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CONVERSATIONS WITH HOSPITAL AND HEALTH SYSTEM EXECUTIVES:

HOW HOSPITALS AND HEALTH SYSTEMS CAN MOVE
UPSTREAM TO IMPROVE COMMUNITY HEALTH



Report created by



Research
conducted in
partnership with



OPENING LETTER

Created in 2014, the BUILD Health Challenge (BUILD) is a collective effort to address the root causes of chronic disease that keep many Americans—especially our most medically and socially vulnerable—unhealthy. Core to this initiative is understanding that no single organization, sector, or industry alone can combat these root causes, often referred to as the social determinants of health. Our mission is to address the gaps between community health and available resources by working with local stakeholders, including community-based organizations, hospitals and health systems, and local public health departments.

From remodeling homes to address pediatric asthma to prescribing better diets to reduce obesity rates, BUILD communities are delivering some of today's most promising upstream approaches to improve health outcomes. By breaking with traditional approaches to health, these communities have redefined roles and opportunities for stakeholders.

Among the BUILD participants, hospitals and health systems are chosen based on their ability to play a unique role in their communities. They endeavor to improve people's health and well-being, not only within their own institutions, but also in their communities. This study demonstrates that the future of hospitals and health systems as well as communities are fundamentally intertwined. Hospitals and health systems have access to financial assets, medical

expertise, political and economic clout, and vast regional—even national—infrastructure. Collectively, they represent a powerful opportunity to align with stakeholders and accelerate the transformation of community health.

The leaders of the hospitals and health systems who engaged in BUILD have broken the mold by investing in cross-sector, upstream tactics tied to community health needs—a nontraditional approach to community engagement. We have seen firsthand how hospitals and health systems are increasingly adopting this method: by collaborating with competitors for expanded community impact, or prioritizing “triple bottom-line” stakes, wherein social impact and community benefit are valued as much as the financial bottom line.

We interviewed these leaders to capture timely insights and practical steps as a blueprint to inspire other leaders—in hospitals, health systems, and communities—to leverage their own cross-sector assets and advance better population health outcomes. Doing so provides the potential not only to create new opportunities, but also to help reshape health in America. It is a future we hope to BUILD together with you.



Emily Yu
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BUILD Health Challenge

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About the BUILD Health Challenge: BUILD stands for “bold, upstream, integrated, local, and data-driven” community interventions. The goal of this national initiative is to contribute to the creation of a new norm in the U.S., one that puts cross-sector community partnerships at the center of health in order to reduce health disparities caused by system-based or social inequity. BUILD strengthens partnerships between CBOs, hospitals and health systems, local health departments, and others to cultivate a shared commitment to moving resources, attention, and action upstream to sustainably improve community health. To date, BUILD has supported 37 projects in 21 states and Washington, DC.

EXECUTIVE SUMMARY

The BUILD Health Challenge’s Hospital and Health System Engagement Research Study (HERS), which served as the underpinning for this report, is an effort to better understand how hospitals and health systems participating in cross-sector partnerships conceptualize and approach community health improvement in the context of social determinants of health (SDOH) and health equity. Through a series of interviews with hospital and health system executives¹ from BUILD sites, researchers identified:

- Key motivations for the organizations’ interest and participation in BUILD
- Best practices and insights on future upstream community-based projects

Hospitals and health systems also bring significant assets to promote community health and can benefit from cross-sector partnerships. Yet, despite the significant potential of cross-sector partnerships, there have been limited efforts to fully realize their impact in community engagement. Current studies show that hospital or health system engagement with the community has been largely confined to charity care, clinic-based programs, and limited health promotion programs.² Rarely are there examples where

1 “Hospital executives” refers to the leading executives of the hospitals and health systems participating in the BUILD Health Challenge. This group includes chief executive officers and a diverse group of executive level leaders directing staff development, employee wellness initiatives, community-based programs, public affairs, or cross-sector work for their various institutions.

2 Lasker RD and the Committee on Medicine and Public Health. *Medicine and public health: the power of collaboration*. New York: New York Academy of Medicine; 1997.

the organization's community engagement maximizes local involvement or affords community members direct input into program development.³

Due to BUILD's structure, participating hospitals and health systems are engaged in deep, intentional, and cross-sector public-private partnerships with community-based organizations (CBOs) and local health departments. This report captures the insights of these hospital and health system executives regarding the nature of cross-sector work, how they approach SDOH, and how these factors influence their organizations' approaches to both community engagement and service impact. These participating organizations are among an early class of healthcare institutions pioneering new types of interventions—bold, upstream, integrated, local, and data-driven—anchored in cross-sector

partnerships and directly related to today's changing population health landscape.

Over the course of the interviews,⁴ hospital and health system executives repeatedly noted that their organizations are mission-driven—not just bottom-line driven. Many shared that it is a fundamental component of the strategic visions and missions of their hospitals and health systems to work directly with their communities to improve health outcomes and expand institutional service impact. This alignment enables BUILD projects to progress smoothly. Their efforts have demonstrated a dynamic and impact-driven framework for health and healthcare that is both replicable and sustainable.

HOW-TO GUIDES

Resources and actionable ideas pertaining to lessons learned can be found throughout this report in the form of tailored How-to guides.

How to Align Your CBO's or Health Department's "Ask" with Hospital Priorities and Community Benefit Dollars
(page 10)

How to Talk to Hospitals and Health Systems About the Social Determinants of Health and Health Equity
(page 16)

How to Make Your Partnership Sustainable
(page 26)

How to Use Data to Articulate Community Health Concerns (page 31)

How to Identify a Hospital or Health System Champion
(page 33)

3 Burke JG, Truong S, Albert S, Steenrod J, Gilbert C, Folb B, et al. What can be learned from the types of community benefit programs that hospitals already have in place? *J Health Care Poor Underserved* 2014. 25 (1 Suppl) 165-193.

4 See Appendix A for more information on the interview structure and questions.

KEY FINDINGS

Findings from this report are relevant to hospitals and health systems that are considering engaging in community health initiatives; CBOs that are seeking partnerships with hospitals and health systems; and health departments that want to expand the ways they partner with hospitals and health systems.



Hospitals' and health systems' community engagement stemmed from a deep commitment to organizational missions—not just financial considerations.

Executives shared that their institutions hold a mission, vision, and legacy of community-centered work, which was a major motivation for participating in the inaugural BUILD cohort. While alignment with budget priorities factored into decision-making, executives said they view healthcare delivery as just one aspect of the health continuum. Some executives expressed a larger vision of community health and prevention, wherein traditional hospitals and health systems will ultimately “[become] unnecessary in the lives of their [community].”



Hospitals and health systems embraced non-traditional partnerships—including those with competitors—in their efforts to improve their communities' health.

