

# The **BUILD HEALTH** Challenge



## **Harris County BUILD Health Partnership Case Study**

*Restructuring the local food system  
to make it healthy, sustainable, and  
community-supported*

**Pasadena, TX  
2018**



# WHAT IS THE BUILD HEALTH CHALLENGE?

BUILD seeks to contribute to the creation of a new norm in the U.S., one that puts multisector, community-driven partnerships at the center of health in order to reduce health disparities caused by system-based or social inequity.

Awardees include community-based organizations, local health departments, and hospitals and health systems that developed partnerships to apply the BUILD principles.

To date, BUILD has supported 37 projects in 21 states and Washington, DC.

To learn more about the BUILD Health Challenge, see Appendix A.

# The **BUILD HEALTH** Challenge

## ACKNOWLEDGEMENTS

This report was made possible by the generous support of funders from the BUILD Health Challenge: The Advisory Board Company\*, The Blue Cross and Blue Shield of North Carolina Foundation, The Colorado Health Foundation\*, The de Beaumont Foundation\*, The Episcopal Health Foundation, Interact for Health, The Kresge Foundation\*, Mid-Iowa Health Foundation, New Jersey Health Initiatives, The Robert Wood Johnson Foundation\*, Telligen Community Initiative, and The W.K. Kellogg Foundation.

\* Denotes original founders and funders of the first cohort of the BUILD Health Challenge

## SPECIAL THANKS TO:

The participating BUILD Health Challenge implementation site for sharing their experiences and learnings

The BUILD Health Challenge Executive Steering Committee for its contributions to the report

The Mendez Group for providing interview, analytic, and writing support





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# EXECUTIVE SUMMARY //

**The BUILD Health Challenge followed seven implementation sites from its first cohort of awardees over the course of 18 months.**

The lead partners from each of the implementation sites, representing community-based organizations (CBOs), hospitals and health systems, and local public health departments were interviewed to not only track their progress but also better understand how they applied the BUILD principles—Bold, Upstream, Integrated, Local, and Data-Driven—to their efforts to improve health in their communities.

The three core partners (CBO, hospital and health system, and local health department) from each of the seven implementation sites were interviewed over a period of 18 months about how they conducted their work specific to a series of topics related to collaboration, data use, policy, health equity, and sustainability. This report analyzes the results of the various interviews. For more details about BUILD, the sites, or the methods used in this case study, please see Appendix A.

The purpose of this final report is to provide an overview of the Harris County BUILD Health Partnership (Harris County BUILD) in north Pasadena, Texas; how they approach and address important community health programs; and the evolution of their work.

Through a series of interviews, Harris County BUILD partners share how their collaboration interpreted and applied the BUILD principles, what happened as a result, and lessons learned over their two-year effort.

To learn more about how the other six implementation sites leveraged the BUILD model, please reference the companion reports at [buildhealthchallenge.org](http://buildhealthchallenge.org).

# THE BUILD PRINCIPLES: A FLEXIBLE MODEL

When applied in concert, the BUILD principles — Bold, Upstream, Integrated, Local, and Data-Driven — represent a powerful model that has the potential to transform community health. The principles are the engine that drives how BUILD operates.

The model reflects an innovative and flexible approach to population health that allows each site the opportunity to identify how to leverage the five principles most effectively. No one principle is more important than the other: they are neither mutually exclusive nor independent. They serve to guide BUILD sites as they start to design strategies and approaches within their respective communities.



## BOLD

Interventions that have long-term influences over policy, regulation, and systems-level change



## UPSTREAM

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



## INTEGRATED

Programs 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

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



## DATA-DRIVEN

Communities that use data from both clinical and community sources as a tool to identify key needs, measure meaningful changes, and facilitate transparency among stakeholders to generate actionable insights



## HEALTH EQUITY

One of the goals of BUILD — although not a specific principle — is to promote health equity by creating the conditions that allow people to meet their optimal level of health

# HARRIS COUNTY BUILD RESULTS

Over the last two years, Harris County BUILD partners came together to leverage each of their individual strengths in a shared vision to address food insecurity and high rates of childhood obesity.



Because of BUILD, we convened and nurtured a strong public/private partnership for future economic investment in the BUILD neighborhood (and future priority projects).

— The Harris County BUILD Health Partnership team



Cultivated more than **30 dynamic, multisector partnerships** using a collective impact model to support the program



Provided more than **200 food scholarships and food prescriptions** for community members



Established **five new “Community Trustee” roles**, emphasizing the importance of community led decision-making and leadership within the program



Distributed more than **38,000 pounds of fresh produce** from the local food bank to residents

RESULTS CONTINUE NEXT PAGE →

# HARRIS COUNTY BUILD RESULTS

(CONTINUED)

- ✓ They recognized our partnership as fertile ground for developing programs to be leveraged (i.e., Houston Food Bank's Food for Change initiative);
- ✓ The group was able to develop a collaborative model for how we work with each other within Harris County on this and other collective efforts (i.e., the process of developing a charter); and
- ✓ The partnership made significant progress in several areas, including engaging food retailers and restaurants that provided healthy choices in the community and making accessible healthy food options through several subsidized food programs administered to children in school and to patients seen at participating healthcare facilities.
- ✓ They collaboratively capitalized on the technical assistance from and national attention given to BUILD to share lessons learned broadly (to other communities looking for advice and at national and local webinars and conferences).







# THE HARRIS COUNTY BUILD HEALTH PARTNERSHIP

Harris County BUILD developed a community-supported food system in order to alleviate food insecurity (i.e., limited access to adequate food) in north Pasadena, Texas, a predominantly Hispanic, working-class suburb of Houston.

**Pasadena, the second largest city in Harris County, is located 20 miles southeast of downtown Houston and known locally as a petrochemical hub. This geographic area currently experiences a higher rate of poverty, lower educational attainment, more linguistic isolation, and less access to food than Harris County as a whole.**

There are 97,550 residents living in north Pasadena, of which 34% are children

under age 18. The north Pasadena population is 75% Hispanic, and 18% are linguistically isolated, meaning no one 14 years old or older speaks English “very well” in the home. Forty percent of north Pasadena residents over age 25 do not have a high school diploma, and 6% of adults are unemployed. Moreover, 26% of the total population and 36% of children are living below the poverty level. Lastly, 36% of adults are uninsured.

Food access in north Pasadena reflects these economic trends: 19% of people live in food-insecure homes, meaning they have limited or uncertain access to adequate food; 20% receive SNAP benefits; and 87% of children are eligible for free or reduced-price lunch.<sup>1</sup> Despite these challenges, Pasadena has many community assets, including active civic clubs and an engaged school district. Pasadena Independent School District (ISD) is the largest employer in Pasadena and is among the 30 largest school districts in Texas, with 54,000 students. Pasadena ISD has built a strong foundation of learning that educates

<sup>1</sup> US Census, 2010; Health of Houston Survey, 2010.



Pasadena, TX

# NORTH PASADENA //

## BY THE NUMBERS



**97,550**  
RESIDENTS

**34%** are children under 18



**36%** of children live below poverty level

**75%** Hispanic population



**36%** of adults are without health insurance

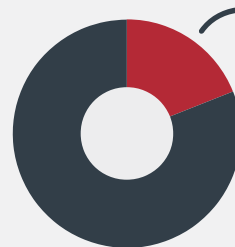


**40%** of adults over 25 have no high school diploma



**20%** of residents receive SNAP benefits

**87%** of children are eligible for free or reduced-price lunch



**19%** of residents live in food-insecure homes

➤ THAT'S **18,535** PEOPLE WITHOUT RELIABLE ACCESS TO A SUFFICIENT QUANTITY OF AFFORDABLE, NUTRITIOUS FOOD.



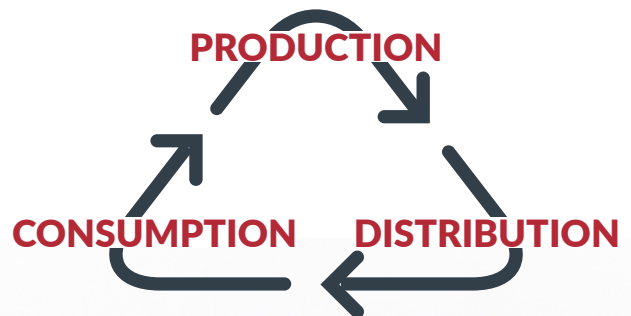
today's students for tomorrow's workforce. Through post-secondary, specialized, and technical opportunities, many students are prepared for jobs in Pasadena's industrial complex. The district has championed innovative educational learning as well as health initiatives that foster student and community success and has an award-winning School Health Advisory Council.

that is healthy, sustainable, affordable, accessible, and community supported.

As such, this project worked to improve dietary behaviors and the home nutrition environment by increasing access to healthy foods for three specific zip codes in north Pasadena. Their initiative had several programs and services that addressed all stages of the food system, as follows:

## LAUNCHING A NEW FOOD SYSTEM

The overarching strategic goal of Harris County BUILD was to launch a new food system in north Pasadena





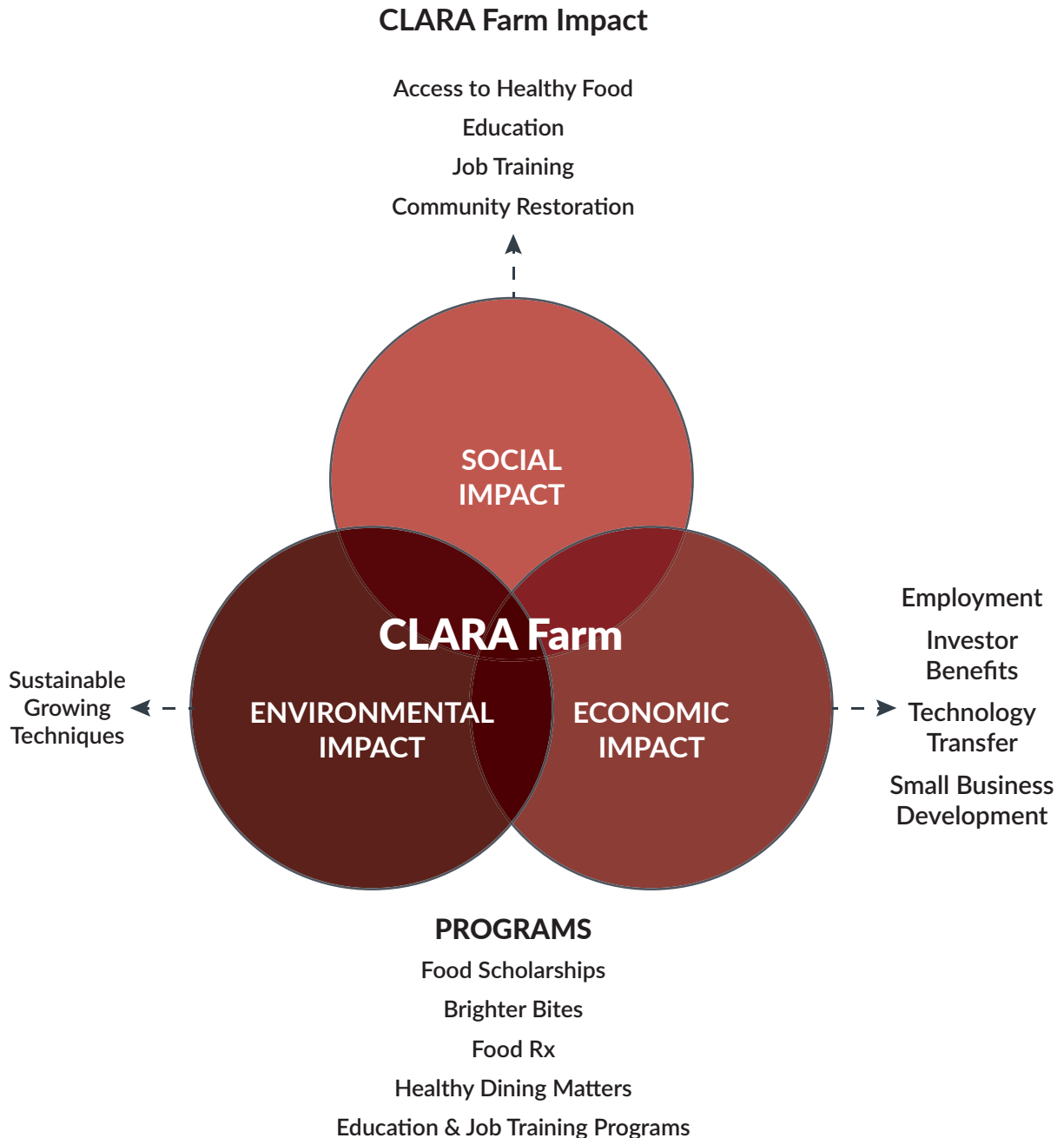


Figure 1

## Production

The goal for this stage was to produce a sustainable source of accessible healthy food in north Pasadena.

Production focused on laying the foundation for north Pasadena's first community-supported agriculture (CSA)

campus—a small indoor farm using indoor agriculture technologies to grow and sell healthy foods locally. Once developed, the CSA will double as a job training classroom, where students can use the tools and space to learn valuable job skills for careers in hydroponics, agricultural management, and culinary arts. Elementary students will



learn about gardening and nutrition.

Of the urban agriculture models the partnership could have selected to address “food desert” conditions in north Pasadena, a CSA is sustainable by design by being income-generating (via on-site pop-up markets or stores, food or plot co-ops, direct sales to individual or retailers, etc.). The north Pasadena CSA will further maximize profit margins through a focus on indoor/vertical farming that is not dependent on southeast Texas’s growing seasons as well as through the long-term, low-cost land and facility leases and property tax abatements committed by the city of Pasadena.

Figure 1 offers a visual depiction of the environmental, social, and economic returns that the farm will have in north Pasadena. Specifically, the farm will provide north Pasadena residents with a variety of benefits, including but not limited to access to healthy food, job training, education, environmental benefits through sustainable farming practices, numerous community programs, and economic advantages for investors and businesses. As such, it is important to note that during the initial BUILD project, the farm was envisioned as the production component. When production was delayed, the Houston Food Bank was able to supply all necessary food.

## ***Distribution***

This stage’s goal was to expand the local network of innovative healthy food suppliers and distributors in north Pasadena to reverse food desert conditions and serve as pipelines for CSA production. This included additional components, such as the following:





Representatives from Harris County BUILD anchor institutions gather at the BUILD Health Challenge kickoff event

## Convenience Stores

Convenience stores in the network were retrofitted for fresh produce, dairy, and other healthful foods.

CAN DO Houston, a local Houston/Harris County nonprofit organization, has implemented a Healthy Corner Store Network in Houston/Harris County. During Harris County BUILD, this network was expanded to include three new neighborhood stores. These stores increased access and affordability of healthy food and beverages. CAN DO was able to partner with a local produce vendor to deliver fresh fruits and vegetables, in addition to healthier snack options, to enable corner stores to provide numerous healthy options.

## Non-Franchise Restaurants

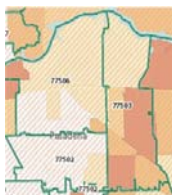
Non-franchise restaurants provided menu analysis, environmental assessment, and healthy menu options.

Known as the Healthy Dining Matters program, this initiative motivates local non-franchise restaurants to make and promote healthy options in their restaurants by making small food preparation and ingredient changes. The goals of the program are to help restaurants prepare healthier options, create a healthy dining environment, and promote healthy choices to their customers.

## Elementary Schools

Elementary schools provided free fresh produce weekly along with nutrition education (a school-based food co-op).

## Food Prescription Process Overview



- Pasadena Health Center
- Kruse School-Based Health Center
- Memorial Hermann Southeast – Bariatric Clinic
- Wave School-Based Health Center
- 77502
- 77503
- 77506
- 2-Question FDA Food Insecurity Screener
- At least 2+ vegetables, 2+ fruits, and 4 additional Food Rx-friendly items (off the Feeding to Encourage framework)
- Redemption: Up to 12 redemptions; 30 lbs of food every two weeks
- Budgeted = 400 Food Rx

### Supports

- Materials: English and Spanish
- Volunteers: Collected data on types of food selected; lbs of produce distributed; issued process survey reminders at 3, 6, 9, and 12 weeks
- BUILD Data Coordinator: Collected screeners from the clinics and on-site at the pantry to administer process surveys

Figure 2

This program, known as Brighter Bites, is a school-based health promotion program that works to increase food access and nutrition literacy in low-income areas. Through Harris County BUILD, this program expanded to three elementary schools in north Pasadena during the 2016–2017 school year. All students at each school were invited to receive weekly distributions of 25 to 30 pounds of fresh fruits and vegetables for 16 weeks in addition to nutrition education, meal-planning tips, and recipes.

### Consumption

The final goal of the project was to coordinate a system of programs and policies in north Pasadena that helped residents access food and make healthy food choices. Systems changes included the following:

### Healthcare Partners

Healthcare partners adopted a Fruit and Vegetable Prescription Program (FVRx; see Figure 2, next page), where providers prescribed fresh produce as medically indicated for obesity-related concerns. Patients were able to fill their prescriptions and obtain fresh



produce at a local food pantry, Pasadena Community Ministry. This program was adopted by four of the Harris County BUILD healthcare partners. Eligibility criteria included (1) food insecurity and (2) residence in one of the three qualifying zip codes in north Pasadena.

### Community Partners

Community partners launched a food scholarship program in which “food insecure” vocational/technical or ESL students received scholarships for healthy foods to supplement their income and prevent educational attrition. Scholarships were filled at a local food pantry, Pasadena Community Ministry.

Figure 2 provides a visual depiction of this component of the Harris County BUILD initiative.

Together, the partners reached the nexus of food security in their community as each organization brought to the collaboration specialized connections and resources it had cultivated in its prior work related to the food economy and food systems—either through direct service or supporting other organizations.

In the process of developing the initiative, the member organizations had “partnership exploration meeting[s]” that were instrumental in discussing the design of their systems. While the creation of a common vision was relatively easy, the decision-making about the focus of their BUILD initiative was daunting. One partner shared, “*We had the challenge of defining the food insecurity piece. That was the one we did the survey on—whether we were going to end food insecurity, or whether we were going to the end the conditions of food insecurity.*”

## PARTNERS

Harris County BUILD included the core partners required by BUILD (CBO, hospital/health system, and local health department) as well as nine additional partners: two more hospital partners, the school district, the city itself, a university partner, and four more CBOs.

- The lead applicant and fiscal agent was the CBO partner, the **Houston Food Bank**. The CBO was at the time one of the largest food banks in the nation—serving 18 counties. This

## BACKBONE COMMITTEE

*Day-to-day project staff from each applicant and the evaluator*

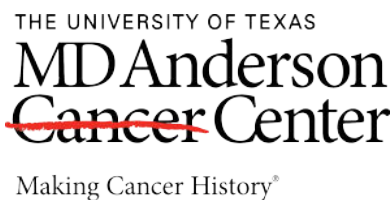


Figure 3

partner was both a food distribution center and an advocacy organization for hunger relief, sourcing healthy food for several components of the new food system in north Pasadena.

- **Harris County Public Health (HCPH)** provided ongoing partner engagement and coordination as the lead of the Backbone Committee (BC) and took on primary management of the components of the new food system as they expanded into north Pasadena.
- The hospital partner was **The University of Texas MD Anderson Cancer Center (MD Anderson)**. As a condition of the award, the hospital/healthcare partner was required to provide a match through financial and in-kind support. MD Anderson provided the match through in-kind support (program management) as well as direct financing of the evaluation activities. The match was funded through MD Anderson's Office of Health Policy and Cancer Prevention & Control Platform, Moon Shots Program™ and provided direct financing of the evaluation activities conducted in collaboration with The University of Texas Health Science Center (UTHealth) School of Public Health (evaluation lead). MD Anderson in-kind support was provided through program management and oversight of the evaluation.

Additional key partners included:

- **Healthy Living Matters (HLM)** – Pasadena Community Task Force (CTF).
- An additional health system: **Memorial Hermann Community Benefit Corporation**. This partner adopted new policies.
- A Federally Qualified Health Center (FQHC): **Pasadena Health Center**.
- **The City of Pasadena**, which helped to facilitate the CSA via a commercial partner.
- Four local nonprofits: **Brighter Bites** (provided food co-ops in schools), **CAN DO Houston** (retrofitted corner stores for healthy food retail), **Neighborhood Centers Inc.** (now known as BakerRipley) (ran a CSA in Houston and provided subject matter expertise), and urban farming pioneer **Green Bronx Machine** (serving as a mentor). Other nonprofits served as additional mentors for the urban farming initiative.
- **UTHealth School of Public Health**, which collaborated with MD Anderson to lead the evaluation.
- Local non-franchise restaurants

The organizational chart on pp. 20-21 reflects the various organizations involved in the Harris County BUILD initiative and their overall roles and responsibilities. As indicated, the BC, which includes the core partners, is connected to the three core teams related to production, distribution, and consumption as described earlier and below.

## **Harris County BUILD Structure**

The partners used the collective impact model and organizational structure that accommodated all levels of partner relationships. As such, the following

structures and committees were created to sustain the partnership:

- **Backbone Committee:** The health department led the BUILD BC, which guided the vision and strategy, supported aligned activities, developed shared measurement, built public will, advanced policy, and mobilized resources. This committee consisted of day-to-day project staff from Houston Food Bank, MD Anderson, City of Pasadena, HCPH, and the evaluator and met every other week, led by a rotation of anchor organization representatives.
- **Executive Committee:** This group consisted of executives from each applicant, core partner.
- **Community Trustees:** People from the local community with lived experiences advised and were integrated into the partnership.
- **Core Team 1 – Production:** This monthly work group was in charge of production tactics.
- **Core Team 2 – Distribution:** This monthly work group oversaw distribution tactics.
- **Core Team 3 – Consumption:** This monthly work group managed consumption tactics.
- **Cross-Cutting Committees:** These quarterly committees planned for replicability and sustainability of the project, to include communication, evaluation, and sustainability.
- **Technical Assistance (TA):** Organizations such as Wholesome Wave, GE HealthyCities, and Spark Policy Institute provided both overall project and programmatic leadership resources.

