

The
**BUILD
HEALTH**
Challenge

Applicant Webinar

January 31, 2017

Improving Health Through Innovative Collaborations



Welcome

- Application and Eligibility: What You Need to Know
Rachel Keller Eisman, The BUILD Health Challenge
- Building the Business Case
Rebecca Tyrrell, Advisory Board
- Case in Brief: Pasadena BUILD
Jennifer Hadayia, Harris County Public Health & Environmental Services
Anna Brewster, MD Anderson Cancer Center
- Closing Thoughts
Brian Castrucci, de Beaumont Foundation
- Q&A (time permitting)



Application and Eligibility: What You Need to Know

Rachel Keller Eisman
The BUILD Health Challenge



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?

The BUILD HEALTH Challenge

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

BUILD Principles: A Closer Look

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 ones

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 future. 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. (3, 6, 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.

Awards at a Glance

21

AWARDS

\$250K

AWARD

2

YEARS OF
FUNDING

1:1

MATCH FROM
HOSPITAL PARTNER

Representative projects from 2015-2017 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

The majority of 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

Awards at a Glance

21
AWARDS

3
AWARDS

Will be reserved for proposals supporting upstream solutions that influence maternal and child health, specifically breastfeeding initiation and duration among predominantly low income and populations of color.

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- Program evaluation

Eligibility Requirement: Geography

No city size
population
threshold

- 11 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**

Maternal and child health focused proposals must satisfy the 150K population threshold

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 Requirement: 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

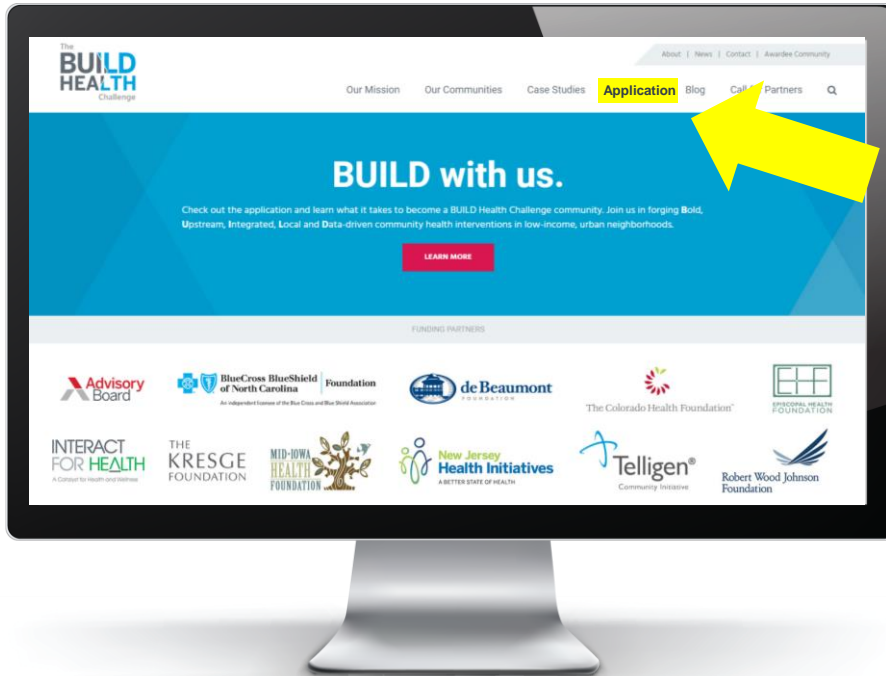
Required partners:

- 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

How and When to Apply



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

Building the Business Case for Community Partnerships

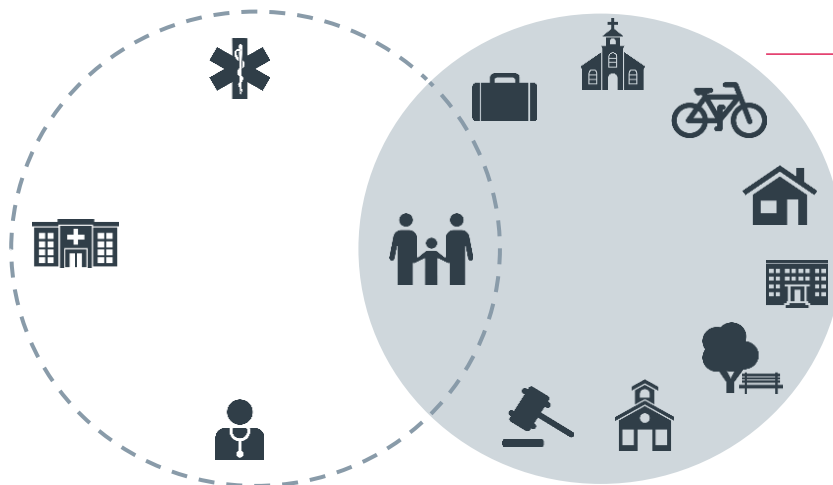
Rebecca Tyrrell
Advisory Board

The
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The Ultimate Reluctant Customer

