

UNIDOS PODEMOS!
TOGETHER WE CAN!



**PARTICIPATORY BUDGETING IN THE
PAWTUCKET AND CENTRAL FALLS HEALTH
EQUITY ZONE**

RULEBOOK, 2022

About this Rulebook

This booklet was developed in 2022 by the Steering Committee* for **UNIDOS PODEMOS: TOGETHER WE CAN, the Participatory Budgeting process in the Pawtucket Central Falls Health Equity Zone**. While Participatory Budgeting* (PB) is inspired by experiences elsewhere, the Steering Committee created these guidelines and rules to reflect the unique needs, issues, and interests of the residents in Pawtucket and Central Falls. This rulebook is only a starting point. We will continue to develop and improve the process as it unfolds in the future.

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What is Participatory Budgeting?

Participatory Budgeting (PB) ^{*} is a democratic process in which community members directly decide how to spend part of a public budget. It's a tool to empower everyone to make decisions about how funds should be spent in our communities. The process was first developed in Brazil in 1989, and there are now over 10,000 participatory budgeting processes happening around the world. PB involves a series of steps in which community members brainstorm ideas, then they form committees to develop ideas into project proposals. Once the proposals are developed, the community is invited to vote on which projects to fund, and the projects selected get implemented in the community. PB gives the community real power over real money.

Participatory Budgeting and Health Equity

PB as a tool to transform Health

Health is a fundamental human right. Health equity is achieved when everyone has a fair and just opportunity to be healthy and achieve their full potential, however, nearby zip codes, or even adjacent neighborhoods, can often have striking differences in health outcomes. It's not just access to medical care that causes such differences. We spend an enormous amount on healthcare as a society, yet 80 percent of our health is determined outside the doctor's office and inside our homes, schools, jobs, and neighborhoods. To have the biggest impact on health outcomes – and help curb the rising cost of care – first, we must shift our investments to the place where health happens the most: our communities. Research tells us that healthy communities have adequate transportation; employment opportunities; clean, safe, and affordable housing; parks and open space; access to fresh, healthy food and clean water; a high-quality education system; and safe streets. These are the best return on investment in health: places where people want to live, work, learn, and play.

Because of this, the Rhode Island Executive Office of Health and Human Services (EOHHS) is making investments into the community, through the Health Systems Transformation Project (HSTP). One investment strategy is Participatory Budgeting

(PB). PB elevates community members' voices and enhances their decision making power in addressing the social and environmental factors that influence their health. When communities who experience health inequities identify their own needs and design their own solutions, real change happens.

What are Social Determinants of Health?

Conditions in our communities – called the Social Determinants of Health (SDOH) – have a greater influence on health than other factors, like genetics, individual choices, or access to healthcare. They are shaped by forces like structural racism, poverty, and the distribution of money, power, and resources at the global, national, and local levels. Social determinants of health influence the opportunities available to people to practice healthy behaviors, enhancing or limiting one's ability to live healthy lives.

In Rhode Island, the Department of Health identified the Rhode Island Health Equity Measures. Addressing these drivers of inequity can improve health and opportunities for our community.

SOCIAL DETERMINANTS OF HEALTH DOMAINS	CATEGORIES
<p>INTEGRATED HEALTHCARE: All community members have access to the social services and healthcare services that they need to be healthy. Clinical services work together with community-based services to ensure that barriers such as cost, language and transportation don't stop people from reaching their optimal health and accessing needed care. Community based services and clinical services work together to support the physical, social, and spiritual wellbeing of people and the communities they live in.</p>	<p>Healthcare access</p> <p>Social Services</p> <p>Behavioral Health</p>
<p>COMMUNITY RESILIENCE: All community members are confident that they can have a voice in local decision-making. These residents feel connected to their neighbors and other members of their geographic community and come together with them frequently. When local policies are enacted, these policies support the well-being of vulnerable populations.</p>	<p>Civic Engagement</p> <p>Community Connectedness (or Social Vulnerability)</p> <p>Equity in Policy</p>

PHYSICAL ENVIRONMENT: All community members live, work, and play in environments that support their health. Their physical environment is free of hazardous levels of lead and other toxins that can impact health. Their physical environment also promotes healthy behaviors by making physical activity an accessible, safe, easy, and enjoyable choice.	Natural Environment Transportation Environmental Hazards
SOCIOECONOMIC: All community members are financially thriving. Community members can afford healthy food and safe, clean (healthy) housing. Community members have multiple opportunities for economic mobility such as educational attainment and non-traditional career pathways. These residents earn fair wages for the price of living. Residents who seek employment can attain it.	Housing Cost Burden Food Security Education
COMMUNITY TRAUMA: All community members feel safe where they live, work and play. Community members do not experience discrimination in healthcare, social services, or criminal justice systems. They feel at ease within their communities. Existing trauma has been identified and communities have the tools and resources needed to heal.	Discrimination Criminal Justice Public Safety

PB as part of the Health Equity Zones

The Participatory Budgeting process is running in communities where it's needed most. These communities are [Health Equity Zones](#) (HEZs) or geographically defined communities with a population of at least 5,000 people (or fewer if justified) that demonstrate social, economic, or environmental disparities* or inequities and poor health outcomes. Health Equity Zones have active community collaborations and resident engagement to support and sustain this work.

