

BUILD Health Challenge: Community Level Framework

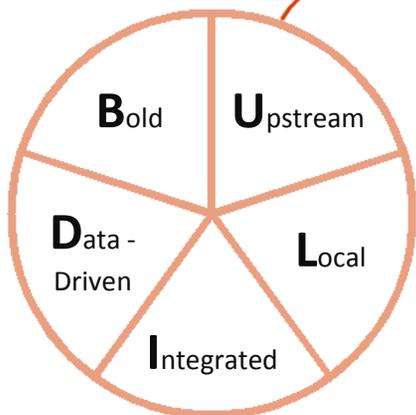
At the request of awardees, this draft *BUILD Community Framework* was created to more clearly define what "success" looks like in the context of BUILD, both in the types of strategies you hope to see on the ground and in the impact of the strategies. The Framework represents the vision of BUILD and serves as a vehicle to document what the work looks like on the ground.

BUILD hopes to use evidence, stories, and leadership to influence how health systems, public health, and communities work together throughout the country, beyond the BUILD-funded sites. One of the goals of this framework is to help to generate specific stories based on actual site experiences, which can be replicated, adapted, or expanded on to achieve similar impact in different settings.

As the BUILD journey continues the framework will be refined along the way with a base of evidence that supports revisions.

Strategies

The BUILD approach is the integration of five principles. Each principle provides guidance to grantees, with the ultimate benefit coming from interconnections among the principles.



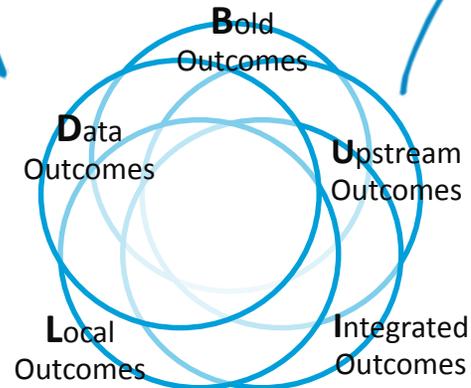
Implementation



Principle implementation includes history, innovations, risks, dynamics, tensions, etc. that are unique to each community.

Community Impact

Together, the BUILD outcomes describe fundamental shifts at the institutional, community, and individual levels. *These are the changes that can lead to sustainable changes in individual and community health which contribute to*



Thereby, improving social, economic, and environmental factors that influence health outcomes (i.e., the social determinants or upstream drivers of health) for populations experiencing health disparities.

ALL OF WHICH LEADS TO:

Evidence of improved population health and health equity in communities implementing the BUILD approach

BUILD Community Level Framework: Principles as Strategies, Housing/Food Access Story

Strategies

The BUILD approach is the integration of the five principles, which are intended to provide clear guidance to grantees, with the ultimate benefit arising from the interconnections among the principles.

BOLD Strategies:

1. Are developed by redefining and reframing the problem and the solutions in a way that's novel for a community and by repurposing existing resources (funding, infrastructure, services, partnerships, and other human capital) to address complex problems.
2. Are novel solutions to the community that may include programmatic change, but more often seek to influence policies, regulations, and systems to sustain long-term improvements in individual and community health outcomes.

UPSTREAM Strategies:

3. Establish the relationship between health outcomes and upstream drivers, which are outside of the direct influence of the healthcare system and so require cross-sector collaborations.
4. Focus on novel or evidence-based interventions that go beyond healthcare access and delivery and require cross-sector efforts among organizations outside of the health field.

INTEGRATED Strategies:

5. Build a strong commitment and partnership among health systems, public health, communities, and other partners.
6. Engage health systems, public health, and communities in new roles, aligning practices, perspectives, and processes with joint undertakings drawing on the strengths of each stakeholder.

LOCAL Strategies:

7. Include meaningful, sustained relationships with local community organizations, leaders, and members who shape and drive the agenda, continually ensuring it aligns with the needs of the community.
8. Include defining the neighborhood-level problems and solutions in a way that is deeply rooted in and led by the community.

