The BUILD HEALTH Challenge®

November 2019

SPOTLIGHT ON SYSTEMS CHANGE

By:

EQUAL MEASURE

Spark Policy Institute
Good in Theory, Better in Practice

MPHI®

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
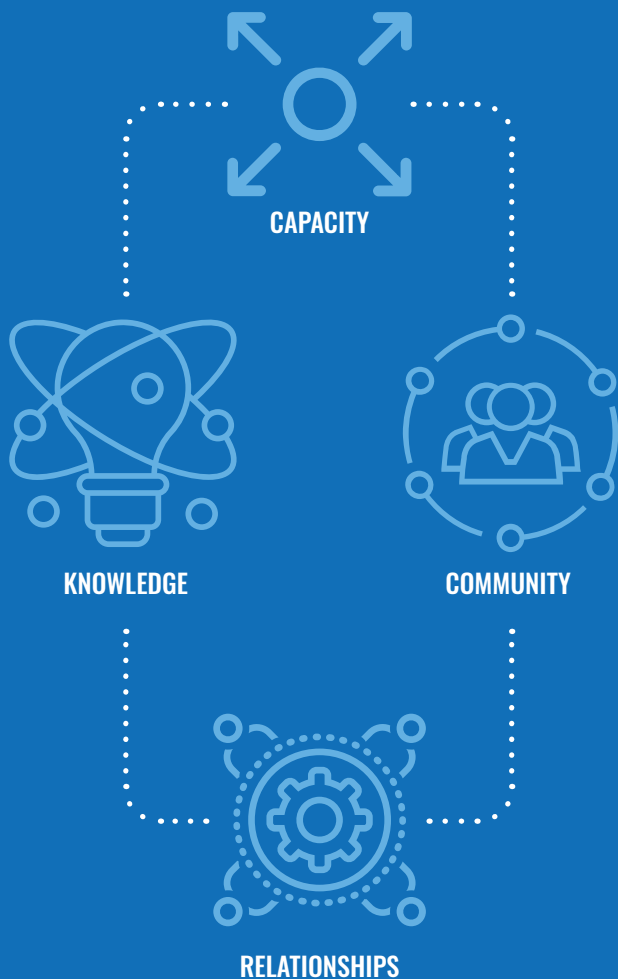
Re-allocated and new
funding streams

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.

CAPACITY

KNOWLEDGE

COMMUNITY

RELATIONSHIPS

ABOUT THE FOUR PRECURSORS OF SYSTEMS CHANGE

Four mutually-reinforcing precursors to systems change indicate that communities are on the path to achieve long-term improvements in health. The precursors are not linear or sequential, they evolve together as the work progresses, and operate in concert to change systems. As sites **enhance their knowledge**, **expand their capacity, strengthen relationships, and deepen community ownership**, they create the necessary conditions to change entrenched local systems for the better.

For communities beginning this work, reaching population-level health outcomes can feel aspirational and out of reach.

The precursors:

» Act as intermediate indicators to track progress along the way;

» Are mutually reinforcing, encouraging partners to attend to all four areas of change;

» Give partners confidence that their efforts are building a road toward systems change.

In the following sections, the progress in these precursor areas is described in more detail, along with examples from BUILD communities.

"As part of our BUILD project, we did a community survey …
we learned that people did have access to parks, but didn't
feel safe walking to them; they didn't think it was a great place
to grow old; they didn't think it was easy to find affordable
housing. But they did feel they could count on their
neighbors. It showed that there was a sense of community."

— Trenton, NJ

THE KNOWLEDGE PRECURSOR

Through participating in BUILD, partners learn more about the cross-section of complex systems that drive health outcomes in their community. Early on, these shifts manifest as changes in partners' mindsets, and expanded openness to engage partners outside of their organizations and consider new approaches to their work. A clearer understanding of the root causes of health conditions and health inequities is particularly important as partners design strategies to bring about more equitable outcomes. When BUILD communities frame and talk about community health issues and root causes in new ways, it is a critical sign that the knowledge precursor to systems change is emerging.