Background about the Pawtucket Central Falls HEZ

The [Mission](#) of the Health Equity Zone model is to build healthy and resilient neighborhoods by investing in communities and their capacity to affect change; by honoring the expertise of those who live and work in those communities; and by challenging the systems and structures that perpetuate health inequities. We center the voices of people who are low income and people of color in our communities to address health disparities and create systems that truly support community health.

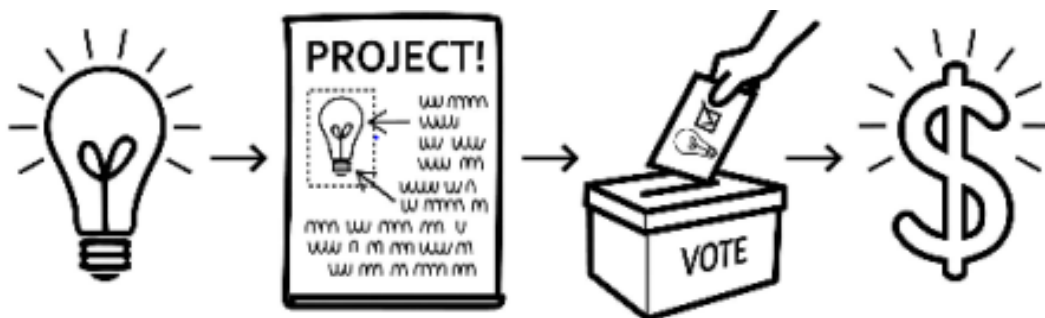
Goals: Why are we doing this?

Through the Participatory Budgeting process we will:

- Increase civic engagement among participants who face historical barriers to participation.
- Foster personal changes in participants' skills, attitudes, and behaviors related to civic engagement and empowerment. In particular we want to create a more positive perspective around community participation and our shared responsibility to be agents of change.
- Develop projects that will directly impact low-income communities of color, who are the most exposed to inequity in health outcomes.
- Develop projects that will address one or more Social Determinants of Health (SDOH).
- Expand the community's definition of health to encompass a holistic understanding of all the factors that contribute to a healthy community.
- Health care organizations will engage with the Health Equity Zone through PB.
- In the long-term, PB will be adopted by more elected officials, government entities, and organizations as a way to allocate public money more equitably.

Timeline: What happens when?

Participatory Budgeting involves a series of steps:



Sept-Nov 2022: Ideas are collected from the community	Dec 2022.-April 2023 Change Agents turn ideas into project proposals	May-June 2023: Residents vote on which projects to fund.	June 2023 and beyond: The projects that get the most votes get funded and implemented by LISC, with partners in the community
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Graphics courtesy of the Participatory Budgeting Project

Rules: How does it work?

What funds will be allocated through this process?

Between July 1st 2022 and June 30th 2024, an investment of \$900,000 in HSTP funds from EOHHS will be allocated to two HEZs: Pawtucket/Central Falls and Central Providence and will be divided into \$450,000 for each HEZ to invest in community projects through the PB process. The Pawtucket Central Falls HEZ will allocate \$385,000 for community-based projects, and will use \$65,000 for the implementation of the PB process and administrative oversight of the projects selected by the community.

What types of projects can be funded through this process?

The projects that will be voted on by the community must meet the following eligibility criteria:

- Projects must address Social Determinants of Health* in low-income communities of color.
- Projects must impact residents of both Pawtucket and Central Falls.
- Projects can be programs, services, and physical or infrastructural* investments for public spaces.
- The maximum cost for a single project must be less than \$300,000.
- Projects must be inclusive of Medicaid beneficiaries; for example, a project that is exclusively for uninsured residents is not eligible.
- Projects must adhere to the guidelines of disallowable uses outlined in Attachment A at the end of this document. Examples of disallowable uses include:
 - Alcoholic beverages
 - Student loan repayment
 - Projects that would duplicate federal or state benefits or services

Collecting Ideas

- Anyone age 10 and older can submit an idea. This includes, but is not limited to, anyone who lives in Central Falls and Pawtucket, goes to school, works, owns a business, or has previously lived in the community.
- Idea collection will happen through a variety of methods including (but not

limited to):

- Assembly meetings at accessible locations in the community
- Pop-up idea collection tables at community events
- Drop-boxes at health centers and city halls
- On-line at www.decideRI.org
- Translation and interpretation will be provided to ensure that everyone can participate.

