

HEALTH EQUITY ZONES

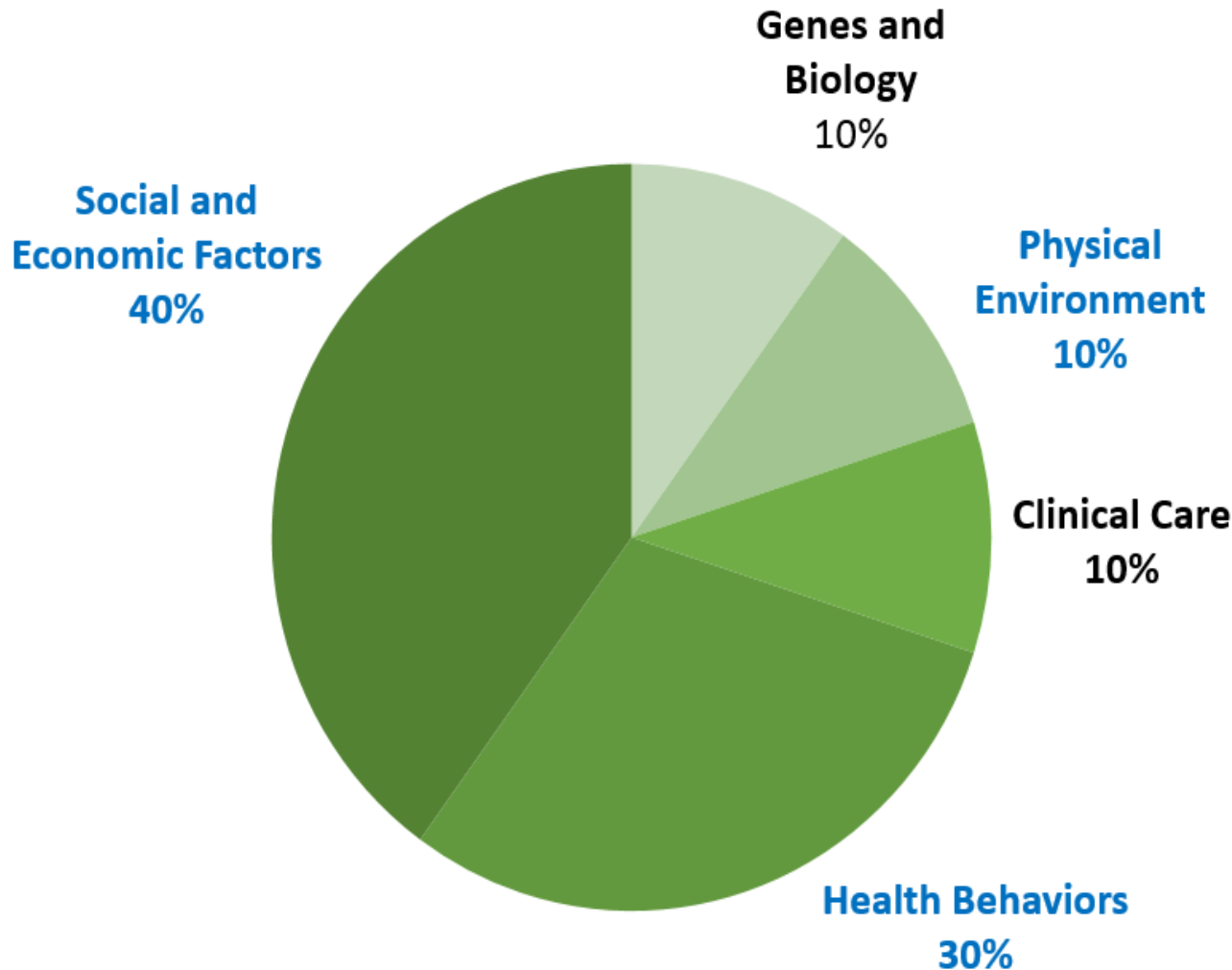


Building healthy and resilient communities across