Today's Health System Not Part of a Person's Daily Life

Sphere of Patient Activity and Interactions



COMMON COMMUNITY PARTNERS

- Public health departments
- County mental health agencies
- School districts and universities
- Faith-based organizations
- YMCA/YWCA
- Service leagues (e.g., Lions, Rotary)
- Environmental organizations
- Local agencies (e.g., Area Agencies on Aging, housing and city planning departments)
- Non-profit service providers (e.g., Meals on Wheels, food banks)
- Local businesses (e.g., bodegas, barber shops)
- Public safety providers (e.g., police, EMS)



BUILD Health Challenge Partnership Scale

3

Primary partners per project
(including hospital)

8

Average total number of
partners involved per project

\$149K

Average hospital match per
implementation site

Key Drivers of Risk Are Often Non-clinical in Nature

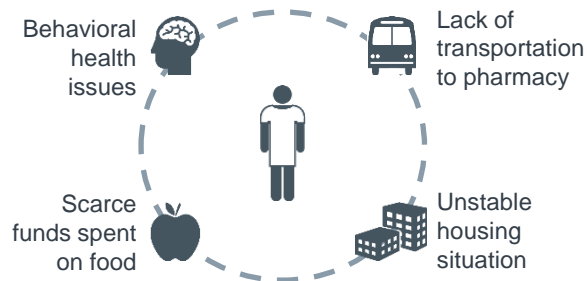
Build Flexibility into High-Risk Patient Management Infrastructure

Surface Problem



High-risk patient's condition continuing to worsen because patient is not adhering to medication regimen

Underlying Problems



Standardizing Our Approach



What are the broad barriers to care?



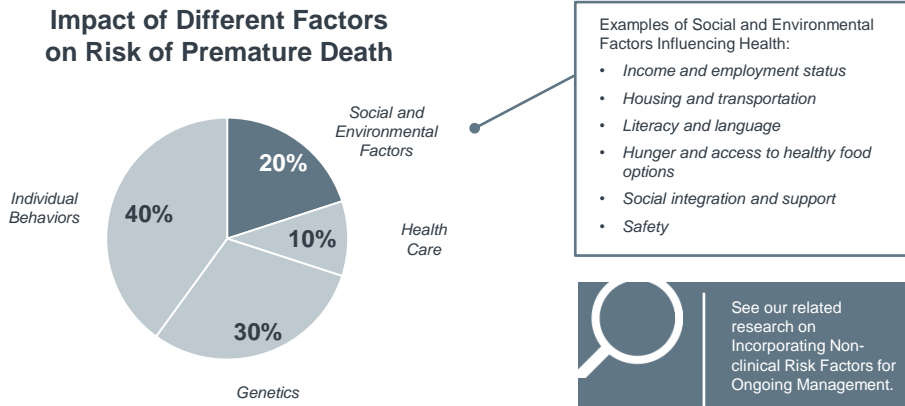
How can we address the patient's clinical needs?



What actionable interventions can we make?

Care Teams Feel Ill-Equipped to Handle Social Issues

Partnerships Essential to Improving Quality, Reducing Cost



Addressing Social Determinants of Health

80-90%

Health status attributable factors other than clinical care

85%

Physicians reporting that unmet social needs lead directly to poorer health outcomes

20%

Physicians who believe they have the ability to address social needs

Actions You Can Take Now

Success an Iterative Process Requiring Leadership Buy-In, Prioritization

- 1 Engage Leadership**
Build a compelling business case to garner executive buy-in and needed resources
- 2 Prioritize Initial Focus**
Determine what services or programs to start with, recognizing process will be iterative
- 3 Build or Strengthen Partner Relationships**
Leverage unique strengths of community organizations to extend care team reach
- 4 Design Screening and Referral Protocols**
Clearly link these two steps to ensure timely follow-through and improved patient and provider satisfaction