BUILD's “community-centered, community-led” model facilitated partnerships anchored by three prongs: one CBO, one healthcare institution, and one governmental public health agency. With a direct focus on local health outcomes, additional partners interested in contributing to the targeted programs—like competing hospitals and health systems—approached the BUILD partnerships to align on these strategic initiatives. Executives shared that the efficacy of their targeted interventions attracted competing institutions interested in tackling specific community health challenges.



Access to real-time, cross-sector streams of information improved hospitals' and health systems' institutional understanding of both the health needs within their communities and the upstream causes of those needs.

Involvement with BUILD proved to be a major learning experience. Executives noted that BUILD forced them to re-evaluate their organizations' unique role in the community, which allowed hospitals and health systems to expand their investments in specific resources to address their target population's SDOH and led to new projects focused on health equity.

To put these key findings into action, be sure to reference the “How-to” guides throughout this report:

- Page 10** How to Align Your CBO's or Health Department's “Ask” with Hospital Priorities and Community Benefit Dollars
- Page 16** How to Talk to Hospitals and Health Systems About the Social Determinants of Health and Health Equity
- Page 26** How to Make Your Partnership Sustainable
- Page 31** How to Use Data to Articulate Community Health Concerns
- Page 33** How to Identify a Hospital or Health System Champion

INTRODUCTION

This report summarizes the unique perspectives of 11 executives who are at the forefront of community engagement and participated in the BUILD Health Challenge. This challenge not only tackles non-medical causes of disease, but also requires hospitals to invest in community-based initiatives as a partner, not the lead agency.

Half of the participating executives were chief executive officers (CEOs), while the others represented a diverse group of executive leaders such as senior vice presidents, chief nursing officers, chief medical officers, and senior directors of departments (see Appendix B for more details about the respondents). Most were involved in staff development, employee wellness initiatives, health education community programs, community service plans, or working collaboratively with various sectors of the community (e.g., elected officials, private sector, and community leadership).

Importantly, the executives participating in this study represented hospitals and health systems from the first cohort of BUILD, with differing levels of engagement. Each collaboration represented either a “planning” or “implementation”

site—differentiated by the project’s stage of readiness, funding amount, and level of hospital or health system commitment.

- For the seven implementation sites—which already had a strong track record of collaborating and achieving sustainable outcomes—the hospitals and health systems were required to provide a financial and/or in-kind match valued at \$250,000.
- For the 11 planning sites collaboration was strong, but the projects benefited from additional support to develop a well-defined community health improvement action plan. Hospital and health system partners were obliged to be full participants, but a financial match was not required.
- Planning sites were given the opportunity to apply to become an implementation site after one year. Accordingly, 10 of the 11 planning sites later transitioned to implementation sites and their hospital or health system partner provided a 1:1 match for the remaining year of the BUILD project.

THIS REPORT EXPLORED THE FOLLOWING ISSUES:

- Role of executives
- Motivations for hospitals and health systems to become BUILD partners
- Definitions of health equity, social determinants of health, and related strategies
- How hospitals invest in and sustain initiatives that address social determinants of health and health equity
- Lessons learned, advice, and challenges conducting their work

I. MOTIVATIONS FOR PARTICIPATING IN THE BUILD HEALTH CHALLENGE

KEY TAKEAWAYS:

Hospitals and health systems were motivated by their missions to improve community health, not just acquire new patients.

Hospitals and health systems valued developing new community partnerships and strengthening old ones.

Hospitals and health systems were interested in trying innovative approaches that could improve the SDOH and have a broad impact.

The Conversations with Hospital and Health Systems Executives report sought to identify the motivation and intent of hospitals and health systems that chose to participate in BUILD, and to understand the true potential of a health system's impact on community health. Executives reported seeing BUILD as a unique opportunity to continue engagement with the local community and collaborate with other hospitals and health systems in their respective cities.

PARTICIPATING EXECUTIVES SAID THAT BUILD:

1. Aligned with their hospital or health system's mission to create healthier communities in underserved areas
2. Fostered existing and new relationships with other partners
3. Supported existing efforts and developed new and innovative approaches to address SDOH
4. Strengthened community programs
5. Helped develop initiatives focused on prevention
6. Invested specific resources tailored to approaches to SDOH
7. Promoted the pursuit of new projects focused on health equity

Although BUILD was not a complete departure from the current mission or work of most participating hospitals and health systems, executives noted that BUILD allowed their organizations to expand their approaches and the scope of their work through partnerships with community organizations, public health departments, and other entities.

MOTIVATIONS: BUILD ALIGNED WITH MISSION, VISION, OR APPROACH OF HOSPITAL OR HEALTH SYSTEM

Several executives said that their organization's mission, vision, or legacy of promoting community health aligned with the goals of BUILD. Others stated that there was a natural motivation for participating. Hospitals and health systems, with the goal of creating healthy communities, realize that medical care accounts for only a fraction of population health status in the U.S. A far greater share of health outcomes, as much as 70 percent,⁵ can be attributed to the interplay and influence of social, physical, and economic environments on health behaviors. Therefore, participating in BUILD was seen as a "logical choice" to respond to the community's health needs.

FROM ONE EXECUTIVE TO ANOTHER: DISCOVER YOUR MOTIVATION TO JOIN THE MOVEMENT

"My simple advice is that we [hospitals and health systems] could do more and have a greater impact working together. A health system cannot do it by itself. And everybody wants to see the impact and the win. My other advice would be to focus on the areas that have measurable outcomes so that you can tell the story of the collaboration in a way that all involved organizations should be proud of."

⁵ <http://buildhealthchallenge.org/about/>

One executive said that he no longer wanted to promote the traditional view of hospitals and health systems where community residents are seen just as potential patients. He said his hospital aspires to be one that helps ensure that the community has every opportunity to live healthy lives, and that the hospital will be there to serve only those who really need it.

While some executives did not explicitly state that addressing community health is an evident part of their mission, vision, or legacy, they did express core beliefs that may be reflected in the larger culture of the hospital or health system. For instance, one executive talked about his view of the hospital or health system in

treating violence as both a personal health and public health outcome.

Executives who said that community engagement efforts were tied to their mission or strategic plan stated that participating in and supporting projects like BUILD is as integral to their overall work as providing medical care. One executive mentioned that investing in different community-based programs was one of the top five organizational priorities. This emphasizes a stance most of the BUILD hospitals and health systems have taken: Community health is a written priority for their organization, evidenced through funding and dedicated staff.

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“I think the motivation for us is driven by our mission of creating healthier communities together, and we know that we are just one part of the healthcare delivery continuum that the population needs in order to stay healthy. And so we’ve had a long track record of involvement with the community.”

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“There’s been a real legacy of caring for the community. I think it’s our mission. I think it’s our legacy. This organization was founded by a group of sisters... they set about creating something in this community that could be a healthcare setting, and we now sit in the much larger version of that. Going back, that mission and that ministry is about promoting community health, and it’s at the very core of what we do”.