THE KNOWLEDGE PRECURSOR

BUILD partnerships successfully enhance knowledge and reframe issues in their communities by:

Helping non-health professionals understand their role in community health

Traditionally, individuals and organizations outside of health focus solely on how they can meet the goals of their sector or organizational mission; they need support to see their broader role in community health efforts. BUILD partners engage a broad set of stakeholders to understand stakeholders' current priorities and introduce how BUILD's work affects community health.

In New Orleans, LA, partners found local decision makers had limited understanding of the connection between transportation and health outcomes. Building on a previous initiative to address infant mortality through community organizing, BUILD partners combined forces with a local university. Partners interviewed and collected stories of new families' experiences on medical transport; university faculty analyzed data on transit routes and usage. Together, the findings told a story about the importance of transportation to infant mortality outcomes, indicating where the transportation system did not work well for parents and children. Drawing from these data, transportation engineers are developing new policies to improve the system with the health of families and babies in mind.

Tracking new or different data to explore health connections

Data have enlightened partners about the health impacts of upstream issues such as safety, housing, the built environment, and education in their communities and among different local populations. Engaging with data also has illuminated gaps in the types of data currently available, encouraging partners to seek out and collect new data to better understand upstream health factors and local health outcomes—and formulate new solutions.

In one school district in Trenton, NJ, school nurses learned how students experienced the built environment along their routes to school. The nurses began recording safety issues along those student routes, then brought their findings to the district's wellness council and sought new funding to support student safety.

Understanding *how* community members and residents want to engage

Facilitating a variety of face-to-face meeting formats and one-on-one conversations is a vital part of developing strategies that suit local needs and cultures. Several BUILD communities realized early that they had limited knowledge of community priorities and shifted their resident and community engagement tactics to reshape their agendas accordingly.

"The idea for us [is] that residents have a health champion; a community leader walking beside her during her pregnancy, or when her kids are young... as opposed to someone who doesn't have that support person in our neighborhood."

— Cincinnati, OH

THE CAPACITY PRECURSOR

When BUILD partners enhance capacity among local organizations, community leaders, and policymakers in their region, communities can better identify and take advantage of opportunities as they surface—sustaining their upstream health efforts. Growth in capacity comes in many forms as detailed below; in particular, financial support for training and capacity building creates space and incentives for stakeholders to refine how they can work together over a long period of time.

THE CAPACITY PRECURSOR

BUILD partners have built capacity to affect systems change through:
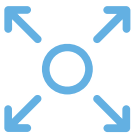
Piloting interventions while gathering data

Pilots are an important way BUILD partners grow their capacity; they have a chance to try out new ways of working and learning together to address the issue they have prioritized. Many sites bring together partners to develop pilots and then track their impact before scaling or moving to next steps.

In St. Louis, MO, partners worked with a statewide managed care organization to test a new assessment and control process for asthma cases triggered by housing conditions. They carefully tracked the results and developed a return on investment study to document how the pilot affected a payor system's bottom line and urge an expansion of the pilot.

Conducting leadership and advocacy training for residents and community leaders

As many BUILD partners increasingly share ownership of the work with local leaders, they also share capacity building resources and opportunities. Over the past two years, community leaders joined partners in training events, received professional development funds to advance their work, and visited communities further along in their BUILD projects—developing shared capacity to advance tactics that create better community health and equity.

Several sites have invested in the capacity of local leaders to become more skilled advocates, mobilize neighbors and residents, and form relationships with government officials and payer systems. In Washington, DC, residents used their new advocacy skills to join a resident advisory committee for a large hospital. When capacity is built beyond the core BUILD partners, communities create a larger network of leaders and voices advocating for change and remaining engaged for the long haul.

Leveraging policy movements

Some BUILD partners have developed skills to engage with systems in ways that change public policy or bring about new public policies. With technical assistance and partnerships with advocates, they are learning new ways to form relationships with policy makers, such as joining committees and boards in the early stages of new government administrations or as policy changes are debated, positioning themselves to contribute to improving state and local policies that affect health in their communities.

