



NINE NEIGHBORHOOD FUND

**PARTICIPATORY BUDGETING
CENTRAL PROVIDENCE OPPORTUNITIES
HEALTH EQUITY ZONE**

RULEBOOK, 2022

Rulebook Version 1- Updated 9/29/2022

About this Rulebook

This guidance document was developed in 2022 by the Steering Committee* for ***the project entitled “Participatory Budgeting process in Central Providence Opportunities: A Health Equity Zone”***. The Steering Committee chose the name **Nine Neighborhood Fund** to reflect unity among the residents of the nine distinct neighborhoods that are within the 02908-02909 zip codes. Those nine neighborhoods are: Valley, Hartford, Silver Lake, Olneyville, Elmhurst, Smith Hill, Mount Pleasant, Manton, and Federal Hill.

While Participatory Budgeting* (PB) is inspired by experiences elsewhere in other communities, the Steering Committee created these guidelines and rules to reflect the unique needs, issues, and interests of the residents in the 02908 and 02909 neighborhoods. This Rulebook is only a starting point. The Steering Committee will make amendments and additions throughout the process as needed, and 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 through which community members directly decide how to spend part of an available budget. It is a tool to empower everyone to make decisions about how funds should be spent in their own communities. The process was first developed in Brazil in 1989, and there are now over 10,000 PB processes happening around the world. PB involves a series of steps in which community members brainstorm ideas, then form committees to develop those 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, proximate zip codes, or even adjacent neighborhoods, can often have striking differences in health outcomes - and it's not just access to medical care that causes such differences. We spend an enormous amount on healthcare as a society, yet 80% 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 – 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.

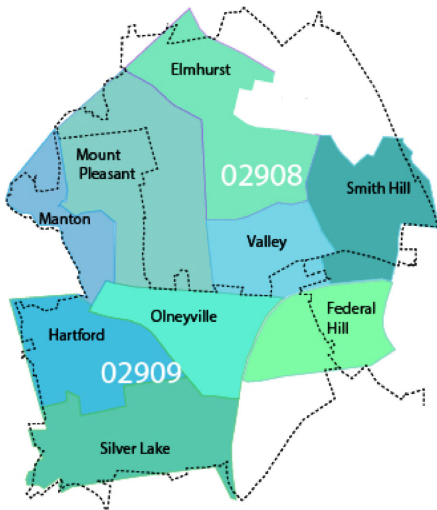
SOCIAL DETERMINANTS OF HEALTH DOMAINS	CATEGORIES
INTEGRATED HEALTHCARE: All community members have access to the social services and healthcare services that they need to be healthy. Clinical services work together with community-based services to ensure that barriers such as cost, language and transportation 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.	Healthcare access Social Services Behavioral Health
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.	Civic Engagement Community Connectedness (or Social Vulnerability)

	Equity in Policy
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 Central Providence Opportunities HEZ



Central Providence Opportunities: A Health Equity Zone (CPO-HEZ) is a place-based, comprehensive initiative aimed at increasing economic mobility and health equity across nine neighborhoods in the 02908 and 02909 zip codes of Providence.

ONE Neighborhood Builders (ONE|NB) is the backbone organization that leads and coordinates CPO-HEZ, which includes more than 60 community organizations, government entities, schools, service organizations, and other stakeholders.

ONE Neighborhood Builders (ONE|NB) is a nonprofit community development leader in Rhode Island. ONE|NB's mission is to develop affordable housing and engage neighbors to cultivate healthy, vibrant, and safe communities. We achieve our mission through:

- Robust Housing Development and Quality Real Estate Management.
- Addressing Root Causes of Health Disparities.
- Embracing Innovation and Building the Community Development Field.

Goals: Why are we doing this?

Through the Participatory Budgeting process:

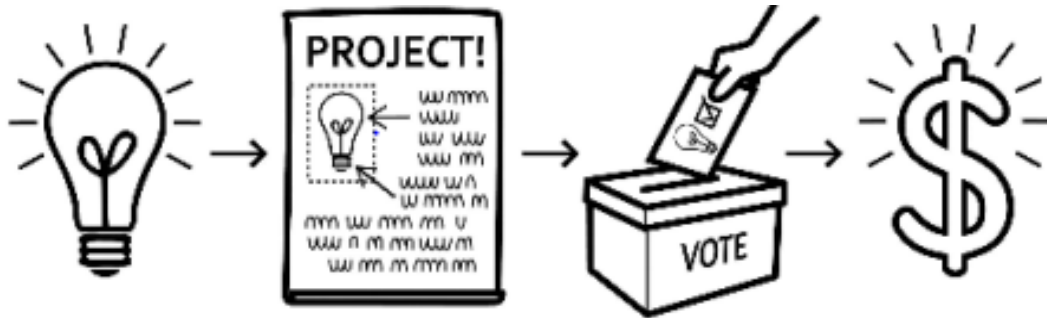
- We will increase civic engagement among participants who face historical barriers to participation, particularly among young people and our immigrant communities.
- We will foster personal changes in participants' skills, attitudes, and behaviors related to civic engagement and empowerment.
- PB projects will directly impact low-income communities of color.
- PB projects will address one or more indicators of Social Determinants of Health (SDOH).
- The PB process and the implementation of the projects selected by the community will be conducted in a transparent way, meaning there is regular communication about process updates and implementation status.
- Health care organizations will engage with the Health Equity Zone through PB.
- PB will be adopted by more elected officials, government entities, and

organizations as a way to allocate public money more equitably.

- The PB process will begin a change in the dynamic between elected officials and Central Providence neighborhoods, increasing their availability and accountability to residents outside of election years.
- We will make this process fun, and it will bring joy to our communities!