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“We want to be the kind of hospital that actually is unnecessary in the lives of most people around it. We want to be here for people who need it, but not create a pipeline of patients. We want to do the opposite, which is creating communities that are healthy and that may not ever come to visit our hospital...”

How to

ALIGN YOUR CBO'S OR HEALTH DEPARTMENT'S "ASK" WITH HOSPITAL PRIORITIES AND COMMUNITY BENEFIT DOLLARS

There are ample opportunities for community-based organizations (CBOs) an/or health departments to partner with hospitals and health systems that are using their community benefit funds to address upstream causes of disease. Community benefit funds are set aside specifically for projects like BUILD and partnerships with CBOs. In 2008, all nonprofit hospitals and health systems in the U.S. (which account for 78 percent of all hospital and health systems) were required by the IRS to report in detail how they contributed funds towards "community benefit" and were awarded latitude to account for community building activities.¹ The requirement states that:

"Schedule H categories of community benefit activities include the net, unreimbursed costs of charity care (providing free or discounted services to patients who qualify under the hospital's financial assistance policy); participation in means-tested government programs, such as Medicaid; health professions education; health services research; subsidized health services; community health improvement activities; and cash or in-kind contributions to other community groups (such as donating funds to a community health screening event or hosting a blood drive)."²

1 Julia James, "Nonprofit Hospitals and health systems' Community Benefit Requirements," Health Affairs Health Policy Briefs, February 25, 2016.

2 "Nonprofit Hospitals' Community Benefit Requirements," Health Affairs Health Policy Brief, February 25, 2016. DOI: 10.1377/hpb20160225.954803

CBOs seeking to partner and receive funding with hospitals and health systems through the use of community benefit dollars should focus on the ways that the hospital or health system has previously used community benefit dollars on community-level health improvement activities.

WAYS TO IDENTIFY A HOSPITAL OR HEALTH SYSTEM'S COMMUNITY HEALTH PRIORITIES AND EFFECTIVELY DEFINE YOUR "ASK":

Review the **Schedule H portion of the 990 form**, where all nonprofit hospitals and health systems are required to report their community benefit spending to the IRS.³ This form will provide insight into funding priorities and may serve as a starting point for CBOs to expand work in which the hospital or health system is already invested. The Schedule H forms—and other financial data—can be found by searching for the hospital or health system on Community Benefit Insights website: <http://www.hospitalcommunitybenefit.org/>

Review the hospital or health system's **Community Health Needs Assessment (CHNA)**. Under the Affordable Care Act (ACA), nonprofit hospitals and health systems are required to conduct a CHNA for their catchment area, which includes creating a community health improvement action plan alongside the local health department to address the assessment findings.⁴ Accessing the CHNA will help CBOs align their project plan with the hospital or health system's priorities. Choosing issue areas or action plan items in the CHNA will also help CBOs to bring specific asks or partnership ideas to the hospital

or health system. CHNAs are conducted every three years, and the most recent report is available on each hospital's or health system's website. Go to <http://bit.ly/2CGLSYT> to learn more about conducting CHNAs.

Review the **State Health Improvement Plan (SHIP)**. Some hospitals and health systems may be required to partner with CBOs to address social determinants of health through the SHIP. Action plans for hospitals and health systems included in the SHIP are available on state health department websites. CBOs can use it as another resource to pinpoint health priority areas that hospitals and health systems are willing to address in partnership.

Review the hospital's or health system's **mission and vision statements**. These statements—along with the hospital or health system's local reputation—can help community partners invoke specific mission-level goals for the community. This information should be accessible on the hospital or health system's website.

Hospitals and health systems involved in **Accountable Care Organizations (ACOs)**, created by the ACA, have a larger stake in community health improvement, due to cost-sharing and value-based payment systems. If a hospital or health system is part of an ACO, it is more likely to get involved in community improvement work to lessen financial liability, and therefore may be more easily persuaded to partner.⁵ To find out if your hospital or health system is a part of an ACO, search its name for publicly available data: <http://go.cms.gov/2EaPTIE>.

3 Sara Rosenbaum, Amber Rieke, and Maureen Byrnes, "Hospital or health system Community Benefit Expenditures: Looking Behind the Numbers," Health Affairs Blog, June 11, 2013.

4 Matthew Ingram, Allison Wolpoff, Jen Lewis, "Evolving Hospital or health system Community Benefit Could Be the Next Big Development in Health Philanthropy," Health Affairs Blog, June 8, 2016.

5 Melinda Chen of Weill Cornell Medical College and coauthors, "Hospitals and health systems' Engagement in Population Health: Moving Past the Medicine and into the Community," Health Affairs Blog, April 5, 2016.

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“The involvement in BUILD was to really allow us the opportunity to engage our community in conversations about why they felt like they were having challenges...and then have them help us identify what they felt they would need to overcome those challenges.”

MOTIVATIONS: FOSTERING RELATIONSHIPS WITH COMMUNITIES AND OTHER PARTNERS

Several executives discussed a long history of involvement with the local community and other healthcare entities. They proudly spoke of having collaborated with community groups prior to participating in BUILD. They believed BUILD would offer the opportunity to continue to expand their existing partnerships and their capacity to conduct important community health work that they could not accomplish alone. BUILD also provided the opportunity to gain a better understanding of community health needs and upstream causes.

BUILD provided a space for hospitals and health systems to connect with their communities and address SDOH while allowing them to share expertise and support. Notably, due to BUILD's partnership framework, which calls for the CBO to serve as the lead agency in the partnership, many hospitals and health systems experienced community-led partnerships for the first time.

There was variability in how hospitals and health systems participating in BUILD conducted engagement and partnerships (i.e. public, cancer centers, for-profit). Several hospitals and health systems described having a specific department dedicated to community partnerships and engagement that managed and oversaw these types of partnerships. For example, community benefit, population health, policy, or quality improvement departments.

While BUILD required hospitals and health systems to partner with CBOs and local governmental health departments, additional partnerships were often formed. In some cases, BUILD was the impetus that competing hospitals and health systems needed to collaborate.

“It’s a new partnership... we’re unusual in that our health system is a safety net hospital, a community health center, and a public health department. Because of that, we have a lot of community partners and engagement already. In that respect, it’s always been what we do, but we haven’t participated in something quite of this nature before.”

“We knew we needed to come together on this. We also have known for a while that more community collaboration has been needed among the three hospitals in our health system. We just weren’t sure how to go about doing that, so this project was an awesome opportunity to step into that arena.”

MOTIVATIONS: TO SUPPORT EXISTING EFFORTS AND DEVELOP NEW, BOLD, INNOVATIVE APPROACHES TO ADDRESS SOCIAL DETERMINANTS OF HEALTH

Many of the participating BUILD hospitals and health systems had community benefit offices or population health departments, and others had existing initiatives or were interested in launching initiatives to carry their work further into the realm of SDOH to address non-medical factors. BUILD created an opportunity to make these ideas concrete.

