

The
**BUILD
HEALTH**
Challenge

Applicant Webinar

Improving Health Through Innovative Collaborations



Welcome

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Meet the Funding Partners

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Meet the Funding Partners

Our commitment to collaboration begins at the funder level.



A diverse group of funders:

- **Size:** Large & small
- **Type:** Nonprofit & for-profit
- **Scope:** National, state-based, and regional
- **Focus:** Health & broader portfolio

What is BUILD?

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Objective

To increase the **number** and **effectiveness** of hospital, community, and public health collaborations that improve health, lower costs and promote health equity

BOLD

Partnerships that aspire toward a fundamental shift beyond short-term programmatic work to **longer-term influences over policy**, regulation, and systems-level change

UPSTREAM

Partnerships that focus on the **social, environmental and economic factors** that have the greatest influence on the health of a community, rather than on access or care delivery

INTEGRATED

Partnerships that align the practices and perspectives of **communities, health systems and public health** under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner

LOCAL

Partnerships that engage **neighborhood residents and community leaders** as key voices and thought leaders throughout all stages of planning and implementation

DATA-DRIVEN

Partnerships that use **data from both clinical and community sources** as a tool to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights

Awards at a Glance

18

AWARDS

\$250K

AWARD

2

YEARS OF
FUNDING

1:1

MATCH FROM
HOSPITAL PARTNER

Representative projects from 2014-2016 awarded communities:

- **Bronx, NY:** Retrofitting housing for sustainable health improvements
- **Des Moines, IA:** Reducing pediatric asthma through home improvements and education
- **Pasadena, TX:** Mitigating food insecurity by redesigning the local food system
- **Oakland, CA:** Revitalizing local businesses and expanding affordable housing
- **Cleveland, OH:** Remediating lead-poisoned housing stock

BUILD Health Challenge awards are “issue agnostic”

Sample activities covered by the award could include:

- Advancing local policy solutions
- Expanding the range of committed partners
- Supporting staff to manage the initiative, organize the community, and keep all partners on track
- Developing robust data-sharing agreements
- Engaging community members
- Strategic communications
- Program evaluation

Eligibility Requirements



Eligibility Requirements: Partners

Community-public health-hospital **partnership**



All applicants must have participation from a non-profit, public health department, and hospital (at minimum), with letters of support in Round 2

Required partners:



Non-profit, community-based organization

501c3 deeply embedded in the area of focus
Lead applicant and recipient of grant funds



Local public health department

Governmental public health entity with local jurisdiction



Hospital or health system

Care delivery institution, not a clinic or FQHC
Must match grant dollars 1:1

Optional:

Other partners are welcome and encouraged, but do not supplant the participation of the required three

Eligibility Requirements: Geography

No city size
population
threshold

8	AWARDS	Cities of 150,000 residents or more
3	AWARDS	In the state of Colorado
3	AWARDS	In the state of New Jersey
1	AWARD	In the state of North Carolina
1	AWARD	In the 57 county service area of the Episcopal Diocese of Texas
1	AWARD	in central Iowa that focuses on social determinants of children's health (age 0-21)
1	AWARD	In the 20 county service area surrounding Cincinnati, Ohio

**Regardless of city size,
the proposed work should focus at
the neighborhood or zip code level**

Eligible counties

Anderson, Angelina, Austin, Bastrop, Bell, Brazoria, Brazos, Burleson, Burnet, Chambers, Cherokee, Colorado, Coryell, Falls, Fayette, Fort Bend, Freestone, Galveston, Gregg, Grimes, Hardin, Harris, Harrison, Houston, Jasper, Jefferson, Lampasas, Lee, Leon, Liberty, Limestone, Madison, Marion, Matagorda, McLennan, Milam, Montgomery, Nacogdoches, Newton, Orange, Panola, Polk, Robertson, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Travis, Trinity, Tyler, Walker, Waller, Washington, Wharton, and Williamson Counties in [Texas](#)

Dallas, Polk, and Warren Counties in [Iowa](#)

Dearborn, Franklin, Ohio, Ripley, or Switzerland County in [Indiana](#)
Boone, Bracken, Campbell, Gallatin, Grant, Kenton, or Pendleton County in [Kentucky](#)
Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, or Warren County in [Ohio](#)

Eligibility Requirements: BUILD Principles

Visit buildhealthchallenge.org/our-mission for More Information

The BUILD Health Challenge is a national and community collaborations that are working healthy.