Rhode Island



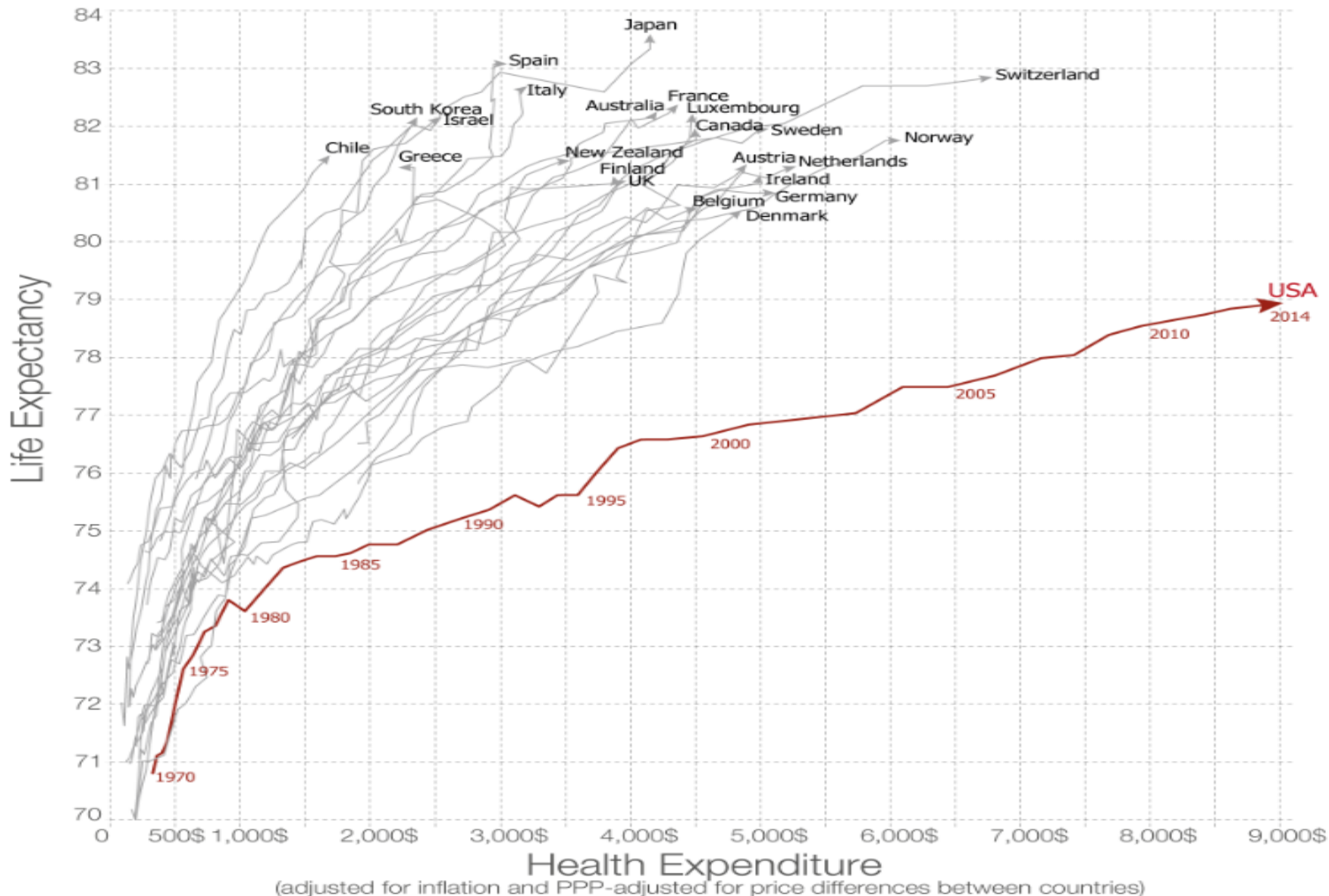
Christopher Ausura
Rhode Island Department of Health