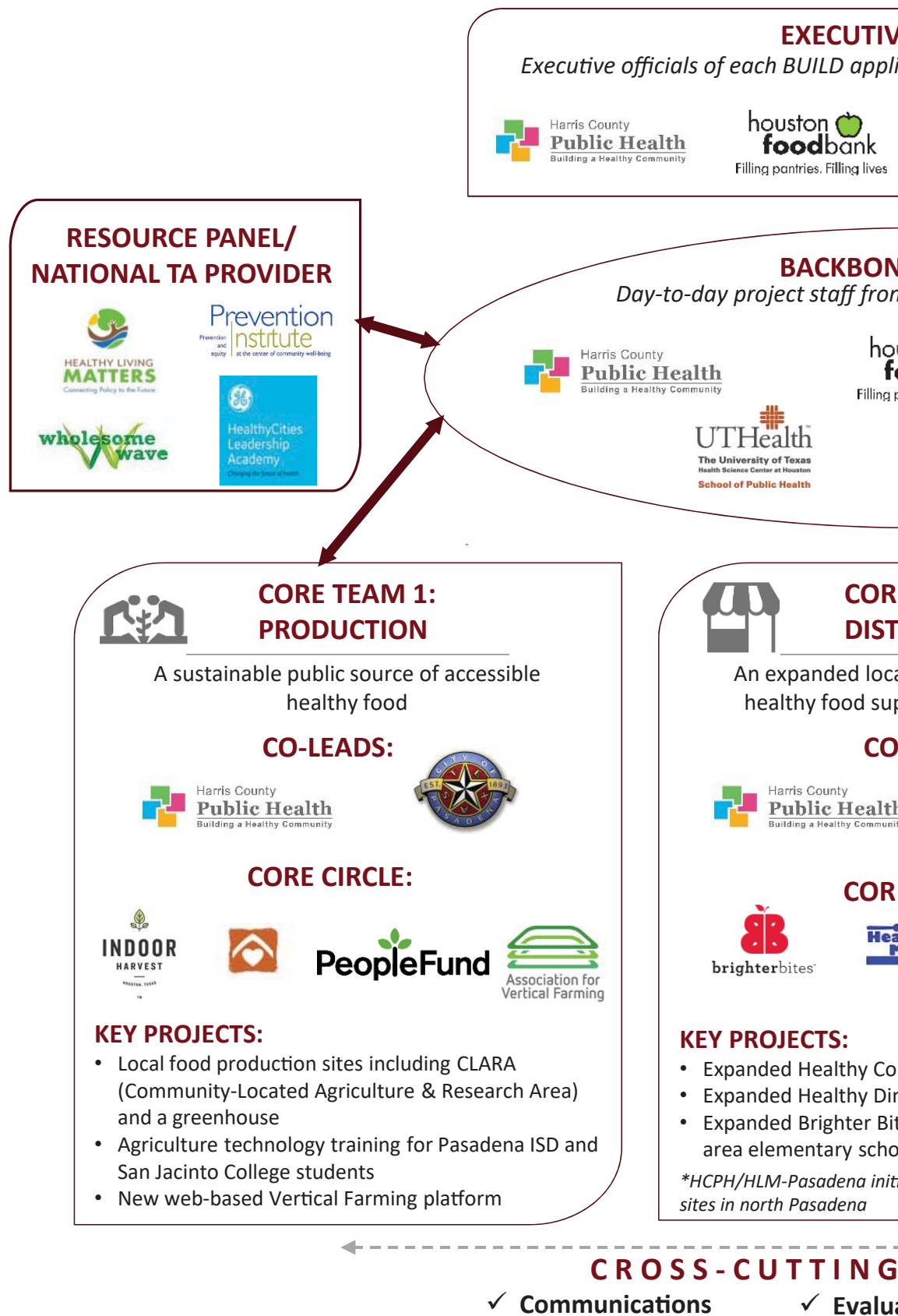
The Harris County BUILD organizational structure included sub-units for both grass tops and grassroots, for each project goal, and for issues that cut across implementation.

## ***History of Collaboration***

The Harris County BUILD partnership arose organically from the 2011 HLM collective impact initiative. HLM was formed to conduct an extensive needs and assets review, including a built and food environment study. This collective released an action plan in 2014 that outlined policy priorities to curb obesity in communities identified for focused effort. Additionally in 2014, HLM formed a community task force in Pasadena to implement the action plan locally and perform additional community assessment. Based on findings such as lack of supportive policies, and economic and educational vulnerabilities, the task force chose north Pasadena as its focus.

Although each of the three core partners had some prior history with at least one other core partner, the BUILD Health Challenge was the first time that all three organizations came together in a formal, established working relationship. The hospital partner learned about the BUILD funding opportunity at the same time as the county health department partner, and they had already been partnering on other initiatives. The two organizations had a brainstorming session about their interests and potential synergies that would make sense to pursue for BUILD.

# HARRIS COUNTY BUILD HEALTH PARTNERSHIP







As one partner explained:

**“ Our BUILD partnership [was] an offshoot of a larger community coalition that [had] been in place since 2011 ... and there is a local iteration of that coalition in our target city. That coalition has been around since 2014. All the partners in our BUILD partnership were members of either of those from the beginning ... these are entities that we’ve had relationships with for a very long time. ”**

After that meeting, HCPH reached out to potential nonprofit partners it had relationships with. Ultimately, the health department found a partner that had mutual interests and could help lead the efforts related to the aims and scope of work. Likewise, the nonprofit partner explained how they were having initial conversations with the health department about similar interests and aligning their work before the BUILD award was announced. As one partner stated:

**“ It was almost a perfect storm of form. Our organizational philosophies [were] going in this direction, and the BUILD grant [came] in and creat[ed]**

***some glue between us. That was part of our motivation too. ”***

When the group learned that they had reached the second stage of consideration for the BUILD application, they had in-person meetings with all partners to collectively decide on their project’s mission, vision, and goals and to develop an organizational chart. This helped them in “really defining and clarifying [their] mission and vision for the project.” The health department took a leading role in organizing and convening the meetings.

## **Key Accomplishments**

Harris County BUILD forged ahead over the course of its two-year project to address nutrition inequity in the community through new mechanisms for food production, distribution, and consumption. The partnership made significant progress in several areas, including engaging food retailers and restaurants that provided healthy choices in the community and making accessible healthy food options through several subsidized food programs administered to children in school and to patients seen at participating healthcare facilities. In addition, by the third quarter of the project, this site had filled all five of its community trustee positions. These trustees were being provided stipends for their participation in the decision-making process.

However, when it came to the food production component of the food system, Harris County BUILD was met with challenges that were outside the control of this partnership. These delays were related to the capital funding for developing the

### Common Measures: Program Implementation Metrics

	Food Scholarship	Food Prescription	Brighter Bites	Healthy Dining Matters	Healthy Corner Store Network
Number of persons or families served	104	174	837	159,950/year*	66,560/year*
Average pounds of produce distributed	29.5 per participant/redemption	29.6 per participant/redemption	22.7 per participant/week	N/A	1,510 per year
Average number of variety of F&V provided per participant household per week	9.7	10.0	8.8	N/A	N/A
Average program cost	\$23.20 per participant/redemption	\$12.20 per participant/redemption	\$3.26 per family/week	\$0.03 per customer/year	\$0.32 per customer/year

Table 1

### Common Measures: Participant Responses on Program Acceptability Across Three Programs

Education and Diet Impact (facilitate healthy choices)	Food Rx	Food Scholarship	Brighter Bites
Ate all/most of provided, %			
Fruits	99.0%	100.0%	79.1%
Vegetables	99.0%	97.6%	71.2%
Perceived helpfulness of the fruit provided to influence intake of F&V, % very helpful	94.5%	95.4%	92.0%
Perceived helpfulness of the vegetables provided to influence intake of F&V, % very helpful	90.6%	93.0%	92.5%
Perceived helpfulness of the proteins provided to influence intake of F&V, % very helpful	85.1%	86.1%	N/A
Perceived helpfulness of the grains provided to influence intake of F&V, % very helpful	81.8%	92.9%	N/A
Perceived helpfulness of the dairy provided to influence intake of F&V, % very helpful	73.6%	90.7%	N/A
Received Brighter Bites nutrition booklet, % Yes	73.5%	68.2%	92.3%
Use of the Brighter Bites nutrition education booklet, % Yes	65.4%	63.4%	71.7%
Dollars Saved Per Family			
Self-reported savings per household (per week)	\$57.00	\$59.60	\$27.60

Table 2

urban farm they had planned for and which would provide fresh produce for the community. The issue was somewhat mitigated through engagement of the Houston Food Bank as the “production” arm of the system pending the development of the farm. The FVRx and food scholarship programs were able to start up and run smoothly due to the food bank stepping in and supplying produce.

Overall, Harris County BUILD has enjoyed a number of successes, which are described further in the body of the report<sup>2</sup>:

- **Cultivated multisector partnerships using a collective impact model.** The partners were able to develop a robust, integrated partnership with numerous formal partners (see organizational chart described earlier). This included a BC, community trustees, and subgroups to carry out various aspects of the initiative.
- **Engaged the community throughout the process.** Local community members have been involved in the Harris County BUILD work since the beginning through their role as community trustees.
- **Enhanced the local network of access to healthy foods.** Harris County BUILD worked to create a network of healthy food access through corner stores; the Community-Located Agriculture and Research Area, or CLARA, farm (the agricultural production and research facility arm of the new food system in

north Pasadena); healthy dining options at restaurants; the Brighter Bites program. These and other programs were able to distribute more pounds of food to participants, increase fruit and vegetable consumption, increase awareness and acceptability of eating healthily, and decrease community participants’ grocery bills.

- **Developed FVRx and scholarship programs.** Harris County BUILD provided over 200 food scholarships and food prescriptions for community members.

“ We have a food system that has all three arms .... Goal one is our production arm that includes the farm that we’re building. Goal two is distribution, which has a number of elements. And then goal three is consumption, which is driving consumer choices. In distribution, our expectation for Harris County BUILD was to expand a retail distribution network of access to fresh produce, including three new corner stores and three new healthy restaurants. The third element of that program is a distribution network, including Brighter Bites, which sets up free school-based food co-ops. Brighter Bites is its own separate 501(c)(3) and will be continuing its expansion in north Pasadena regardless of BUILD funding. Through their own institutional sustained commitment, those three new schools we brought in through BUILD funding [will continue] on their own. ”

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2 The Harris County BUILD evaluation report includes additional accomplishments and is available at: <http://bit.ly/2JzEGfz>. The evaluation report was developed by The University of Texas School of Public Health in collaboration with Harris County BUILD. MD Anderson provided funding for the evaluation activities as part of the required match from BUILD Health Challenge hospital/healthcare partners.





The Harris County Public Health team conducts food demonstrations at the Healthy Corner Store.

Over the last two years, Harris County BUILD partners came together to leverage each of their individual strengths in a shared vision to address food insecurity and high rates of childhood obesity. Their shared vision fostered relationships and helped ensure that each partner was committed to sustaining the work well after the BUILD initiative.

## HARRIS COUNTY BUILD'S APPLICATION OF THE BUILD PRINCIPLES

While the five BUILD principles were actualized in different ways for each of

the various implementation sites, the first cohort's application of the BUILD model was important in demonstrating its principles and understanding their impact. The application and evolution of the model can be helpful to other communities intending to replicate and sustain their upstream efforts as well as to the second cohort of BUILD sites.

Harris County BUILD exemplified the BUILD principles in several ways. The Harris County BUILD intervention was **Bold** because it offered an out-of-the-box solution to address childhood obesity and food insecurity by convening nontraditional partners. By bringing together a collaborative, **Integrated**, cross-sector partnership, its goal was to move **Upstream** in food insecurity—addressing environmental factors that

make control harder and traditional treatments less effective in their **Local**, surrounding community. The project also built institutional support for ensuring healthy, sustainable food systems by using **Data**, working to establish CSA, and incentivizing local restaurants and schools to improve menu items.

**Best Practice:** After examining how each of the BUILD principles was utilized, it was determined that Harris County BUILD excelled in the application of Local (stakeholder and community-organization engagement). Their efforts

in this area are cited as a best practice and example for other sites and groups attempting to replicate this work.

The following table outlines the sections in this report that describe how Harris County BUILD specifically chose to apply the BUILD model to address their unique challenges and provide insights into their outcomes and early lessons learned.

**HCBHP Application of BUILD Principles**







	 <b>B</b> old	 <b>U</b> pstream	 <b>I</b> ntegrated	 <b>L</b> ocal	 <b>D</b> ata-Driven	 <b>H</b> ealth <b>E</b> quity
<b>Policy &amp; Advocacy</b>	✓	✓		✓		✓
<b>Collaboration</b>	✓		✓	✓		
<b>Food Insecurity Intervention</b>		✓	✓	✓	✓	
<b>Data Platform</b>			✓		✓	
<b>Sustainability</b>	✓		✓	✓		
<b>Community Engagement</b>	✓			✓		✓

Table 3



# BOLD

**Bold emphasizes “interventions that have long-term influences over policy, regulation, and systems-level change.” This pillar explores approaches, policies, and systems-level changes that are influencing the outcomes for this community.**

**The Harris County BUILD initiative implemented a new and unique method for systems-level change that established community partners and aligned the agencies with a shared vision to reduce food insecurity in the target areas.**

This bold approach offered innovation, systemic change through policy and advocacy, and the “potential to create sustainable processes.”

In this section, we will discuss how north Pasadena’s BUILD project is bold in three areas:

1. Innovative Idea & Thought Leadership
2. Policy and Advocacy Work
3. Sustainability Efforts

## **INNOVATIVE IDEA & THOUGHT LEADERSHIP**

Harris County BUILD came together due to the partners’ sense of obligation to the community. All partners expected that everyone came to the table to work, address issues, and move forward, as explained by one partner:

**“ That’s the expectation: we owe it to the community, we owe it to BUILD, and we owe it to our partnership. We have to get this done. ”**

Harris County BUILD took the basic food system, applied economic theory and public finance, used cutting-edge agricultural innovation, and created a network of nontraditional partners to achieve nutrition equity in a food desert. Rather than focus on one part of a food system, the strategy focused on all three core elements: food production, distribution, and consumption. The Harris County BUILD partnership used this opportunity to take a new approach to solve an old problem. Instead of going with a more traditional community garden approach, the team laid the foundation to build a CSA campus. Here, produce could be cultivated indoors, vertically, thereby using less land compared to planting outdoors. Instead of focusing solely on food access (supply), the model worked just as hard to drive demand.

The Harris County BUILD partnership aimed to create a system that did not depend on future grants but could be self-sustaining through a network of vested parties—schools, government, restaurants, corner stores, food pantries, healthcare providers, and residents—where success yielded individual and collective benefit.



## POLICY AND ADVOCACY

Partners were asked to share about their most significant policy efforts as it related to Harris County BUILD. They were then asked to speak in detail about the specific policy issues they were involved in at their respective organizations, the level of policy (e.g., organizational, city, state, federal), and the key players, methods, outcomes, challenges, and next steps.

The Harris County BUILD partners initiated several institutional policies with the goals of addressing community barriers to food security and improving childhood obesity rates. While the history of the nonprofit CBO partner in policy and advocacy was not discussed, the CBO had championed efforts to address food insecurity in the target community previously. The health department also had a long history of policy and advocacy work. Unrelated to Harris County BUILD, the health department was already focused on advocacy and public policy at the local, state, and federal government levels through the work of the HLM collaborative. As a state institution, MD Anderson serves as a resource, providing clinical and scientific expertise to develop, coordinate, and implement evidence-based policy initiatives aimed at reducing cancer mortality over time.

Partners agreed that the focus of their initiative was a change in institutional policies rather than governmental policies. One partner disclosed:

**“ I’ll be very honest, we haven’t through [Harris County BUILD]**

**identified a policy change that needs to happen that we’ve gone to the coalition and said, hey, coalition, can you advocate for this change for us? The only touch of policy that [Harris County BUILD] has had is that some of our interventions to create the food system needed city council approval, so we did have to go before city council to get MOUs approved, and things of that nature, but that is more administrative than policy issue. ”**

The health department partner explained its role in institutional and governmental policies as:

**“ So, whether that policy is in an institution, [the health department] will help support it, or whether it needs to be a statewide piece of legislation, we will help support it. But those are specific to healthy living concerns, physical activity, nutrition, health literacy, access, etc., so both of those components of big P policy and little p policy are in the same office. ”**

## POLICY INITIATIVES

However, the partners shared several of the policy-relevant initiatives at their respective organizations that related to the overall work of Harris County BUILD. The healthcare partner discussed the implementation of a practice that had become an informal policy that was also implemented by other healthcare partners to screen patients for food insecurity. The partner elaborated:

**“ In this case, it's not a matter of [Harris County BUILD initiating the screening]. BUILD didn't drive the policy, but the BUILD project met a larger need that had been identified and is well aligned with priorities from other entities including this particular policy priority from [a particular healthcare partner]. ”**

Similarly, the health department was also instrumental in initiating conversations about its partners adopting institutional policies to screen for food insecurity during implementation of the BUILD initiative. The health department was not implementing these aforementioned institutional policies, but rather:

**“ Our hope is that all of the clinic sites that are implementing our food prescription program would**

***institutionalize food security and food prescriptions beyond the lifetime of the grant. We do know our Houston Food Bank partner has decided to institutionalize the pantry system that we have set up for people to redeem prescriptions and redeem scholarships for at least another year after the grant has ended. ”***

The CBO was working on **two different institutional policy activities** relevant to Harris County BUILD:

1. First, they developed a nutrition policy to implement higher standards regarding the nutritional quality of food donations accepted. The partner elaborated on these decisions:

**“ So, the nutrition policy for us is a way to be more thoughtful and potentially start making changes with regards to what kinds of products [we are] securing. Are we starting to say no? How are we going to change from our existing relationships with retail partners to start having this conversation, to say, hey, that's not something we are going to do anymore? ”**

However, the Houston Food Bank drew on the experience of a network of food banks to identify best practices on the development of nutritional policy. One great resource that this partner utilized was a toolkit that provided a framework for developing nutritional policy with stakeholders. The partner described how its organization used this toolkit:



Harris County BUILD community meeting

insecurity. The partner explained:

**“** The toolkit had a structure for meetings, [it] had background information that we could provide to the individuals at the table, because not everyone was well versed in what a nutrition policy was or what the objectives are. [The toolkit] really provided the background information for that, it gave us the structure for how many meetings we should have, how we can set the agenda for the meetings. It was really useful in giving us some practical knowledge. **”**

**“** We are working on institutional policy as well, but for hospitals and health systems—so helping them begin to do food insecurity screenings within their clinics and actually utilizing that [screening] to inform their practice and potentially seeing how it links up directly to a project like the food prescription program. **”**

2. The second policy developed a system to screen for food





Harris County BUILD anchor organization representatives meet with stakeholders at the Houston Food Bank.

## SUSTAINABILITY EFFORTS

The Harris County BUILD sustainability plans provided a bold solution to ensuring continued support for their community work: (1) the sustainability plans laid the foundation to build a vertical farm they hoped would become a revenue-generating entity, and (2) the sustainability plans transferred governance back to the community so that the partner organizations could continue to be accountable to them.

Harris County BUILD had discussed sustainability since the beginning of their initiative, led by the BC. The key to these conversations was that they fully engaged all the partners to “really plan out both a

vision for the next iteration of the work in north Pasadena and responsibilities of each of those organizations involved.”

The health department partner preferred to speak about their sustainability plan as a transition or continuity plan:

**“ Sustainability somewhat implies that we’re going to sustain everything as is, and that is not the case because some things are done, but some things are morphing. Some things are moving in new directions, so we’ve been referring to it more as a transition or continuity plan. ”**

Partners also spoke of the incredible value of having a dedicated



amount of time carved out for all partners toward sustainability:

**“ Having that safe, carved-out space for sustainability planning is key, and an external facilitator as a [TA] role is also helpful because that person can ask the hard questions, can point out the elephants in the room because [that person is] objective. They’re not personally connected except to help us through a process. So that externally facilitated role can also be TA, a very helpful TA option for sustainability planning. ”**

The Harris County BUILD sustainability plan was ongoing, and the partners thought about several related areas. First,

partners determined that it was crucial to develop a formal written sustainability plan and hired a consultant to help facilitate this process. The partnership as a whole, as well as individual partners, received funding to continue certain components of the project. Second, Harris County BUILD identified a revenue-generating, community-supported sustainability plan in the building of the vertical farm. Finally, Harris County BUILD partners also incorporated an element of preserving the governance structure of the partnership. As such, this site’s sustainability plan is bold in the following ways:

1. They worked to develop a formal business plan.
2. They laid the foundation for a self-sustaining, community-supported vertical farm.
3. They transitioned the governance structure.

Sustainability plans are described further in the Conclusion & Next Steps sections on p. 84.

# KEY TAKEAWAYS & LESSONS LEARNED // BOLD

**When asked about what long-term systemic change BUILD has helped Harris County BUILD achieve, the partners spoke about how the project really introduced social determinants, food insecurity, and community-based projects to partner organizations that were not initially thinking about them.**

*They shared that the project “made a huge difference in just connecting us with national healthy communities efforts and thinking about upstream factors for health and what this means for us as an institution.”*

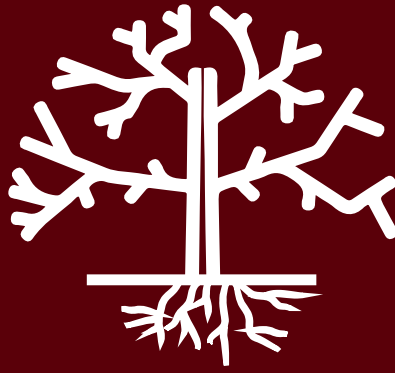
On a more local level, the opportunity to be a part of the collaborative and to build foundational relationships with their local community set the stage for continued, sustainable work. As such, the Harris County BUILD project was bold in that it collaborated with nontraditional partners to implement an innovative idea to address food insecurity; it worked to create sustainable, institutional change within certain partner organizations; and it developed a creative sustainability plan to continue the work.