Many Options for Prioritizing Partnership Efforts

Heard in the Research: Where Providers Are Focusing

Topic	Sampling of Interventions	BUILD Projects Focusing Here
<i>Neighborhood/ Environment</i>	<ul style="list-style-type: none"> • Repurposing vacant parcels as community greenspace and gardens (Baystate Health System, Sisters of Providence Health System) • Investing in urban infrastructure improvements (Providence Health & Services) 	35%
<i>Housing</i>	<ul style="list-style-type: none"> • Pinpointing distressed buildings for repairs and improvements to reduce asthma-related hospital visits (Montefiore Medical Center; Mercy Medical Center and UnityPoint Health) • Increasing number of affordable housing sites and reducing number of residents who have to move due to rising rents (Sutter Health) 	18%
<i>Crime/ Violence</i>	<ul style="list-style-type: none"> • Providing case management to pregnant women and teaching literacy and responsible parenting techniques that offer alternatives to physical discipline (Maryland Medical Center) • Identifying and addressing root causes of crime-driven health outcomes (Jackson Health Systems) 	18%

Additional areas heard in research: workforce development and training, culture-based economic development, life skills training

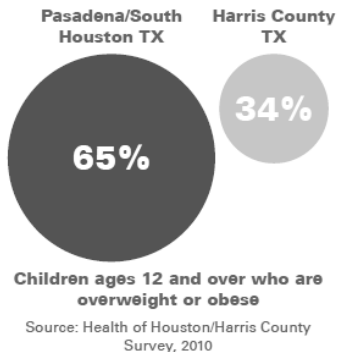
Case in Brief: Pasadena BUILD



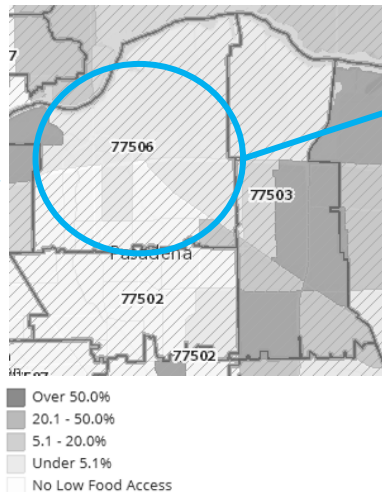
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A Bold, Upstream Vision for north Pasadena



Population with limited food access, % by tract, FARA 2010:



In zip code 77506:

- Residents make \$24,000 less in household income than the county
- 34% live in poverty (vs. 23% for the county)
- 47% have not graduated high school (vs. 21% for the county)
- 11% do not have a vehicle (vs. 7% for the county)

An Integrated, Local Response for north Pasadena

- Our story began with a local coalition and action plan



HEALTHY LIVING MATTERS COMMUNITY ACTION PLAN

GLOBAL POLICY ON CHILDHOOD OBESITY-GI. Advocate for Texas legislators to develop a statewide strategic plan to address hunger, nutrition, physical activity and obesity in children and families.

EAT: The following policy strategies are endorsed by HLM to support access to, and age-appropriate serving sizes of, healthy foods for all children in Harris County.

- E1.** Support legislation and policies at the state level that incent the purchase of healthy foods with Supplemental Nutrition Assistance Program (SNAP) dollars.
- E2.** Advocate for the development and passage of a state law to create a grocery/food^o store loan program to address the problem of food deserts. (*Not limited to grocery stores, may include local grocers, convenience stores, etc.)
- E3.** Support development and adoption of local laws to promote breastfeeding in Harris County, including recognizing designated breastfeeding-friendly hospitals, legally protecting breastfeeding mothers from harassment in public and while at work, and ensuring mothers are guaranteed a *Mothers' Bill of Rights*.
- E4.** Encourage use of available public lands in Harris County for the development of community gardens and farmers markets.
- E5.** Encourage school districts and appropriate public programs to increase awareness and promotion of school food options for low-income students during the summer.
- E6.** Advocate for low-fat, low-calorie drinks in schools and childcare facilities.

