

The
BUILD
HEALTH
Challenge®

November 2019

SPOTLIGHT ON PARTNERSHIP HEALTH

A Driver of Systems Change

By:

EQUAL
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SPARK POLICY INSTITUTE
Good in Theory, Better in Practice

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INTRODUCTION TO THE BUILD HEALTH CHALLENGE

WHAT IS THE BUILD HEALTH CHALLENGE®?

The BUILD Health Challenge® (BUILD) is a national awards program designed to address important community-level health issues by catalyzing local partnerships between community-based organizations, health departments, hospitals/health systems, and other local stakeholders. The community-based organization is the lead partner for each BUILD-supported initiative, and together the collaborative works with residents of their neighborhood, city, or town **to identify a public health issue prioritized by the community.**

Guided by the BUILD principles—**Bold, Upstream, Integrated, Local, and Data-driven**, each grounded in **Health Equity**—communities build strong multi-sector partnerships outside of the traditional health sector to **tackle the root causes of chronic disease and drive sustainable improvements in community health.**

BUILD's "North Star" is to achieve meaningful improvements in population-level health outcomes by changing inequitable conditions and systems in our communities. BUILD is guided and supported by a funder collaborative and an executive team, as well as a group of evaluators, technical assistance liaisons, and communications specialists. To date, BUILD has supported 37 projects in 21 states and Washington, DC, with a new cohort of awardee communities set to begin in late 2019.

In the BUILD model, a systems change approach means realigning policies, processes, power, and infrastructure—all of which are necessary to address the complex and inequitable systems that affect community health, to expand health equity, and ultimately to improve long-term population-level health outcomes. Inequitable systems are complex and do not arise overnight; similarly, systems change work is complex, difficult, and occurs slowly over time. It can be challenging to assess the change being made over a short time frame.

As we gathered data on systems change in BUILD communities, we began to see that big changes are preceded by signals (called "precursors" in BUILD) at the community, organizational, or individual level. Examples of early shifts or **precursors** include **expanded knowledge** of the issue at hand, **strengthened relationships** among existing and new partners, or improved individual and organizational **capacity**, and **meaningful community ownership.**

As expected, different communities have different rates of progress or success in implementing the BUILD principles and experiencing the precursors. Furthermore, we determined that both the precursors and the systems change outcomes are not linear or sequential; rather, they work together to advance the work holistically.

In this brief, we describe in detail the four precursors to the conditions of systems change and give examples of how they have manifested themselves in various BUILD communities. We then examine the indicators of systems change themselves, and how they connect with the precursors and with the change we aim for in population-level health and equity. We offer considerations for communities embarking on this work and for the funders supporting it.

Our evaluation is beginning to show that those communities experiencing all four precursors during BUILD implementation are most likely to experience systems changes that are more sustainable and represent potential for population-level changes. Leveraging the combination of knowledge, relationships, capacity, and community ownership together create the conditions for communities to achieve their longer-term aims.

The **BUILD PRINCIPLES**
guide implementation

-  **BOLD**
-  **UPSTREAM**
-  **INTEGRATED**
-  **LOCAL**
-  **DATA-DRIVEN**

ACHIEVING SYSTEMS CHANGE
IN BUILD COMMUNITIES

PRECURSORS
emerge as
indicators of
progress

Enhanced knowledge,
shifts in disposition and
behaviors, and refined,
complex issue framing

Strengthened champions
and **community
ownership**

**Strengthened
relationships** and
increased alignment
among partners and
stakeholders

Increased individual
and **organizational
capacity**

**SYSTEMS
CHANGES**
begin and
reinforce the
precursors

Transformed norms
and ways of working

Re-allocated and new
funding streams

Organizational shifts
and scaling that sustain
practice and policy

Implementation of
supportive **regulatory,
legislative and public
policies**

Systems
changes bring
communities
closer to
BUILD's
END GOALS

LONG-TERM ASPIRATION

Improvements in health
and health equity.

SPOTLIGHT ON PARTNERSHIP HEALTH:

A Driver of Systems Change

WHY SPOTLIGHT PARTNERSHIPS IN SYSTEMS CHANGE EFFORTS?

Partnerships are central to the BUILD Health Challenge® (BUILD) in two fundamental ways:

- » The **Integrated** principle in BUILD is predicated on the ability of individuals representing at least three sectors: public health, a healthcare system or hospital, and a community-based organization, to work together, along with residents, local champions, and other sectors to address complex community health needs.
- » Positioning the community-based organization as the lead BUILD agency is meant to ensure partners' work is **aligned with the community's needs and interests**, shifting power and resources toward community engagement and priorities.