The partners applauded the funders for taking a bold approach to truly supporting multisector collaborations:



**“** *The funders need to be recognized for taking the risk that they did to come together around a unique approach to health, to collaboration, and to making these efforts possible. And I would love to see them be able to convince other funders of this type of collaborative effort at the funder level.* **”**

As described, this site exemplified **Bold** in several core ways, many of which greatly align with the BUILD principles of **Upstream** due to their focus on alleviating food insecurity, **Integrated** because of the multiple partners and sectors necessary to execute the work, and **Locally** led through their commitment to community engagement strategies and practices. More details about this are included in the subsequent sections.



# UPSTREAM

Upstream emphasizes  
“solutions that focus on the  
social, environmental, and  
economic factors that have  
the greatest influence on the  
health of a community rather  
than access or care delivery.”



**This principle can be examined in Harris County BUILD in several ways, including what upstream solutions were implemented; how communities conceptualized the work, particularly in collaboration with their partners; and how they sustained and systemized the upstream work.**

Prior to Harris County BUILD, the partners independently sought upstream solutions, and the BUILD grant brought together like-minded partners. The public health department, in particular, had been involved in work related to upstream solutions and specifically related to health equity. Consequently, BUILD was a logical next step in the evolution of their work.

This section focuses on three core elements that are embodied in the Harris County BUILD approach to addressing upstream determinants of food insecurity:

1. Systemic Impact
2. Addressing Root Causes
3. Healthcare Partner Organizations Shift in Approach

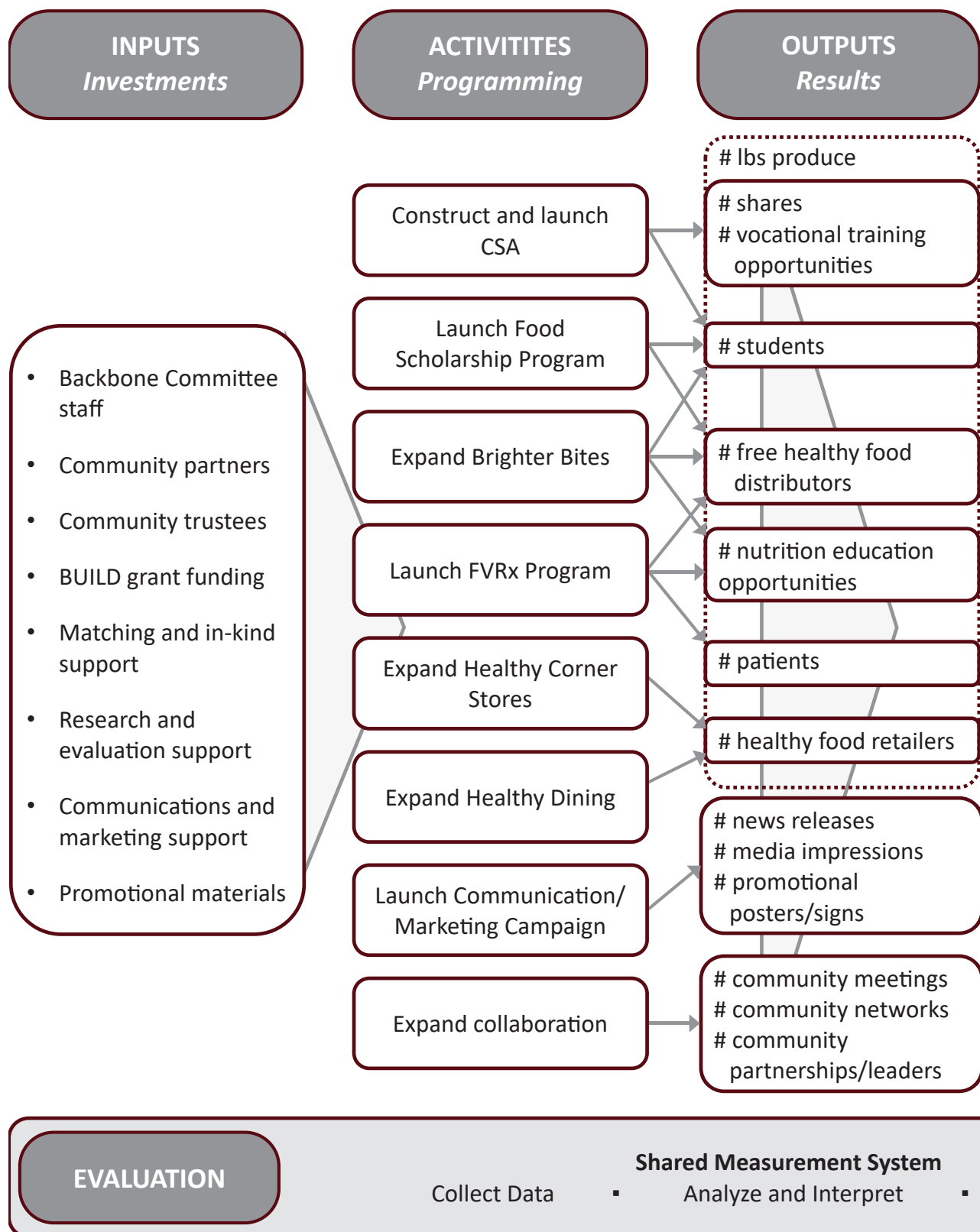
## **SYSTEMIC IMPACT**

Other solutions included the creation of an urban farm and workforce development. The Harris County BUILD logic model (Figure 5, next page) was created by the evaluation team to conceptualize the components of the project and illustrate the anticipated impact. The Harris County BUILD logic model focused on collective impact, in which a diverse group of partners and community leaders shared decision-making responsibilities.

Harris County BUILD had an ongoing discussion about the focus of their initiative because some partners tended to focus on downstream rather upstream factors. One partner expounded on the idea of a broader scope and change at the systemic level of their BUILD initiative:

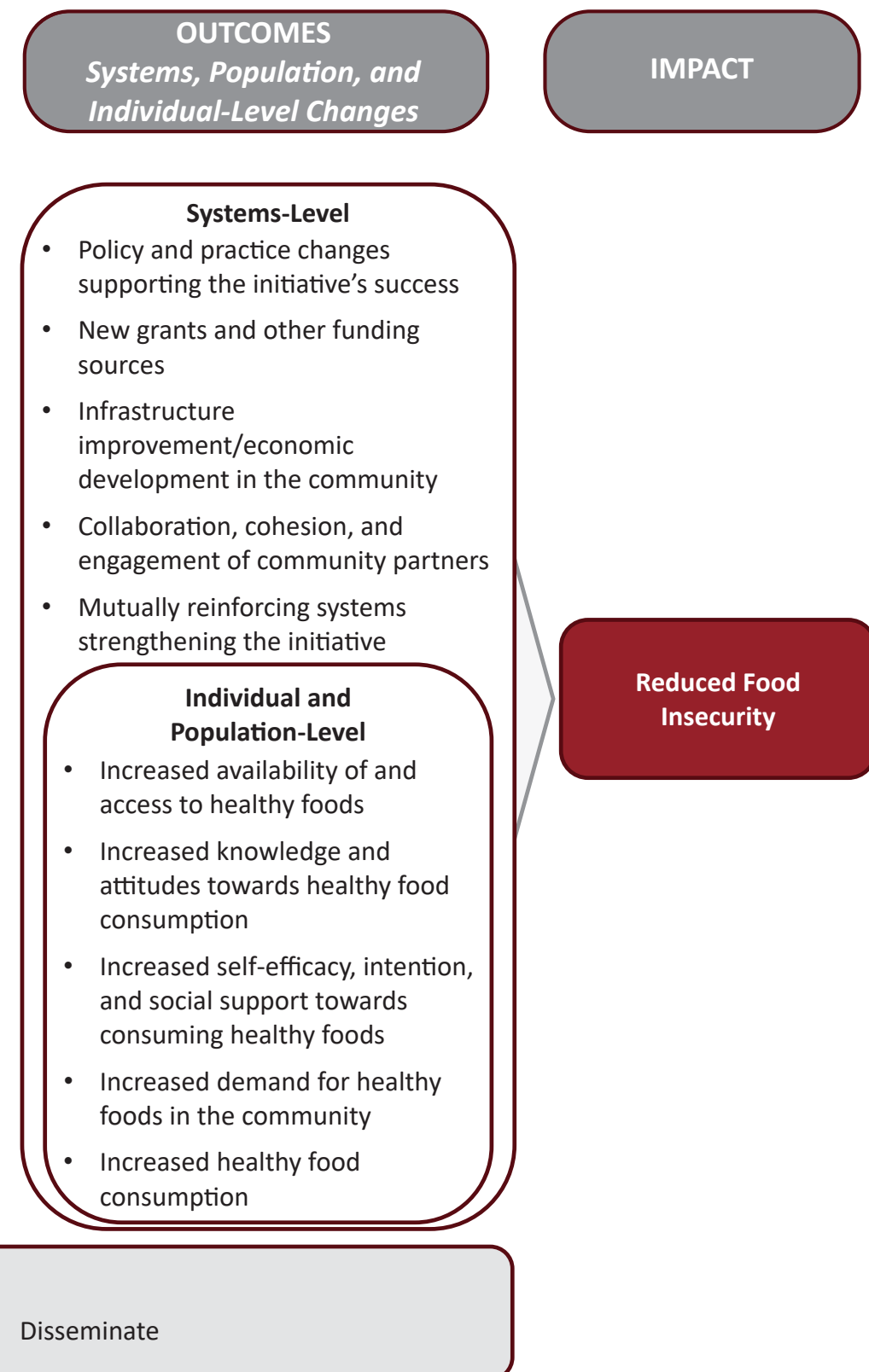
**“ This isn’t a project that’s changing people’s eating behaviors. We’re not talking about MyPlate, we’re not talking about exercising 60 minutes a day, or traditional public health education. We’re talking about changing a food system in the community that has impact on economic development, job creation, staff training, mom-and-pop retailers, and economic revitalization. ”**

# HARRIS COUNTY BUILD HEALTH PARTNERSHIP



## Logic Model

Figure 5



## ADDRESSING ROOT CAUSES

Harris County BUILD partners shared about how they shifted as a collective to an upstream approach. Food deserts in north Pasadena contributed to food insecurity and unhealthy weight. Harris County BUILD aimed to reverse this cycle by launching a new food system. Of available food access models, evidence showed that urban agriculture in low-income areas could reduce inequities in hunger and incidence of obesity while also supporting job creation, land redevelopment, and economic revitalization. The Harris County BUILD model accelerated these outcomes by proactively linking the CSA to food scholarships, so hunger did not compete with academic achievement. It also linked

the CSA to job training, so residents could increase their earnings capacity in order to purchase healthy foods, and to policy changes in major healthcare systems, restaurants, and corner stores to alter community “taste” for healthy food.

One partner captured the essence of the Harris County BUILD upstream approach on health equity:

**“ We’re looking at upstream factors that contribute to obesity—specifically, food insecurity and food access. I think from the beginning it was our understanding that the funders wanted that upstream focus that we were looking at—sustainable improvements to structural determinants, living and working**



*conditions, policies, environments, etc.—as opposed to just meeting the obesity need or meeting the downstream health need. ”*

Another partner discussed the approach to upstream solutions in tandem with their specific work related to translation and providing services in multiple languages:

**“***If your population can't understand what you're trying to do, it's not going to help them. I think what's more unique about our partnership, and probably more interesting in terms of an equity perspective, isn't so much that we have translation, but that we have built into our model elements that get to the heart of social inequities around economics and education. So, we have interventions in our model that keep people in school, we have interventions in our model that will give people in [the city] new job skills so that they can have greater earnings potential. To me, that's more upstream than simply providing services in [multiple] language[s]. ”*

## HEALTHCARE PARTNER ORGANIZATIONS SHIFT IN APPROACH

The BUILD award allowed the hospital partner to also enter community work and explore healthcare from a social determinants of health perspective, which has become more common among healthcare systems. This increased capacity allowed them to leverage additional large financial gifts focused on community health. The health department partner reflected that for both the hospital and nonprofit partners, the BUILD award served as “a jumping off point for new public health capabilities, new programs, and new investments that are being funneled back into these disinvested communities.”

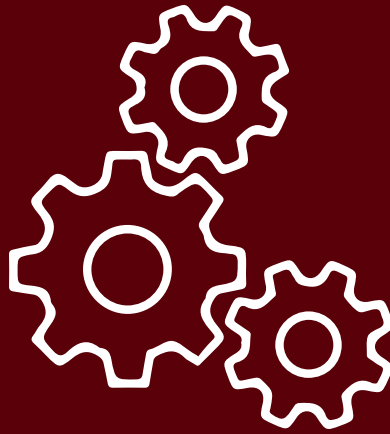


# KEY TAKEAWAYS & LESSONS LEARNED// UPSTREAM

Harris County BUILD provided an opportunity for the partners to explore upstream solutions in a way they had not considered before. Their innovative interventions offered solutions that alleviated food insecurity by addressing its root causes and did not simply focus on individual behavior change or traditional healthcare delivery.

More importantly, the partners were committed to creating long-term change at a systems level by targeting local businesses, restaurants, and corner stores to offer healthier, affordable options.

Harris County BUILD demonstrated how their *upstream* approach to addressing the holistic food system at all three levels—production, distribution, and consumption—set the stage for work in multiple areas. Their *bold* solution to a long-term community health issue was brought to fruition. However, in order to be effective, it was necessary to have an *upstream* approach that addressed the social determinants of health and root causes of food insecurity. More details about this are included in the subsequent sections.



# INTEGRATED

Integrated is focused on whether programs “align the practices and perspectives of communities, health systems, and public health under a shared vision.”

**This principle can be observed in the Harris County BUILD initiative by examining how the partners came together and the structure that sustained the partnership.**

A major goal of BUILD is to help develop, support, and sustain strong collaborations among partners in order for their work to be effective in addressing community health needs and achieving health equity.

For Harris County BUILD, we explored the following areas with respect to integration:

1. Integration of a Multisector Partnership
2. Integration in Governance, Structure, and Staffing
3. Integration with the Local Community

## **INTEGRATION OF A MULTISECTOR PARTNERSHIP**

While the core partners had a prior relationship, it's important to note that the partnerships extended beyond those three. This group developed an organizational chart and held a series of meetings where they identified partners and discussed their explicit roles, which became part of their formal agreements. One partner said:

**“The process for really getting those partners on board... was through a lot of different conversations. The County [Health Department] was really a big lead on that, and we all ... filled out project profiles ... understanding what was our organization really going to be able to provide to the BUILD initiative in terms of whether that was in-kind support or other types of support.”**

Due to the two-year time limit of the BUILD grant, one partner said, “We had to hit the ground running.” As such, it was imperative for the Harris County BUILD partners to have a strong structure for integration, for which the BC set a foundation.

Given their anticipated scope of work, the partners indicated that they understood the challenges inherent in trying to create systems change, but they were committed to a comprehensive, multisectoral approach.

There were a number of steps that Harris County BUILD took to integrate the partners across sectors. These included:

1. Establishing a BC.
2. Establishing additional core work groups.
3. Strengthening relationships with community organizations.
4. Creating a written charter agreement.

One of the first actions Harris County BUILD took in forming the partnership was to establish a the BC to manage “day-to-day planning, implementation, decision-making, problem-solving, and assurances of

the project plan,” as well as to coordinate input and participation from the various partners. The BC is made up of the three core partners, a representative from the city government, and an evaluator.

The BC used a shared leadership model to manage this collaborative project. As one interviewee described it:

**“ There was a high-level and grass-top and grassroots commitment to this relationship, and to the partnerships, and to us having the roles that we committed to working together in the shared leadership structure that we have. ”**

The BC met regularly as a forum to talk through issues and problem-solve and rotated meeting locations to facilitate participation from all partners. Given the diversity of organizations involved, the core partners agreed that their collaborative was strengthened by the various sets of skills and expertise that no one individual organization could provide. As one partner commented:

**“ Since we’re not in competition with each other, we find ways to resolve things with each other. Where others may take the lead, we may step back a bit ... without stepping back from Harris County BUILD, of course, but just within that particular action. ”**

As described previously, in addition to the BC, three core teams were established and aligned with our BC members; the teams in turn engaged other community partners and organizations. Moreover, the site established three cross-cutting committees: Evaluation, Communications (an ad hoc committee), and Sustainability.

One of the first tasks of the partnership was to create and agree upon a charter that delineated the project scope, measures of success, guiding principles, governance structure, and communications. The roles and deliverables of each committee and the partnership at large were also outlined in the Harris County BUILD Charter (Appendix). The charter was completed, reviewed by all BC members, and signed by BC members as well as relevant agency representatives for the three project components: production, distribution, and consumption. The charter served as a founding document and included:

1. Background Information
2. Project Scope
3. Measures of Success
4. Guiding Principals
5. Governance Structure
6. Partnership Meetings
7. Project Staff
8. Relation to the Community Coalition
9. National BUILD Team
10. Communications Plan
11. Conflict of Interest

If there was a specific role that needed to be filled that did not fall within one of the aforementioned committees, the public health department was seen “as a default backbone to the backbone,” in large part

because of the role they played in helping to develop the grant and the charter.

In addition, the three core teams included representatives from the agriculture industry, a local community development financial institution, local nonprofit organizations, and additional healthcare partners. In describing the relationship between the core teams and all other partners, one interviewee said:

**“There’s another circle around us that’s making everything happen in the community we engage. We are mindful of engaging with them as well as we do with very strategic distribution lists on email.”**







Harris County BUILD hosted a full partnership meeting where attendees shared ideas in a forum.

Further strengthening the collaboration, the lead nonprofit partner established relationships with other CBOs, churches, and schools, which they were able to tap into for the BUILD initiative. The nonprofit partner had specific staff dedicated to the BUILD project and was involved in all aspects of the work, including grant reporting. The healthcare partner served as a coordinating entity to bring other health system and hospital partners to the table.

At the same time, making decisions and addressing new areas presented some challenges, given the various players at the table. One partner stated:

**“ Of course with all these different organizations coming together, we all are focused on our common agenda, but ... we all bring a different ... way of viewing these problems. So that, I think, creates some challenges. ”**

## ELEMENTS OF STRONG PARTNERSHIPS

For strong, integrated partnerships, it is crucial to understand the elements that create and sustain collaborations. As such, the partners discussed having a sense of commitment that extends beyond signing a letter of support. Moreover, the collaboration around a collective impact model was a strength, and partners came to the table with common goals at the outset.

Designating a key person from each organization was helpful as well; that person needed to:

- Be committed to BUILD throughout the process.
- Have some flexibility in their role at their own organization.
- Have backing and support from their organization to actively participate in the BUILD work.

These characteristics were important because the BUILD work in north Pasadena required a considerable amount of time and commitment for meetings, discussions, and many decisions. It was equally important for an organization or partner to be open and honest when it was not feasible to dedicate this considerable amount of time and resources toward a partnership. Harris County BUILD advised organizations considering joining the collaboration to make sure they were prepared to take part in a partnership and make the necessary commitment:

**“ The planning side takes a lot of time, a lot of effort, and I know from**

**working in this sector for [a] long [time] that the planning side gets left out and people just want to go directly to the actual intervention ... and really feeling out those partners and knowing and being respectful for each and everybody’s particular goals and how they align. ”**

In addition to the upfront planning, partners had to ensure that the goals for the partnership will “fit into the organization’s mission or what they are already currently doing.”

The value of taking on various leadership roles and the need for adaptability were also considered. Within these roles, the partners discussed the importance of listening to various perspectives, particularly ensuring that no one person or organization dominated decisions. One partner described the protocol:

**“ Whenever we have to vote for an issue, it’s one vote per organization. It’s very much meant to be an equitable distribution of power, and sometimes you just have to give that up and say, ‘Okay, this is a collaboration, I don’t get it my way.’ ”**

The partners discussed how “transparency and communication are key” to developing trust within their partnership. Trust was

continuously developed by establishing the charter, holding regular meetings, discussing key components of the initiative, and being open and transparent each step of the way, especially about roles and expectations. One partner said:

**“ I think we were very upfront from the beginning about what we could and couldn't do. We've all just been very clear when things come up, being very transparent about what it means for each of our organizations. ”**

Another important aspect was to ensure having face time among the partners and building community in informal settings, sharing meals and other activities as a means to create an environment for collaboration. Formal and informal contact allowed partners to be open and honest during challenging situations.

One partner spoke specifically about the benefit of a working history and starting early if the future goal is to develop something new, which allowed for trust to be built over time and for the working relationship and collaboration to evolve and mature. The partners also spoke about the benefits of having champions within the organizations to communicate regularly to leadership in order for cross-sector/multiorganization work to be successful:



**“ There really has to be a bridging, a person who’s credible in the [organization], who’s senior enough ... to have credibility with senior leadership but ... at a level where they can engage credibly in the community and they can kind of interpret back and forth between the partners. ”**

Yet, partners anticipated communication being the biggest challenge moving forward. For this reason, the partners were working to build that into the sustainability plan by articulating how much they would be required to reconvene to update each other on their deliverables. During the BUILD project, the partners were meeting every two weeks, but that ended with the grant period and no cost extension. (The engagement of partners did not end abruptly with the end of the funding period; partners continue to collaborate with each other on their individual ongoing initiatives in Pasadena.) Partners expressed interest in learning how other organizations ensure proper communication:

**“ [It will be] interesting to see if there are other ways that [we] as an organization can have more meetings with key partners in between time that will still solidify those communications so that people are still well informed in what’s going on. ”**

This multilayered structure was vital to the success of the collaboration, in combination with partner engagement, internal and external partner communication, accountability, and conflict resolution.