Hospital and health system executives noted that a major motivating factor was BUILD's requirement to develop bold and innovative solutions to address community health problems. They were not beholden solely to traditional evidence-based approaches but could test new, promising ideas to promote health and well-being. According to many executives, BUILD provided an opportunity to expand their thinking and initiatives related to addressing SDOH and to develop the resources, time, and a platform to execute such work with partners outside of the healthcare sector.

From One Executive to Another: Addressing Social Determinants of Health as a Motivator

“We, as an organization, thought that it was definitely time to start looking outside the traditional hospital clinic setting and look more at how to engage other partners and organizations in other disciplines so that health can be improved. There is a greater emphasis on social determinants of health, and this helped us realize that and provided the funding to help address these factors.”

“We had been interested in launching a cross-sector collaboration to address social determinants of health ... So once we started meeting with various stakeholders in [our city], we got connected with the county health department as well as the [Food Initiative] and heard about this great opportunity through BUILD. The health department was already working on an initiative focused on food insecurity and healthy eating behaviors. We got connected with them.”

“We have a very strong approach to community health improvement via our community health department. We spend a lot of time dealing with issues around the social determinants of health within our various program areas.”



FROM ONE EXECUTIVE TO ANOTHER: THE BENEFITS OF PARTICIPATING IN BUILD

Most executives indicated that although BUILD supported existing initiatives, one unique aspect was its emphasis on creativity. This allowed each partner to bring their distinct perspectives and knowledge of the community and SDOH to the project. By becoming BUILD partners, hospitals and health systems were able to strengthen partnerships with community organizations, community members, and, in some cases, competitive hospitals and health systems, to address a non-medical cause of disease in a non-prescriptive manner.

Executives shared some of the unexpected benefits of being a BUILD partner. For example, one executive said that working with the designated hospital system team to lead their BUILD collaboration enhanced his motivational and leadership skills, while another said that BUILD boosted organizational morale when the work was shared with other employees and clinicians.

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“BUILD is consistent with partnerships and innovation—we can pilot and find new and potentially effective ways to get at a problem that we are not able to solve with the toolkit we currently have.”

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“All the work has made us, our eyes, much more open to the full range of potential consequences of some of the things we’re doing...it helped me be a better leader.”

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“An unintended positive consequence is the amount of pride and good will that this work has garnered for us within our 11,000 employees, and our physicians.”



How to

TALK TO HOSPITALS AND HEALTH SYSTEMS ABOUT THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY

Hospitals and health systems have a fundamental interest in improving population health outcomes by tackling the social determinants of health (SDOH) and health equity. Each institution may use however, different definitions of those terms and methods to engage in such work—ultimately resulting in missed opportunities for aligning these initiatives with those of other organizations. Community-based organizations (CBOs), local public health officials, and others interested in partnering with hospitals and health systems may want to consider a few tips to help develop or expand their shared goals in this area.

Three ways in which organizations can start engaging with local hospitals and health systems around SDOH:

First, prospective partners must **understand how individual hospitals and health systems define SDOH and health equity**. When defining SDOH, hospitals and health systems fall on a spectrum from one-off “day of service” events, to joining community coalitions that shoulder long-term community development work. When defining health equity, some may apply it as an introspective lens to understand their own hiring and organizational practices or use it to understand differences in health outcomes in the community. Key considerations for CBOs and local public health officials to consider, include:

- a. What the hospital or health system **says** about SDOH and health equity
- b. What the hospital or health system **does** about SDOH or health equity

The best ways to start learning about these two items are the hospital and health system websites, mission and vision statements, press releases, community benefit fund uses, and the community health needs assessments that all nonprofit hospitals and health systems are required to complete every three years.

Next, develop a shared language among partners by **distinguishing between the SDOH and health equity**. This may help prevent confusion in what it is the partners intend to do, and how they will go about doing it. Use the following descriptions below as a starting point:

- a. SDOH are the characteristics of the environment (beyond just access to healthcare) in which people live, work, and play, that shape health. Examples include

housing, transportation, air quality, available green space, economic opportunities like jobs, quality education, and many more.

- b. Health equity is achieved when all people have the resources and opportunities they need to reach their maximum human and health potential.
- c. Health equity is the goal; improving SDOH—with a specific focus on populations that face barriers—is how health equity is achieved.

Describe, in the context of your organization, how you improve SDOH and what the ultimate impacts are at the population level. Choose the health outcomes your organization and the hospital or health system would both be interested in addressing.

Focus on health outcomes of interest to both the CBO/local health department and the hospital or health system to communicate your specific asks, outlining ways that they could get involved in relation to SDOH and health equity. Potential health outcomes to consider include:

- a. Those listed as hospital or health system priorities
- b. Those listed as requirements by the Joint Commission or other accrediting body
- c. Those with the greatest potential for cost savings or return on investment (ROI)

STORY FROM THE FIELD:

THE POWER OF CROSS-SECTOR COLLABORATION

One executive said that BUILD offered the unique opportunity to work on factors that affect health before community members become patients, stating, “We know that we provide as a healthcare system a small amount of the actual health in our community, and we tend to be very reactive to issues that are going on. We don’t see people until they are already sick, and we know that is not the best way to improve the health in our community.”

The same hospital had been involved with their current community-based partner prior to BUILD and had existing internal projects related to the topic they chose to target. They acknowledged how BUILD enabled them to push past the limits of these previous efforts: “It was just us working in our silos in healthcare, so we saw this as a great opportunity for the community to come together and really focus on this issue.” The partner also noted that the community-wide, cross-sector collaboration was attractive because it relieved them of the pressure “to do it on our own.”

The hospital partner described how the current approach is a departure from how they’ve done community work in the past, wherein the hospitals and health systems acted independently, each determining



their own sets of priorities. They knew it was important that not just one health system be involved in the project: “When you are talking about SDOH, everyone in your community and all three of our hospitals and health systems serve different populations and different pieces in our community.” They also admitted that “more community collaboration has been needed among the three hospitals and health systems.”

With BUILD, “driven by the leadership of the community-based partner and involvement of the department of public health, this is the first time we [including multiple hospital or health system partners] have been able to all come together and be active in moving toward a common goal. That for us is really exciting; it’s something I think is very needed and that there will be more of in the future due to this project.”

“We know that you can’t learn new things without trying new things, and we are very interested in learning new things—not just in the context of healthcare delivery but also in how we change the macro-environment.”