Health is More Than Healthcare

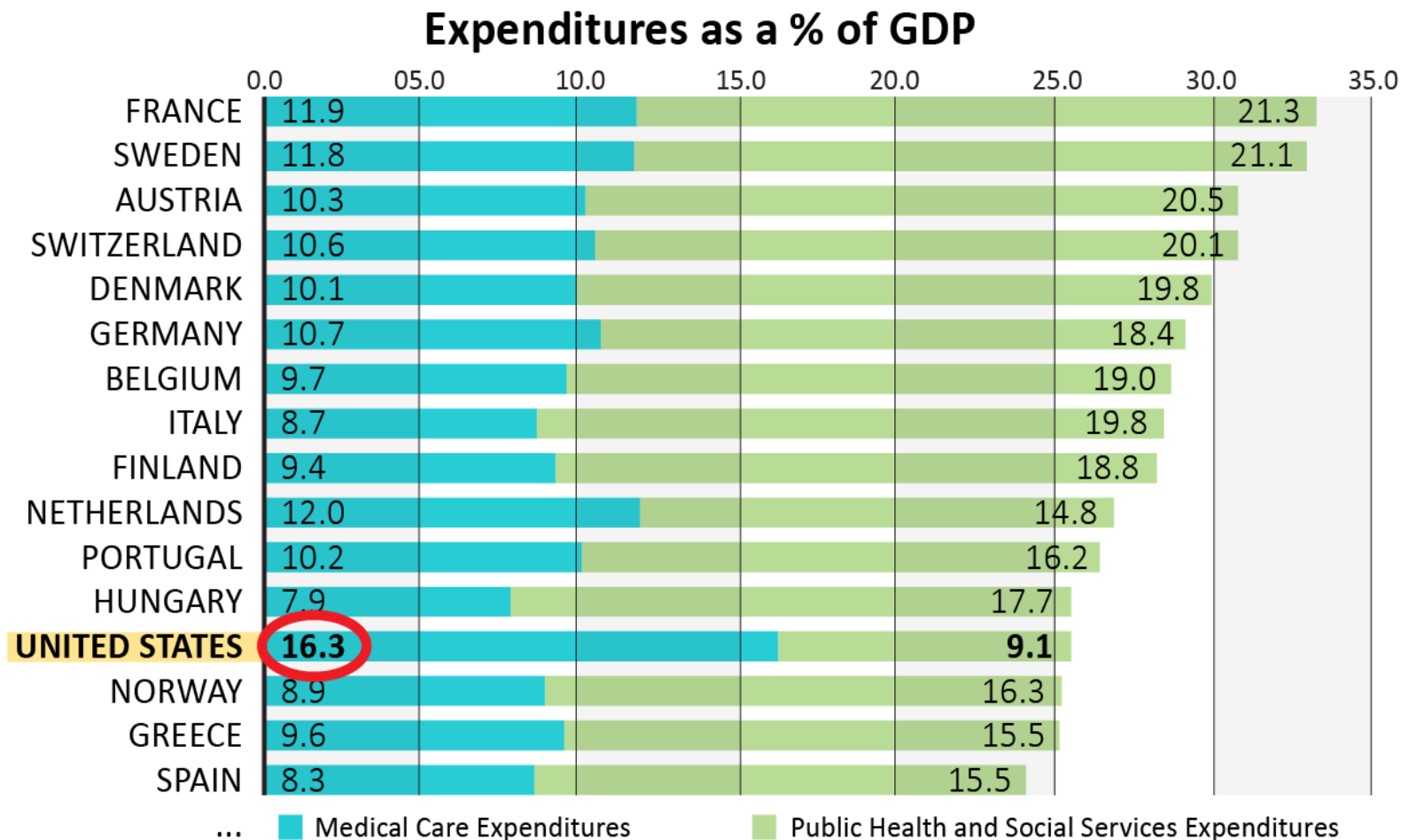


80% of health happens in our homes, schools, jobs, and communities

Life Expectancy vs. Healthcare Spending, 1970-2014



Investment Where it Matters Most



For every \$1 spent on healthcare, most countries spend \$2 on public health and social services. The US only spends 55 cents.

RIDOH OVERARCHING GOAL

Positively Demonstrate for Rhode Islanders
the Purpose and Importance of Public Health

RI Population Health Plan LEADING PRIORITIES

**Address
Socioeconomic
and Environmental
Determinants of Health
in Rhode Island**

**Eliminate
Disparities of Health
in Rhode Island
and Promote
Health Equity**

**Ensure Access
to Quality Health Services
for Rhode Islanders,
Including Our Vulnerable
Populations**

CROSS-CUTTING STRATEGIES

RIDOH Academic Institute: Strengthen the integration of scholarly activities with public health
RIDOH Health Equity Institute: Promote collective action to achieve the full potential of all Rhode Islanders