"We took trips to conferences with this core group of leaders from the city…now the mayor is actually endorsing the coalition…we're looking at systematic lead poisoning legislation, to enforce and introduce new policies (on) lead hazards in the home."

— Cleveland, OH

THE RELATIONSHIP PRECURSOR

While core partners forged their relationships well before their BUILD awards began, ongoing and emerging relationships become increasingly valuable as the efforts toward systems change intensify. Relationships are central to navigating and influencing the policies and systems that matter to multifaceted work related to upstream health. For example, as partners implement the BUILD principles, they encounter increased complexity in the origins and impact of their issue area. For example, they may learn how the issue affects population groups differently in a single neighborhood, the complications of privacy in hospital and health system data, or encounter how government bureaucracy creates barriers to beginning to resolve their issue area.

THE RELATIONSHIP PRECURSOR

Strengthening and creating new relationships in a community is critical to create the will to change big systems, and BUILD partners accomplish this by:

Engaging well-networked partners

Core partners who lead or coordinate other citywide or regional networks have ready-made avenues for spreading the BUILD model and navigating barriers—bringing on new partners to advance the work and translating how upstream health matters to a range of sectors.

Growing relationships through existing networks has presented some partnerships with opportunities to apply for joint funding with new organizations in order to sustain their work. For example, Forward, Franklin in Franklin, NJ formed a new relationship with its nearby YMCA. With the support of many organizations coming together to focus resources within Franklin, the YMCA applied for and was awarded a grant to set up outdoor fitness equipment for residents, a keystone effort in Forward, Franklin's goal to revitalize public spaces.

Bridging capacity and skill needs

As the BUILD work unfolds, partners uncover additional entities whose help is essential to achieving their systems change goals. Partners seek out new relationships and build existing relationships in ways that help them tackle barriers strategically.

In New Orleans, LA, partners collaborated with university researchers to study transportation patterns, in order to make a data-based case for system-level enhancements. In Washington, DC, BUILD partners solidified relationships with city government. With an enhanced understanding of the government agency's "pain points," they are advocating for and shaping a future health director position for the housing department.

Cultivating new and non-traditional relationships

BUILD's core partners regularly engage with organizations, entities, and companies outside "the usual suspects" in the traditional health care universe. Those new entities in turn bring information, momentum, and resources that contribute to out-of-the-box thinking—all of which can lead to innovative solutions to entrenched problems. These new relationships recognize and connect the multitude of partners who have influence over the issue at hand.

In Covington, KY, a collaborative of local entities including the Northern Kentucky Regional Alliance, St. Elizabeth Healthcare, Interact for Health, the Northern Kentucky Health Department, Three Rivers District Health Department, and The Center for Great Neighborhoods focused on curbing the high rates of tobacco use in the city of Covington and in Gallatin County. In 2018, they launched a successful program that resulted in more than 1,200 Covington and Gallatin County residents visiting local pharmacies to take advantage of free nicotine replacement therapy kits (patches). Through an innovative data sharing agreement, they targeted residents most at risk for tobacco use.

"When we first got into [the community], the narrative was that our residents didn't want to be engaged. They didn't want to come out of their house... and as soon as we tried to meet them where they are with someone who is a peer, one of their neighbors, they actually did want to be engaged."

— Cincinnati, OH

THE COMMUNITY PRECURSOR

The community precursor involves strengthening connections with community residents and leaders; consequently, local leadership becomes increasingly valued by partners and their work better aligns with community priorities. In addition, engaging with community leaders—such as building their leadership and advocacy capacity—helps sustain the work beyond the BUILD award.

See more about community leadership in the **Community Engagement Spotlight**.

THE COMMUNITY PRECURSOR

Community ownership of efforts has contributed to systems change in BUILD communities by:

Prioritizing local voices

Partners who increasingly engage, meet with, and invite in community members are advancing more quickly in early and later stages of systems change.

In some cases, hospitals and large entities relocated their offices, events, and services to trusted, small community-based locations; and some created ongoing opportunities for community leaders to join or lead work groups, advisory boards, or initiatives. These efforts have changed norms and practices, created a better understanding of health inequities, and enhanced strategies intended to improve upstream health.