FROM ONE EXECUTIVE TO ANOTHER: RECOMMENDATIONS FOR HOSPITALS AND HEALTH SYSTEMS INTERESTED IN COLLABORATING WITH THE COMMUNITY

- **Survey the community landscape.** Look closely at existing and successful community programs and interventions. Gauge if they are serving the system's target community and whether their actions align with the system's strategic plan.
- **Deliver more than just healthcare.** Hospitals and health systems can have a positive community impact beyond healthcare. For example, among BUILD partners, the hospitals and health systems provided economic stimulus through direct employment, investment in youth development and training programs, and support for community-focused initiatives.
- **Let go.** Hospitals and health systems differ from community organizations in leadership structures, decision-making pathways, and implementation processes. For the good of the partnership, executives recommend changing the power dynamics and relinquishing control to ensure authentic community engagement.
- **Use bridges between the hospital or health system and the community.** Engage with local public health departments and community health centers as a bridge to community residents.
- **Think outside the box.** Improving community health requires bold, innovative, and integrated approaches. Consider solutions outside of traditional medical approaches and tap into resources like the community benefits office or similar hospital or health system programs.
- **Establish accountability and capacity.** Successful programs require dedication and accountability. Designate an individual or team to represent and coordinate hospital or health system participation in the initiative. It is important that the lead team member is able to listen and learn from community members throughout the process.

II. HOSPITAL OR HEALTH SYSTEM'S VIEW OF ASSESSING IMPACT AND MEASURING SUCCESS IN THE BUILD HEALTH CHALLENGE

KEY TAKEAWAYS:

Hospitals and health systems understand the importance of using different methods to obtain data to understand health outcomes, SDOH, and ROI.

Hospitals and health systems value partnerships that will help them diversify and collect various types of data.

Hospitals and health systems are motivated by data that demonstrates the population-level improvements and collective impact of the partnership.

Executives were asked how their hospital or health system defined and measured successes in developing programs such as their BUILD projects. Many discussed using indicators related to the health status of their population based on a range of health outcomes and lifestyle, behavioral, psychosocial, developmental, and contextual indicators.

They used a variety of methods, such as registries, scorecards, and surveys, to measure key indicators. Most outcome data were collected using state and local data as a framework for measuring success. Some executives indicated that they only collected basic data, such as demographic data—for example, to be able to measure racial-ethnic disparities—but many said their organizations want to explore more sophisticated performance measurements and impact evaluation, such as ROI.

Some hospitals and health systems used quarterly surveys to assess their collective impact, while others were exploring the best approaches to conduct process and impact evaluations for both their overall work and their work specifically within BUILD partnerships. One executive posed a series of questions that encompass the issues these hospitals and health systems are attempting to solve:

“How do you evaluate impact? How can we do process measures? How many people do we see? How many people did this? What about pre- and post-tests that give you a little bit of impact in terms of increasing people’s knowledge?”

Other executives expressed the challenge of measuring the progress and impact of initiatives like BUILD, which tend to be complex. Collaborating with other organizations creates the potential to develop new tools and methods for adequate data collection and assessment.

“One organization or even one small collaboration of organizations can’t move the needle alone. I shouldn’t say we can’t. We probably could, but how do you measure that? And some things take a long time because of the data lag. How do you ascribe the reduction directly to your efforts?”

STORY FROM THE FIELD:

FROM VOLUME TO VALUE

The majority of hospital and health system executives agreed that ROI may not be immediately evident in community health work. Many stated that their motivations were not financially driven, but more altruistic, and that they may never assess ROI.

However, two executives were actively doing so. In the first case, the hospital wanted to increase the number of patients it was seeing from the community. It identified a lack of culturally responsive care as a contributing factor to why community residents preferred to seek care at a hospital outside of their community. The hospital responded by introducing culturally responsive care trainings and changing internal policies.

To determine success and ROI: “The organization created an ROI formula that really looked at the baseline of the population data in the community being served. And the culturally responsive care initiative measured how much more of the population was choosing their hospital for care versus somebody else.”

The second example is of a health system reframing the concept of ROI by moving beyond “making money” to saving money—by providing the care patients might not otherwise have access to. This BUILD site’s lead health system demonstrated bold, innovative, and integrated care by connecting their emergency services care to specialized dental clinic work.

The health system executive said data showed that their most vulnerable and uninsured patients seeking emergency care were also presenting co-morbidities related to poor dental care. Furthermore, there was a



need for not just routine dental care, but specialized dentistry.

The health system garnered the participation and support of local specialized dentistry providers and created a program that offered various access points for patient referrals. A representative said: “We felt the need to bring in additional investment to our community benefits program in order to show that this is a worthwhile effort and there is a real need to serve our community’s poor and vulnerable.” They reported improvements in the health of this population, demonstrated by decreased numbers of emergency room visits.

The executive also noted that they have quantified these savings by comparing the condition of the patients before and after treatment, “knowing that dental care has some co-morbid relationships to things like diabetes and other chronic disease.” Notably, this site worked through their existing channels to assess the impact of their BUILD initiative’s focus on tackling health disparities in the local community.

III. ORGANIZATIONAL, COMMUNITY, AND FINANCIAL SUPPORT FOR THE BUILD HEALTH CHALLENGE

KEY TAKEAWAYS:

Most hospitals and health systems have a community benefit fund that is created for supporting collaborative projects in the community just like BUILD.

Each hospital or health system is different, but most are seeking to fund sustainable, impactful, mutually beneficial partnerships that serve the community.

Policy advocacy is a good strategy for ensuring sustainability and lasting impact.

SECURING A MATCH: FUNDING BUILD EFFORTS

Each hospital or health system took a unique approach to securing designated funds for the BUILD Health Challenge’s requisite 1:1 financial match, as well as for overall population health work. For example, some focused on prioritizing potential initiatives (including BUILD) through screening tools, review of community needs assessments, and/or advocacy on the part of leadership via internal departments, such as community benefit or population health.

A common theme was the importance of advocacy, with analytics or data supporting the recommendations of staff or leadership advocating for a particular initiative. As one executive stated, given all the proposals the hospital or health system receives, and the abundance of challenges in the community, securing funds was like “robbing Peter to pay Paul.”

Some executives reported using internal funds from general operating budgets or community benefit dollars, while others found creative approaches, such as utilizing programmatic grant dollars or funding received from donors and philanthropists.

Other hospitals and health systems had not set aside funds—intentionally. They stated that integrating these funds into the main hospital or health system budget reduced the likelihood of cutting funds later when resources are strained.