## INTEGRATION IN GOVERNANCE, STRUCTURE, AND STAFFING

Although it took time to develop a working structure, each partner described it as critical to the success of tackling complex and challenging issues throughout Harris County BUILD. Regarding the time constraints of the project, one partner reflected:

**“ We thought a year was very generous, and the infrastructure takes a lot more time. We could probably use another year or two to change policies that need to change. And we are trying to urge systems in a new direction, and that takes time. ”**

Roles and expectations were set during the beginning through a charter (Appendix A) and then facilitated through the BC and the three core committees. The charter was a written agreement developed with the input of the partners through a series of meetings and signed by the executives of each lead organization. The BC and three core committees were responsible for ensuring that those guidelines were met. As one partner explained, the charter was a comprehensive governance document:



**“ The charter goes over our project scope, the measures of success, our guiding principles, our governance structure, which includes that BC, the core teams, cross-cutting committees, community trustees, our Executive Committee, and our Resource Panel. And then we also outlined our partnership meetings, the roles of project staff, and our relation to the Community Task Force, the BUILD national team, and then also put together a communications plan. ”**

The charter also included information about conflicts of interest and general definitions for terms that the group wanted to have some common language around. All partners identified the charter as a central governing tool that was effective in structuring their collaborative but also in guiding various decision-making processes. The partners explained that the process of developing the charter required extensive discussion and negotiation, strengthening their ability to work together and make important decisions from the outset. This also allowed for the establishment of, as one interviewee described it, a “level of ownership, commitment, and accountability that creates strong collaborations.”

Additionally, there was a part-time staff member who organized meetings, wrote reports, and handled administrative issues. This individual helped to facilitate communication among the partners. These communication tools included online platforms and paper-based formats such as a monthly newsletter with a specific section on BUILD progress to facilitate regular communication in between face-to-face contact.

The governance structure also reflected a high-level commitment to project sustainability. All core applicants’ executives were committed to the Executive Committee and provided project staff for the partnership BC and core teams. The governance structure also included a dedicated committee on sustainability that met, from the beginning of implementation, to identify both grant and non-grant sources to sustain the project beyond BUILD funding. It also built the capacity of partners to integrate the project into institutional budgets.

## INTEGRATION WITH THE LOCAL COMMUNITY

Harris County BUILD provided a clear structure of leadership that allowed for the BUILD partners to work collaboratively with community members. Specifically, the partnership utilized community members to serve as the conduits for information on the food scholarship program that they were working on for BUILD.



One component of this BUILD initiative that is noteworthy was the decision to engage the target community in the decision-making process throughout planning and implementation. One partner reflected on the significance of their decision regarding community engagement:

**“ I think we made a good choice in bringing in the community in making those decisions. I don’t think that was necessarily expected by the funders, but I think it was a good choice ... because by having everybody think through some of those questions, it created greater ownership. Even if we could have never been funded, it still created some wonderful ownership of the issue and of the project. ”**

These community members (also known as community trustees) were the outlets through which decisions regarding Harris County BUILD were vetted. The five community trustees were strategically selected from the local community and Harris County BUILD-specific zip codes. Additionally, the community members served as the spokespeople and representatives for Harris County BUILD in a variety of community and neighborhood forums, media interviews, and newspapers, as well as with elected officials in their local community. These examples of community engagement provided opportunities for the community trustees and others to become embedded in the entire management and oversight of Harris County BUILD.

Having community members at the table and compensating them for their time was essential:

**“ We actually have a piece of our [organizational chart] that is the ‘Community Trustees,’ and we named them that very much like a private sector model. We have trustees, a board of trustees that we answer to, and they are community members. They have to be by definition. They are people who live or work in our three zip codes, and they have to be. We are actually paying them. We are all paid when we’re there. We are all employees. We don’t have to leave work so we don’t want anyone in the community to have to have a financial hardship to be part of our partnership. ”**

# KEY TAKEAWAYS & LESSONS LEARNED // LOCAL

**Harris County BUILD successfully developed a strong, integrated partnership. The process of creating a charter was as valuable as the product. The success of this collaboration relied upon a partnership among many different organizations that varied in size, function, and vision, as well as community members.**

BC members also drew from varying departments in each of the organizations. The development of the charter facilitated conversations about partner commitments, contingency plans, and expectations. Preemptive discussions ensured that there was a sustainable strategy for the collaboration and set precedents for future years. The partners understood the value of continued engagement and interaction among the partners and pushed to continue for this throughout the two years.

Harris County BUILD credited the success of their collaboration to having established goals at the outset, spending time and resources up front to plan steps for their initiative, building trust through regular communication in order to address goals and modify plans when necessary, and having a solid commitment from all partners with the backing of their organizations that resulted in action.

Harris County BUILD was successful in bringing together a diverse group of partners with a shared vision and goal. The partners developed a structure of governance and communication, including a written charter, which was critical for their success. Perhaps the greatest success of this integrated effort was their commitment to local community



Time was allocated for at all BUILD meetings for networking and relationship building among attendees.

engagement through their involvement of paid community trustees. With the leadership of the community trustees, Harris County BUILD has been able to sustain existing relationships with the community.

Additionally, their collaboration was strengthened by recognizing the unique contributions of each partner and identifying ways in which those contributions could be maximized, working toward an integrated approach to addressing the needs of their community. More details about how Harris County BUILD instituted the BUILD principles of local and data-driven follow.



# LOCAL

Local stresses that initiatives “incorporate a commitment to community engagement so that residents and community leaders are key voices and thought leaders throughout all stages of planning and implementation.”

**This principle can be understood by examining the local community involved in the project, community engagement efforts, and the processes that were implemented to ensure residents and local stakeholders participated in various aspects of Harris County BUILD.**

The following are some examples of how BUILD partners are embedded in the local community:

- **Healthcare:** The hospital partner has worked in Pasadena for over 10 years on various cancer prevention initiatives. The other health systems included a local FQHC, a community hospital, and two clinics based at the local elementary schools.
- **Nonprofit:** The nonprofit partner worked with local food distribution partners in Pasadena.
- **Government:** The City of Pasadena oversees most of the city's public services. Community trustees were integrated into the Harris County BUILD governance structure.

This section addresses the Harris County BUILD initiative with respect to "Local" as follows:

1. Description of and History of Working with the Local Community
2. Strategies for Community Engagement

## **DESCRIPTION OF LOCAL COMMUNITY**

Harris County BUILD was developing a public urban farm to create a sustainable food system in north Pasadena. It focused specifically on the northern zip codes of Pasadena, which had higher rates of poverty, lower educational attainment, and more linguistic isolation than the county as a whole. During Harris County BUILD, there were nearly 100,000 people living in north Pasadena; 26% lived below the poverty line, and 40% of adults did not have a high school diploma.<sup>3</sup> This community was almost 95% Hispanic, with many undocumented individuals; it had a low level of literacy and was linguistically isolated. Overall, the community at large had limited political power.

These socioeconomic challenges compounded difficulties finding affordable and nutritious food, as 20% of households received SNAP benefits, and 87% were eligible for free or reduced-price school lunches. Moreover, poverty and the lack of access to grocery stores also drove residents to overwhelmingly favor convenience and affordability in their food choices. A quarter of Pasadena residents ate fast food three or more times per week. These challenges contributed to the high obesity rates in the greater Pasadena area: 66% of adults and 65% of children were overweight or obese. The

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3 2010 US Census; 2010 Health of Houston Survey.



high poverty rate and difficulty accessing nutritious food often forced families to choose between food and other essentials like rent, utilities, and medical care.

*meaningful decision-making in our planning and implementation by people who live or work in our local area.”* Specifically, the partners described how they recruited and included workers from the community to identify the goals, priorities, and concerns for Harris County BUILD.

## HISTORY OF WORKING WITH THE LOCAL COMMUNITY

The partners discussed that they have been meeting since 2011 and that the formation of their Harris County BUILD partnership was an extension of this relationship. The partners built on the work that was started through the HLM-Pasadena CTF. The CTF was utilized to improve the health issues in the local community, and Harris County BUILD was able to complement the coalition:

**“** *We already had stakeholders committed, so of course we would apply that model and be responsible for it in the partnership ... there is always that connection between them, so we continue to run that local community task force ... [Harris County BUILD] was never meant to replace that work, it was meant to be a complement to it, so even though we have [Harris County BUILD], our CTF remains strong and active, and they meet every month. About 25 to 30 people come to those meetings every month.* **”**

Harris County BUILD defined community engagement as “structural opportunities for

**“** *Members are recruited generally from our coalition ... we recruit from agencies that see a lot of community members, we put out lots of flyers in both English and Spanish. As people expressed interest, we met with them one-on-one, talked to them about [Harris County Public Health], [brought] them up to speed, made sure that they wanted to get involved and then [showed] them the contract they had to sign, so they could say, ‘yes, this is something I am going to do, and I understand I will be compensated, and here is my expectation and this is what will happen if I am selected.’* **”**

The partners acknowledged that the local community had been disenfranchised historically and that disinvestment in the community contributed to its physical division and isolation.



Brighter Bites volunteers pack bags of produce for their community.

Harris County BUILD focused on getting support from their city council for reinvestment in the target community. One partner explained:

**“There are other parts of north Pasadena that have had incredible development, that are very well supported. This particular part of north Pasadena where [Harris County BUILD] is focused, has been bypassed by development. So, the unanimous support [by the city council] of the placement of the farm, and use of vacant property to do this, shows ... their interest in investment in this neighborhood.”**

## ROLE OF COMMUNITY ENGAGEMENT

Community engagement played a pivotal role in changing the systems that had inherently perpetuated the marginalization of the target community.

### **Strategies for Community Engagement**

Harris County BUILD partners provided examples of ways they engaged with the community and outlined the role that individual BUILD members played in ensuring community involvement in the development of the overall project. They did this in numerous ways, including:

1. Involving community members through community advisory boards and appointing community trustees.
2. Recruiting members to serve on coalitions and participate in town hall meetings to generate ideas.

First, Harris County BUILD coordinated community engagement efforts by creating community advisory boards and recruiting community trustees. This model of community engagement strengthened the partnership and enabled the community to have input in a way that was collaborative and beneficial to everyone involved.

**“ [One of the partners has] a center for community-engaged translational research, and that is a group that will be putting together a lot of these**

**community advisory boards, and we have staff from that group that has been involved in helping to recruit community trustees for our BUILD project. That is one of the ways we have engaged the community ... also, really evaluating what does this community engagement look like, and how are different partners thinking about that as well? We are conducting system-level interviews and surveys, and our community trustees will be a part of that and answer questions on how they think the collaborative is working together. ”**



Brighter Bites volunteers prepare bags of food to distribute to families.



## Additional Strategies

The partners provided examples of the ways that community members assisted in the identification of goals, priorities, and concerns regarding the formation of Harris County BUILD. In addition to recruiting members of the community to serve on coalitions, the partners convened town hall forums to allow the community to generate ideas regarding their immediate needs as well as possible solutions to them.

**“ We did multiple town hall meetings in local communities to involve community members as to what they thought their needs were and what they thought the solutions were. Then we ranked everything, so we had a prioritization process from all of that input, which ultimately became our priority. ”**

Another example of community engagement was highlighted in the process of developing the resources to launch the food scholarship. Community members' input was integral to the success of the program.

**“ The process of developing the food scholarship program was tied directly to feedback we received from our clients. So essentially we ended up establishing focus groups with potential clients, particularly with clients in our target areas, and**

**from the feedback we got, they essentially defined exactly what the program would look like. They told us specifically what programs they thought would be beneficial. We took a lot of that feedback from the clients on how we designed the program and did a follow-up focus group with the same clients to talk about the things that we changed and get feedback on it again—to determine if it was something that really reflected what they were thinking. We got a lot of good feedback from second round of focus groups, that really informed how we decided to implement the food scholarship ... we knew that we had a lot of feedback from community on how it should look within the community. ”**

Finally, the Harris County BUILD community-engaged process fostered important sustainability efforts. The partners explained that community engagement had been a crucial component of their partnership since the beginning and will continue to be a crucial component of the sustainability plan. In particular, the CBO partner shared how their involvement of community trustees as “the entity that really provides us feedback and recurring feedback on the way programs are implemented, how programs should be implemented, as well as how they should be marketed to the community” was an aspect of the project they hoped to sustain. One of the ways they intended to preserve this commitment to community engagement was to ensure that each partner organization had community representatives present at the monthly CTF meetings.

# KEY TAKEAWAYS & LESSONS LEARNED

## // LOCAL

There were several conclusions drawn concerning local community engagement. Findings suggest that Harris County BUILD successfully interacted with and included the community at every level of the implementation. A key way they did this was by appointing community trustees to serve as key stakeholders.

In assessing each site's efforts related to community engagement and participation, we used Arnstein's ladder of participation.<sup>4</sup> It includes eight typologies or "rungs" with respect to participation or engagement. Each rung corresponds to the extent to which citizens/residents/community members hold power in determining the end result or goal. The following table describes each rung of the ladder:

### ***Ladder of Participation***

According to Arnstein's ladder of community engagement, Harris County BUILD engaged in Partnership with the community, which is a level of participation that assumes Delegated Power. Through the formation of the five paid positions for community trustees, this site was able to ensure that Harris County BUILD was a partnership where the citizens had direct power in the decision-making process. Harris County BUILD had a focus on changing the food system of their local community through engaging community trustees who provided input to Harris County BUILD leadership. Additionally, the partners had a

RESIDENT/CITIZEN  
(LEARNER) CONTROL

DELEGATED POWER

PARTNERSHIP

PLACATION

CONSULTATION

INFORMING

DECORATION

MANIPULATION

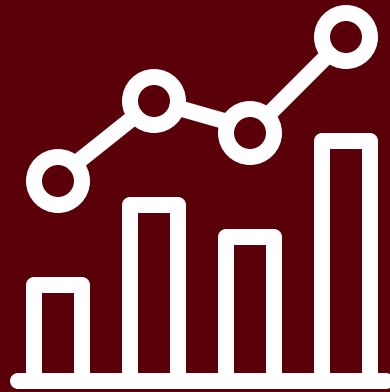
<sup>4</sup> Arnstein, Sherry R. A ladder of citizen participation. JAIP, Vol 35(4): 216-224; July 1969.



history of engaging with the community that laid the groundwork for future opportunities to increase local representation in leadership. Finally, Harris County BUILD had a clear plan for evaluation that allowed them to measure the impact of the initiative in their local community.

LEVEL OF ENGAGEMENT	TYPE OF PARTICIPATION	DESCRIPTION
Nonparticipation	Manipulation	Directed by staff and tend not to be informed of issues. May be asked to “rubberstamp” decisions already taken by staff.
	Decoration	May be indirectly involved in decisions or campaigns but are not fully aware of their rights, their possible involvement, or how decisions might affect them.
	Informing	Informed of actions and changes, but their views are not actively sought.
Tokenism	Consultation	Fully informed and encouraged to express their opinions but have little or no impact on outcomes.
	Placation	Consulted and informed. Views are listened to in order to inform the decision-making process but does not guarantee changes.
	Partnership	Consulted and informed in decision-making processes. Outcomes are a result of negotiations between organizations/staff and community/residents.
Learner Empowerment	Delegated Power	Organization/staff inform agenda for action, but community/residents have responsibility for managing aspects or all of any initiatives/programs. Decisions are shared.
	Resident/Citizen (Learner) Control	Community/residents initiate agendas and have responsibility and power for management of issues and to bring about change. Power is delegated to community/residents, and they are active in designing their education.

Table 4: The Ladder of Participation



# DATA- DRIVEN

Data-driven elevates the “use of data from both clinical and community sources as a tool to identify key needs, measure meaningful changes, and facilitate transparency among stakeholders to generate actionable insights.”

## The Harris County BUILD initiative used shared data in four ways: to evaluate the success of their program, to inform and develop initiative activities, to unify their partners, and to measure impact and return on investment (ROI).

The primary goal of the data collection was to evaluate the economic development initiatives (such as education and workforce development) and their impact on food insecurity, dietary, and health indicators in the target community. The

Harris County BUILD was informed by the US Census, Community Commons, Health of Houston survey, local household surveys, and the collective's extensive review of needs and assets in north Pasadena, including its built and food environment study that evaluated healthy foods' availability at affordable prices. It included a market basket survey, healthy eating survey, and GIS mapping.

Each Harris County BUILD partner collected process and outcome measures according to the evaluation plan. Further details can also be found in the evaluation report (<http://bit.ly/2JzEGfz>). The evaluation plan was reviewed by the hospital partner's Quality Improvement Assessment Board, a peer review body charged with ethical oversight of quality improvement projects. The hospital partner

created a secure database to centralize collection and access to evaluation data. The evaluation team prepared reports and presented findings at project meetings. Progress was monitored and modifications made to projects that needed improvements. Data was shared with the community through meetings, newsletters, and other channels.

One of the unique features of this partnership was the role of the hospital partner as an evaluator and not of a health service provider. The hospital and the local school of public health jointly conducted the evaluation.

Harris County BUILD developed a plan to evaluate the initiative's success. In collaboration with The University of Texas School of Public Health, they designed metrics that provided mixed methods data and results from the community regarding their work. The partners shared that the process involved qualitative data collection methods that included the creation of interview guides and community engagement:

**“ Within [Harris County BUILD], we are working with a local university and are in the process of finalizing the systems-level interview [guide]. I also think we should be asking our partners about how we are engaging with the community at the appropriate level and is that happening in the best way possible. Towards the end of the project, we will be doing some key informant interviews and focus groups with both the community trustees**

*and individuals that are participants in our various programs. ”*

## DATA METRICS

The quantitative data was collected on socioeconomic indicators, community assets/resources, and program deliverables.

### Data on social determinants of health collected included:

- Measures of poverty.
- Educational attainment.
- Food insecurity.

### Data on health and behavior collected included:

- Consumption of fresh produce.
- Dietary patterns.

### Data on food distribution by the food bank included:

- Number and types of produce delivered.
- Number of distributions.

Formal qualitative data was collected from key informant interviews with program participants and Harris County BUILD partners. Data was also gathered via key informant interviews to better understand the lived experiences of community residents. All data was shared with community members to build trust and foster community engagement.



Some of the themes that were explored in these interviews included:

- The administration of programs.
- The impact of programming on the needs of the community.
- Changes over the duration of the initiative in the partnership in terms of partner engagement and the strength of commitment among partners.
- Acceptability of the Harris County BUILD initiative to the community.

Given that this initiative focused on economic development initiatives, ROI is a key indicator of the impact of these initiatives on food insecurity in the target community. The ROI analysis focused on the economic impact of the food system created in the community. The ROI addressed consumer purchasing power, local retail expansion, and collateral investment. The following data elements were collected:

#### **Consumer purchasing power**

- Employment status
- Annual household income
- Financial assistance that the family receives

#### **Local retail expansion**

- Retail sales of fresh produce at Healthy Corner Store Network stores
- Retail sales of healthy menu items at Healthy Dining Matters restaurants

#### **Collateral investment**

- Perception of sustainability by BUILD partnership
- Long-term commitment of the BUILD leadership to sustainability

Harris County BUILD also embarked on informal data collection to provide anecdotal evidence of their work. Partners were responsible for collecting, analyzing, and archiving stories and photo documents. This anecdotal data was archived and shared on an online data platform on the cloud server, Box. One partner described the types of anecdotes that were collected and shared among BUILD partners:

**“** *We are always documenting exciting stories that we have. We as staff experienced a community member we have interacted with, a retailer we've interacted with, a presentation that we gave. So we're trying to document our story qualitatively on an ongoing basis, but also informally. And we photo-document all those things as well. So every meeting we have, we're taking pictures. Every event we go out into the community—recruitment, partnership meetings. Whatever we're doing, we're trying to photo-document that as well.* **”**



## DATA COLLECTION PROCESS

Communication about the data collection process occurred in biweekly meetings among the three core partners, while communication among all project partners (including clinics, restaurants, corner stores,) occurred at biannual meetings. One partner underscored the importance of quantitative and qualitative data. This partner explained that qualitative data complemented the quantitative data (such as clinical measures). This partner expounded on the benefits of collecting both types of data for evaluation purposes:

**“ It really takes a combination of the two to paint the picture and show that this is really addressing the issues that are related to food insecurity in our communities; that this is addressing why we have prominent diabetes within our community. And ... ways to actually address [these issues] within our community. I definitely think it has to be both, and we cannot rely on one or the other to really reflect how we can really address the social issues that are going on ... in any community in Harris County. If we are going to be successful in providing initiatives, that will really help address those fundamental causes of the health issues within our communities. ”**

Harris County BUILD utilized a logic model and root cause analysis to develop a conceptual framework for the evaluation of their work and relied

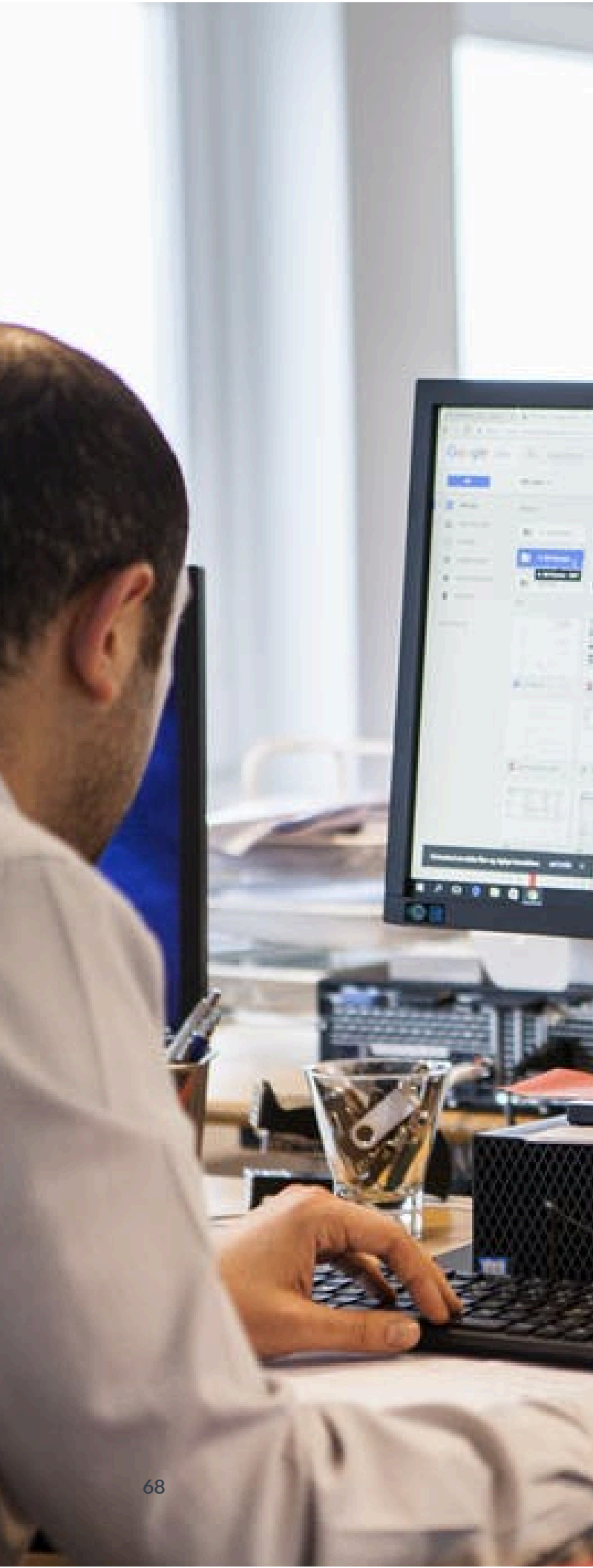
on data to inform the initiative's next steps. Process mapping was a data tool often utilized to tailor the data collection process across partners. One partner expounded on the process mapping:

**“ We made a generic process map for how we were going to collect data from our produce prescription site. And the beginning and the end of those process maps now are very, very different. It's not one size fits all for collecting those primary data. So that's been a good lesson for us. The process mapping has been an excellent tool for us, for all of our different sites involved in data collection. ”**

Additionally, Harris County BUILD discussed the evaluation component for community engagement as one that included “infusing community engagement at every level, including identifying the need, developing the intervention, implementing the intervention, and engaging the community in all of those aspects and making sure the evaluation tools are culturally sensitive.”