Balancing power dynamics across leaders

In many communities, large institutional partners are accustomed to engaging communities in order to market their programs or to collect feedback for community surveys and similar data-gathering initiatives. With the BUILD model, community leaders and residents are more deeply engaged—in ongoing dialogue, decision making, and collaboration. This shift in how engagement is defined permits partners from the city government, hospitals, and managed care systems to better understand health in their communities and envision roles for community members that go beyond simply extracting data and opinions. In a handful of communities, organizations now regularly engage the community in new ways that acknowledge and share power. Building the trust and capacity for balancing power with local communities takes time; the process for BUILD sites has illuminated what can and cannot be accomplished in two years of sustained engagement efforts.

In Cincinnati, OH, significant resources are dedicated to the needs of the project's community health workers (CHWs). CHWs are a critical conduit to building trust and accurately understanding residents' needs and assets. Cincinnati partners provide access to childcare, meals, staffing, and transportation to CHWs. The additional resources communicated that CHWs are valued, acknowledge the emotional intensity of their work, support the unusual working hours required, and highlight the value of their "embeddedness" in a community to achieving partnership goals.

EXAMINING SYSTEMS CHANGE IN BUILD

As sites **enhance their knowledge, expand their capacity, strengthen relationships, and deepen community ownership**, they are creating the necessary conditions to change entrenched local systems for the better. The BUILD evaluation is incrementally growing the evidence base for systems changes that results from the BUILD model. The four areas of systems change we present here represent our best understanding at the time of this writing.

Their progress leads to more sustainable changes—including **new norms and ways of working, regulations and policy changes, shifts in organizational practices, and resources obtained or redirected to support health and equity**.

Where we have seen **systems change** occur, there is growing confidence that communities will experience sustained improvements in health and equity.

In the context of BUILD, systems change is an approach to solving problems that change individual behavior and how individuals and organizations work together. Change occurs when parts of the system and their relationships within a system are altered; for example, when municipal health and housing departments jointly tackle the conditions in public housing that contribute to residents' health issues. For BUILD sites, systems change manifests in four ways:
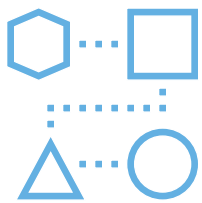
TRANSFORMED NORMS AND WAYS OF WORKING

As BUILD sites progress on the precursors to systems change, they establish new ways of working and new default behaviors that catalyze continued success, enabling the partners to:

» Strengthen the effectiveness and relevance of their systems change efforts;

» Boost the case to key decision makers through improved use of data and communications;

» Address the complexity of upstream issues in ways that were not possible when partners were initially learning about and devising solutions; and

» Activate the community and its resources to lead and own the work.

SYSTEMS CHANGE IN ACTION

Transformed Norms and Ways of Working: Relocating Services to Increase Engagement

In **Aurora, CO**, a hospital partner had struggled for many years to entice families to use its services. They assumed families were not interested in or motivated to take part in health programs. When the hospital moved its services to a trusted community agency, they saw increases in office visits, phone call responses, and in-home visit rates; families began accessing a broader range of wraparound services beyond what the community agency originally provided. As a result of increased engagement and understanding of family assets and needs, the hospital partners' narrative about engaging families changed significantly, with future implications for how they approach community health services.

ORGANIZATIONAL SHIFTS AND SCALING OF PRACTICE AND POLICY

Once partnerships experience the precursors, there is motivation to implement new organizational policies, shed policies that hamper progress, and scale successful programs and practices.

SYSTEMS CHANGE IN ACTION

Organizational Shifts and Scaling of Practice and Policy: Introducing Medication-Assisted Treatment

In **Colorado Springs, CO**, a single program serving women with addiction, housing, and other needs developed practices to offer medication-assisted treatment to its clients. Other addiction and recovery programs in the region were adamantly opposed to this treatment option at the start of BUILD. As relationships, knowledge, and capacity grew, a program serving males in recovery instituted the same practice, expanding access to treatment to a broader segment of the community.