Why Health Equity



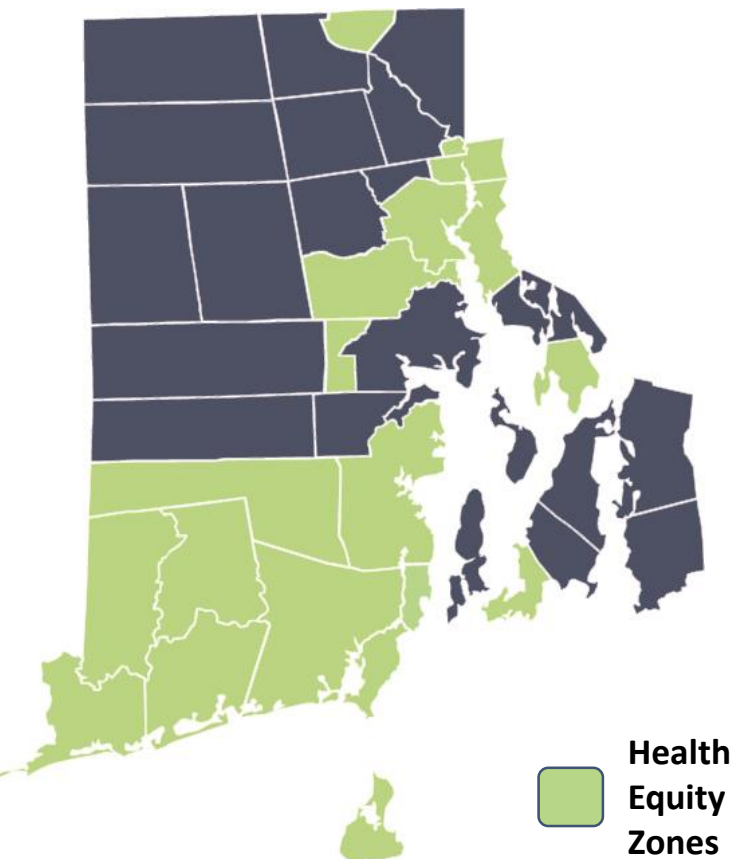
Health equity requires developing strategies to improve health based on the unique circumstances of the people and places affected. Issues like poverty, discrimination, quality education and housing, safe environments affect communities differently and solutions to these determinants of health require an equity approach



RIDOH Health Equity Zones



- Launched in 2015 in 11 communities across Rhode Island, now in the second contract with 7 Cohort I HEZ and 3 Cohort II HEZ.
- Geographic areas with measurable health disparities, and socioeconomic and environmental conditions that keep people from being as healthy as possible.



Community Led Foundation



Action Plans



Health Equity Zone Woonsocket

MISSION

The Woonsocket HEZ is a group that takes action to improve the health and quality of life for all people in Woonsocket with the people of Woonsocket.

VISION

We envision a future Woonsocket where people are connected to each other and to the community resources that reinforce health and well-being. A trusting relationship exists between residents and resources - built on a foundation of mutual respect, cultural sensitivity, and humility. A community where all individuals, families and children are living in safe, nurturing homes within families and communities that support healthy development.

Opioid Epidemic

Priority Statement

Woonsocket has the highest overdose death rate, nearly twice the rate of the state's average.

Priority Goal Statement

Save lives. Make treatment and recovery available on demand, in real time.

3 Year Measure

Reduce overdose rate by 25% by end of 2021

Objective I Primary Prevention

Move upstream to change the culture

Objective II Treatment

When people are ready for treatment, including MAT, Methadone, Suboxone, and Vivitrol, it is available immediately and locally

Objective III Rescue

People have Naloxone when they need it. Bystanders know how and when to use Naloxone to save a life

Objective IV Recovery

Build recovery capital. Everyone seeking or in recovery has access to a diverse range of services and support to get and stay well

Year-1 Targets

1. Increase awareness through public events or campaigns
2. Implement EBP prevention programs in school
3. Engage Youth in planning committee

Year-1 Targets

1. Sustainable funding for Naloxone
2. Increase number of residents with Naloxone
3. Improve ED discharge planning & reporting
4. Pilot Police/BH Pilot

Year-1 Targets

1. Expand MAT and reduce wait times
2. Expand SBIRT
3. Improve ED discharge planning & reporting

Year-1 Targets

1. Maintain or Expand Serenity Recovery Center hours

Year-1 Indicators (provisional)

Primary: decrease # of overdose deaths 10%, increase MAT 10%, increase # Naloxone 20%
Secondary: # EMS rescues, # ED visits, # ED Discharge to LTC, wait time for MAT (in days)

Teen Health

Priority Statement

Woonsocket has the second highest rate of teen pregnancy in the state.

Priority Goal Statement

All teens, including young parents, will have high quality healthcare and accurate and complete sex education to make informed decisions & choices about their lives.

2 Year Measure

Decrease births to teens by 33% by end of 2021

Objective I Comprehensive Health & Sexuality Education

All high school students have access to high quality health and sexuality education & supports

Objective II Access to Comprehensive Healthcare

All youth have access to high quality, free, and confidential comprehensive healthcare

Objective III Youth Voice and Leadership

Amplify youth voice and decision making, especially for youth who are marginalized

Year-1 Targets

1. Increase hours of health education in high school

Year-1 Targets

1. Increase access to comprehensive health care for teens.
2. Increase awareness of and access to Long Acting Reversible Contraception (LARC)

Year-1 Targets

1. New teen leadership/advocacy Educational Learning Opportunity (ELO) for credit
2. Public Health ELO to disseminate LARC and health access campaign

Year-1 Indicators (provisional)

Primary: decrease births to teens by 10%, 100% 9th graders receive sex education
Secondary: # of hours sex education, % LARC, % teens with annual primary care visit, # youth leaders engaged

Food Access

Priority Statement

Woonsocket contains half of the food deserts in the state.