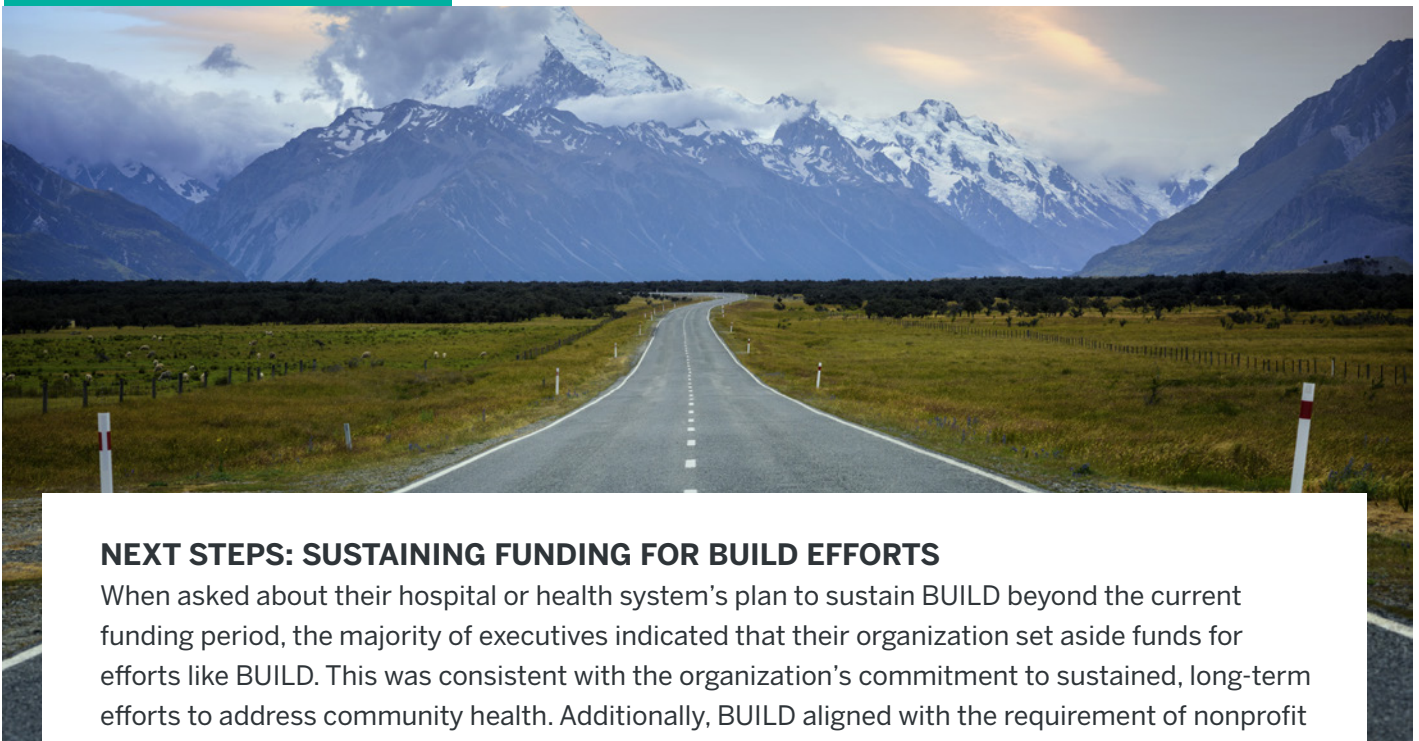
BUILD FUNDING

To be eligible for a BUILD Health Challenge implementation-level award, the participating hospital(s) or health system(s) must demonstrate a 1:1 match met through direct cash support or a combination of cash and in-kind support.

Innovative and transformative approaches to leveraging hospital community benefit investments in order to meet the match requirement will strengthen an applicant’s competitiveness.



Yes, BUILD has its own budget, and most of the staff is supported by the hospital as an operational commitment. But programming is supported through donors, philanthropy, and grant dollars, and we have created a prevention and wellness fund to support the work.”



NEXT STEPS: SUSTAINING FUNDING FOR BUILD EFFORTS

When asked about their hospital or health system’s plan to sustain BUILD beyond the current funding period, the majority of executives indicated that their organization set aside funds for efforts like BUILD. This was consistent with the organization’s commitment to sustained, long-term efforts to address community health. Additionally, BUILD aligned with the requirement of nonprofit hospitals and health systems to allocate and report funds for the benefit of the local community to maintain their nonprofit status.

Executives did list project components that would make them more amenable to sustainability, including committed partners, data to demonstrate accountability, and community interest in and commitment to the project.

“

“When you put something that’s not mainstreamed into your budget, it can be vulnerable to budget cuts, so we mainstream it as much as possible ... We face—like all hospitals—restraints. So it’s not always a matter of new money; it’s a matter of prioritizing and moving things to better serve the community.”

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“In general, innovative large-scale efforts like BUILD are grant-funded (current staffing is 15% grant-funded, 40% health system-funded).”

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“Community benefit funding is a function of several things. It is not like we have dollars set aside and a budget that says ‘community benefit.’ It is integrated throughout our system in a number of ways. We count it in IRS guidelines in four different categories, including one for charity care, where we discount care to people who are uninsured and come to us for care.”

How to

MAKE YOUR PARTNERSHIP SUSTAINABLE

Hospital and health system executives had multiple perspectives on how a partnership with a CBO could be maintained long-term. Below are some of the attributes they want to see when they are considering continuing in a partnership, as well as steps CBOs can take to ensure that an existing partnership can be sustained beyond single-project timelines.

FUNDING

An optimal partnership should have:

- a. Funding from multiple sources, such as foundations, businesses, or government grants. Hospitals and health systems like the reassurance that other groups are investing in this work.
- b. Multiple and/or overlapping funding cycles. Hospitals and health systems are less interested in investing in projects with a time limit and more likely to fund and support projects with a long-term future.
- c. Projects and outcomes that do not require sustained funding, like policy or environmental changes.

COMMUNITY CAPACITY AND INTEREST

Executives also spoke of the need to assess community interest and capacity to engage in and sustain efforts long-term. Here, CBOs have several tasks:

- a. Maintain community interest through regular communication.
 - Distribute written materials to raise awareness.
 - Maintain a presence on social media.
 - Foster feedback from the community.
- b. Demonstrate the project's relevance by adapting to changes in community needs.
 - Incorporate community feedback in the program plan.
 - Adapt program goals as initial aims are met.

- c. Plan consistent efforts for all partners to engage the community across the program timeline.
 - Host forums and town halls.
 - Host bus or walking tours that show the community intervention in action.
 - Collect data that demonstrates community interest, such as referrals or participation rates.

ACCOUNTABILITY

Accountability at the hospital or health system level and the CBO level are equally important to maximizing sustainability efforts. Some key ways to maintain partnership accountability include:

- a. Clearly outline each partner's role from the beginning and adjust as needed throughout the partnership.
- b. Set regular meetings in order to maintain accountability to progress.
- c. Use multiple methods to measure success, including community feedback, ROI data, information on changes in SDOH, hospital- or health system-level data, and population-level data.
- d. Communicate on progress between in-person meetings to maintain transparency and report on accountability measures.