IMPLEMENTATION OF SUPPORTIVE REGULATORY, LEGISLATIVE, AND PUBLIC POLICIES

Changing and creating public policies that align with upstream health are important outcomes to sustain the work of BUILD. Regulatory, legislative, and public policies are challenging outcomes to achieve in a short time frame. The evaluation is still gathering data on how BUILD communities are achieving these outcomes and has been highlighting the importance of relationships, advocacy, and other precursors to reach shifts at the policy level.

SYSTEMS CHANGE IN ACTION

Implementation of Supportive Regulatory, Legislative, and Public Policies: Making the City Lead Safe

In **Cleveland, OH**, Ordinance 747-2019 and Resolution 748-2019 were introduced to help make the city lead safe. The legislation creates new requirements that landlords and property owners pay for private inspections, secure lead-safe certificates for rental units, pay if housing codes are violated, and provide additional disclosures on lead hazards.

RE-ALLOCATED AND NEW RESOURCES AND FUNDING

Communities engaged in upstream health initiatives face an ongoing challenge to establish and maintain adequate financial support for their work, as funding is often built around the existing systems they seek to change. BUILD funding is a critical catalyst for partners and communities. With early support and sustained effort, the complexity of the issue area comes into focus. As partners become more adept at "unraveling" the policies and norms that challenge and complicate their issue area, they require additional or different resources. The capacity to continually draw in new funding and the strategies to braid and allocate resources in novel ways become increasingly critical with time. Some funding solutions, such as re-allocated tax streams, reimbursements from medical payers, and grants provide the sustained resources necessary to address upstream health concerns in the long term.
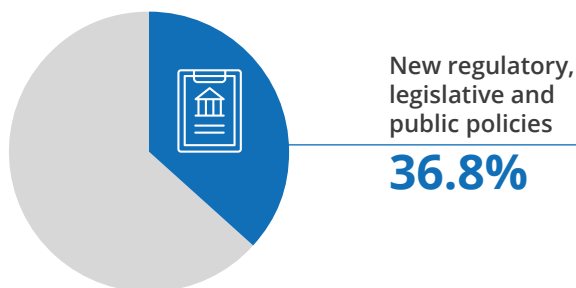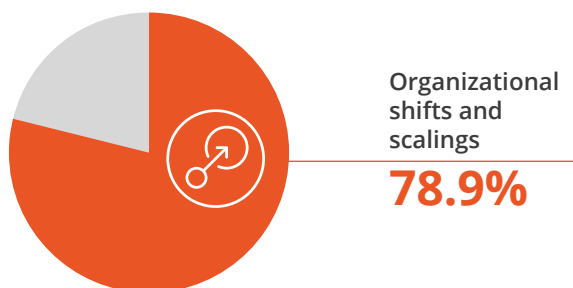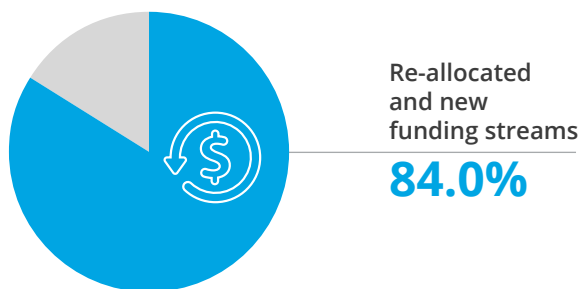
SYSTEMS CHANGE IN ACTION

Re-allocated and New Resources and Funding: Weaving Together City and Neighborhood Funding

New grants and low-interest loans were awarded to **Trenton, NJ**, to sustain its work beyond the BUILD award and as part of a longer-term citywide initiative. Partners crafted funding strategies and projects that not only inform each other, but also braid resources earmarked for the city with those in the North Ward along the "Safe & Healthy" Corridor pursued by BUILD's core partners.