DATA Strategies:

9. Use data as a tool for collectively identifying key needs, building the case for the solution(s), and planning how to measure and achieve meaningful outcomes that can be used for ongoing case-making and sustainability.
10. Facilitate increased transparency between health systems and public health institutions to describe the current state and engaging the community in a new leadership role to interpret data and generate actionable insights.

Example of the Principles as Strategies: Housing/Food

- The XYZ partnership between public health, a health system, and a community organization engaged community members through community health needs assessments (CHNAs) and focus groups to prioritize the social determinants at the root of poor health outcomes for their community, which were determined to be food insecurity and sick housing. **(3, 8, 9)**
- The XYZ partnership identified and worked with an existing initiative focused on food insecurity and reviewed their map of food deserts by zip codes. To pilot adding sick housing indicators to the existing map, they engaged the City Planning Commission and city partners and signed data sharing agreements to acquire data on building and housing violations over the last 5 years. They then paired this data with the public health partner's data of lead blood tests and overlaid these two data points on the map to identify "hot spots". **(5, 6, 9, 10)**
- The partnership and a food pantry coalition worked together to determine how to increase community access to fresh foods. The health system partner agreed to encourage primary care physicians in its clinics to write "food prescriptions" for families or individuals facing food insecurity, indicated by the patient's zip code and answers to a food insecurity screening. The food pantry then worked with patients to fill these prescriptions. **(1, 2, 4, 6)**
- The XYZ partnership worked with a local attorney to propose a statute on regulating and monitoring buildings to create "healthy home zones." The proposed statute included monitoring violations by landlords, comparing violations to data on health outcomes, penalties for non-compliant landlords, and a city grant program for landlords to proactively retrofit their buildings to remove lead or asthma triggers. In response to input from the community, an the design included an online system so people can track a landlord's violation status when gathering information about rental units. **(1, 3, 6, 7)**

BUILD Community Level Framework: Principles as Outcomes, Housing/Food Access Story

Community Impact

Together, the BUILD outcomes describe fundamental shifts at the institutional, community, and individual levels. These are the changes that can lead to sustainable improvements in individual and community health.

BOLD Outcomes:

1. Are fundamental shifts in how health systems, public health, and communities define and solve complex problems, moving from a focus on programs to a focus long-term, systemic change intended to transform how we address the social determinants of health.
2. Are when health systems achieve mission-based and bottom line priorities by engaging in upstream strategies that directly influence the upstream drivers of health inequities.

UPSTREAM Outcomes:

3. Are seen in changes in indicators (i.e., social, environmental, and economic factors) related to improving the conditions and contexts that shape health, moving beyond individual-level behavior change and service integration.

INTEGRATED Outcomes:

4. Are when cross-sector partners, including public health, healthcare, community, and others, engage in collaborations that are sustained and supported institutionally and maintain a focus on addressing social determinants of health.
5. Are the changes in how health system and public health institutions design and implement solutions, from who is involved in decision-making to how services are delivered to participation in larger systems and policy changes, creating institutional and community commitment to sustaining the new approach.

LOCAL Outcomes:

6. Are the evidence of long-term buy-in and leadership from local communities, including processes for continued engagement and identifying and implementing neighborhood-level new solutions rooted in and led by the community.

DATA Outcomes:

7. Are the institutionalized processes for the ongoing use of data to monitor and strengthen partnerships between health systems, public health, and communities; make the case for, improve, and scale solutions; establish the relationship between upstream drivers and improved health outcomes, motivate stakeholders, and sustain the change.
8. Are the capacity to identify and monitor emerging needs and opportunities.