FROM ONE EXECUTIVE TO ANOTHER: FACTORS AFFECTING SUSTAINABILITY

Executives shared some of the factors that were important to ensure their ability to sustain initiatives such as BUILD. In addition to financial commitment from internal or external funding sources, many stated that the sustainability of this work depends on the partners involved:

“We look for partners who are sustainable after a grant runs out. So many partnerships and programs fall by the wayside the moment that grant funding stops. We look for partners that already have a history and commitment in the community. They are not partnering with us because they want to survive. They’re partnering with us because they’re passionate about an outcome.”

Executives also spoke of the need to assess community interest and capacity to engage in and sustain efforts beyond the funding period. One hospital, for example, hired an outside consultant to conduct this exploratory work:

“We work with an outside entity to help us understand community capacity. We look at a lot of different data-driven pieces as well as qualitative analysis, which is focus group-type work, to understand a community’s capacity to address an issue. Part of that is the community’s interest and willingness to do it. We don’t want to have, for lack of a better term, domestic health tourism. We don’t want to come in, pop back out, and then not have sustained change.”

Accountability at the hospital level and commitment to improving health are equally important to maximizing sustainability efforts. One site explained a system they used to make decisions about moving forward with existing initiatives:

“There are secured quantitative measures in place at the hospital, and everybody’s using them. The entire team knows where they are, the phase of the project, and if they are ‘green’ or ‘yellow’—meaning that they need some work. We don’t want anything in ‘red.’ If a project reaches ‘red,’ we have to ask the question, ‘is this a viable solution or not?’ Then we make a decision. We don’t waste energy or resources on something that has already demonstrated it’s not going to work. Everything is science-based. Everything has to be measured. And everybody is accountable.”

IV. FROM HOSPITAL AND HEALTH SYSTEMS EXECUTIVES TO COMMUNITY-LED PARTNERSHIPS

KEY TAKEAWAYS:

Hospitals and health systems are complex and hierarchical organizations; however, most are seeking genuine partnerships with shared decision-making.

Hospitals and health systems prefer partnerships that are supported by data, have a strong connection with and buy-in from the community, have strong internal infrastructure, and connect with their own mission or goals.

Picking a hospital or health system champion to act as liaison between the organization (CBO or local health departments) and the hospital or health system is the best route to create and sustain partnerships.

BUILD's approach focuses on community-led and community-centered cross-sector partnerships to improve population health. Core to every BUILD collaboration is the alignment of a community-based organization, hospital or health system, and the local public health department. For many BUILD applicants, this partnership may be a new set of relationships in which partner dynamics have not yet been established, as was the case for several BUILD awardees. This process shifted partner dynamics by requiring that the CBOs be the lead partners.

As CBOs and local public health departments sought to partner with local healthcare delivery and hospital or health systems, executives shared the following insights to facilitate targeted interventions and initiatives like BUILD.

RECOMMENDATIONS FOR THOSE SEEKING HOSPITAL OR HEALTH SYSTEM REPRESENTATION IN COMMUNITY-LED PARTNERSHIPS

- **Use data to articulate concerns.** Community members can use community health needs assessments to articulate parallels between what the community needs and what the hospital or health system has identified as a need, and then draft potential solutions.
- **Include hospitals and health systems as coalition partners.** The core partnerships leading each BUILD site pre-dated the grant; however, as these programs grew, new partners joined the coalition. Cross-sector engagements broaden available data, tools, and approaches to community health issues.
- **Identify champions within the hospital or health system.** Working with a key decision-maker in the hospital or health system builds executive and organizational buy-in, nurtures relationships on the ground, and expedites the formalization of collaborations and projects.
- **Understand the hospital or health system to identify areas of synergy.** Building buy-in requires a full understanding of the hospital or health system's mission, vision, and capacity. Based on this information, community partners can draft proposals, manage expectations, and set goals that resonate with everyone at the table.

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“We looked at the ability to attribute the work toward our community benefit work. The other thing we looked at was how much of the money we were putting up would allow for community partners to be supported by the incoming funds.”

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“They have to understand the complexity of a large hospital system in terms of decision-making and be patient about getting to the right person who can make that decision. We used to say this all the time: Well, you may change from the bottom up, but that's not the way it works. You really need someone at the highest level possible to sign on to the work and then have them delegate for implementation.”

How to

USE DATA TO ARTICULATE COMMUNITY HEALTH CONCERNS

Using persuasive data is an important part of making the case for mutually beneficial partnerships between hospitals and health systems and CBOs. Regardless of their main function, CBOs can find data that will help support the “ask” of hospital or health system executives to invest time and resources in a partnership. Following are some tips on where to start looking for data and how to relay it to the hospital or health system in a persuasive way.

Start with the community health needs assessment (CHNA).

- a. Find your hospital’s or health system’s CHNA and read through the findings with special attention to highlighted health improvement goals. Every nonprofit hospital and health system is required to conduct a CHNA every three years and publish it on their website. Hospitals and health systems are mandated to work with health departments to conduct the CHNA. Consider reaching out to your local health department to identify aspects of the CHNA that may be of specific interest to the local hospital or health system, as they may have additional insight.
- b. Find the data points that show need in a particular area relevant to the work of your CBO. Use these data as talking points when meeting with hospital or health system representatives.
- c. Propose your partnership in the context of how you can serve the need(s) expressed in the CHNA.



Identify the accrediting body for your hospital or health system and what accountability measures it uses to evaluate hospitals and health systems.

- a. Use these accountability measures to identify metrics the hospital or health system will be working on long-term.
- b. Connect community-level data (e.g., people living in a zip code with asthma) with hospital or health system-level accountability measures (e.g., emergency room admissions for asthma).
- c. Point out how improvements on the community level can translate to improvements on the hospital or health system level (e.g., housing remediation in this zip code could lead to fewer ER admissions for asthma).

Obtain community-level data to support the partnership.

- a. Identify the best source for community-level data for your community. Potential sources include but are not limited to:
- b. Communitycommons.org for community-level data, including demographics and maps.

- c. City and county health department online data sources.
- d. Census data for zip codes, census track, and census block-level data (income strata, population, demographics), also found online.

Use community-level data to:

- a. Frame the health problem.
- b. Connect the health problem to social determinants of health and your work.
- c. Translate community-level improvements into hospital or health system outcome improvements.
- d. Propose how the partnership could address the needs of the community and the hospital or health system.
- e. Establish a framework for measuring success.

How to

How to

IDENTIFY A HOSPITAL OR HEALTH SYSTEM CHAMPION

A few executive leaders advised CBOs to identify champions within the hospital or health system to serve as a bridge between leadership teams and community agencies. This can be integral to obtaining leadership buy-in, building relationships on the ground, and facilitating the process of getting leadership at both the hospital or health system and community agencies to formalize the partnerships.