Priority Goal Statement

Healthy food is easy to find and affordable in every neighborhood.

3 Year Measure

Increase food enterprise in Woonsocket including bringing a culturally appropriate grocery store to downtown by end of 2021

Objective I Develop & support comprehensive services that address food access, poverty, food insecurity, & food production.

Engage & amplify residents' voices in the comprehensive plan
Convene emergency food dialogue to develop & support a local integrated food system

Objective II Support local entrepreneurs and food businesses

Bring a culturally appropriate grocery store to downtown.
Develop & support community activities at Millrace "food hub" that promote health.

Objective III Support local food production

Maintain and enrich Farm Fresh RI farmers market at Thundermist Health Center.

Year-1 Targets

1. Engage & amplify residents' voices in the City's comprehensive plan
2. Convene food systems dialogue to develop & support a local integrated food system.

Year-1 Targets

1. Bring a culturally appropriate grocery store to downtown.
2. Develop & support community activities at Millrace "food hub" Food entrepreneur scholarship program

Year-1 Targets

1. Maintain and enrich Farm Fresh RI farmers market at Thundermist Health Center.

Year-1 Indicators (provisional)

Primary: increase # of new food businesses supported (min 5)
Secondary: sales (SNAP/WIC/Bonus Bucks) at farmers market, # of resident driven comp plan priorities, # of grocery stores downtown

Child Maltreatment

Priority Statement

Woonsocket has the highest rate of DCYF indicated child maltreatment incidences.

Priority Goal Statement

All children are safe from harm and live in families and neighborhoods that help them to thrive.

3 Year Measure

TBD

Objective I Develop and Disseminate Data story

Engage state departments to use Rhode Island's public health surveillance data "ecosystem" to identify drivers and levers (risk & protective factors)

Objective II Identify strategies to reduce incidence of child maltreatment

Engage community, centering family voice, to intervene at critical intervention points that are predictive, protective, & influenceable

Year-1 Targets

1. Build data set in partnership with DCYF and RIDOH
2. Design and disseminate data story

Year-1 Targets

1. Action Plan with baseline, benchmarks, and targets

Year-1 Indicators (provisional)

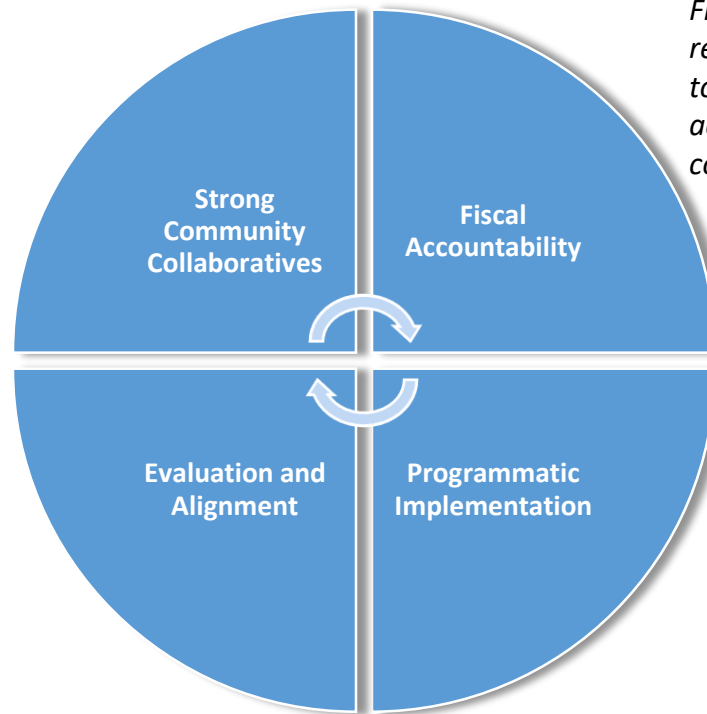
Primary: Baseline-DCYF indicated incidents of child abuse/neglect
Secondary: Baseline- Childcare slots, % of well child visits kept, avg wait for BH svcs (days), # local foster families, ED BH visits

Project Life Cycle for HEZ Initiative



Development of Strong Community Partnerships: The first step in the theory of change for the HEZ initiative is to develop strong place based community capacity to address the social and environmental determinants of health identified by the community.

