	
	CAC only
	CW only
	CAC and CW

## Appendix III: Zone Partners and Supporters

<b>Zone for Native Communities</b>	Port Gamble S’Klallam Tribe
	Port Gamble S’Klallam Community Health Center
<b>Zone for Rural Communities</b>	Chuckanut Health Foundation
	Whatcom Family and Community Network
	East Whatcom Regional Resource Center/Opportunity Council
	Foothills Food Bank
	Whatcom County Public Health
<b>Zone for Urban Communities</b>	Somali Health Board
	Congolese Integration Network
	Partner in Employment

# Appendix IV: Evaluation Indicators

**Vision: Powerful and connected communities lead decision-making to achieve self-determined health and wellbeing.**

OUTCOME	INDICATOR
<b>STRATEGY: PLACE BASED</b>	
<b>Deep community participation in decision-making</b>	<ul style="list-style-type: none"> <li>• Number of community members participating in HEZ</li> <li>• Number and demographics of community members contributing to decision-making on zone priorities and projects</li> <li>• Diverse and locally reflective community advisory board members (lived experiences, youth, elders, first time participants)</li> <li>• Percent of all community advisory board members who made meaningful connections through HEZ</li> <li>• Rate of retention on all community advisory boards</li> </ul>
<b>Community-identified and led projects</b>	<ul style="list-style-type: none"> <li>• Number of community-led activities to develop projects</li> <li>• Number of community-led projects across all zones</li> </ul>
<b>Community data governance</b>	<ul style="list-style-type: none"> <li>• Number of community-led data collection activities</li> <li>• Percent of zones who feel equipped to lead decision-making about data</li> </ul>
<b>STRATEGY: COMMUNITY INVESTMENT</b>	
<b>Continued funding and resources</b>	<ul style="list-style-type: none"> <li>• Amount, source, and length of funding for community-led zone projects, including in-kind resources</li> </ul>
<b>Long-term sustainability of collaboration</b>	<ul style="list-style-type: none"> <li>• Percent of zones who report strong partnerships that are mutually beneficial, accountable, and long-lasting, including average length of partnerships</li> <li>• Percent of zones that are engaged in sustainability planning and report improvements long-term collaboration and sustainability</li> </ul>
<b>STRATEGY: REIMAGINE SYSTEMS</b>	
<b>Improved systems to support community leadership</b>	<ul style="list-style-type: none"> <li>• Number of program and zone activities focused on improving systems or policies</li> <li>• Number of policy or system improvements HEZ has contributed to (state, local, cross-sector)</li> <li>• Improvements in community-to-government relationship</li> <li>• Percent of partners who feel their voices are heard in decision-making on HEZ</li> </ul>

<b>Opportunities for community advocacy and leadership</b>	<ul style="list-style-type: none"> <li>• Number of opportunities for advancement of community member skills, education, employment, advocacy, or leadership</li> </ul>
<b>Program transparency and accountability to community</b>	<ul style="list-style-type: none"> <li>• Percent of zones communicating regularly about community-led activities</li> <li>• Number of times HEZ is highlighted as a positive example of community-driven work (publications, media, news)</li> <li>• Number of downloads of evaluation reports and public materials and evaluation presentation attendees</li> </ul>
<b>STRATEGY: COMMUNITY POWER-BUILDING</b>	
<b>New partnerships and collaboration</b>	<ul style="list-style-type: none"> <li>• New partnerships or connections formed through HEZ since the Initiative was created, including community-based, cross-sector, and interagency</li> </ul>
<b>Strengthened skills and community capacity</b>	<ul style="list-style-type: none"> <li>• Number of training courses to build skills or capacity</li> <li>• Percent of training participants who are youth ages 13-20</li> <li>• Percent of training participants who learned and applied skills from trainings, including becoming trainers themselves</li> </ul>
<b>Confidence in ability to act as a community</b>	<ul style="list-style-type: none"> <li>• Number of resolutions or ordinances brought to local governments by HEZ communities</li> <li>• Number of harmful resolutions or ordinances blocked by HEZ communities</li> <li>• Power-building stories from community partners on personal and community impacts of the Initiative (as available)</li> </ul>
<b>Improvements in health and wellbeing (short-term)</b>	<ul style="list-style-type: none"> <li>• Number of social determinants addressed across zones</li> <li>• Populations served by community-led projects</li> <li>• Zone-specific project outcomes (to be determined by each zone)</li> </ul>
<b>Improvements in health and wellbeing (long-term)</b>	<ul style="list-style-type: none"> <li>• Percent of households living above the self-sufficiency standard</li> <li>• Percent of the population employed</li> <li>• Percent of renters and owners who are not cost-burdened</li> <li>• Percent of households without housing condition problems</li> <li>• Percent of population with health insurance</li> <li>• Percent of population who did not delay medical care due to cost</li> <li>• Percent of adults who reported good health</li> <li>• Average number of days of good mental health</li> <li>• Percent of high school students graduating with a diploma</li> </ul>

- Distribution of students scoring from 0-4+ on the adverse childhood experiences scale
- Average number of years people can expect to live at birth
- Percent of households with access to vehicle or public transit
- Percent of households with access to internet
- Percent of households who are food secure
- Number of days with good air quality
- Percent of language requests that are fulfilled by interpreters

# Appendix V: Health Equity Zones Theory of Change

**Vision: Powerful and connected communities lead decision making for self-determined health and wellbeing.**

## Strategies

- Place-Based
- Community Investment
- Reimagine Systems
- Community Power-Building

## Outcomes

- Improvements in health and wellbeing
- Program transparency and accountability to community
- Community data governance
- Funding and resources for community projects
- Community-identified and led projects
- Deep community participation in decision-making
- Confidence in ability to act as a community
- New partnerships and collaborations
- Improved policies and systems
- Strengthened community capacity
- Sustained community collaboration
- Opportunities for community advocacy and leadership