BUILD stands for:

BOLD: Partnerships that aspire towards a fundamental shift in policy, regulation and systems-level change

UPSTREAM: Partnerships that focus on the social, environmental, and economic determinants of health, rather than on access or care delivery

INTEGRATED: Partnerships that align the practices and perspectives, establishing new roles while continuing to draw upon existing strengths

LOCAL: Partnerships that engage neighborhood residents at all stages of planning and implementation

DATA-DRIVEN: Partnerships that use data from both clinical and community settings to inform decision-making, and facilitate transparency amongst stakeholders

The BUILD Health Challenge seeks to learn from its current partnership experiences to improve its existing Community Framework. Our evolving Community Framework is intended to clearly define success as it relates to both strategies on the ground and the impact of those strategies on the community.

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. (1, 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 design included an online system so people can track a landlord's violation status when gathering information about rental units. (1, 3, 6, 7)

Expectations of BUILD sites



Openly share challenges, results, and outcomes



Engage with peers sites as members of a learning community



Participate in evaluation activities, as well as two, in-person convenings sponsored by the BUILD Health Challenge

Comprehensive Menu of Support Services

In addition to funding, awardees will have access to a robust array of support services, including but not limited to coaching, webinars, learning labs, evaluation support, and marketing/communications expertise.



Application

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Application Questions

1. Proposal Overview

In **100 words or less**, describe the work you are proposing to carry out with the support of BUILD Health Challenge funding.

2. Community Profile



Describe the community and health disparities at the focal point of your plan and how it was identified.

3. Partnership Profile



Describe the partnering organizations and their history of collaboration.

4. Implementation Plan



Provide a brief narrative description of the **bold**, **upstream**, **integrated**, **local**, **data-driven** strategies you are proposing.

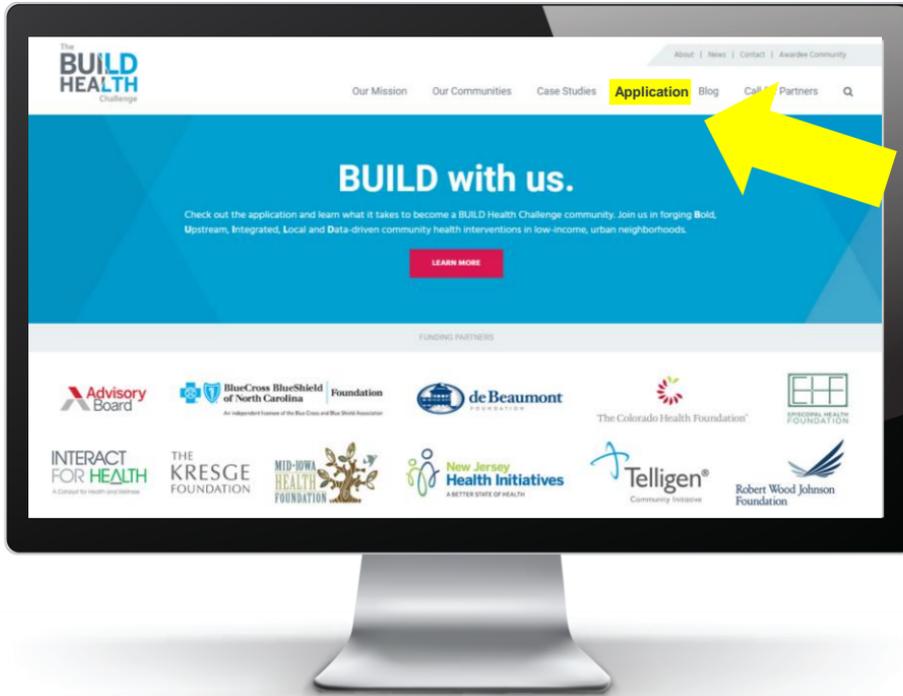
5. The Impact



Describe the anticipated short-term and long-term impacts on your community.

Response to each questions are limited to 4,000 characters, with spaces.

How and When to Apply



The application portal opens on **January 10th** at buildhealthchallenge.org/application/

Submission deadline:
February 21st at 5 pm ET

Notification of status:
April 4th

Round 2 Application due:
May 23rd

Preview: Round 2 Application & Letters of Support

Round 2 application questions will be made available to the select group of applicants invited to move forward in April 2017.

All Round 2 applicants will be required to upload signed letters of support and commitment from the following key constituents:



- Executive director of the lead non-profit community-based organization (including a statement that affirms ability to be recipient of the funding)



- CEO of the lead hospital or health system (including a statement that affirms commitment to match the award dollars)



- Local health department official

Q&A

Please use the Go To Webinar chat box to submit questions or email info@buildhealthchallenge.org

For updates to our Frequently Asked Questions, please visit buildhealthchallenge.org