Developing Proposals

- Community residents called *Change Agents*^{*} are responsible for turning ideas into projects for the vote.
- Residents of Central Falls and Pawtucket aged 14 and older are eligible to be Change Agents.
- For Change Agents who are also a representative of an organization, you will be asked to recuse^{*} yourself from developing projects that could benefit your organization.
- Change Agents will meet with facilitators^{*} once a week for 10-12 weeks from December-April and will be trained in how to develop project proposals.
- Each Change Agent will join a thematic committee to develop project proposals.
- Before project ideas are considered by Change Agents, and before the project proposals are put to the community for the vote, projects will be reviewed by the Executive Office of Health and Human Services to ensure they are in compliance with the allowable uses of HSTP funds (see Attachment A at the end of this Rulebook for a complete description of disallowable uses).
- The following set of criteria are for Change Agents to use to evaluate and prioritize project ideas.
 - Prioritization criteria will be set by the Steering Committee before the first Change Agent meetings. The criteria include, but are not limited to:
 - Feasibility: the project can be done within the available budget
 - Public good: the project serve a public good
 - Need: the problem addresses an unmet need in the community
 - Health Equity: the project addresses at least one factor related to ^{*}Social Determinants of Health
 - Equity: the project directs resources to our low income communities of color, who are the most impacted by health inequity
 - Distribution of resources: the project impacts both Central Falls

and Pawtucket residents

Voting

- You are eligible to vote if you are:
 - A resident of Pawtucket or Central Falls and at least 14 years old. You do not have to be a registered voter to vote in PB.
- Voting will be held at in-person locations throughout the community and on-line at www.decideRI.org
- Voting will be held at easily accessible locations in the community.
- After the vote, the results will be widely publicized and celebrated as soon as possible.

Project Implementation

- After the vote, project implementation will be managed by the Health Equity Zone backbone organization, Local Initiatives Support Corporation (LISC). It is likely projects will require an RFP* or bid.
- The Steering Committee will provide feedback on the content and evaluation criteria for project implementation.

Evaluation and Monitoring

- Throughout the PB process, the research team will conduct participant surveys and interviews, monitor data and provide feedback to improve the process.
- After the vote, Change Agents and the Steering Committee will be asked to evaluate the process and identify ways to improve it.
- The Health Equity Zone and Steering Committee members will monitor the implementation of projects and address any problems that arise.
- When possible, the Health Equity Zone and Steering Committee will publicize and celebrate the completion of winning projects

Roles & Responsibilities

Community: share ideas, volunteer at assemblies, help with outreach, vote, and benefit from the winning projects!

Steering Committee: design the PB process, make decisions about PB during the process, establish the criteria for prioritizing projects, determine the Change Agent committee themes, help spread the word about PB, help coordinate events, moderate content on PB on-line too! www.decideri.org, and monitor the implementation of funded projects.

Pawtucket Central Falls Health Equity Zone staff leaders: organize the Steering Committee and Change Agents meetings, takes the lead on outreach and event planning, provides background information for participants and connections to relevant content area experts, oversees the implementation of the projects selected by the community

Change Agents: evaluate ideas based on criteria set by the Steering Committee, research the ideas brainstormed by the community, and meet in committees to develop project proposals.

Content Area Experts: representatives from City & State agencies and Staff from local organizations who give feedback on project eligibility and cost, and support Change Agents in developing strong, feasible proposals.

Executive Office of Health & Human Services, Rhode Island Department of Health & HEZ finance staff: Review projects to make sure they do not violate any rules of disallowable expenses.

PB Technical Assistance provider: Oversee the PB process and support all of the participants, based on best practices of PB from around the world.

About the Steering Committee

The Steering Committee is the governing body for the Unidos Podemos/Together We Can participatory budgeting process. It is made up of a cohesive group of community leaders from Central Falls and Pawtucket that bring in expertise, community knowledge and passion for change.

Steering Committee Governance

The Steering Committee met over 3 weeks in August 2022 to create the rules for the PB process. The committee will continue to meet approximately once a month from September 2022 - June, 2023. Co-Chairs are selected at the beginning of the PB cycle. Co-Chairs set meeting agendas and facilitate meetings, and are empowered to make decisions in between Steering Committee Meetings.