Evaluation and Alignment: Good qualitative and quantitative data coming from the HEZ initiative is a critical piece of project fidelity, and the cornerstone to demonstrating the effectiveness of the approach.



Fiscal Accountability: The second step is to align resources, to do this worked with our partners to ensure their collaboratives are capable of acting as a fiduciary agent for their respective community collaborative.

Implementation of Funded Programming and Deliverables: The community partners need to be able to successfully implement programmatic interventions and show results to build their community's capacity, and attract the additional resources that their community may need.

**RIDOH Provides Continuous Hands on Technical Assistance Across the PLC*

HEZ Theory of Change



- **IF** Rhode Island collaboratively invests in defined geographic areas to develop sustainable infrastructure, and aligns a diverse set of resources to support community-identified needs...
- **THEN** we will positively impact the socioeconomic and environmental conditions driving disparities and improve health outcomes.

The development of sustainable community infrastructure working to improve the community from within



The alignment of resources to create sustained investments in the community to address the needs identified by the community

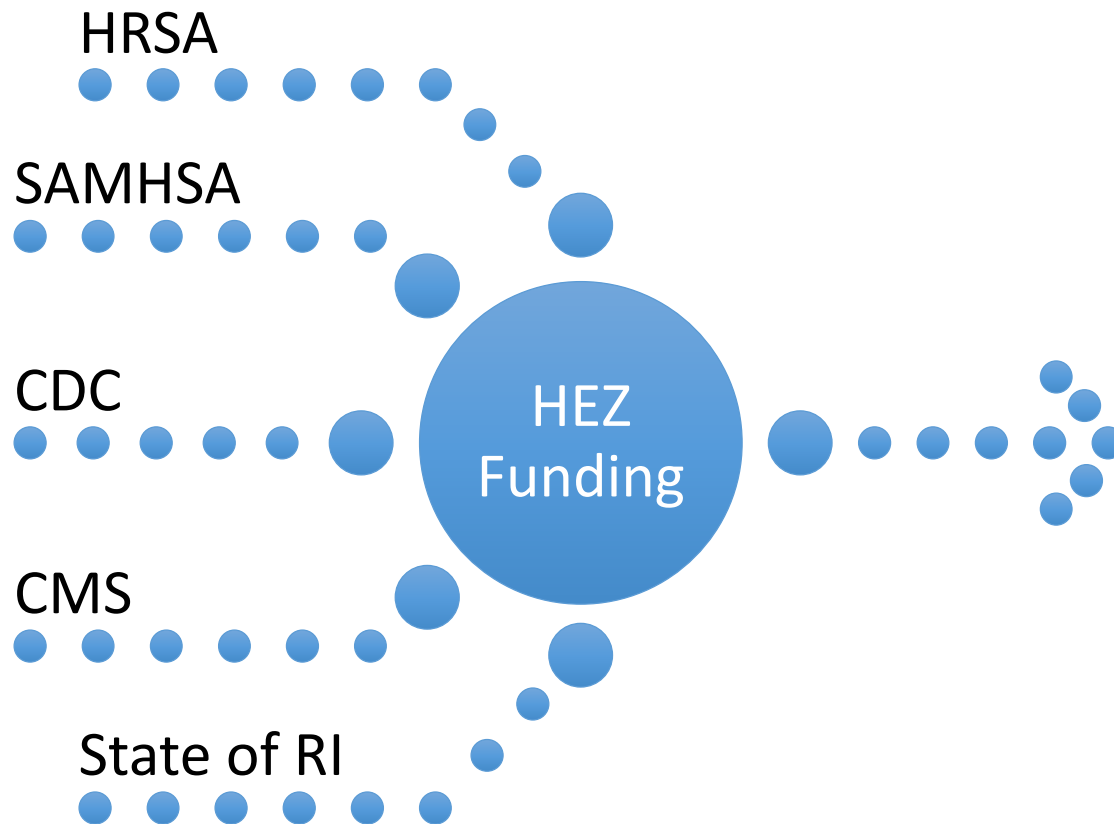


Will lead to positive impacts on the social and environmental determinants of health and improved population health outcomes

Collective Investment



Drives collective action with authentic engagement and supports community-identified priorities.