Many groups are skilled at building relationships in a cross-sector and community-driven manner, yet for many communities, building strong, sustainable partnerships remains a challenge. Successful partnerships require time, resources, committed participants, and shared goals.

BUILD awardees have a framework of support in place—technical assistance, peer networks, and funding—opportunities that accelerate or amplify their partnerships. By understanding what fuels successful collaborations or prevents them from flourishing, we have a better understanding of **how partnerships are sustained and how these partnerships can support systems changes**.

This Spotlight describes successful partnership building strategies, presents remaining challenges, and links the development of BUILD partnerships to systems change outcomes. These findings draw from a focus group specifically engaged in understanding the role relationships play in advancing the work. Our hope is that this Spotlight helps partnerships (including community-based organizations, health departments, hospitals/health systems, and other cross-sector entities) not only articulate their relationship cultivation efforts, but effectively plan for, implement, and assess the extent to which they are moving the systems that contribute to important health outcomes and equity in their communities.

SUCCESSFUL PARTNERSHIP STRATEGIES

Among BUILD sites demonstrating success in maintaining healthy partnerships, three key strategies emerge:

Establish and Sustain Consistent Communication Processes

By structuring expectations for communication early on, partnerships establish patterns and explicit expectations that carry through the BUILD work. Partners agree upon the frequency and form of communications (e.g., regular meetings, weekly e-mails, or calls, etc.) and determine when and how information is shared, holding partners accountable. BUILD partnerships benefit from a lead partner acting as the facilitator, organizer, and “nudger,” keeping partner communication flowing. These processes, when successfully formed at the outset, serve as the foundation for relationship- and trust-building as the work evolves.

“There are significant challenges in understanding where each of us came from and understanding the strengths that could be brought to the table...you might be working with pressures that you don’t understand.”

— Houston, TX

Help Partners Articulate Assumptions – and Overcome Them When Necessary

When partnerships begin among cross-sector entities, individuals hold assumptions about organizations, partners, the work, and other individuals at the table. By encouraging partners in the early stages to remain appreciative and respectful of the value each partner can bring, space opens for testing assumptions: for example, partners’ mindsets shift from seeing large institutions as resistant to upstream health—to recognizing the bureaucratic barriers hospitals and government navigate to address upstream issues. They move from believing partner organizations do not want to engage residents and communities—to developing tactics to shift from community engagement to addressing power dynamics. Partnerships find overcoming assumptions important in order to:

- » Effectively draw on the full diversity of available viewpoints, expertise, and agendas;
- » Establish norms within the partnership that leverage strengths and assets;
- » Extend those same norms to engage new partners, community leaders, and residents;
- » Mitigate and resolve conflict throughout their work together; and
- » Prioritize accountability among all partners.

Establishing and maintaining successful relationships requires holding all partners responsible for their commitments. Outlining the roles, responsibilities, and expectations for each organization early in the process creates an infrastructure for how partners will work together. Clear communication and decision-making expectations will allow organizations to leverage their expertise and establish effective processes that will continue to support the relationship. As partners track their progress on specific goals, they can use this infrastructure to manage expectations, prioritize activities, and ensure each partner is held accountable for their role.

PARTNERSHIP HEALTH IN ACTION

In this section, we present two examples of communities where successful partnership strategies facilitate relationships to flourish and where challenges are surfacing as the BUILD investment comes to end. These examples illustrate the relationship between partnership health, the precursors, and systems change.

New Brunswick, NJ:

HEALTHY HOUSING COLLABORATIVE

Strategies and Challenges

BUILD partners in New Brunswick, NJ, focused on mitigating housing issues facing residents within Esperanza and Unity Square—two neighborhoods with some of the greatest health and social disparities in the city.

The core partners of the collaborative had an existing relationship; however, this was the first time they partnered on housing related projects. Partners focused their efforts on building relationships between community members and organizations as trust was low.

By establishing mutual respect, partners aligned around the strength of community-based organizations and their connection to the community. Mutual respect became a guiding value in two ways. First, partners uncovered the respective priorities of partner organizations, **acknowledging each come with “their own set of priorities and their own set of requirements....to be respectful of that, of those differences.”** Second, mutual respect guided partners as they identified, engaged, and recruited community members to become leaders and take on what would ultimately become the defining work of the BUILD project.

While each organization understood the complexities of this partnership due to individual organizational requirements, **data sharing concerns** posed challenges to tracking and measuring health outcomes. The partners are continuing the conversation of how best to measure outcomes while balancing the data security and ownership.