Example of the Principles as Outcomes: Housing/Food

- The health system partner shifted multiple practices including: **(2, 5, 7)**
 - Framing housing and food access as health issues within their priorities as an organization;
 - Incorporating healthy housing and food insecurity data into patients' electronic health records;
 - Training healthcare professionals to flag needed housing and food access interventions; and
 - Investing money to sustain the food prescription program.
- The XYZ partnership celebrated the passage of the "Healthy Home Zones" statute and worked with the city to inform and monitor implementation, as well as participate in evaluation. XYZ helped establish an advisory group of community leaders to lead this work. **(3,6, 7)**
- The XYZ partnership expanded food access interventions to include a community garden program and is now pursuing policy changes at the local level (to allow resale of home-grown produce) and state level (a grocery store loan program for local businesspeople). The work to date has resulted in a 10% increase in the availability of fresh fruits and vegetables. **(1, 3, 5, 7)**
- A strong base of local champions remain actively involved, building their own capacity, as well as that of the broader community, to identify, implement and sustain strategies related to upstream drivers. **(6, 8)**
- The XYZ partners have begun work on a third upstream driver of health with community-driven process for identifying health impacts of community safety issues, using data from the ER and police department to understand the problem. The partners have made a commitment to continue to identify, respond to, and monitor progress on the social determinants of health in their community. **(1, 4, 6, 7)**

BUILD Community Level Framework: Principles as Strategies, Violence Prevention Story

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Example of the Principles as Strategies: Violence Prevention

- ABC partnership between public health, a health system, and a community organization engaged the community through monthly meetings where participants said violence was the primary issue in their community and that youth needed to be actively engaged to create sustainable change. Engaged youth took on leadership roles and were instrumental in identifying the root cause of violence in their community, namely the lack of jobs paying a living wage and affordable, safe housing. In addition, community violence was seen as an upstream factor driving poor health outcomes as it prohibits physical activity. **(3, 8)**
- At the same time that ABC partnership began its work, the community initiated a public safety task force. The ABC partnership use this as an entry point to make policy recommendations about public safety, including addressing homelessness and unemployment. The task force **signed data sharing agreements and** worked with the ABC partnership to build on an existing map that identified spots of community violence and to overlay this data with unemployment and homelessness indicators. **(3, 5, 6, 9, 10)**
- In order to create further buy-in from the health system and other partners, the ABC partnership leveraged its relationships to gather data from the health department and the hospital system to calculate the cost of gunshot wounds. It was found that 65% of gunshot victims were uninsured and the local hospitals absorbed an average of \$13 million annually. **(1, 6, 10)**
- The ABC partnership worked with local law enforcement to be more present in the community in positive ways, such as connecting police with community members through soccer games, social media campaigns, and cookouts. **(2, 4, 5, 6, 7)**
- In partnership with a local non-profit advocacy group, the ABC partnership drafted a bill for the task force to increase the minimum wage to \$15/hour in their city, framing it as a violence prevention measure and community trauma intervention. The bill includes ongoing monitoring of employment, wage, and community safety data. **(1, 2, 4, 6, 10)**

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Example of the Principles as Outcomes: Violence Prevention

- As a result of the violence prevention work, the health system partner has shifted multiple practices, including **(2, 5, 7)**:
 - Framing violence as a priority public health issue affected by a lack of jobs that provide a living wage and a lack of affordable safe housing.
 - Becoming a strong partner in a built environment initiative to create safe places in order to rebuild communities and improve poor outcomes due to lack of physical activity.
 - Investing money in an intervention for youth injured in an assault, where they are connected to community trauma intervention specialists to address employment and housing needs.
 - Monitoring of the number and cost of gunshot wounds and changes over time.
- The minimum wage bill did not pass. However, the ABC partnership and the task force together passed a modified policy recommendation, asking for a smaller increase in the minimum hourly wage coupled with a higher income ceiling for public assistance. The bill also includes ongoing monitoring of employment, wage, and community safety data. **(1, 4, 7, 8)**
- The ABC partnership has shifted to a policy of equal membership (50/50) of community and institutional participants, including an annual leadership development program for youth who are joining the partnership. **(4, 6)**
- Local surveys and focus groups have found police/community relations have improved. **(3)**
- The health system is seeing fewer violence-related injuries in the ER, but not yet at a significant level. However, data shows a more significant decrease in police/community confrontations. **(3)**
- In response to community input and the latest city data, the ABC partnership has added a new priority – access to affordable, safe housing – and brought on new partners to help take action. **(1, 8)**