Thus, the partners were interested in evaluating their role in engaging with the community and how this would impact their overall initiative.

Despite these successes, Harris County BUILD did report some challenges



with its data collection. The partners indicated that there was a paucity of methodology for the assessment of social and economic indicators at the neighborhood level. An important endeavor for Harris County BUILD was to make the evaluation results accessible to a wide variety of stakeholders, including community residents. In particular, this site was interested in the translation of evaluation findings using stories and photo documents to garner continued support for their projects focused on food insecurity and to build future collaborative partnerships in the community.

As Harris County BUILD partners move on from BUILD, a major shift in roles would be the shift from the hospital partner taking the lead on the data to a partner. Specifically, the hospital would no longer manage the database system moving forward. Because part of the Harris County BUILD plan is to transfer the database to a partner, the CBO partner explained that they were assessing ways this move could potentially cause changes in data, data collection systems, and ownership of said data. As such, the partner expressed interest in TA opportunities that allow them to explore the *“transition of data to whatever the next iteration of a partnership really looks like—the best ways to streamline data collection, store the data, and transition data while partnerships are changing.”*

# KEY TAKEAWAYS & LESSONS LEARNED

## // DATA-DRIVEN

**The very core of Harris County BUILD emerged from data and needs assessments from the HLM work.**

As such, data was informing the Harris County BUILD endeavor even before it began, and the project was data driven by both qualitative and quantitative data collection processes. The hospital partner, alongside the local school of public health, took the lead on developing a comprehensive data collection system that they ultimately were able to use for both informing solutions and public dissemination.

Furthermore, ROI and related metrics (e.g., results-based accountability) was an area discussed in terms of next steps, their work moving forward, and plans for sustainability. The CBO shared that they were currently in the process of doing a cost analysis of the food prescription program to assess where they can actually save on costs but still preserve the impact. Despite this, they admitted that they did not yet know the full scope of the impact and that, at the moment, they were focused on getting more outcomes. The CBO partner continued to explain how this approach to ROI would impact their sustainability plans:

**“ For us, the return on investment is tied to the amount of outcomes that have occurred for patients, as well as minimizing costs for us in regards to program administration. I suspect we’re going to see a lot of great outcomes from this partnership, and that will justify why we should do more. There’s a lot of ways we can cut costs to still provide just as adequate amount of service to patients participating in the program so that we can expand it ... I think our leadership, particularly our executive team, are very interested in seeing the results coming from the study we’re doing through the BUILD Health Challenge. That is going to be one thing that justifies how we move forward with our health strategy. ”**



# HEALTH EQUITY

Health equity was not a specific BUILD principle. However, a BUILD goal was to address health disparities, the reduction of differences in core health outcomes, “caused by systems-based or social inequity.”

**Furthermore, there was no requirement for sites to address health equity; although many sites saw this as an opportunity to further develop their equity-based work.**

BUILD National is learning from each site's efforts as they develop their plans and progress toward achieving health equity.

The Harris County BUILD initiative's commitment to health equity can be understood by examining three of their practices and values:

1. Process for understanding the site's approach to health equity
2. Definition and shared vision for health equity and the principle's evolution in this context
3. R4P Framework (as described below, R4P was used to understand the various project components with respect to health equity)

## **PROCESS FOR UNDERSTANDING THE SITE'S APPROACH TO HEALTH EQUITY**

During the application process, sites were asked to describe the health disparities affecting their community. The Harris County BUILD partners participated in

individual interviews and a follow-up group interview and completed a self-assessment tool related to equity in order for the researchers to gain an understanding of the ways in which they understood and instituted health equity throughout their initiative. Each component was designed to uncover how they defined and approached health equity using a framework called R4P.

The Hogan and Rowley R4P Framework (2010) is a theory of change for designing an equity approach to reversing the unfair, avoidable consequences of inequity. This framework was used to query partners about the ways in which they may attempt to achieve equity through the five domains of R4P:

1. **Repair** past or historical damage/harm/setbacks
2. **Remediate**, or reduce the impact of existing stressors that diminish outcome goals
3. **Restructure** policies, procedures, job descriptions, meeting agendas and other institutional structures to remove the production and sources of inequity
4. **Remove** the institutional sources and vestiges of racism, classism, sexism, and other "isms"; and
5. **Provide** culturally and socioeconomically relevant health/education/clinical services to all populations so that they can achieve equity in outcomes, and further provide structural supports to ensure that all populations have the tools and resources to carry out educational/clinical recommendations.

The self-assessment portion of the health equity interview was designed to guide partners in reflecting on their BUILD project and their organization



with respect to health equity based on the Brooks Equity Typology.

## DEFINITION AND SHARED VISION FOR HEALTH EQUITY

Harris County BUILD partners indicated that there was no official working definition of health equity that they were using for their initiative. Each partner gave its own definition of health equity, but all three had a similar underlying principle—that individuals should have equal opportunities to attain great health, irrespective of their physical, social, or economic circumstances. All three core partners stated that Harris County BUILD had operationalized the principles of health equity in the planning and implementation phases, with a focus on upstream solutions to improve “nutrition equity” in the target community. One partner shared this focus on these principles: *“It was from the beginning that we adopted a vision with the word ‘equity’ in it. Our vision is nutrition equity in north Pasadena.”* The health department showed the strongest understanding of the health equity principles, and partners benefitted from this, learning how best to ensure appropriate focus on upstream factors.

Among the three partners, only one reported a strategic focus on health equity in their organization. The partner described the way this organizational focus had influenced the Harris County BUILD work and shared how equity was a key principle incorporated into the work of the organization:

**“** Well, as [an organization], we’ve been undergoing a very explicit top-down-across transformative effort to move in the direction of equity as a goal in our strategic plan. That’s my role here at the [organization]—to oversee that transformation. So, I think by [the] very nature of the work I’m doing here at the [organization], I knew that having an equity lens was going to be important and a priority for us as a partner in [this] partnership. So, our focus, at least on placing equity on the forefront of [Harris County BUILD], came from our focus of equity for the [organization] and we’re a partner in [Harris County BUILD] so, it kind of transferred I think—at least that’s how I saw it from my perspective and why it was important to me. **”**

The partners discussed the challenges they experienced during the process of developing a common vision. They reported that the BUILD application was instrumental in helping them figure out how to “operationalize” this vision. Their shared vision was developed with input from the community and BUILD partners during the application process. A survey

was administered to prioritize the vision goals that had been developed, and ideas about the vision were vetted in a face-to-face meeting among BUILD partners.

## EVOLUTION OF HEALTH EQUITY IN HARRIS COUNTY BUILD

When asked about the health equity model used as the conceptual framework at their BUILD site, the core partners reported that they were using two conceptual models: the theory of change and the theory of collective impact. Both the nonprofit and health department reported using a logic model that was founded on health equity theory of change. Interestingly, the conceptual framework presented in the collaboration interviews was the collective impact model that was discussed in great depth by the health department. The hospital partner named the theory of collective impact as the conceptual model of health equity at this BUILD site.

Interviewers asked each partner if their organization followed a similar or different approach to health equity relative to the BUILD initiative. As a food bank, the nonprofit had not previously thought about health equity. In fact, the nonprofit cited several initiatives at the food bank that were downstream solutions, such as nutrition education, specific health programs, and food distribution. The hospital reported that community involvement was an essential component of research as an academic center but also disclosed that the BUILD initiative was the first time the collective impact

model was being systematically put into practice. The hospital is helping residents understand the data collected about them so that the community can help determine the priorities of the initiative. The health department followed a similar approach to health equity as do the World Health Organization and Centers for Disease Control and Prevention (CDC). This partner explained their approach:

**“ We’re not just looking at differences in health outcomes in population groups but ... looking at those inequities that are historical; they’re unnecessary, and therefore, they’re changeable toward the ultimate goal of all people having the full opportunity to attain their health potential. ”**

## R4P FRAMEWORK

While the BUILD partners were not familiar with the R4P framework, all three shared that they have been using the principles of health equity in their BUILD work, especially regarding community engagement. That said, one partner believed the framework provided an example of the way that the partnership could evaluate its health equity work:

“The framework we looked at in our last case study was new to me, and I



appreciated having seen that. I've shared it with my health equity advisory committee. The assessment that we completed ... is another example of how [to] set health equity standards and I [have shown] that to my advisory committee also."

## Repair

We asked each core partner to describe the historical forms of marginalization and oppression experienced by the local community and how their BUILD initiative attempts to repair or address these. One partner characterized the community as having language barriers, low literacy levels, and high levels of poverty. All three partners had difficulty identifying any role that their organizations may have had in the historical marginalization of the community. One partner reported

that not knowing of any organizational policies overtly intended to marginalize the community; however, this partner speculated that the organizations involved in food distribution may have engaged in discriminatory behavior in the distribution of food to individuals/families experiencing food insecurity. The other partners did not cite any history of marginalization or exclusion on behalf of their organizations or any organizational policies that might have had a negative impact on the community. One partner engaged in "repair" work by telling the story of oppression in the community to professional groups that were convened locally and nationally.

When asked about specific actions on the part of their BUILD initiative to "repair" the damage of the past or the





history of marginalization, the partners gave a range of responses. One partner spoke more about solutions that were further downstream or generally about the programming. In light of the collective impact model discussed earlier, another partner noted that the BUILD initiative involved engaging community leadership in the BUILD partnership, and the approach was also instituted to aid in repairing some of the damage of the past described earlier. The third partner underscored the work that grassroots organizations and coalitions, such as BUILD, were doing to stimulate economic redevelopment in the neighborhood, independent of the municipal partner and the economic development corporation. The purpose of this grassroots work has been twofold: first, to repair the damage from the systematic exclusion of the neighborhood from redevelopment, and second, to draw attention to the lack of economic investment in the neighborhood.

## **Remediate**

Partners were asked to discuss existing local policies or practices that had a negative impact on the local community and the ways in which their BUILD initiative helped remediate or reduce the impact of these detrimental policies or practices. One partner noted that the municipal partner had declined to invest in a mass transit system despite the opportunity to build on the excellent transportation system available in the largest city in the county. This partner speculated that perhaps the municipal partner deemed any reinvestment in the community as having a low ROI. Also, one partner noted that development of commercial properties, such as executive campuses of industrial companies,

occurred in the western suburbs of the county, while industrial campuses built more than five decades ago have remained in the local BUILD community.

When asked about how the BUILD partnership was involved in remediation, one partner reported that the partnership was not mature enough to engage in policy-making regarding neighborhood reinvestment. However, they shared that the broader coalition from which BUILD grew was involved in policy-making in several areas, including local community safety, infrastructure, and mass transit improvement.

Another partner identified two deficiencies at the municipal level that had a negative impact on the community: (1) the lack of safety measures in outdoor spaces in the neighborhood and (2) policies that perpetuated food deserts in the neighborhood. The partner reported that their BUILD initiative was creating an infrastructure that aimed to incentivize retail businesses, including grocery stores, to reinvest in the neighborhood. At the institutional level, the partner reported that changes were made to its food donation policy, lobbying for funding to address food insecurity, and advocacy for healthy food distribution.

## **Restructure**

In addition to discussing ways in which historical and current practices may have a negative impact on the health and well-being of their local communities, the BUILD partners also discussed ways in which they attempted to change or restructure institutional, organizational, and administrative policies and procedures

that systematically excluded or had a negative influence on the community.

Harris County BUILD partners undertook restructuring through their atypical approach of engaging the target community. Rather than asking residents to volunteer and having BUILD partners make decisions on behalf of the residents, as is common in community health partnerships, community members at this site were compensated for their leadership role in the partnership and included in aspects of decision-making for the BUILD work. There were five “community trustees” who were equal partners in decision-making, akin to the “board of trustees” of a company. This infrastructure was described in the following way:

“ So, we’ve had many coalitions that engage community members in the more traditional way—assessment, having open meetings, trying to recruit community members. But this is the first time that we’ve been involved in a partnership that was so deliberate in reallocating the power of a coalition in that way. ”

Other examples of restructuring in the BUILD initiative cited by one partner include planning to construct an urban farm that in the future would result in access to fresh produce, offering workforce development training in high school



and community college, and creating employment opportunities for local residents. Another example of restructuring is the addition of healthy food choices to the menus at neighborhood restaurants, convenience stores and schools.

## Remove

This domain focused on the ways in which BUILD sites identify and remove institutional forms of racism, classism, sexism, heterosexism, and other direct forms of exclusion. There was no health equity training available specific to the BUILD initiative. Of the three partners, only the health department had organizational training on health equity fundamentals based on the “roots of health inequity” model adopted from the National Association of County and City Health Officials. The health department is also using the Bay Area Regional Health Inequities Initiative assessment tool, which evaluates an organization’s capacity to address health inequity. The health department respondent did not offer any possible solutions for the removal of these isms. Instead, the respondent expressed skepticism about the impact of the health department staff training on the negative experiences of the target community. They stated:

**“ I don’t know what changes racism in our community. So, I’m not sure that I would consider antiracism training to be a way to remove the vestiges of isms. I think that works inside the building, but it doesn’t work in the community. ”**

Other than Harris County BUILD, there were no initiatives to address the vestiges of racism, classism, and other isms experienced by the community. One partner cited the example of the community trustees as the work done to remove vestiges of the marginalization of the community.

## Provide

Finally, BUILD partners discussed the ways in which they assessed the unique needs of the community and accounted for those needs when providing the relevant programs or services for their initiative. The target community primarily consisted of individuals of Hispanic heritage, many of whom had limited proficiency in English. In order to address the linguistic challenges of the community, this BUILD site provided dual translation of documents, and communication was carried out in English as well as Spanish.

The Pasadena site made health services readily accessible to the entire community. The local FQHC at this site met the health needs of residents irrespective of their ability to pay for health services. The partnership also supported small business owners to foster economic revitalization of the community. Another partner shared an example of this support:

**“ We do have interventions in our model that are directly supporting small business owners — minority-, women-, and veteran-owned businesses — so we’re trying to help those mom-and-pop businesses grow and sustain**

*and stay in the neighborhood, which can be very difficult. ”*

Also, the BUILD partnership was responsive to other needs of the community by providing services when it is most optimal for the community. One partner shared the highlights of ways in which the partnership accommodated the needs of the residents:

*“ In terms of actual intervention, I think ... meeting people where they are and making sure that even small things like pantry hours where a lot of food is distributed, making sure that makes sense with community needs and [that the pantry is] open at a time that works well for them. ”*

## ASSESSING EQUITY CAPACITY

Harris County BUILD partners were asked to participate in a self-assessment, which was designed to guide partners in reflecting on their BUILD project and their organization with respect to health equity based on the Brooks Equity Typology®. The aggregate survey results are included in the cross-site report, but the site-level findings were reviewed to

assess health equity within each site. Overall, the partnership was more likely to be responsive to the needs of the community than the institutions affiliated with these BUILD partners. For example, individual partners reported that they “sometimes” engaged the community in the decision-making process. They also reported that they “sometimes” worked on the remediation of the historical disadvantages of the community. Among the core partners, only one reported that staff training was provided on health equity. This partner had an instrumental role in crafting the health equity model that was used by the partnership.

Based on the Characteristic Equity Approaches developed by Hogan et al.,<sup>5</sup> Harris County BUILD falls into several categories. One category that applies is “institutionalized-equity approach” that “builds organizational structure from outset to consider equity in all policies, practices, procedures.” This site worked to create sustainable institutional change by adopting policies and procedures that facilitated greater equity. Harris County BUILD worked to address nutrition inequity by developing upstream solutions that focused on improving economic conditions in the community. The solutions that the collaborative explored included workforce development, repurposing vacant buildings, and tax incentives to attract businesses to the neighborhood. Based on the Hogan-Rowley Institutional Measure of Equity, this BUILD site is empowering the community to improve its economic standing and reduce food insecurity and adverse health outcomes

<sup>5</sup> Hogan VK, Rowley DL, Nahm SG, Brooks PE, Jackson FM, Jones L. Equity evaluation of the First Food Portfolio. To be submitted to WK Kellogg Foundation, April 2014.

beyond the BUILD funding period. Data from the self-assessment corroborates the findings from the Hogan-Rowley Institutional Measure of Equity. Additionally, this site demonstrated that community empowerment was a key component of their upstream solutions to health inequity. Together with the community trustees, these BUILD partners are working to change the systems that have inherently perpetuated the marginalization of this community. Trustees are being provided opportunities to advocate for the partnership with decision-makers and to participate in the evaluation

of this BUILD initiative. Also, the work and lived experiences of these trustees are providing great insight into policy and programming that would ultimately decrease food insecurity in the community. For example, one trustee with expertise in childcare and early childhood education has been influential in programming to improve access to healthy food for families with young children. Another trustee with a background in agriculture is providing insight on ways to cultivate the demand for healthy, local produce in the community.

Characteristic Equity Approaches	Description
Institutionalized-Equity Approach	Builds organizational structure from outset to consider equity in all policies, practices, procedures.
Equity-Add-On Approach	Engages in post hoc actions to graft equity considerations and approaches onto existing (usually non-equity-supporting) institutional frameworks.
Cultural-Matching Approach	Focuses on developing, implementing, and disseminating approaches, usually limited to education and care, that match historical, cultural, and social needs and desires of populations of color.
Diversity Approach	Focuses on including a more diverse workforce. While organization hires more people of color, it usually does not give them power or resources.
Missionary Approach	Provides evidence-based practice in traditional ways, targeted specifically to people of color, usually delivered by people of different ethnicity than population served.
“Raise-All-Boats” Approach	Focuses on improving systems of care for outcomes, with the expectation that improved systems will automatically impact all population groups and achieve equity.
Selective Approach	Chooses a population or inequity to address as sole programmatic focus, (e.g., income inequality but not racial inequities; Latinas but not African Americans).
Concerned, Non-Action Approach	Knows that inequities exist, but does not know how to incorporate equity into programmatic actions.
Low-Awareness Approach	Conducts professional work in absence of recognition or consideration of need to address inequities.

Table X

# KEY TAKEAWAYS & LESSONS LEARNED // HEALTH EQUITY

**Collectively, the BUILD partners at this site demonstrated a strong commitment to engaging the community in determining priorities and developing upstream solutions to nutrition inequity.**

These solutions have focused on removing the vestiges of historical discrimination that have contributed to the ill effects of poverty, including food insecurity.

Moreover, although health equity was not a BUILD pillar, all sites were asked to articulate the key health disparities they were attempting to address in their applications and supporting documentation. In the application, Harris County BUILD defined health disparities with references to the demographic profile and health outcomes of their target community. Indeed, health equity was the central focus in the vision, mission, and goals of this partnership. One partner articulated their vision: “to reverse nutrition inequity in [the city], thereby eliminating the conditions that are contributing to both food insecurity and unhealthy weight.” An administrator affiliated with one partner captured the essence of what the partnership was striving to accomplish through the food system:

**“ We know families are forced to make difficult choices between food and other essential needs like ... rent, medical bills, utilities ... This is why we are committed to partnering with strong community leaders where together we can address the conditions that cause food insecurity. ”**



# ADDITIONAL LEARNINGS

In addition to the key elements described in this report, there were other insights generated from the various interviews. These key insights relate to the following:



# 1. Value of offering BUILD awardees TA opportunities specific to their project

## 2. Mechanism Harris County BUILD used to disseminate their work

### 3. Advice to others engaging in this type of collaboration

Partners requested TA with their vertical farm, community engagement practices, and policy work. They were seeking “the

*best practices to set up an urban food system,”* given that they were focusing on building the vertical farm as part of their sustainability plan and hoping that it would serve as a revenue-generating entity. One partner identified community engagement as an area in which they could use some assistance. The partner wanted BUILD leadership to provide guidance on how to make community engagement sustainable after the grant funding ended.