New Ways to Measure Success: Statewide Health Equity Indicators

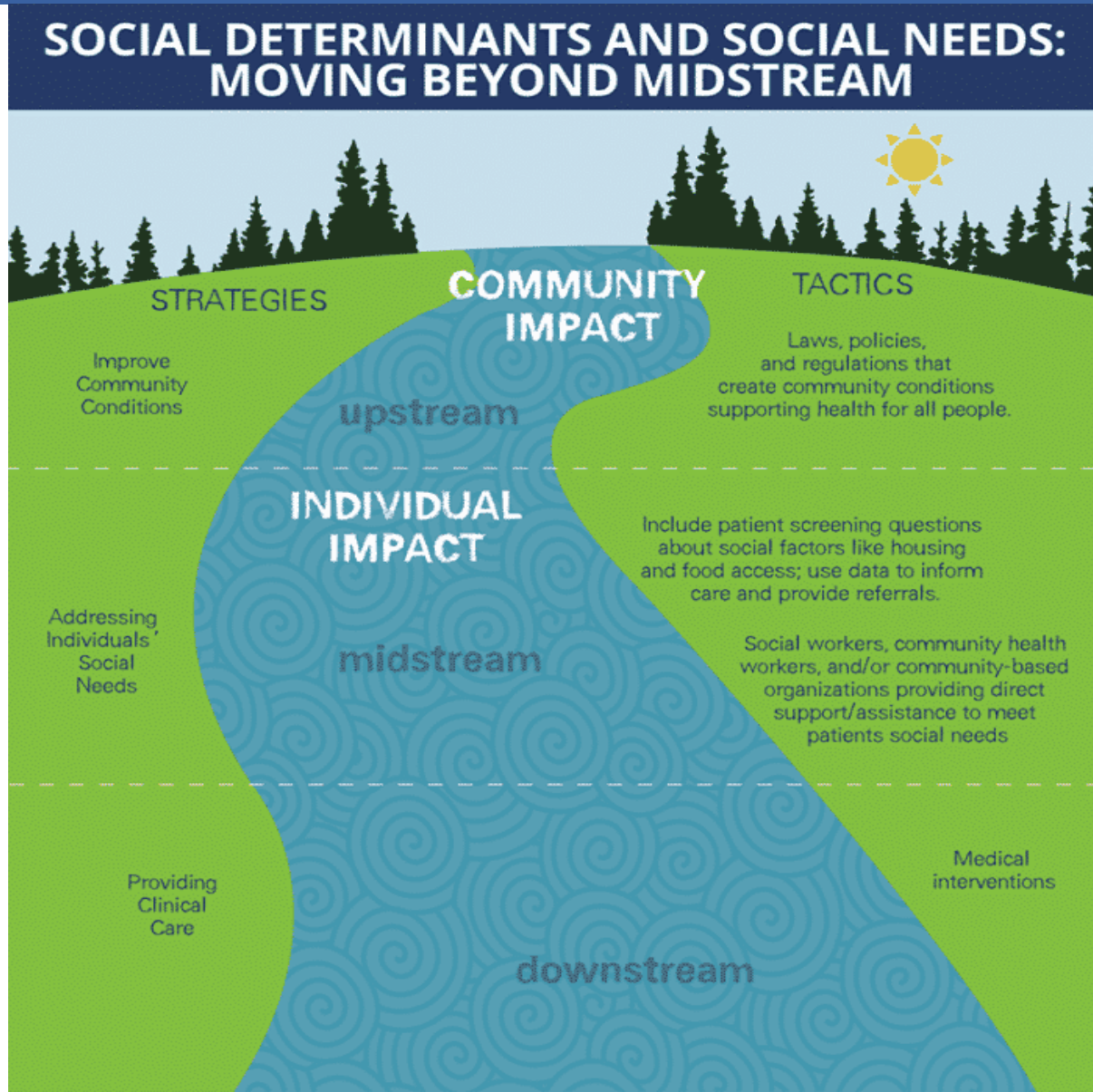


Domain	Determinant	Indicator
Integrated Healthcare	Healthcare Access	Percentage of adults who reported not seeking medical or dental care due to cost
	Social Services	Ratio: Number of individuals receiving to number of individuals eligible for SNAP, based on income
	Behavioral Health	Ratio: Number of naloxone kits distributed to number of overdose deaths
Community Resiliency	Civic Engagement	Percentage of registered voters participating in the most recent presidential election
	Social Vulnerability	Index score that reflects the social vulnerability of communities
	Equity in Policy	Ratio: Number of low- to moderate-income housing units to number of low- to moderate-income households
Physical Environment	Natural Environment	Percentage of overall landmass with tree canopy cover
	Transportation	Index score that reflects the affordability of transportation for renters
	Environmental Hazards	Number and percentage of children with blood lead levels > 5 micrograms per deciliter
Socioeconomics	Housing Cost Burden	Percentage of renters and owners who are housing cost burdened
	Food Insecurity	Percentage of population who are food insecure
	Education	Percentage of students graduating with a regular diploma within four years
Community Trauma	Discrimination	Percentage of adults reporting racial discrimination in healthcare settings in past 12 months
	Criminal Justice	Number of non-violent offenders under RI probation and parole (per 1,000 residents age 18+)
	Public Safety	Violent crime rate and non-violent crime rate (per 100,000 people)

