City/Town ARPA Presentation

Who we are

Health Resources in Action
Advancing Public Health and Medical Research

Health Resources in Action

Our **mission** is to help people *live healthier lives* and *create healthy communities* through prevention, health promotion, policy, and research. We work with governments, healthcare institutions, public agencies, philanthropy, and CBOs to improve population health and reduce health inequities.

Our core services include:

1. *capacity building assistance* (e.g., training, technical assistance, strategic planning);
2. *research and evaluation* (e.g., assessment, research, program evaluation, and quality improvement); and
3. *grant making* for biomedical research and community health initiatives.

Core ARPA Team

Ben Wood
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Policy & Practice

Mo Barbosa,
Senior Director,
Community
Engagement

Erika Gaitan
Senior Manager,
Community Impact

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Managing Director,
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The Opportunity

Barr Foundation Funding

- HRiA awarded funding to support equitable community processes for decision-making and use of American Rescue Plan Act funds.

Impact from community driven investments can:

- Increase power to decide (not just provide input).
- Normalize actions that demonstrate how government can collaborate with residents who have been historically excluded.
- Mitigate harm and limit any unintended negative consequences arising from ARPA investments.

Current Work/Examples

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Experience with Community Engagement

City of Chelsea ARPA Engagement

1. Provide professional facilitating and advisory services to the City of Chelsea's community engagement process for ARPA funding

2. Engage community residents in creative approaches to giving input for funding priorities

3. Work with city leaders to set workplans, strategy, and reporting requirements

https://www.chelseama.gov/arpa

Experience with Grantmaking and Technical Assistance
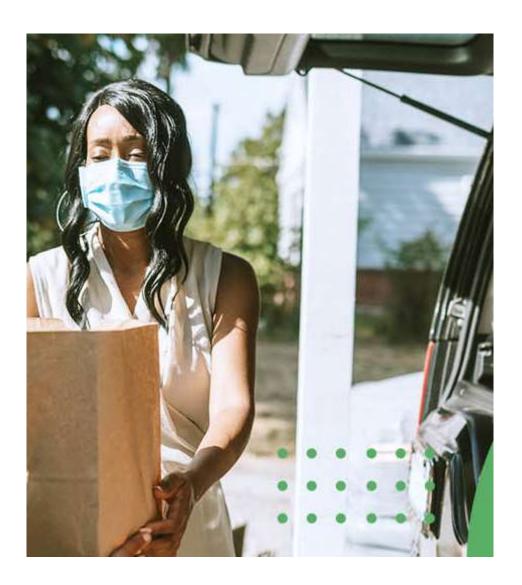
Massachusetts Community Health Funds

1. Act as fiscal agent for the planning and implementation of the landmark revision of the Determination of Need (DoN) regulation

2. Operate the MA Community Health and Healthy Aging Funds through community centered approaches

3. Equip community grantees to develop collaborative effort to address equity, going upstream to policy, systems and environmental change

https://www.mass.gov/service-details/don-community-health-funds

Experience supporting BIPOC-Led and Serving Community Organizations

1. **MA COVID-19 Community Grants Program** works to reduce COVID-19 infections, morbidity, and mortality among Asian, Black, Indigenous, Latinx, and other people of color in our hardest hit cities and towns, as well as to support education and awareness of vaccination efforts in Massachusetts.

2. Grantees provided capacity building support and a learning community with peer organizations

Community Engaged ARPA Processes (examples)

Approaches/Strategies	Activities
The community entrusts a portion of ARPA resources to a resident committee that sets priorities and makes funding decisions	• help with developing a vision for resident engagement with a focus on specific populations • assist the community with a strategy for identifying who would be on an advisory committee
The community wants to elevate BIPOC voices through a priority setting process that will inform all ARPA funding decisions	• reviewing relevant data and information, collecting additional information as needed from community members including interviews or focus groups, community meetings • facilitation of advisory committee meetings to set priorities, gain consensus
The community has made initial ARPA funding decisions but wants support developing a transparent process for residents to monitor and weigh in on implementation of funds	• help design RFP mechanisms and review processes • help develop accountability processes for funding decisions and implementation

Discussion

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Discussion Questions

1. How are City leaders thinking about community engagement in terms of ARPA?

   a) What processes currently exist for public input, if any?

   b) What opportunities exist to enhance engagement?

   c) What lessons from the first round of ARPA funding exist about who was involved and who wasn't?

   d) Who tends to be left out of city decision-making processes and what has been tried in the past to engage with them?

2. What supports would be most useful as City leaders make allocation decisions?

   a) What would success look like?

Thank you!

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