SYSTEMS CHANGE OUTCOMES

Across all nineteen BUILD sites, 58 new systems-level changes were achieved in their communities or cities between 2017 and 2019. By examining issues through a systems lens and developing solutions accordingly, BUILD partners contribute to these important shifts meant to benefit residents at a population level.

Percentage of BUILD communities Reporting Three Types of Systems Changes, 2017-2019.

Re-allocated and new funding streams
84.0%

Organizational shifts and scalings
78.9%

New regulatory, legislative and public policies
36.8%

The most progress was made in **re-allocating or finding new sources of support** for the BUILD work. Nearly all BUILD sites have resources to continue some aspects of their work. These vary in form:

» Grants for capacity building, staffing, partnering, and projects or services that address social determinants of health;

» In-kind resources from partner organizations to maintain or multiply efforts;

» Expanded use of public or health payor dollars that recognize upstream conditions that affect health.

BUILD sites also achieved **shifts and scaling** of organizational practices and policies. These include designing new protocols and processes to improve enforcement of existing policies important to health; designating spaces with supportive signage and structures to promote healthy behaviors such as breastfeeding; making records more open and accessible to the public (for example, rental homes with health-harming maintenance violations); and integrating the goals and practices of BUILD into daily operations, including how residents are engaged.

Several BUILD partnerships have helped pass **regulatory and legislative policies**, primarily at a municipal or city level that have the potential to positively affect health and equity at a population level. Some of the big "wins" seen in BUILD communities include raising the legal age of tobacco sales, creating stricter regulations for landlords to address lead and other health-harming risks in rentals, and creating more community-responsive policies related to transportation.

REINFORCING SYSTEMS CHANGE IN COMMUNITY IMPLEMENTATION

Over the past four years, the BUILD Health Challenge articulated the importance of BUILD systems change in community health, defined the building blocks of systems change, and set expectations for community and national change, complemented by technical assistance to reinforce a systems change approach in BUILD communities. As the BUILD Health Challenge became clearer about the framework of its systems change proposition for community health work, BUILD sites have begun to incorporate a systems lens into implementation and goal setting.

There are challenges to systems work in multi-sector partnerships, which are frequently documented in the field literature. For BUILD communities, the challenge is particularly pronounced as partners transition from the health sector's heavy emphasis on individuals, service delivery, and programming toward a focus on systems and upstream factors affecting health.

Emerging from the BUILD evaluation, we are learning about integrating a systems and systems change focus into community-level work.

FIVE WAYS TO REINFORCE SYSTEMS CHANGE

» **Start early.** Find opportunities to equip partners early with knowledge about systems—and what their goals, tactics, and solutions will look like in systems change approaches.

» **Continue support.** Request funding for training, technical assistance, and continued learning opportunities to ground and keep partnerships focused on systems change, giving partners space from their daily focus on operations or programs. Trainings that offer frameworks, tools, and self-assessments are particularly helpful to create a baseline and track progress and alignment with a systems lens.

» **Don't ignore programs.** While programs and services alone will not move communities toward systems change, they can be important drivers in the work for examining issues, piloting new approaches, and engaging the community in ways that build trust and ownership.

» **Prepare for incremental progress.** Systems change work has a distinct pace and collaborative orientation; progress in the precursors may feel too "process-y" for some but are critical for transforming systems.

» **Honor all four.** When partners document changes in knowledge, relationships, capacity, and community ownership (the four precursors), they build confidence that their work is heading toward systems change.

CHARTING THE PATH FROM PRECURSORS TO SYSTEMS CHANGE

From the outset, funders envisioned their support would enable communities to implement all five BUILD principles together. The combination of all five principles is critical to changing community health conditions in communities. In practice, partners advanced on some principles more quickly than others in their implementation. For example, few BUILD sites used and publicly shared data early in their partnership, yet after two years of support, they improved on the data-driven principle more than any other.

Our evaluation uncovered a similar pattern with the precursors to systems change. Progress in all four precursor areas creates a reinforcing cycle that leads to systems change. When communities achieve just one or two precursors—even with clear systems changes as their goal—they are less likely to reach systems change.