In the earlier stages of this partnership, the collaborative had to overcome growing anxieties in their largely immigrant communities—the result of recent shifts in immigration policy and enforcement. The partners feared those changes would create barriers to their efforts, and subsequently reduced the number of households they aspired to impact. The partners, however, collaborated with a small cadre of community leaders (called health ambassadors) to move the work beyond the early stages of **community engagement** (inform and consult) to partnering with the community and eventually, transferring decision-making power. Community members led change efforts and identified strategies to advance their efforts of raising awareness and conducting home assessments. With the support of these community health ambassadors, community trust grew, and the BUILD partnership ultimately served more families than projected. BUILD partners attribute these successes largely to the **respectful relationships** they forged between the partners and community health ambassadors, and between the community health ambassadors and their neighbors.

Emerging Systems Change

Through their collaborative efforts, the partners saw how their efforts were contributing to shifts in **ways of working**, including increased access to rent control records and stricter protocol enforcement. Increased community trust led to activated **community-driven advocacy** for better housing standards. The Esperanza Neighborhood Program created a housing workgroup led by several of the BUILD community health ambassadors. This group of residents directly communicated the value of making changes to the rental unit information available on the city's website at a Rent Control Board meeting—with the Mayor present. In the interim, the Rent Control office provided a list of rental unit information (e.g., rent limit per unit, last date of home inspection, and number of housing complaints) to the collaborative and instituted a protocol requiring landlords to show proof of home inspection in order to complete the mandatory rental unit registration within the city.

The collaborative also plans to continue its housing improvement efforts in the city; each partner is committed to **re-allocating organizational resources** and finding **new funding**. One partner secured funds from an annual grant to support community efforts and to conduct a local policy analysis aimed at generating recommendations. Hospital partners agreed to lead project coordination by absorbing the cost of staff support into their budgets. And as a group, the Core Partners have submitted applications for additional funding. If they are unable to obtain funding, the partners agreed to institutionalize the initiative activities within their existing organizations. These shifts in funding and resources highlight new organizational priorities and values based on the BUILD collaboration.

Cincinnati, OH:

AVONDALE CHILDREN THRIVE

Strategies and Challenges

In Avondale, a neighborhood in Cincinnati, OH, BUILD partners worked together to address the social determinants of children's health, specifically focused on preterm births, tobacco use, housing, breastfeeding, and food access.

Early on, partners recognized the need to **establish a consistent communication process and hold each partner accountable**. BUILD partners introduced a standing weekly call to strategize, troubleshoot, connect with one another and link resources when possible. They also created a coordinator role to lead the management of communication and partner relationships. This process allowed partners to **identify and address assumptions**, and share knowledge, including facilitating the coordination to hire a community team—Health Champions (HCs)—to engage the community differently than the past.

While these calls and infrastructure may sound purely tactical, partners are concerned about maintaining these relationships and the progress of the initiative after BUILD funding ends as consistent communication and coordination were key to advancing this work and the partnership.

In addition to the weekly calls, the BUILD partners acted as a mentorship network for the HC team—supporting participation in Community Health Worker trainings and other professional development. In one example, the partners helped connect a resident involved in the work to leadership training opportunities that **boosted the partnership's resident engagement capacity**. By recruiting and developing the HC team early on, the partnership leveraged this **collaboration to engage community ownership**. The HC team led intervention initiatives and created culturally responsive materials that reflected the perspectives and experiences of the residents. The initiative attributes the acceleration of the work to the successful relationship and engagement with the community.

Emerging Systems Change

As the work evolved through the partnership efforts, the initiative started to see evidence of regional systems change:

- » The City of Cincinnati **passed Tobacco 21**, which raised the minimum age to purchase tobacco to 21, and **instituted breastfeeding-friendly policies** in 23 recreation centers.
- » The partnership obtained **three new grants** to support its current work and to create a foundation to sustain the partnership and HC community leaders moving forward.
- » The partners **shifted organizational priorities** and policies through a new robust referral process between the residents in one housing community and Cincinnati Children's Hospital Medical Center. This coordination will better support residents during and after pregnancy and birth.
- » Through **new norms and ways of working**, the partners are continuing to build capacity of the HC team. The HC team members participated in professional development trainings, including trauma-informed care and receiving doula certifications. The focus is for the community to lead the work into the subsequent phases.

As communities progress on precursors and build successful partnerships, they can highlight the upstream causes of health inequities— motivating individual organizations, community members, and city partners to shift priorities and implement sustainable change.

COMMON CHALLENGES TO PARTNERSHIP HEALTH

BUILD partners, even those who have established strong and healthy collaborations, identified common challenges:

Data access, sharing, and use

Effective data access, sharing, and use across partners takes serious investments of time, patience, and negotiation. Sites want to document the impact of improvements in housing conditions and other BUILD strategies on health outcomes, but face difficulties obtaining data, such as demographic data from health system partners. There are concerns around HIPAA, privacy, and data security. There are also challenges related to sharing and interpreting data drawn from multiple, often incompatible, systems. In addition to the technical and legal challenges to data sharing, partners often experience adaptive challenges, including how different partners view data—whether from a compliance or continuous improvement perspective, or how data “ownership” should be treated—as belonging to the individual partner organizations or to the community as “public” data.