Timeline: What happens when?

Participatory Budgeting involves a series of steps:



Sept-Nov 2022: Ideas are collected from the community	Dec 2022.-April 2023 Project Delegates turn ideas into project proposals	May-June 2023: Eligible Residents vote on which projects to fund	June 2023 and beyond: ONE NB selects implementing partners for top-voted projects and distributes funds
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Graphics courtesy of the Participatory Budgeting Project

Rules: How does it work?

The rules below were developed democratically by the Nine Neighborhood Fund Steering Committee. Please see page 8 for information on Steering Committee governance and decision-making.

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 Central Providence Opportunities HEZ will allocate \$1,000,000 for community-based projects; ONE|NB allocated \$550,000 of private grants for PB, which was subsequently matched with \$450,000 in HSTP funds.

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:

- Serve the public good
- Address at least one social determinant of health indicator
- Impact low-income people of color
 - Projects will be focused on the areas with the highest need, based on data around income and race
 - Projects must be accessible to low income communities of color in both 02908 and 02909 (both programs/services and infrastructure)
- Projects can be programs, services, and physical or infrastructural* investments for public spaces.
- 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 Medicaid disallowable uses outlined in Appendix 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

- In order to ensure that there is space for big projects and small projects, \$120,000 will be set aside for smaller projects with a maximum cost of \$30,000 each. Of those projects, at least 2 must be implemented in 02908, and 2 in 02909. With that, the maximum amount a single project can cost is \$880,000.
- Address an unmet need in the community (can supplement existing programs/services/projects, but can not take the place of anything that should be funded by the City, state or Federal Government, like repairing potholes)

Collecting Ideas

- Anyone can submit an idea. This includes, but is not limited to, anyone who lives in Central Providence, 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, public spaces (libraries, recreation centers, etc.), local businesses, and other frequented locations
 - Face-to-face at busy locations like bus stops, markets, school drop off, and door knocking
 - Online at www.decideRI.org
- Translation and interpretation will be provided to ensure that everyone can participate.

Developing Proposals

- Community residents called *Project Delegates*^{*} are responsible for turning ideas into projects for the vote.
- Residents of 02908 and 02909 aged 13 and older are eligible to be Project Delegates.
- Project Delegates may not be elected officials, or staff or board members of an organization that might receive funding through PB project implementation.
- Project Delegates 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 Project Delegate will join a thematic committee to develop project proposals.

- Before project ideas are considered by Project Delegates, 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 Appendix A at the end of this Rulebook for a complete description of disallowable uses).
- The following set of criteria are for Project Delegates to use to evaluate and prioritize project ideas.
 - Prioritization criteria will be set by the Steering Committee before the first Project Delegate meetings. The criteria include, but are not limited to:
 - Feasibility: the project can be done within the available budget
 - Public good: the project serves 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 projects are focused on the areas of 02908 and 02909 with the highest need, based on data around income and race
 - Distribution of resources: the project is accessible to low-income people of color in both 02908 and 02909

Voting

- You are eligible to vote if you are:
 - At least 13 years old and a resident of 02908 or 02909, or a student that goes to school in 02908 or 02909. 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 online 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 Central Providence Opportunities Health Equity Zone backbone organization, ONE Neighborhood Builders.
- For projects that require an RFP, the Steering Committee will provide feedback on the content of the RFP, as well as evaluation criteria for the selection of project implementers.

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, Project Delegates and the Steering Committee will be asked to evaluate the process and identify ways to improve it.
- The CPO-HEZ backbone will monitor the implementation of projects and address any problems that arise with the Steering Committee.
- When possible, the CPO-HEZ and Steering Committee will publicize and celebrate the completion of winning projects.

Roles & Responsibilities

Many individuals and “groups of individuals” have notable roles in the PB process. The following sections detail the membership and responsibilities of each

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

Steering Committee: a cohesive group made up of neighbors who want to see their communities be the best they can be. They come together to design the PB process, and make decisions about PB throughout the process. Steering Committee members are not allowed to become Project Delegates; however, they are responsible for establishing the criteria for prioritizing projects, and determining the delegate committee themes. In addition, the Steering Committee helps spread the word about PB, coordinate events, moderate content on PB’s online tool (Decidim)*, and keep track of the implementation process.

ONE Neighborhood Builders: Acts as the backbone* agency of the CPO-HEZ. Organize the Steering Committee and Project Delegate meetings; take the lead on outreach, event planning, communications and fielding questions from the community; provide background information for participants and connections to relevant content area experts; oversee the implementation of the projects selected by the community.

Project Delegates: 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 Project Delegates 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 Nine Neighborhood Fund participatory budgeting process. It is made up of a cohesive group of community leaders from Providence that bring in expertise, community knowledge and passion for change. All Steering Committee members live, work, or go to school in the 02908 and 02909 neighborhoods.

Steering Committee Governance

The Steering Committee met over 4 weeks in August and September 2022 to create the rules for the PB process. The committee will continue to meet approximately once a month from September 2022 - June 2023.

Whenever possible, the Steering Committee strives for consensus when making decisions. In instances where there is no consensus, decisions are made by a two-thirds majority 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.

*A **Backbone organization** is the supportive infrastructure that brings together multiple partners to work towards a shared vision: in this case, health equity for residents of 02908 and 02909. ONE Neighborhood Builders fulfills its role as the backbone agency for CPO-HEZ through four key actions: 1) Convening CPO-HEZ partners to share resources and information; 2) Building and shifting power to communities for decision-making; 3) Raising funds for distribution to community-based partners; and 4) Documenting learnings for replication and scaling.

*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.