In this section, we present two examples of communities where precursors worked together to manifest system-level changes. In the future, with a longer-engaged network of BUILD sites, we expect to document additional insights into the four precursors, systems change outcomes, and their connection to long-term population health outcomes.

Healthy Together Medical-Legal Partnership:

ADDRESSING ASTHMA IN SOUTHEAST WASHINGTON, DC

The Healthy Together partnership focuses on the intersection of pediatric health and housing conditions law with a nationally replicable model that leverages primary and emergency medical expertise, legal support, and funding from managed care organizations, to find real solutions to asthma prevalence and morbidity in low-income neighborhoods of Southeast Washington, DC. Participation in BUILD allows partners to target substandard housing conditions at the heart of asthma health disparities among children in Washington, DC's lowest-income neighborhoods.

As they implemented the five BUILD principles, BUILD partners—medical, legal, and community-based organizations—experienced strengthened connections with the local Housing Authority, developed a cadre of trained parent, resident, and professional advocates, and developed protocols to better track chronic reports of health-harming housing conditions.

The early shifts led to new approaches to assessing and remediating housing conditions and providing legal support to an increasing number of families, laying the foundation for more sustained, long-term improvements.

BOLD
UPSTREAM
INTEGRATED
LOCAL
DATA-DRIVEN

ADDRESSING ASTHMA IN SOUTHEAST WASHINGTON, DC

PRESCURSORS emerge as indicators of progress

Enhanced knowledge

Partners developed a better understanding of the Housing Authority's structure, assets, barriers, and limitations.

Improved data on property conditions in use in city agencies.

Strengthened relationships

Enhanced relationships with the Housing Authority representatives provided a platform for learning, partnership, and advocacy.

Community ownership

Parents joined the Housing Authority advisory board to provide perspective of families in public housing decisions.

Increased capacity

Policy and advocacy training for community members, parents, and professionals encourages and sustains their engagement and leadership.

SYSTEMS CHANGES begin and reinforce the precursors

New ways of working

Public health priorities were integrated into the Housing Authority.

New or re-allocated funding

New grants target key neighborhoods and support a clinic in an asthma-prone community.

Organizational shifts

New health payor contract supported legal component of the medical-legal program intervention for children with asthma living in unhealthy housing.

Systems changes bring communities closer to BUILD's **END GOALS**

LONG-TERM ASPIRATION

Public housing that ensures healthy families and equity.

FLOURISH St. Louis

IMPROVING TRANSPORTATION ACCESS TO HELP FAMILIES AND BABIES THRIVE IN ST. LOUIS

FLOURISH seeks to achieve large-scale, lasting improvements in the health and well-being of babies and families by affecting entrenched systems that may not be considered traditionally health-related but are critical to helping families and babies thrive. Transportation is a key focus of the organization in a city where some neighborhoods have infant mortality three times higher than the national average. Access to medical appointments and consistent medical care is essential to addressing racial disparities in infant mortality and improving maternal and infant health outcomes.

Partners implementing the BUILD principles include managed care companies, two health systems, parents, public transit, and a medical transportation agency. Using a mixed methods approach, they developed a case for the importance of transportation to infant and maternal health outcomes. Involving new parents and families enabled new considerations for community engagement, problem identification, and policy solutions. The work has attracted new resources, improved the capacity of partners to advance toward systems change, and achieved policy changes that move families closer to health and equity.

BOLD
UPSTREAM
INTEGRATED
LOCAL
DATA-DRIVEN

IMPROVING TRANSPORTATION ACCESS IN ST. LOUIS

PRECURSORS emerge as indicators of progress

Enhanced knowledge

Medical transit and managed care companies learned how transportation connects to infant mortality through mixed methods storytelling.

Managed care representatives refocused their mindsets from marketing patient programs to re-examining approaches and barriers to care.

Strengthened relationships

Ongoing dialogue between managed care company and residents emerged with increasing respect, trust, and understanding from a systems perspective.

A BUILD partner championed the BUILD narrative to partners in a broader network to develop stronger cross-sector partnerships.

Community ownership

New parents and community members conducted ongoing conversations with the managed care company, holding company representatives accountable for the policy solutions they developed together.