Partnership development and maintenance

Healthy partnerships require continued investments and “tending.” While many BUILD communities have successfully established mutual respect and value the contributions each partner makes to the success of the project, maintaining partnership health is challenging. “The work has been really tremendous. The partnership has been the harder part,” reports one community’s partner. When BUILD funding ends, many partners are concerned about the loss of a lead agency to maintain the partnership, communication channels, and ways of working that have been established.

CONCLUSION

Stakeholders working on complex community change efforts often express difficulty articulating what partnership building efforts mean in the context of their work and are challenged in presenting evidence that these efforts are leading toward systemic change. By describing successful strategies for partnerships such as consistent communication and accountability, partners can better identify how their relationships and collaborative efforts relate to and support other precursors—enhancing knowledge and community engagement—and begin to evidence emerging systems change. The Partnership Health Spotlight provides partnerships with the language, knowledge, and skills to describe how they are moving toward improving health outcomes and equity in communities.

The Health Equity spotlight is part of the BUILD compendium. Other spotlights in the series include Systems Change, Partnership Health and Healthy Equity. The funders collaborative and the second cohort of BUILD communities contributed their stories, data, and support to to develop the series.

2017-2019 BUILD FUNDERS

- » Blue Cross and Blue Shield of North Carolina Foundation
- » Colorado Health Foundation
- » de Beaumont Foundation
- » Episcopal Health Foundation
- » Interact for Health
- » The Kresge Foundation
- » Mid-Iowa Health Foundation
- » New Jersey Health Initiatives
- » Robert Wood Johnson Foundation
- » Telligen Community Initiative
- » W.K. Kellogg Foundation.

2017-2019 BUILD COMMUNITIES

- » Avondale Children Thrive, Cincinnati, OH
- » Bridging Health and Safety in Near Northside, Houston, TX
- » BUILD Health Aurora, Denver, CO
- » BUILD Health Mobility, New Orleans, LA
- » Building Uplifted Families, Charlotte, NC
- » Cleveland Healthy Home Data Collection, Cleveland, OH
- » Collaborative Cottage Grove, Greensboro, NC
- » FLOURISH St. Louis, St. Louis, MO
- » Forward, Franklin, Franklin, NJ
- » Healthy Homes Des Moines, Des Moines, IA
- » Healthy Together Medical-Legal Partnership, Washington, DC
- » Home Preservation Initiative for Healthy Living, Philadelphia, PA
- » New Brunswick Healthy Housing Collaborative, New Brunswick, NJ
- » One Northside Center for Lifting Up everyBody (The CLUB), Pittsburgh, PA
- » Project Detour, Colorado Springs, CO
- » Raising of America Partnership Boulder County, Lafayette, CO
- » Reducing Tobacco Use Through Innovative Data Sharing, Covington, KY
- » Transforming Breastfeeding Culture in Mississippi, Jackson, MS
- » Trenton Transformation, Trenton, NJ

Equal Measure and Spark Policy Institute serve as the BUILD evaluation partners.

ABOUT EQUAL MEASURE

Equal Measure is a Philadelphia-based nonprofit organization that works with foundations, nonprofit organizations, and public entities to advance social change. For more than thirty years, Equal Measure has partnered with organizations working on complex, often messy, social issues to help create more powerful, equitable, and enduring systems and positive outcomes. To have a more direct impact with clients, Equal Measure offers five service lines—program design, evaluation, capacity building, technical assistance, and communications. Through these services, Equal Measure helps its clients clarify program goals, support implementation, engage in learning, conduct mixed-method developmental evaluations, frame narratives to have the strongest impact, and share what it has learned with the field. Equal Measure helps its clients make communities stronger, healthier, more equitable, and more inclusive.

ABOUT SPARK POLICY INSTITUTE

Spark is a national organization with a mission of helping communities, non-profit and for-profit organizations and policymakers solve complex social problems that often cross multiple sectors and that no one group can solve alone. Spark collaborates with change agents at all levels to create, evaluate, and improve innovative, dynamic solutions to today's most pressing challenges. The three pillars that support all our work are systems thinking and systems change, equity, and learning for action. Spark applies a variety of skills and services including technical assistance and training, strategic communications, facilitation, strategic planning and emergent learning, and evaluation to ignite change and help our partners do good, even better.



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