Another partner expressed interest in having additional webinars on other resources for the policy and advocacy work being done at their site. A third partner remarked that the BUILD funders leveraged their credibility and influence to advocate for other national foundations and government funding entities, such as the CDC, National Institutes of Health, and

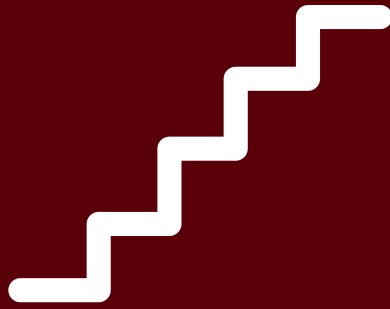


Department of Health and Human Services, to fund initiatives like BUILD that provide upstream solutions to health inequity.

Additionally, the partners shared how they disseminated their work. Harris County BUILD, and in particular the health department, promoted the conceptual framework they used to implement upstream solutions for food insecurity. This partner shared about the public speaking engagements on Harris County BUILD at the local and national level:

*“ We have a pretty extensive list of venues where we have been promoting the model and encouraging upstream thinking and sharing our lessons learned to date. So, I think the public speaking piece has been something we have been very active in in terms of sharing the model. We do have some communication aspects. We have utilized communication strategies such as press releases and infographics, web pages and social media to promote the message. ”*

When asked about the lessons from Harris County BUILD, there were several responses among the partners. One partner advised other partnerships to verify that the community leaders selected will truly represent the will of the community. This partner made reference to the Ryan White Act in HIV prevention, in which consumers are influential stakeholders who help decide the direction of the initiatives carried out. The partners also reported that it would be helpful to engage the community in the spirit of participatory action research, where research participants and study investigators could conduct research collaboratively.



# CONCLUSION & NEXT STEPS

Harris County BUILD partners spoke about the long-term systemic change that BUILD helped them to achieve.

## Partners credited BUILD with serving as a catalyst for deepening existing relationships and forming new relationships with stakeholders, such as their local city government.

New connections forged with other BUILD sites and resources served as an opportunity to learn about other examples of this work nationally. As one partner explained:

**“ If BUILD hadn’t happened, we wouldn’t have this incredible project ... As I mentioned earlier, we are all emotionally committed to proving it right ... Upstream works and having these types of partnerships works ... I think every one of us is very, very proud of what we are doing, we’ll be doing, the precedent it creates, [and] the improvements it’s going to make. ”**

Moreover, the BUILD award allowed the CBO to get a feel for what it means to be a fiscal agent in a collaborative. The CBO had never served as a fiscal agent

before, but the BUILD award gave them new capacity to serve in this role in the community, leading to some significant administrative and programmatic changes within the organization. Another partner shared that the idea behind BUILD was innovative and should be replicated:

**“ This type of opportunity, this type of award, which requires collaboration from multiple potentially dispersed partners, is ... a really good model that should be replicated by other sectors ... and definitely something that I would love to see more of. I just really commend the members of the BUILD Health Challenge for actually compiling this model because they obviously gave it a lot of thought. ”**

The hospital partner shared that they would not have been a part of this unique partnership had it not been for BUILD:

**“ We would not have immediately necessarily been a part of a partnership with the Houston Food Bank if it wasn’t for BUILD. And so I think those relationships and those connections that we’ve built [have deepened] through this collaborative and in helping the food bank think about their evaluation efforts and working closely with the school of public health. Capacity building has definitely made a difference, and if it wasn’t for BUILD, that would not have happened and**

*those relationships would not have not have been built. ”*

Partners also reflected on major outcomes from being a part of BUILD. The CBO partner reflected on how their work transformed and created a new food system for north Pasadena:

**“** *There was no doubt in my mind that was an outcome for us. Because we have elements of all arms of the food system and I had even quantified what that outcome looks like. How many pounds of food have been distributed, how many locations, what does our footprint look like now versus three years ago. So we have a new micro-level food system in this community that wasn't there before.* **”**

Partners credited the success of these outcomes to various aspects of the initiative, including a routine meeting schedule, holding each other accountable, and a shared decision-making process. Key players in the sustainability efforts for Harris County BUILD are the original core partners: the CBO, the health department, and the hospital. In addition, they explained that their long-range sustainability plan involves engaging the community to help support and sustain a vertical farm.

## NEXT STEPS

### ***Sustainability Plan***

The partners began by developing an official business plan to help facilitate discussions on sustainability and transition. Harris County BUILD searched for additional funding. From the onset of Harris County BUILD, a sustainability work group at this site had its eye on the funding opportunities that would support their work beyond the two years of BUILD funding. The sustainability group submitted several grants. The partnership received a mini-grant that has funded the development of a business plan that was instrumental in the pursuit of future funding from state and federal agencies as well as potential investors. One partner shared:

**“** *The ideal investor is an institution, it's a corporate partner, it's a federal reserve, a bank, someone that is able to make a longer-term, sustained commitment [rather] than a grant. So, when we say investor, we are looking across the continuum—private, public, the whole range—and this business plan allows us to go and shop that in front of them, we are actually getting ready to do that.* **”**

As such, Harris County BUILD secured funding through the GE HealthyCities grant (not affiliated with BUILD) that helped the partners develop a formal strategic plan and delegate roles and responsibilities at a retreat-style meeting.



This business plan also enabled partners to determine which portions of Harris County BUILD would continue and which would not, as they explained:

**“ We’re [CBO partner] going to be continuing to manage the food prescription program as a component of this, and we’re doing internal things here to make sure that the program continues to move forward and that we’ll be able to learn from the second iteration of the program, which will start in the spring of next year. ”**

In developing this plan, Harris County BUILD was able to ensure a couple of things would happen. First, they wanted to expand their reach. Second, they wanted to phase out components of the initiative in a way that would not feel like a loss to the community. The following programs would continue, while others would be phased out:

- Healthy Dining Matters would not be expanded but also requires little maintenance to move forward because of the policy changes that were implemented to support this.
- The food scholarship and FVRx programs were to be revised and modified once the evaluation report is available.

As a result of the process of creating a business plan, it became evident that some of the programs had to end because they are funding dependent, centralized FVRx, and food scholarship programs. Other components continued because their organizations made the institutional commitment to sustain them.

## **Vertical Farm**

The health department partner explained that they also had developed a business plan for a specific component of Harris County BUILD—the creation of the vertical farm. They shared the motivation behind focusing on this component early on:

**“ We knew that the farm, because it was a capital improvement, it was going to take longer than the time frame of our BUILD award with much more resources than what we were given during that BUILD award, so we wanted to have well before the end of the project—a document in hand that makes the business case for investors. And we have been and intend to use that business plan to sustain capital investment from a variety of factors to make this capital project happen. ”**



The development of an urban farm and greenhouse would have an economic impact, as one partner explained:

“*They also become spaces where you see job opportunity and job growth, because there are technical skills that are involved in the development of a greenhouse or in the development of the indoor vertical farm, and we are working with ... AVF, the association of vertical farmers, as well as MIT, and developing specific curricula that is related directly to specific technology developed for vertical gardens.*”

Not surprisingly, the Harris County BUILD work on the vertical farm, which they referred to as “a capital project,” had its own unique funding challenges, including learning how to communicate to private investors in a space that the health department isn’t familiar with:

“*A second big challenge for us has been a capital project, which has a price tag that is a larger than most grants that I’ve ever worked on in my career. With a \$2 million-dollar price tag to create a capital project ... that scope and scale are very challenging to sustain and they rely on third parties, on people outside of our key anchors. They rely on a commercial partner who operates in*



*a very different fiscal space than we do. They operate on a return to their stakeholders ... which is a space that we don't operate in, in the health department. So the language they're speaking is very different than what we have to commit. So, I think that's been a challenge, having a capital project [through] a public-private partnership that operates with one foot in one space and one foot in the other. ”*

A grant from the Kresge Foundation and Build Healthy Places network has enabled this work.

## GOVERNANCE AND PARTNERSHIP STRUCTURE: SUSTAINABILITY PLANS

The hospital partner shared that their sustainability plans also considered the partnership's governance structure and how they would preserve some of those elements:

*“ From an organizational governance perspective, our BC [met] weekly and then [transitioned] to biweekly throughout the life of this project. That leadership, government structure will be transitioning to the*



*county's Healthy Living Matters– Pasadena Community Task Force. And so even though BUILD as an entity ends for us, we see a level of sustainability with that governance structure as well. ”*

As such, moving forward, the partnership will have a separate governance structure from the one they developed specifically for BUILD. The structure will fold back into the original community coalition (from which the BUILD partnership germinated), which has been a local initiative of the health department since 2014. This shift is happening because “we accomplished what we set out to accomplish, and they no longer need governance, planning, or resources.”

In addition, the partners will maintain their connection with UT School of Public Health, which will continue to provide them with TA on the FVRx program as well as lead the evaluation of the program. All major partners will be asked to draft recommitment letters that outline their new roles as they move forward with their transition plan.

One of the important learnings from these discussions was to transfer some of the roles to the community trustees and delegate them to be the “primary holder of the continuation of the partnership.” This transfer of responsibility makes Harris County BUILD partners accountable to the community trustees.

As the backbone of the Harris County BUILD initiative, the health department





shared that its role would probably expand in the post-BUILD period. This partner shared the following insight:

**“ [The] bottom line is that everyone has said they [will] still be at the table for coalition work; the level of involvement might look different obviously. I think participation levels wax and wane for various reasons. So, they might not be at the table as often or ... as robustly because BUILD is over, but we have all committed to say we were part of this coalition before and we will be part of this coalition going forward. ”**

## FINAL THOUGHTS

The BUILD award offered Harris County BUILD an opportunity to develop creative, bold, and upstream solutions to address a high rate of obesity and food insecurity in Pasadena, Texas.

During the past two years, they built a cross-sector, interdisciplinary, and integrated partnership that has successfully begun to address food insecurity as an upstream factor that extends beyond healthcare and individual behavior.

As such, the Harris County BUILD work is attempting to create systemic change, which has laid the foundation as they move beyond BUILD.

Through the first cohort of BUILD, the partners were able to demonstrate feasibility with their foundational work toward establishing community-supported, sustainable food programming.

As this iteration of the program comes to an end, community engagement will be key to sustaining their work. Perhaps the greatest success for north Pasadena's initiative lies in the new collaborations that were developed and continue to be sustained today.





# APPENDIX A

ABOUT BUILD

**BUILD seeks to contribute to the creation of a new norm in the U.S., one that puts multisector, community-driven partnerships at the center of health in order to reduce health disparities caused by system-based or social inequity.**

Awardees include community based organizations, local health departments, and hospitals and health systems that developed partnerships to apply the BUILD principles.

To date, BUILD has supported 37 projects in 21 states and Washington, DC.

## **BUILD AWARDS**

Eighteen community partnerships from across the country focused on a wide variety of upstream factors and became part of the first BUILD cohort of community awardees from 2015 to 2017.

Each community collaborative served as a pilot program to address root causes of disease (also commonly referred to as the social determinants of health) in their local area by leveraging multisector partnerships.

Seven implementation awardees received \$250,000, technical assistance, and individual support over two years to strengthen existing partnerships, accelerate more advanced health data and analytics initiatives, and expand their impact. Eleven planning awardees received \$75,000 and technical assistance to kick-start still-nascent projects addressing specific health challenges with a committed group of community partners. Ten of the planning awardees went on to receive implementation awards and funding to continue their efforts.

The partnering hospitals and health system(s) in each implementation award have also committed a 1:1 match with financial and in-kind support to advance the partnership's goals.

To learn more about BUILD, please visit [buildhealthchallenge.org](http://buildhealthchallenge.org).

## BUILD HEALTH CHALLENGE SITES

PORTLAND, OR

### **BUILDing Health and Equity in East Portland**

Expanding access to affordable housing, green space, and healthy food

SEATTLE, WA

### **Seattle Chinatown-International District**

Improving economic development, housing, and safety

DES MOINES, IA

### **Healthy Homes Des Moines**

Reducing pediatric asthma through home improvements and education

OAKLAND, CA

### **San Pablo Area Revitalization Collaborative**

Revitalizing local businesses and expanding affordable housing

ONTARIO, CA

### **The Healthy Ontario Initiative**

Developing “health hubs” to foster strong bodies and communities

LOS ANGELES, CA

### **Youth-Driven Healthy South Los Angeles**

Mobilizing youth ambassadors to advance community wellness

DENVER, CO

### **EastSide Unified**

Creating safer, healthier communities for children

AURORA, CO

### **Increasing Access to Behavioral Health Screening and Support in Aurora**

Eliminating health disparities by age five

COLORADO SPRINGS, CO

### **Project ACCESS**

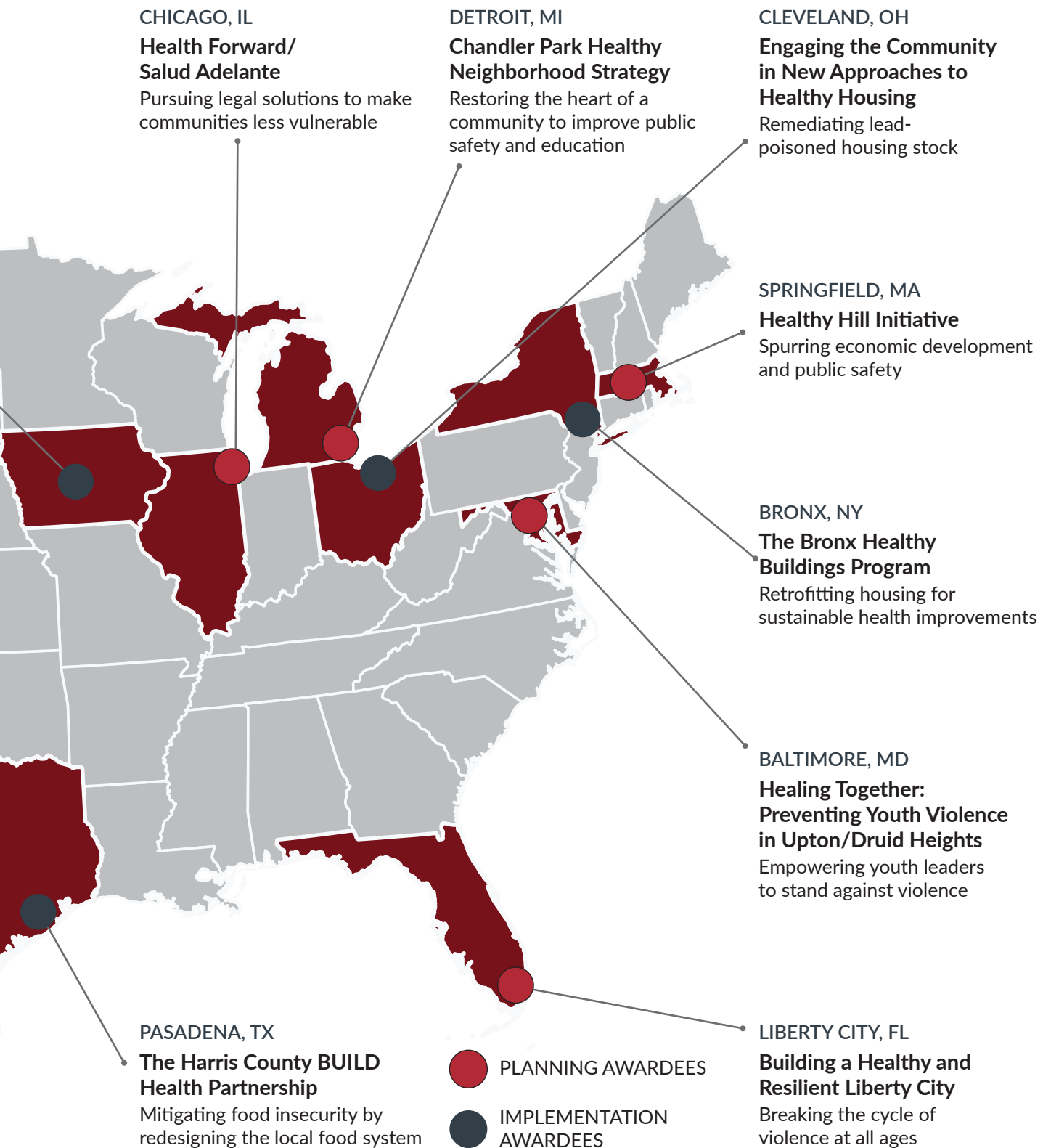
Preventing neighborhood violence by engaging community members

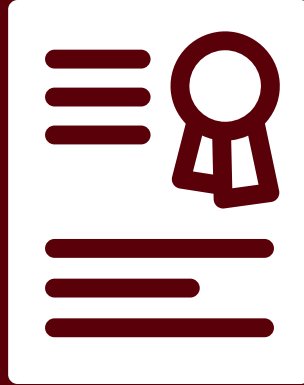
ALBUQUERQUE, NM

### **Addressing Healthcare’s Blindside in Albuquerque’s South Side**

Pioneering data-driven approaches to wellness

## 18 community partnerships in 14 states





# APPENDIX B

HARRIS COUNTY BUILD CHARTER





## The Harris County BUILD Health Partnership Charter

Approved September 31, 2015

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## I. Background

The Harris County BUILD Health Partnership was formed in January 2015 in response to a national call for proposals from the BUILD Health Challenge, a national awards program supporting “bold, upstream, integrated, local, and data-driven” (BUILD) community health interventions in low-income, urban neighborhoods founded by The Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, The Kresge Foundation, and the Robert Wood Johnson Foundation. The call for proposals was issued in the fall of 2014 for partnerships of local nonprofit organizations, hospitals and health systems, and local health departments to propose community-driven initiatives in areas with at least 150,000 population and experiencing a significant challenge to health that can be addressed through improvements to upstream factors, or the social determinants of health. Awardees receive \$250,000 over two years to “strengthen existing partnerships, jump-start more advanced health data and analytics initiatives, and expand their impact.”

The Harris County BUILD Health Partnership (Partnership) formed in order to respond to this opportunity and to bring an infusion of philanthropic support to the community of north Pasadena, TX (zip codes 77502, 77503, 77506), which has been a priority community of the Healthy Living Matters (HLM) Collaborative in Harris County since 2014. HLM is a Collective Impact initiative formed in 2011 to curb childhood obesity in Harris County. HLM chose Pasadena as a priority community after an extensive review of needs and assets that later informed HLM’s Community Action Plan (CAP), a roadmap of goals, strategies, and roles for creating a culture of health in Harris County that was adopted in 2014.

Also in 2014, a Pasadena-specific version of HLM called the HLM-Pasadena Community Task Force (CTF) was established to implement strategies in the CAP and other priorities unique to north Pasadena. In particular, the HLM-Pasadena CTF selected the HLM policy priority of *Encourage use of available public lands in Harris County for the development of community gardens and farmers markets (CAP Strategy E4)* on which to focus local community health improvement efforts and, in the course of implementing this priority, identified a unique opportunity to alter food access in north Pasadena: building north Pasadena’s first public urban agriculture site. However, the project did not include all components of a healthy and sustainable local food system (e.g., distribution and consumption) and was in need of both additional resources as well as a strengthened partnership and shared measurement base. Therefore, the Partnership selected this project as the focus of its application to the BUILD Health Challenge and designed a comprehensive new local food system model and governance structure using a food access model as its linchpin that current evidence has shown will both reduce obesity as well as improve the upstream (economic, education, and environmental) causes of poor health.

## II. Project Scope

- › VISION: Nutrition equity in north Pasadena
- › MISSION: Eliminate the conditions that cause food insecurity in north Pasadena.
- › STRATEGY: Launch a new food system in north Pasadena that is healthy, sustainable, affordable, accessible, and community-supported.
- ›

GOAL 1: PRODUCTION Establish a sustainable public source of accessible healthy food in North Pasadena	GOAL 2: DISTRIBUTION Expand a local network of innovative healthy food suppliers and distributors in north Pasadena	GOAL 3: CONSUMPTION Develop a coordinated system of programs and policies in north Pasadena that help residents access healthy food and make healthy food choices
<ul style="list-style-type: none"> <li>› Community-Supported Agriculture (CSA) Campus, Research, &amp; Education Center: <i>provisioned by a commercial partner using public property/land via an MOA with the city of Pasadena</i></li> <li>› Job Training Programs: <i>on-site vocational programs for Pasadena ISD and San Jacinto College</i></li> <li>› Creation of a tax increment reinvestment zone (TIRZ) or other tax designation of the area</li> </ul>	<ul style="list-style-type: none"> <li>› Expanded Healthy Corner Store Network*</li> <li>› Expanded Healthy Dining Matters Program*</li> <li>› Expanded Brighter Bites Program: <i>free food co-ops at elementary schools</i></li> </ul> <p><i>*HCPHES/HLM-Pasadena initiatives; will expand to 3 additional sites in north Pasadena</i></p>	<ul style="list-style-type: none"> <li>› Produce Prescription Program (PRxP)*</li> <li>› Food FARMacies*</li> <li>› Food Scholarship Program**</li> <li>› BUILD Community Trustees</li> <li>› Direct Marketing Campaign</li> </ul> <p><i>*Beginning at 5 clinic sites in north Pasadena (Year 2)</i>  <i>**Beginning at 2 CBO partner locations in north Pasadena (Years 1 - 2)</i></p>

### III. Measures of Success

Success for the Partnership is defined as: *reducing food insecurity in north Pasadena*. Process and outcome evaluation metrics, through a shared measurement system, will be integral to measuring progress toward this definition. Specific process and outcome measures of Partnership success for each year of the project are described below:

PROCESS EVALUATION: Process evaluation metrics will be measured through project documentation and community surveys.