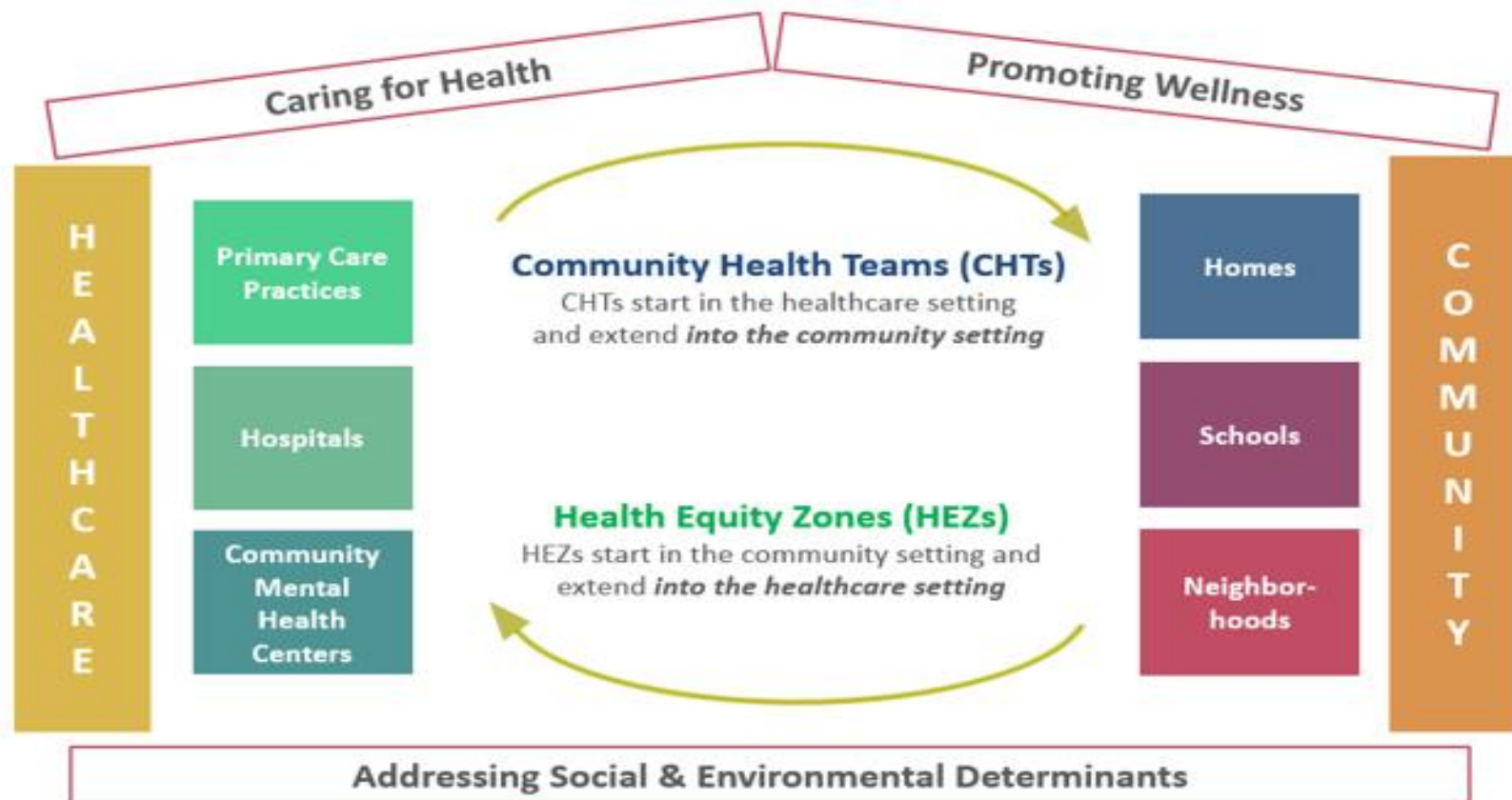
Expanding the Investment Portfolio



- Investments must be made at all levels
- Small policy changes lead to large upstream impacts
- Approach must be multi-sectoral



Transforming Practices with CHTs



Questions?



Christopher Ausura
Health Equity Zones Project Manager
Rhode Island Department of Health
Christopher.Ausura@health.ri.gov