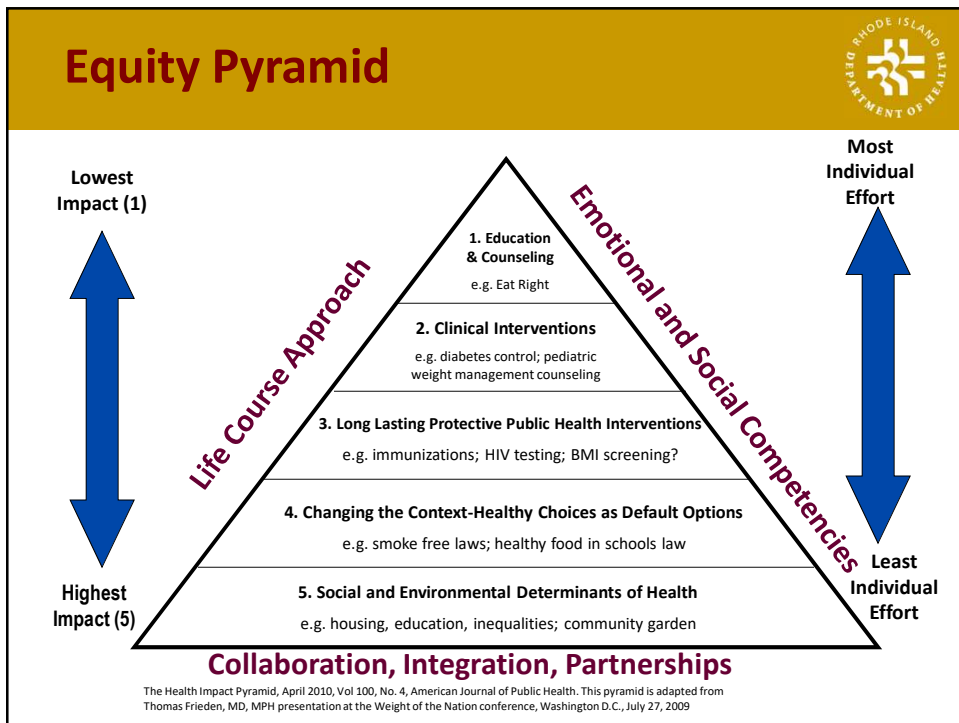


 **Support Building Healthy and Resilient Communities through Braided Funding**



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## RIDOH Health Equity Zones (HEZ)



Communities awarded initial seed funding through RIDOH over a four-year period for each Health Equity Zone to:

- Build, expand or maintain a **collaborative** of diverse partners from the local community of the self-defined zone.
- Conduct a **baseline assessment** of socioeconomic and environmental factors that drive health outcomes.
- Create a **Plan of Action** targeting **measurable** objectives based on valid strategies shown to be successful.
- Implement and **evaluate** the Plan of Action.

## Health Equity Zone Goals



- Improve health of communities with high rates of illness, injury, chronic disease, or other adverse health outcomes
- Improve birth outcomes
- Reduce health disparities
- Improve the social and environmental conditions of the neighborhood
- Support the development and implementation of policy and environmental change interventions

## RIDOH Health Equity Zones



- **Braided funding drives collective action with authentic community engagement.**
- Funds are woven together from several sources, including:
  - HRSA/Maternal and Child Health Bureau (Title V)
  - Substance Abuse and Mental Health Services Administration
  - Preventive Health and Health Services Block Grant
  - Centers for Disease Control and Prevention
  - Centers for Medicare and Medicaid Services
  - State General Revenue
- **Community-led collaboratives with sustainable investments and flexible funding will drive lasting change that is needed to actually move the needle.**

## Braided Funding: How Did We Do It?



### Cost allocation methods:


- a. Flexible and categorical funding is captured and allocated across multiple HEZ Strategies ([link](#))
- b. As part of constructing their budget (Budget and Activities workbook), each HEZ allocates one or more HEZ Strategies to each line item in budget ([link](#))
- c. RIDOH creates the Distributed Budget. Allocations are made by analyzing the total funding available within each HEZ Strategy ([link](#))
- d. Once each line item has a percentage of each applicable funding source, a spreadsheet is created to capture the way payment should be applied for each line item.

## Community Priorities




- Access to healthy, affordable foods
- Access to and affordability of safe spaces for physical activity, including sidewalks
- Improving public transportation infrastructure
- Addressing high rates of concentrated poverty
- Increasing employment services
- Improving community trust, especially with police
- Reducing prevalence of substance abuse and accidental drug overdoses; improving access to treatment
- Increasing appropriate mental health and behavioral services, with a focus on youth
- Improving coordination of social service programming
- Increasing access to health insurance
- Reducing high rates of violence, especially domestic violence

## HEZ: 4 years later...



**Pawtucket Central Falls** Focused on healthy housing, coalition building, and expanding positive relationships across diverse neighborhood populations

- 63% ↓ in elementary school absenteeism (Pawtucket)
- 44% ↓ in childhood lead poisoning (Pawtucket)
- 24% ↓ in teen pregnancy (Central Falls)



## HEZ: 4 years later...



**Olneyville** Focuses on increasing access to healthy, affordable foods, redeveloping distressed and vacant properties, and building a more cohesive community

- 36% ↑ in access to fruits and vegetables
- 36 blighted or abandoned properties converted into safe, affordable apartments and homes



## Outcomes and Lessons Learned



### 1. Outcomes achieved

- ✓ Increased collaboration (internally and externally)
- ✓ Identified funding that may not outwardly seem to be relevant to community-driven population health
- ✓ Provided programs with an innovative way to apply for new funding
- ✓ Established efficient way to get resources into the communities where partnerships are already established
- ✓ Passed financial audits with no findings

### 1. Challenges or lessons learned

- a. Challenges related to statewide procurement (e.g. ability to increase contracts and incorporate new funding ); need for new internal management processes
- b. Dealing with “anxiety” from program staff who oversee the various funding sources to ensure programmatic/categorical funding needs are being met within the HEZ model
- c. Collaboration and partnership (expectations, governance...)
- d. Engagement with federal agencies

## More Information



[www.health.ri.gov/hez](http://www.health.ri.gov/hez)

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- Lessons from Rhode Island: How to Effectively Braid, Blend, and Use Block Grant Funds to Improve Public Health: <http://bit.ly/2offyTz>
- In Rhode Island, a Model for Upending Health Inequity: <http://bit.ly/2lyXQWN>
- Blending, Braiding, and Block-Granting Funds for Public Health and Prevention: Implications for States <https://nashp.org/wp-content/uploads/2017/12/deBeaumont.pdf>