Increased capacity

Working closely with a university partner, medical transit suppliers and other partners accessed new data on bus stops, route frequencies, and stories from new parents reliant on transit to examine patterns and consider different solutions.

SYSTEMS CHANGES begin and reinforce the precursors

Policy change

Managed care company revised its policies to make same-day appointments easier.

BUILD partners' advocacy efforts delayed a change in Medicaid policies that would compromise non-emergency medical transportation.

New or re-allocated funding

Three local health systems committed monetary and in-kind resources to continue transportation actions.

Organizational shifts

Managed care company adopted relationship-based engagement strategies to supplement traditional marketing outreach for Medicaid-covered transportation options.

Three new staff positions added to the project for partnerships, planning, advocacy, and evaluation.

Project revised its vision with an explicit racial equity goal.

Systems changes bring communities closer to BUILD's **END GOALS**

LONG-TERM ASPIRATION

Eliminate racial disparities in infant mortality by 2033.

CONCLUSION

The early work of BUILD partners is to create a shared "North Star" and vision with their communities and demonstrate their successes—identifying what works and what does not. We've seen the work ignite a sense of urgency that inspires innovative frameworks for change—ultimately shifting resources, focus, and action to move towards healthier communities.

As BUILD communities focus on complex change efforts over time, it is necessary for stakeholders to define and articulate what they mean by systems change and how it looks in the context of their individual communities. Chronic disease is fundamentally intertwined with system-level inequities where people live, work, and play, and those factors will not shift overnight. It is challenging to document and demonstrate how efforts are leading toward this change over time.

BUILD places multi-sector, community-driven partnerships at the center of reducing health disparities caused by inequitable systems. To achieve long-term, sustainable, systems change, communities must first create the conditions that allow for new ways of working, implement and scale policy changes, and allocate necessary resources. The BUILD model offers a customizable and scalable approach to creating these conditions. The evaluation has helped document the many strategies pursued by BUILD's growing cohort of communities, highlight common challenges, and measure the pace and arc of change. With a growing number of BUILD communities and a continuous focus on learning and evaluation, the field is better positioned to understand the barriers and innovative solutions to changing systems in the context of the BUILD model.

CONSIDERATIONS FOR ADVANCING SYSTEMS CHANGE WORK

BUILD communities offer useful knowledge for other communities and funders beginning journeys to improve the underlying systems affecting health and health equity in their localities We offer several considerations for communities at the start of this work, and for funders grappling with the best ways to provide support for these communities.

Considerations for Communities:

» **Start with community priorities.**

Partners need a deep-rooted understanding of residents' needs, priorities, desires, and solutions. Bringing a predetermined vision to the residents will hinder efforts. Partners need time and skill to build trust, co-create priorities, and build community ownership.

» **Frame systems and systems change.**

Devote time early in the process to develop a shared understanding of existing systems and desired systems change. Shared knowledge will sharpen the group's vision, goals, indicators of change, community engagement, and partnership structure—and set them up for changing systems with more intention and rapidity.

» **Examine through a systems lens.**

Ensure programs, tactics, and activities are designed with systems change in mind. Programs alone are insufficient for achieving systems change, but if designed with a long-term systems change perspective, programming can provide a vehicle and foundation for future sustainable change.

Considerations for Funders:

» **Model for others.**

Just as awardees are expected to identify root causes and community-driven solutions, and collaborate, funders must position to work in similar ways. This can push funders to examine and undo the operations, grantmaking practices, processes, and values that may hinder progress.

» **Articulate a definition of systems change.**

Take time to define what systems change means in the context of a specific program investment. The definition used has implications for a range of partners (awardees, communities, technical assistance providers, and evaluators) who collectively bring their resources to help realize the shared vision for systems change.

» **Recognize the value of programming in systems change.**

While tactical efforts and programs alone are *not* enough to achieve systems change, they serve as important drivers for building community trust and engagement. It is critical that partners and funders work together to articulate and measure how tactical efforts are intended to lead to systems change.

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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