Whenever possible, the Steering Committee strives for consensus when making decisions. In instances where there is no consensus, decisions are made by a simple majority (51%) vote. At least two thirds of the Steering Committee members must be in attendance (2/3 quorum*) for a vote to be valid. Voting can take place at Steering Committee meetings or online. Each member has one vote.

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*Glossary of Terms

***Allocate** to distribute funds for a specific reason.

*An **Infrastructural project** is a physical improvement to public spaces and facilities. Examples include improvements to public spaces like libraries, parks, streets, or bus stops.

***Change Agents** are residents who turn ideas into project proposals for the vote.

***Health Disparity** - Health disparities are unfair and avoidable differences in the health outcomes of some groups of people when comparing them to other groups. These groups can be defined socially, economically, demographically, geographically, and/or by characteristic such as sex, gender, ethnicity, disability, or sexual orientation.

***Equitable** funding means that every resident receives what they need to be successful and prosperous.

***Facilitator** someone who helps a group of people understand their common objectives and achieve them, without taking a particular position in the discussion.

***Health Systems Transformation Project (HSTP)** The Health System Transformation Project is Rhode Island Medicaid's signature value-based delivery and payment reform initiative implemented by the Rhode Island Executive Office of Health and Human Services. Its main goal and objective are aimed to reduce costs, improve quality of care, and improve population health outcomes.

* **Implement** means to put into place.

***Participatory budgeting (PB)** a democratic process in which community members directly decide how to spend part of a public budget.

* **Quorum** the number of members required to be present in order to make official decisions.

***Recuse** - excuse oneself from a project because of a potential conflict of interest or lack of impartiality. Examples include, but are not limited to, access to healthy food, safe housing, education and

***RFP** A request for proposal (**RFP**) is an open request for bids to complete a new project proposed by the organization that issues it.

***Social Determinants of Health** are all of the conditions in our communities that impact our health. Examples include, but are not limited to, access to healthy food, safe housing, education and employment opportunities.

***Steering Committee** designs the PB process and makes key decisions about PB implementation in the health equity zone.

*A **Transparent** funding process is easy to understand and accessible to everyone.

ATTACHMENT A: Disallowable Uses of HSTP Funds for PB

EOHHS requires that HSTP incentive funds **will not** be used for specific expenditures as outlined below. These non-allowable expenditures have been developed in alignment with Section 2 CFR 200 which outlines Financial Management and Internal Control Requirements for receipt, tracking and use of federal funds by non-Federal awardees. EOHHS will vet projects before they are voted on by the community to ensure that they meet the requirements of allowable expenditures. Please note, all prospective projects must be inclusive to Medicaid beneficiaries; for example a project that is exclusively for uninsured residents, is not eligible.

General Disallowable Uses

Expenditures cannot include the following:

- Alcoholic beverages
- Medical Marijuana
- Certain Capital expenditures (unless approved in advance by EOHHS) *See guidance below
- Credit Card Payments
- Debt restructuring and bad debt
- Student Loan Repayment
- Defense and prosecution of criminal and civil proceedings, and claims
- Donations, fund raising, and investment management costs
- Fines and penalties
- Goods or services for personal use, including but not limited to entertainment, gift cards or other cash equivalents
- Idle facilities and idle capacity
- Insurance and indemnification
- Licenses (drivers, professional or vocational)
- Lobbying
- Memberships and subscription costs

Duplication Disallowable Uses

HSTP funding cannot substitute, duplicate, or replace services or goods that are available through other state or federal programs (e.g., Supplemental Nutrition Assistance Program (SNAP), SNAP Nutritional Education (SNAP-Ed), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or other RI Medicaid MCO and FFS (wrap) Covered Services. Potential areas of duplication

include, but are not limited to:

- RI Medicaid Covered Services.
- Services that are duplicative of services a member is already receiving or services where other funding sources are available such as services that a Medicaid beneficiary is eligible for, and able to receive from a federal agency, or another state agency. In certain cases, a beneficiary may not be “able to” access certain programs and thus HSTP funds may be utilized. Such cases may include, but are not limited to, situations where:
 - A program has run out of funds or lacks capacity (e.g., organization does not have the resources to assist with additional enrollment)
 - There is delayed access to services or goods (e.g., wait list, waiting for a determination on eligibility and availability).

While HSTP funds cannot duplicate federal or state benefits or services, they can supplement such programs.

Capital Expenditures Guidance

HSTP funds made available through the PB process may not be used to fund capital expenditures that generate revenue for a private entity or entities (e.g., renovation or expansion of a private business). Capital expenditures for public benefit will be allowable. EOHHS will be available throughout the process to advise on allowable and disallowable capital expenditures and will vet projects before they are voted on by the community to ensure that they meet the requirements for capital expenditures.