- Which revealed our BUILD anchors and model



A *Data-Driven* Outcome for north Pasadena

- Our BUILD partnership now includes:
 - 4 non-profit organizations
 - 3 hospital/healthcare systems
 - 3 elementary schools
 - 2 academic institutions
 - 2 commercial growers
 - 2 municipal governments
 - 2 community coalitions
 - 1 faith-based organization
 - 1 FQHC
 - 1 CDFI
 - Community Trustees (people who live and work in north Pasadena)

An *Data-Driven Outcome* for north Pasadena

- 6 Healthy Corner Stores
- 5 Food Rx and Food Scholarship sites
- 3 Healthy Dining Matters locations
- 3 school-based food co-ops (Brighter Bites)
- 1 new food pantry (our Food FARMacy) *with plans for a second*
- Financing for a greenhouse and vertical farm
- Plans for a vertical farming curriculum
- A direct marketing campaign *in the works*
- A shared measurement system



The Harris County BUILD Health Partnership



Mission Alignment: MD Anderson

Estimates based on a broad range of scientific evidence indicate that more than **50% of cancers can be prevented**

-Colditz et al, Science & Translational Medicine, 2012

MD Anderson Mission: to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and **prevention**, and through education for undergraduate and graduate students, trainees, professionals, employees and the public



Mission Alignment: MD Anderson Healthy Communities

MD Anderson's Healthy Communities Initiative unites individuals, schools, workplaces, government agencies, health care providers and policy-makers to plan and carry out community-led solutions that will make positive, long-lasting change in the health of local communities

THE UNIVERSITY OF TEXAS

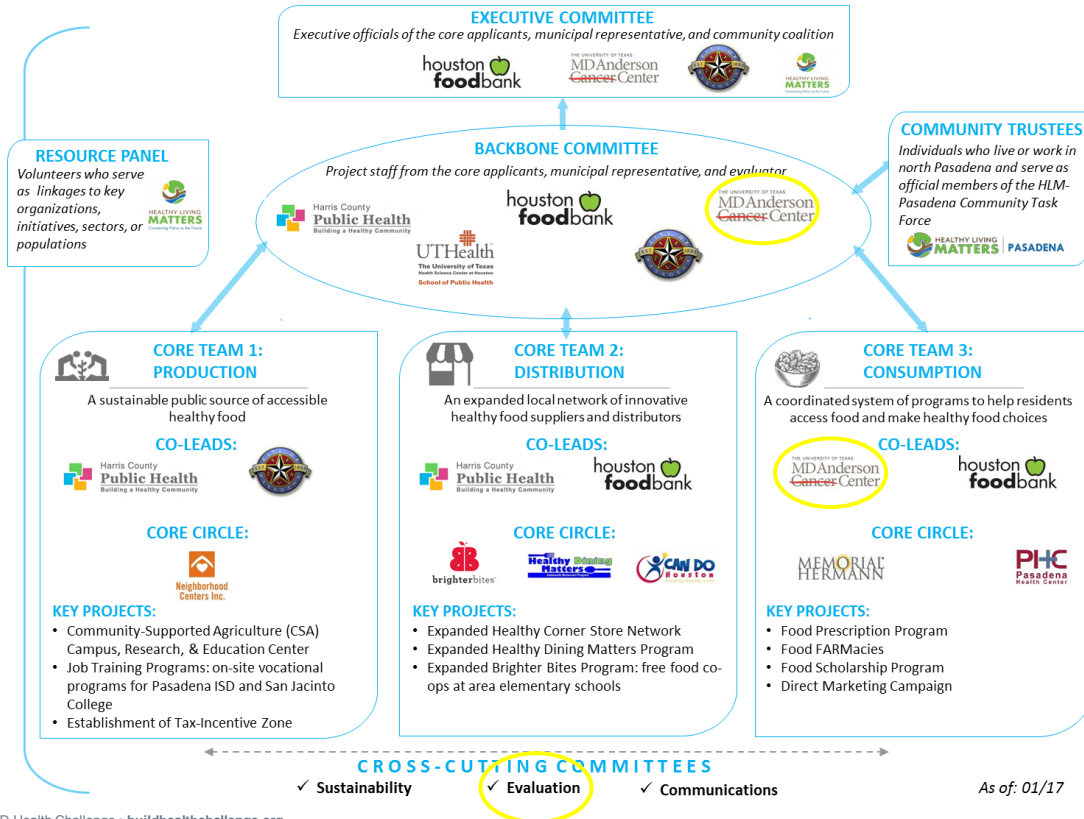
MD Anderson
~~Cancer~~ Center

Making Cancer History®



Join us as we make our community healthier.

MD Anderson: Role



Key Advice for Partnering

- Identify mission alignment
- Consider non-traditional partners
- Seek out existing coalitions
- Define clear roles and responsibilities
- Take part in the collaborative process



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Closing Remarks

Brian Castrucci
de Beaumont Foundation

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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 and for a recording of today's presentation, please visit buildhealthchallenge.org