#### Year 1:

- › Construct and launch the Community-Supported Agriculture (CSA) campus
- › Launch the Produce Prescription Program (PRxP) and Food Scholarship Program

#### Year 2 and Beyond:

- › # of pounds of produce
- › # of shares and job training opportunities at the CSA
- › # of participating patients and students in the CSA, PRxP, Food Scholarship Program, and Brighter Bites
- › # of innovative healthy food retailers and free healthy food distributors through PRxP, Food Scholarship Program, Brighter Bites, Healthy Corner Stores, and Healthy Dining
- › # of nutrition literacy opportunities with Brighter Bites and PRxP

- › # of community partnerships/leaders, networks, and meetings
- › # of news releases, media impressions, and promotional posters/signs

OUTCOME EVALUATION: Systems, individual, and population-level metrics will be included in the outcome evaluation. Systems-level metrics will be assessed via program documentation, community surveys, and the Wilder Community-Based Surveillance of Policy and Environmental Supports for Healthy Eating survey.

*Year 1 and Beyond:*

- › Policy and practice changes supporting the Partnership's success (through local government and professional practice settings)
- › New grants and other funding sources supporting the Partnership (including sustained CSA financing)
- › Infrastructure improvements/economic development in the community
- › Degree of collaboration, cohesion, and engagement of community partners
- › Mutually reinforcing systems strengthening the Partnership

*Beyond Year 2:*

- › Improved overall food system with continuous availability of and access to healthy food

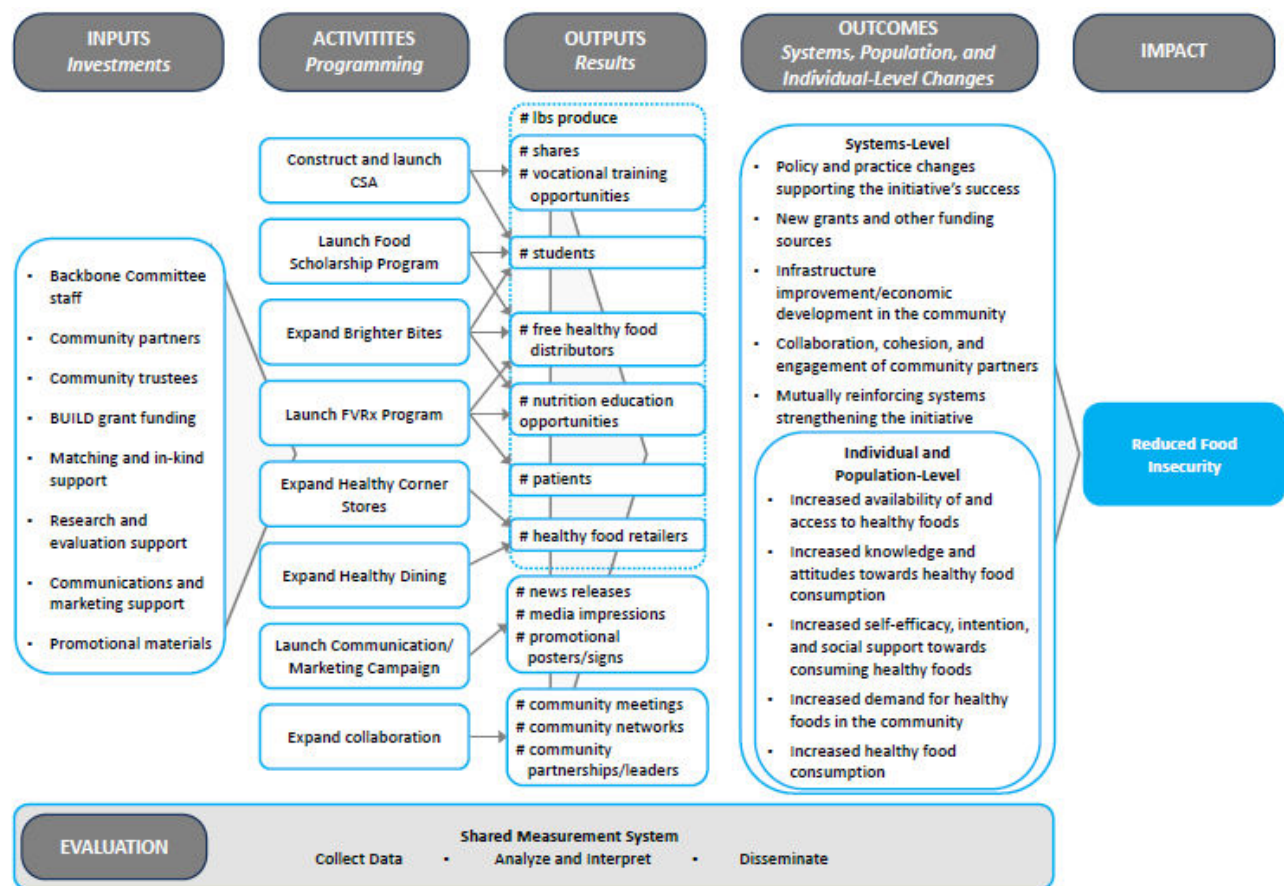
*Year 2 and Beyond:*

- › Increased availability of and access to healthy foods
- › Increased knowledge and attitudes towards healthy food consumption
- › Increased self-efficacy, intention, and social support towards consuming healthy foods
- › Increased demand for healthy foods in the community
- › Increased healthy food consumption
- › Reduced food insecurity (measured by the USDA's Food Insecurity Screener)

The Partnership will also use qualitative data to evaluate success. Data will be gathered via focus groups and key informant interviews to better understand the lived experience of community members. All data will be shared with community members to build trust and foster engagement.

The Partnership Logic Model provides more detail on these metrics:





#### IV. Guiding Principles

The Partnership maintains the following underlying principles as it works to achieve the vision, mission, and goals of the BUILD Health Challenge in Harris County. The Partnership's actions collectively and of its members individually will seek to embody these aims:

- › A collaborative, equitable, and inclusive partnership and process
- › Shared leadership
- › Shared data
- › Community informed and participatory
- › Rigorous evaluation and monitoring that is informed by and informing action
- › Innovation and the willingness to embrace new ideas as well as to put new eyes on prior approaches
- › A focus on sustainability of the project
- › Accountability with grant management
- › Responsible stewardship of the public, stakeholder, and funder's trust
- › Embracing opportunities to learn and to share "lessons learned" with others
- › Diversity in the partnership
- › Flexibility
- › Transparency
- › Transformational change to achieve health equity

## V. Governance Structure

The Collective Impact model of community collaboration and an organizational structure that accommodates all levels of partner relationships (i.e., NNPHI Circles of Involvement) were both used in the development of the Partnership's organizational structure and mode of governance to help ensure its success.

As required by the BUILD Health Challenge for the funding opportunity, three agencies serve in the role of Core Applicants for the Partnership and have unique roles in its overall governance:

- › **NONPROFIT ORGANIZATION:** The Houston Food Bank (HFB) is the fiscal agent for the Partnership and manages the grant award and sub-awards. HFB is also responsible for the payment and reporting schedule to the National BUILD Team. In addition, HFB sources the healthy food to the Partnership's food system distribution and consumption components and coordinates its food insecurity-related interventions (Food Scholarship Program and Food FARMacies). HFB staff are Co-Leads in specific operational units of the Partnership governance structure as indicated, and Project Staff to the Partnership is an HFB employee.
- › **HOSPITAL/HEALTHCARE SYSTEM:** The University of Texas MD Anderson Cancer Center (MD Anderson) coordinates the Partnership's hospital/healthcare system partners (including ensuring the required 1:1 match to the grant award in direct and in-kind resources). MD Anderson is also providing the process and outcome evaluation of the Partnership's food system model and Collective Impact approach in collaboration with the University of Texas, School of Public Health (UTSPH). MD Anderson staff are also Co-Leads in specific operational units of the Partnership governance structure as indicated.
- › **HEALTH DEPARTMENT:** Harris County Public Health & Environmental Services (HCPHES) provides ongoing partner engagement, communications, and coordination activities to the Partnership and continues as Backbone Support for HLM and the HLM-Pasadena CTF. HCPHES also coordinates the Community Trustees, the Resource Panel, and those components of the Partnership's food system model originally developed by HLM as they expand into north Pasadena (Healthy Corner Stores and Healthy Dining Matters). HCPHES staff are also Co-Leads in specific operational units of the Partnership governance structure as indicated.

The Partnership organizational chart provides a high-level view of the governance structure, relationships, core roles and responsibilities, and agency leads based on project scope:



Each operational unit of the Partnership governance structure is described in detail below:

## A. Backbone Committee

### Purpose:

The Partnership Backbone Committee collectively serves the function of a backbone support organization in the Collective Impact model of collaboration. As such, it will provide the activities shown in evaluations of Collective Impact initiatives to effectively support and facilitate collaborative efforts over the course of a project's lifecycle:

- › Guide vision and strategy
- › Support aligned activities
- › Manage shared data measurement practices
- › Communicate across partners
- › Build public will
- › Advance policy change
- › Secure ongoing funding

In addition, the Backbone Committee will also serve purposes specific to the Partnership:

- › Support the remaining organizational units of the Partnership, provide feedback on implementation, and ensure network strength.
- › Make key decisions related to BUILD Health Challenge expectations, such as on budget and project planning milestones.
- › Oversee the public face of the Partnership.
- › Participate in and guide the evaluation of the Partnership particularly its focus on integrated systems.
- › Interact with the National BUILD Team and ensure required deliverables are met.
- › Report to the Partnership Executive Committee and identify opportunities for Executive Committee members to strengthen relationships among their organizations.
- › Sustain the Partnership beyond the grant period and advocate for its institutionalization in agency budget and strategies.

*Membership:*

Backbone Committee members are agencies with substantial responsibility for and investment in the Partnership's overall success, including fiscal agency, overall project planning and implementation oversight, and evaluation of impact (these are "voting" members) as well as those with specific subject matter expertise necessary for successful implementation (these are "participatory" members). Current Backbone Committee members include: the Partnership Core Applicants (described above), the Partnership Evaluator, and the municipal representative for the Partnership's focus area of north Pasadena. Each type is described below:

- › *Voting:* Voting members of the Backbone Committee are constant and do not change. They are occupied by agencies with fiscal agency and overall project oversight responsibility for the grant award. They are: HFB, HCPHES, MD Anderson, and the City of Pasadena.
- › *Participatory:* Participatory members of the Backbone Committee are non-voting. They may be permanent, whereby agency representatives attend all Backbone Committee meetings; or they may rotate according to meeting topics and discussion needs. Current *permanent* participatory members include: UTSPH for its role in the BUILD Evaluation Plan. *Rotating* participatory members are invited as needed.

Individual representation for each Backbone Committee member agency are staff with decision-making authority for their agency and with expertise appropriate to their assigned role on the Backbone Committee. Each voting and permanent participatory member agency (a current total of five) has up to three individual representatives on the Backbone Committee at one time (for a current total individual member size of up to 15) allowing for institutional memory and capacity across member agencies as well as shared leadership and equity within the Backbone Committee.

Also for the purposes of shared leadership, facilitation and hosting of Backbone Committee meetings will voluntarily rotate each meeting among the member agencies and their representatives.

The weekly facilitator will:

- › Develop the meeting agenda and gather materials for the meeting packet with input from the Backbone Committee.
- › Email the meeting agenda and packet to the Backbone Committee by 2:00 pm on the business day before the meeting.
- › Communicate updates from the National BUILD Team as gleaned from the NING site.
- › Print copies of the meeting packet (if the meeting is in-person).
- › Take notes for or identify a note taker for the meeting minutes.
- › Facilitate the meeting.
- › Email Action Items from the meeting to the Backbone Committee by the end of day the meeting is held.
- › Prepare (or arrange for) a complete set of meeting minutes and email them to the Backbone Committee within two business days after the meeting.
- › Facilitate any decisions needing Backbone Committee attention prior to the next scheduled meeting via email (per guidelines below).
- › Upload all meeting materials onto the shared Partnership documents site (currently the MD Anderson BOX site).

The weekly host will:

- › Identify a meeting location (at the host's agency if the meeting is in-person) and a conference call option.
- › Send the Backbone Committee Project Staff the meeting location information by 2:00 pm on the business day before the meeting in order to update the appointment.
- › Work with HCPHES staff to secure refreshments (pending budget availability and if the meeting is in-person). In lieu of funds to support meetings, provide light refreshments at minimal cost (in general, not to exceed \$35 per meeting).

*The Backbone Committee will review this membership structure, meeting schedule, and meeting facilitation plan quarterly upon approval of the Charter.*

In addition, the Backbone Committee may amend this section of the Charter to allow for the addition of new agency members in the Backbone Committee. Criteria for new membership is: a commitment to a significant direct or in-kind investment related to implementation and/or sustainability of the Partnership's vision, mission, and strategy as articulated in a written Letter of Commitment addressed to the Partnership. Overall, new membership in the Backbone Committee would be appropriate for an agency seeking to drive the Partnership's strategy due to the commitment of a significant direct or in-kind investment in the Partnership's model. An agency that cannot commit to a significant direct or in-kind investment and is, therefore, not expecting to drive Partnership strategy



may be better suited to membership on a Core Team, Cross-Cutting Committee, or Resource Panel (see Section V. B. C. and F. below).

*Decision-Making & Approvals:*

Group consensus is the primary method for decision-making in the Backbone Committee; voting will be used when consensus is not possible or is unclear. Each voting Backbone Committee member agency will have one vote when votes are taken. The facilitator at the meeting at this time will call for, count, and announce the vote.

When a decision on behalf of the Partnership must be made in between Backbone Committee meetings, the immediate past Backbone Committee meeting facilitator will conduct a consensus discussion with the members via email (unless otherwise determined at the meeting). Decisions that should be routed to the Backbone Committee at or in the interim of meetings are:

- › Presentations, communications, and engagements with elected officials and their staff on behalf of the Partnership beyond sharing publicly-available Partnership materials.
- › Approval of official Partnership communications materials (e.g., brochures, posters, infographics, etc.) including virtual communications such as official Partnership webpages and social media pages.
- › Inquiries from the press or media as well as statements to the press or media on behalf of the Partnership beyond sharing publicly-available Partnership materials. Vetting of official Partnership press and media materials (such as press releases and media advisories) by individual agency members of the Backbone Committee will also be needed prior to public distribution.
- › Requests for sharing of non-publicly available Partnership materials. Such requests should be facilitated through the Knowledge Sharing Agreement process.
- › Requests from external parties for Partnership co-branding of materials, events, and other engagements. (A review timeframe of four weeks prior to deadline is required)
- › Grant applications submitted on behalf of the Partnership and letters of support from the Partnership for grant applications submitted for funding for Partnership members or external parties. (A review timeframe of four weeks prior to deadline is required)
- › Requests received to present on behalf of the Partnership by or the submission of abstracts on behalf of the Partnership to national conferences or conferences of national associations, organizations, membership groups, or potential funders. (A review timeframe of four weeks prior to deadline is required)
- › Requests from the National BUILD Team.

*Meetings & Attendance:*

The Backbone Committee meets weekly unless otherwise determined by members. All agency members must be in attendance at each meeting; attendance is defined by at least one individual representative of the member agency being present at the meeting in-person or by phone.

*Reporting & Deliverables:*

Written minutes will be produced for each Backbone Committee meeting within five days of the meeting that includes specific Action Items for use in reporting activities and monitoring progress. The Backbone Committee will approve required reporting deliverables for the National BUILD Team as well as other process monitoring and tools identified in the Evaluation Plan.

*Status Changes & New Members:*

Changes in individual Backbone Committee member status or employment resulting in the vacating of their role on the Partnership will be communicated at the next scheduled meeting of the Backbone Committee and of other organizational units of the Partnership, as applicable. The remaining members from their agency on the Backbone Committee will assume their roles in the interim of a replacement; they will also orient the replacement to the BUILD Health Challenge, the Partnership, and this Charter. Unless otherwise instructed, the replacement will assume all roles of the vacating Partnership member (e.g., Co-Lead roles, roles on Cross-Cutting Committees, etc.). If there are no other members from the vacating individual's agency on the Backbone Committee to provide these functions, then Project Staff will serve in these roles.

**B. Core Teams***Purpose:*

Core Teams are aligned with each Partnership goal and serve the function of a workgroup. Core Teams are responsible for planning and implementing activities necessary for successful attainment of the aligned Partnership goal and then reporting on progress to the Backbone Committee.

*Membership:*

Core Team members are agencies and individuals with a direct role in implementation of the aligned Core Team goal and related interventions as outlined in the Project Scope. There are two specific roles on each Core Team: Co-Leads and Core Circle members, described below:

**CO-LEADS:** Two agencies were identified at the time of Partnership formation to serve as Co-Leads based on the nature of the interventions in each Core Team. Co-Lead agencies (and their individual representatives) serve in a role similar to a co-chair for their Core Team. Some specific responsibilities of Co-Leads are:

- › Communicating and coordinating with agency and individual members of the Core Team, including convening and presiding over Core Team meetings as needed.
- › Providing overall guidance on the direction of intervention implementation and ensuring adherence to the Partnership Project Plan.
- › Conveying major activities, milestones, progress, and changes in Core Team interventions or timelines to the Backbone Committee.

- › Conducting data collection and other evaluation activities with Core Team members as directed by the Backbone Committee and Partnership Evaluator.

At least one Co-Lead representative must also be an agency member of the Backbone Committee in order to ensure a reporting line of authority.

CORE CIRCLE: Agencies providing (1) a direct intervention; or (2) a direct or in-kind commitment *for* an intervention in the Core Team (as articulated in written Letters of Commitment) were categorized as Core Circle members at the time of Partnership formation. However, Core Teams are open to new members. Agencies interested in implementation of Core Team interventions or are identified by the Co-Leads as serving a unique role in the moving implementation of a Core Team activities forward may join the Core Team at the discretion of the Co-Leads.

*Decision-Making & Approvals:*

Group consensus is the primary method for decision-making in Core Teams; prioritization or other voting methods will be used when consensus is not possible or is unclear. Each Core Team member agency will have one vote when votes are taken. One of the Co-Leads will call for, count, and announce the vote.

*Meetings & Attendance:*

Core Teams will meet as needed and as determined by members. Co-Leads are responsible for calling, convening, facilitating, and documenting meetings unless otherwise determined.

*Reporting & Deliverables:*

Core Teams will document their activities using process monitoring and other tools as identified in the Partnership Evaluation Plan. The Co-Lead agency serving on the Backbone Committee will report on Core Team progress at Backbone Committee Meetings.

## **C. Cross-Cutting Committees**

*Purpose:*

Cross-Cutting Committees focus on topics that are common across the operational units and goals of the Partnership governance structure and that may require expertise beyond the current Partnership members. The Backbone Committee may add Cross-Cutting Committees to the governance structure as such needs are identified, and there is no limit to the number of Cross-Cutting Committees that can be formed. Cross-Cutting Committees can be ad hoc, one-time, or ongoing depending on the identified need.

*Membership:*

Cross-Cutting Committee members are individuals with subject matter expertise in the topic area. They can be recruited from the Backbone Committee as well as from other Partnership members and their extended staff. Additional non-members may also be

brought into the Committee to advise its members on areas of needed expertise. As needed, Cross-Cutting Committees will have Co-Leads, described below:

**CO-LEADS:** Co-Lead agencies (and their individual representatives) serve in a role similar to a co-chair for their Cross-Cutting Committee. At least one Co-Lead representative must also be an agency member of the Backbone Committee in order to ensure a reporting line of authority. Some specific responsibilities of Co-Leads are:

- › Communicating and coordinating with agency and individual members of the Cross-Cutting Committee, including convening and presiding over meetings as needed.
- › Conveying expectations, activities, major milestones, progress, and changes in Committee activities from and to the Backbone Committee.
- › Conducting data collection and other evaluation activities with Committee members as directed by the Backbone Committee and Partnership Evaluator.

The Backbone Committee will identify, recruit, and invite the initial members of each Cross-Cutting Committee and appoint its Co-Leads. Once the Committee is formed, however, Co-Leads will make recommendations for membership to the Backbone Committee for approval only. If the Cross-Cutting Committee is an ad hoc or one-time convening, and an ongoing Co-Lead appointment is not warranted, then a member of the Backbone Committee will join the body and provide the functions of the Co-Lead.

*Decision-Making & Approvals:*

Group consensus is the primary method for decision-making in Cross-Cutting Committees; prioritization or other voting methods will be used when consensus is not possible or is unclear. Each member agency will have one vote when votes are taken. One of the Co-Leads will call for, count, and announce the vote.

*Meetings & Attendance:*

Cross-Cutting Committees will meet as needed and as determined by members. Co-Leads are responsible for calling, convening, facilitating, and documenting meetings unless otherwise determined.

*Reporting & Deliverables:*

Cross-Cutting Committees will document their activities using process monitoring and other tools as identified in the Partnership Evaluation Plan. The Co-Lead agency serving on the Backbone Committee will report on Committee progress at Backbone Committee Meetings.

**Current Cross-Cutting Committees (September 2015):**

› *Communications Committee (ad hoc)*

The purpose of the Communications Committee is to develop and coordinate Communications Plans for Partnership special events and engagements (as described in Section X below). Members may also be called-upon to consult on various communications products and requests. Members of the Communications Committee

include communications experts from agency members (or the official Public Information Officer if applicable and available) and at least one member of the Backbone Committee. When the Communications Committee convenes, it will have two Co-Leads: the Backbone Committee representative and one of the communications staff to be determined by members.

› *Evaluation Committee (ongoing)*

The purpose of the Evaluation Committee is to provide input to the Partnership Evaluator on the design and implementation of the Partnership Evaluation Plan, which outlines activities to collect, analyze, interpret, and disseminate data on the Partnership's measures of success (described in Section III above). The Evaluation Committee also helps develop the Partnership's shared measurement system, process monitoring and other tools for reporting on activities and progress, and assurances of the protection of human subjects as needed. Members may also be called-upon by the Backbone Committee to consult on evaluation activities of the Partnership conducted by the National BUILD Team. Members of the Evaluation Committee include: the Partnership Evaluator, MD Anderson (the Partnership's expert in Community-Based Participatory Research and in-kind provider of evaluation resources), and HCPHES (to ensure alignment with the HLM evaluation). In addition, each Partnership member providing interventions with a significant evaluation component will be engaged in the Evaluation Committee as needed to provide input and receive instruction on the Evaluation Plan. The Evaluation Committee has two Co-Leads: the Partnership Evaluator and an MD Anderson representative.

› *Sustainability Committee (ongoing)*

The purpose of the Sustainability Committee is to support the Backbone Committee in pursuing funding opportunities that occur during the project period as well as to advise the Backbone Committee on how to sustain the Partnership after the national award expires. Such activities will include: identifying and developing relationships with potential new supporters for the Partnership, leveraging additional direct and in-kind support for the Partnership from current member agencies, advocating for the inclusion of the Partnership in current agency budgets ongoing, advocating for policy decisions at the local, regional, and state levels that may positively influence funding for the Partnership, and, as opportunities arise, assisting the Backbone Committee in preparing responses to RFP/RFAs on behalf of the Partnership.

Members of the Sustainability Committee will include: fund development experts from agency members (such as representatives of a Development Team or Fundraising Office), Partnership members (or their staff) with grant writing capabilities available to respond to time-sensitive RFP/RFAs, and Partnership members (or their staff) with expertise in policy advocacy and strategy development. Representatives from the Community Benefits Offices of the Partnership's hospital/healthcare system partners and the CSA's commercial partner will be engaged in the Committee in an ad hoc manner when needs or opportunities in these



areas are brought to the Committee's attention. Once convened, the Sustainability Committee will have two Co-Leads: a Backbone Committee representative and a fund development expert from an agency member (both to be determined).

#### **D. Community Trustees**

The Partnership will engage HLM-Pasadena Community Trustees (Trustees) as a means of including the voice of the community in key decisions about the new food system model for north Pasadena, so they can initiate and direct Partnership strategy and action.

Trustees are individuals who live or work in north Pasadena and who serve as official members of the HLM-Pasadena Community Task Force (CTF). To become a Trustee, interested community members complete a Trustee Agreement, committing to attend at least 75% of CTF meetings, and serving a one-year term from the time of the agreement (Trustees may choose to renew their agreement the end of the first term). Trustees receive nominal compensation in appreciation for participation in the CTF and to reduce participation barriers such as transportation, child care, and time away from work. Trustees have equal decision-making and approval rights in the CTF as other members.

Trustees are coordinated by HCPHES including recruitment, paperwork, compensation and accounting, time-reporting, communication, and meeting notification.

##### *Roles and Responsibilities:*

Trustees will be asked to represent the voice of the community on the Core Teams and Backbone Committee and to advise on the community's assets and needs. Specific roles and responsibilities of Trustees in the Partnership include:

- › Attending meetings of the Core Teams and Backbone Committee as described below.
- › Promoting the Partnership in their community networks and identifying potential new partners for Core Team activities.
- › Participating in the BUILD evaluation plan by telling their story about healthy food access in north Pasadena.
- › Participating in opportunities to advocate for the Partnership with decision-makers.
- › Participating in training opportunities sponsored by the Partnership, HLM, CTF, and Partnership members.
- › Advising on other related community activities in north Pasadena or on other related activities of Partnership members.

##### *Meetings & Attendance:*

At least one Trustee will be engaged in each Core Team with the goal of attending 75% of the Core Team's meetings (in person or by conference call). All Trustees will be invited to attend Backbone Committee meetings where the agenda and decisions would benefit from the community voice. In these cases, Trustees will be notified 14 days in advance of the Backbone Committee meeting.

### *Decision-Making & Approvals*

In Core Teams, Trustees have equal decision-making and approval rights as other members. Core Team Co-Leads will take efforts to ensure there are shared opportunities for input and decision-making by Trustees as by other members.

In the Backbone Committee, Trustees will provide recommendations on community concerns. Weekly facilitators of Backbone Committee meetings will take efforts to ensure there are shared opportunities for input and decision-making by Trustees as by other members. Trustees are not considered voting members of the Backbone Committee when votes are called (as described above).

## **E. Executive Committee**

### *Purpose:*

The Executive Committee is comprised of the executive leadership (e.g., Executive Director, CEO, Chair, etc.) of the Core Applicants, community coalition, and municipal representative for the Partnership. Collectively, it represents the top-level chain of command and lines of authority and responsibility for the Partnership to both the public and funders; in other words, the Partnership's Board of Directors.

The purpose of the Executive Committee is to provide a forum for the Backbone Committee to supply updates and received feedback on Partnership progress, resources and needs, and corrective actions (if needed) in its totality as opposed to singularly via updates provided on an ongoing basis by individual agencies and staff. The intent of the Committee is also to continue to foster high-level commitment, collaboration, and new ideas for sustaining the Partnership's long-term success.

### *Membership:*

Executive Committee members are the individuals (or their designee) who signed the agency-level Letters of Commitment submitted with the Round 2 application to the National BUILD Team for: HFB, HCPHES, MD Anderson, and the City of Pasadena; plus the current Chair of the HLM Executive Committee.

### *Meetings & Attendance:*

The Executive Committee will meet no less than annually to receive an official Annual Report from the Backbone Committee. A representative from each Backbone Committee agency member will form a Planning Committee for the annual meeting responsible for scheduling, convening, planning, implementing, and documenting the meeting.

## **F. Resource Panel**

The Partnership will use the HLM Resource Panel as a structure for agencies or individuals to support the Partnership, but without current means, interest, ability or positioning to

make a significant commitment of direct or in-kind resources and/or a role in direct implementation of Partnership interventions.

The HLM Resource Panel consists of volunteers at a local, state, and national level who do not vote or participate in consensus decision-making for HLM, but who serve as a linkage to key organizations, initiatives, sectors, or populations; lend credibility to HLM efforts; and/or provide technical, policy, or other subject matter expertise for the purpose of advancing the HLM mission.

The Partnership will use the HLM Resource Panel for these same purposes. Agencies or individuals fitting the criteria for Resource Panel membership can be identified and/or referred by any member of the Backbone Committee at any time.

## **VI. Partnership Meetings**

In-person gatherings for all members of the Partnership (both permanent and ad hoc in the governance structure) will be held no less than annually. The primary purpose of the meeting is to provide an update on the Partnership across all partners and to offer an opportunity for meaningful input from community members and stakeholders on Partnership strategy and action going forward. The meeting is also an opportunity to share information from the National BUILD Team, provide technical assistance and training on topics of universal interest and application across Partnership members, and serve as a venue for nurturing continued commitment, collaboration, and new ideas for sustaining the Partnership's long-term success.

A representative from each Backbone Committee agency member will form a Planning Committee for full Partnership meetings responsible for scheduling, convening, planning, implementing, and documenting the event.

## **VII. Project Staff**

The Partnership's BUILD Health Challenge grant award includes a 50% time Food for Change Coordinator employed by the Houston Food Bank assigned as project staff to the Partnership.

Overall, the Food for Change Coordinator assists in the implementation of the Food for Change strategy at the Houston Food Bank. They identify and develop partnerships with organizations that can leverage food resources to help families achieve long-term health and financial security in the Houston Food Bank's service area.

For the Partnership, the Food for Change Coordinator will provide high-level coordination of the Partnership's activities and of the Partnership itself. Such roles and responsibilities include:

- › Serving as the food insecurity subject matter expert for the Partnership.
- › Coordinating current and future food insecurity-related components of the Partnership's food system model (Food Scholarship Program and Food FARMacies).

- › Ensuring that all program and fiscal monitoring for the Partnership is complete and submitted to the National BUILD Team on behalf of the Partnership’s fiscal agent.
- › Coordinating with the Backbone Committee to ensure that all components of the Partnership’s model are adhering to stated timelines and milestones including identifying possible shortfalls, options for corrective action, and helping to manage risk.
- › Leading the design and implementation of full Partnership meetings with the support of the meeting’s ad hoc Planning Committee.
- › Leading the design and implementation of Executive Committee meetings with the support of the meeting’s ad hoc Planning Committee.
- › Serving as the point of contact for Partnership communications including maintaining Partnership contact and distribution lists.

The Food for Change Coordinator will attend all Backbone Committee meetings, but is not considered a voting member of the Backbone Committee when votes are called.

### **VIII. Relationship to the Community Coalition**

The Partnership emerged from the convening agencies’ work on the Healthy Living Matters (HLM) Collaborative, a Collective Impact initiative formed in 2011 with the mission to curb childhood obesity in Harris County. HLM chose the city of Pasadena as a priority community for this work after an extensive review of needs and assets that later informed HLM’s Community Action Plan (CAP), a roadmap of goals, strategies, and roles for creating a culture of health in Harris County that was adopted in 2014. The HLM-Pasadena Community Task Force (CTF) was then formed to advance CAP priorities in that community. Following additional community-level needs assessment activities, the CTF selected the three north Pasadena zip codes (zip codes 77502, 77503, 77506) for focused efforts.

Though both the CTF and the Partnership have concentrated their activities on north Pasadena, the CTF maintains a broader scope than does the Partnership. The CTF’s charge is to implement policy, systems, and environmental change impacting the three domains of the HLM CAP (eat, play, and learn) to address childhood obesity; therefore, in addition to food policy change, the CTF also works in the domains of physical activity and health literacy.

Because of their common origins and partners as well as alignment between policies and populations, the CTF and the Partnership will remain integrally connected through shared structures (see Section V. D. and F. above), decision-making, and information. For example, the CTF will support and inform the Partnership to help ensure its success by providing an essential community voice via the HLM-Pasadena Community Trustees. Conversely, the Partnership will provide updates to the CTF at each monthly CTF meeting or more often as requested.

### **IX. National BUILD Team**

The National BUILD Team refers to the official representatives of the BUILD Health Challenge funders collectively and individually (i.e., The Advisory Board Company, the de Beaumont

Foundation, the Colorado Health Foundation, the Kresge Foundation, and the Robert Wood Johnson Foundation) in their roles as grant and program monitors, technical assistance and support services providers, evaluators, providing media and communications about the National BUILD Challenge, and other activities to be determined throughout the project lifespan. The National BUILD Team sponsors annual gatherings of all local awardees and convenes the National BUILD Advisory Committee, on which members of the Partnership serve. Members of the National BUILD Team have also made opportunities within their agencies available to local Partnerships, such as the Robert Wood Johnson Foundation's Project CONNECT.

The National BUILD Team has assigned a Primary Liaison (PL) to each local Partnership to serve as a bi-directional facilitator for information, needs, and opportunities. The Partnership's PL is Prevention Institute in Oakland, CA. A designated member of the Backbone Committee serves as the primary point of contact to the PL to efficiently facilitate official requests, communications, and completion of support services goals. However, any member of the Backbone Committee may communicate with members of the National BUILD Team as needed and as discussed as Backbone Committee meetings.

## **X. Communications**

### **A. Partnership Communications Guidelines**

When communicating about the Partnership collectively and individually, written and verbal communications will aim to embody the following key messages about the Partnership, its aims, and its members:

- › Families are often forced to make difficult choices between food and other essential needs like paying the rent, medical bills, utilities, or buying groceries. This is why we are committed to partnering with strong community leaders and residents. Together we can address the conditions that cause food insecurity in north Pasadena.
- › The central goal of the Partnership is to develop a community-supported food system in north Pasadena in order to eliminate the conditions that have led to food insecurity. Almost 1 in 5 north Pasadena residents live in food insecure homes.
- › The Partnership promotes healthy eating behaviors in line with members' efforts to reduce the risk of diet-related diseases including overweight and obesity, cancer, heart disease, and diabetes.
- › Economic factors are also a key driver of health. Higher poverty levels, inadequate sources of healthy food options, and cultural and educational factors all affect many Pasadena residents' ability to engage in healthy behaviors.
- › We look forward to the future of producing local foods in Pasadena that will be accessible to all residents. We must continue to work together to improve the overall health of the community.
- › The BUILD Health Challenge award of \$250,000 will be a step in the right direction to educate our citizens about health issues such as the link between healthy eating and



childhood obesity. We are proud to be a part of this Partnership as we continue to work each day to improve our community's health.

- › The award has been provided through a grant from The Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, The Kresge Foundation, and the Robert Wood Johnson Foundation.
- › The BUILD Health Challenge is a new national awards program to address today's most pressing health issues by working on their root causes and by strengthening partnerships between local nonprofit organizations, hospitals and health systems, and local health departments to improve the health and well-being of their communities.

## **B. Representation of the Partnership**

All members of the Partnership may speak about the Partnership and their role in the Partnership using publicly-available materials and verbally provided it is in accordance with the Guidelines (above) and the Backbone Committee Decision-Making & Approvals as follows.

*Decisions that should be routed to the Backbone Committee include:*

- › Presentations, communications, and engagements with elected officials and their staff on behalf of the Partnership beyond sharing publicly-available Partnership materials.
- › Approval of official Partnership communications materials (e.g., brochures, posters, infographics, etc.) including virtual communications such as official Partnership webpages and social media pages.
- › Inquiries from the press or media as well as statements to the press or media on behalf of the Partnership beyond sharing publicly-available Partnership materials. Vetting of official Partnership press and media materials (such as press releases and media advisories) by individual agency members of the Backbone Committee will also be needed prior to public distribution.
- › Requests for sharing of non-publicly available Partnership materials. Such requests should be facilitated through the Knowledge Sharing Agreement process.
- › Requests from external parties for Partnership co-branding of materials, events, and other engagements. (A review timeframe of four weeks prior to deadline is required)
- › Grant applications submitted on behalf of the Partnership and letters of support from the Partnership for grant applications submitted for funding for Partnership members or external parties. (A review timeframe of four weeks prior to deadline is required)
- › Requests received to present on behalf of the Partnership by or the submission of abstracts on behalf of the Partnership to national conferences or conferences of national associations, organizations, membership groups, or potential funders. (A review timeframe of four weeks prior to deadline is required)
- › Requests from the National BUILD Team.

## **C. Communications Plan**

As needed for special events or engagements, the Backbone Committee will convene the Communications Committee (as described in Section V. C. above) to develop a Communications Plan for the event or engagement that will include (at a minimum) roles and responsibilities for:

- › Developing and distributing press materials related to the event.
- › Conducting community outreach.
- › Providing multi-media, such as social media promotion and on-site photography and videography.
- › Conducting media and event follow-up including social media tracking and archiving of media coverage.

The plan will also include the designation of individual members of the Executive Committee, Backbone Committee, or Backbone Committee designee(s) to serve as official Partnership spokesperson(s) for the event.

#### **D. Partnership Boilerplate Language**

The following language will be used to describe the Partnership and its initiative:

- › *Improving Health through a Sustainable Food System* (the Harris County BUILD Health partnership) is an initiative of Harris County Public Health & Environmental Services, the Houston Food Bank, and The University of Texas MD Anderson Cancer Center to launch a new healthy, accessible, and community-supported local food system in north Pasadena. It emerged from the partners' work on Healthy Living Matters (HLM), a Harris County collaborative to curb childhood obesity formed in 2011. The initiative is one of seven implementation projects awarded \$250,000 by the BUILD Health Challenge in recognition of its efforts to improve community health. The BUILD Health Challenge is a national awards program supporting "bold, upstream, integrated, local, and data-driven" (BUILD) community health interventions in low-income, urban neighborhoods founded by the Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, the Kresge Foundation, and the Robert Wood Johnson Foundation.

The following language will be used to acknowledge Partnership funding (unless otherwise instructed by the National BUILD Team):

- › Support for this project was provided by a grant from the BUILD Health Challenge, a national awards program supporting "bold, upstream, integrated, local, and data-driven" (BUILD) community health interventions in low-income, urban neighborhoods founded by the Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, the Kresge Foundation, and the Robert Wood Johnson Foundation.

## E. Logo Usage

Unless otherwise determined by the Backbone Committee, the Partnership logo (reproduced below) will be used on all official Partnership materials (e.g., brochures, posters, infographics, etc.) including virtual communications such as official Partnership webpages and social media pages. When space allows, official logos of all current Partnership members will also be used alongside the Partnership logo. Partnership members are encouraged to place the Partnership logo in their agency communications as well (e.g., webpages, annual reports, etc.) in order to indicate their membership in the Partnership. Logos can be obtained from the Backbone Committee point of contact.

› *Current Partnership Logo:*



## F. Notice of Public Information

Partnership members include governmental agencies regulated by public information policy and law; therefore, written correspondence by their staff and agency is subject to the Public Information Act.

## XI. Conflict of Interest

The Partnership recognizes that a principle of sound and successful governance is maintaining procedures for managing conflict of interest (COI) both current and potential, real and perceived.

In the unique case of the Partnership, management of COI is of particular concern due to the project's potential for long-term profit-generation and creation of new intellectual property. In addition, Partnership members are responsible for project sustainability including funding applications and potentially advocating for funds in institutional budgets, both of which could directly impact their organizations. Therefore, the Partnership will take steps necessary to ensure that all forms of COI within the Partnership are appropriately disclosed and managed as follows:

For the purposes of this section, the term “interest” shall include:

- › A direct financial or personal interest.
- › Interest as a party connected to an agency member of the Partnership (e.g., as an employee, stockholder, shareholder, or other beneficiary); or having an immediate family member who holds such an interest; or

- › Interest as a party connected to an entity affiliated with a Partnership member via a contract, MOU/MOA, or other legally-binding relationship; or, again, having an immediate family member who holds such an interest.

Whenever a voting member of the Partnership (per voting rights defined in Section V. A. above) has such as an interest in any matter coming before the Partnership for decision-making and approval (again, as defined in Section V. A. above), the Partnership shall ensure that:

- › The interest of the individual is fully disclosed to the Backbone Committee.
- › The interested individual withdraws from discussion, influence on, decision-making and approval, and voting (when utilized) on the matter of interest.
- › Any transaction in which an individual has an interest is approved only when a majority of members of the Backbone Committee with *no* interest determine that it is in the best intent of the Partnership to do so.
- › Payments to the interested individual are reasonable and do not exceed fair market value.
- › The minutes of meetings at which such decisions, approvals, and/or votes are taken record the above disclosures, withdraws/abstentions, and rationales for approvals.

The Backbone Committee will assess for COI among all voting members of the Partnership upon approval of this Charter and no less than annually thereafter using a written Conflict Disclosure Form. Completed forms will be compiled and entered into official Backbone Committee minutes and made available to the public at their request. Material changes to a voting member's interest shall be made known at the next scheduled Backbone Committee meeting.

## **XII. Definitions**

**BUILD:** *Bold-Upstream-Integrated-Local-Data-Driven*; the meaning behind the BUILD Health Challenge acronym; the five pillars of the BUILD Health Challenge.

**BUILD Health Challenge:** a national awards program supporting “bold, upstream, integrated, local, and data-driven” (BUILD) community health interventions in low-income, urban neighborhoods. Founded by The Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, The Kresge Foundation, and the Robert Wood Johnson Foundation, the BUILD Health Challenge strengthens partnerships between local nonprofit organizations, hospitals and health systems, and local health departments to improve the health and well-being of their communities.

**Collective Impact:** Long-term commitment by a group of important actors from different sectors to a common agenda for solving a specific social problem. Their actions are supported by a shared measurement system, mutually reinforcing activities, and ongoing communication, and are staffed by an independent backbone organization.

**Community-Supported Agriculture (CSA):** Income-earning and food-producing activities in urban environments.

- › Interest as a party connected to an entity affiliated with a Partnership member via a contract, MOU/MOA, or other legally-binding relationship; or, again, having an immediate family member who holds such an interest.

Whenever a voting member of the Partnership (per voting rights defined in Section V. A. above) has such as an interest in any matter coming before the Partnership for decision-making and approval (again, as defined in Section V. A. above), the Partnership shall ensure that:

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Colorado Health Foundation, the Kresge Foundation, and the Robert Wood Johnson Foundation) in their roles as grant and program monitors, evaluators, providing media and communications about the National BUILD Challenge, and other activities to be determined throughout the project lifespan. In addition, a selection of national organizations have been engaged by the National BUILD Team to provide technical assistance and support services to awardees; these organizations are Prevention Institute, County Health Rankings and Roadmaps, Practical Playbook, the Advisory Board Company, and PR Collaborative.

Pasadena Community Trustees (Trustees): Individuals who live or work in north Pasadena and who serve as official members of the HLM-Pasadena Community Task Force (CTF) as outlined in a Trustee Agreement. Trustees are engaged in the Partnership through active participation in Backbone Committee and Core Team meetings and activities as a means of including the voice of the community in key decisions about the new food system model. Trustees receive nominal compensation for their participation and are coordinated by HCPHES.

Primary Liaison: A national organization representative retained by the National BUILD Team to serve as a bi-directional facilitator to local BUILD awardees for information, needs, and opportunities. The Partnership's Primary Liaison (PL) is Prevention Institute in Oakland, CA.

Social Determinants of Health: Conditions in the social and physical environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life risks and outcomes. The social environment refers to social, economic, and cultural norms, patterns, beliefs, processes, policies, and institutions that influence the life of an individual or community. The physical environment refers to both the natural and human-made environments and how they impact health.



[www.buildhealthchallenge.org](http://www.buildhealthchallenge.org)