The hospital or health system champion should be a decision-maker who can move forward in a timely manner. Higher-level leadership often opens doors to certain resources or opportunities that can make obtaining support much easier. However, when there is little to no history of collaboration, it is difficult for community representatives to get access to a decision-maker. There's no correct way to get started, and you may have to try multiple approaches in order to find the appropriate champion. Below are a few tips to start searching for a hospital or health system champion:

Identify the hospital or health system department or personnel involved in community engagement.

- a. Familiarize yourself with the departments and personnel of your local hospital or health system. Each assigns the work of community engagement differently.
- b. Some hospitals and health systems will have a community liaison or community advocate already established with the purpose of seeking out CBO partners. That is the best first contact.
- c. Some hospitals and health systems might not have specific personnel, but do run community programs. Get in touch with the staff running community-level programs as a path forward.

Let the data lead you: Identify the personnel or department responsible for conducting the Community Health Needs Assessment (CHNA).

- a. Familiarize yourself with the most recent CHNA listed on the hospital or health system's website—and the person or team responsible for performing and writing the assessment.
- b. Reach out to the CHNA team, describe your CBO, and explain how your work relates to their CHNA.
- c. Establish a relationship by volunteering to serve on committees that relate to the community and align with your organization's goals.
- d. Remain explicit about the end goal: the hospital or health system viewing your organization as a potential partner.

Whichever personnel or department you start with, make sure to work toward meeting with a decision-maker on the executive level who can be the hospital or health system champion. This is the person you really want to make your case to and prepare your “ask” for.

Tips to keep in mind while developing a relationship with a hospital or health system champion:

- Remain flexible and patient as you develop relationships.
- Invite personnel you meet to your organization for visits or meetings.
- Attend open meetings or forums held by the hospital or health system.
- Communicate often through phone calls between face-to-face meetings; do not rely solely on email communication.
- Familiarize yourself with the personnel in the community engagement department of the hospital or health system in order to understand who can best help you reach your partnership goals.
- Prepare before meetings by researching the hospital and health system's staff, departments, CHNA, and previous community engagement programs.

How to

CONCLUSION

Improving the nation's health has expanded far beyond battles with bugs and bacteria. Today, the structural aspects – physical and social – of our communities have an outsized impact on health compared to biology or behavior. A new way to approach achieving better health is needed; an approach that maximizes the potential of the healthcare sector, while leveraging the potential impact of community partners. The hospital and health system leaders who participated in BUILD and in this report are precisely those who are leading and advocating for this change.

These champions have proactively stepped outside the walls of their organizations to focus on health, not just treating disease. They are driven to make lasting changes on the communities they serve because they understand the impact on their missions and their bottom lines. In recognizing that the community is not simply a pipeline for patients and that hospitals should be unnecessary in the lives of most community members, they have broken the mold by partnering with food banks, architects, and housing contractors. These leaders not only provided financial support and access to in-kind resources, but, where appropriate, relinquished control to trusted community-based partners. All the while, acknowledging that addressing upstream drivers of disease will allow them to utilize their budgets, time, and other resources wisely and effectively in a changing healthcare landscape transitioning from volume to value.

The information and insights garnered from conversations with these leaders have the potential to aid hospitals and health systems grappling with high readmission rates and declining community health to view partnerships as a viable approach to addressing SDOH and community health outcomes. It equally provides guidance as to how to best start developing these needed partnerships from those who have had a measure of success.

To actively address community-level challenges and improve community health, healthcare must move beyond addressing individuals' physical needs and embrace a more holistic view of health. Achieving health transformation will be challenging, but without innovative, sustainable healthcare and community partnerships, it will be impossible. The challenge that awaits is to find those who share similar beliefs in your community. It might be your board, the CEO of your local hospital or a physician leader, or someone working in community benefit. It doesn't matter where they are in the hospital or health system so long as they can help to obtain additional buy-in, build relationships on the ground, and formalize partnerships. Changing how a \$3 trillion industry operates won't be easy, but it is necessary. Now is the time for advocates and champions within health to work together to evolve the role of hospitals and health systems in achieving community health.

APPENDIX A:

METHODS AND QUESTIONS FROM SEMI-STRUCTURE INTERVIEW GUIDE

METHODS

Population/Sample

Study participants were recruited from the 18 sites that received the BUILD Health Challenge Award. The target sample consisted of one hospital or health system partner assigned to work on the BUILD project team and one hospital or health system executive from each site (n=36).

Recruitment

Executives were initially identified given their role in the BUILD Health Challenge. The majority were identified as the signee of the support letters submitted with the BUILD applications; others were specifically identified either by the hospital or health system partner.

Eligible participants were contacted via email by a member of the Hospital Engagement Research Study to introduce the study, answer any questions they might have, and request to schedule an interview. A total of 10 out of 18 BUILD sites were successfully contacted for interviews with executives, resulting in 13 interviews. (Two sites had more than one interviewee.) The Institutional Review Board at Chesapeake and IRB Services approved this study.

Key Informant Interviews

Two semi-structured interview guides, one for hospital or health system executives and another for the hospital or health system BUILD partners, were developed by the research team and reviewed by members of the BUILD Steering Committee and Technical Assistance Group.

The interview guide enabled participants to explore key themes and questions while allowing flexibility to investigate topics that may be unique to each BUILD site. Each interview was conducted via telephone through a secure conference call system by a member of the Hospital Engagement Research Study. All study participants provided verbal consent prior to beginning the phone interview.

Interviews lasted approximately 45-60 minutes and were transcribed verbatim. Team members reviewed transcripts for accuracy. In addition to audio recordings, interviewers also took notes during the conversation to provide additional contextual data for analysis. All transcripts and audio recordings were saved in a secure, password-protected electronic file stored on a server.

The interviews explored several topics:

- How hospital or health system executives defined SDOH
- Strategies hospitals and health systems used to address SDOH
- Whether the hospital or health system has an explicit vision/goal/strategic plan for health equity
- Whether and how health equity was embedded within hospital or health system culture
- Performance measures hospitals and health systems use to evaluate the impact of initiatives addressing SDOH
- How hospital or health systems invest in initiatives that address SDOH and health equity

Analysis

Two independent researchers reviewed each transcript to create categories and codes focused on areas of inquiry based on the study's initial goals. First, two researchers reviewed the interview guide to develop an initial codebook. Second, the researchers reviewed each transcript independently, applied codes to the text, and reconciled the development and application of the codes through continuous communication.

Next, the research team refined the codebook via weekly meetings to review and compile codes for subsequent transcripts. The final step involved the researchers analyzing the text data using the Glaser and Strauss (1967) constant comparison method, which included a back-and-forth approach between discovery and verification of findings. Each emerging concept was examined to determine its full

descriptive range and was compared to other concepts to examine relationships. All text data was managed using Dedoose (Manhattan Beach, CA) qualitative software.

Additionally, matrices were developed in order to organize the data after creating a meaningful coding framework. Thematic analysis was conducted, which entailed identifying patterns in the data and examining variations within themes and across interviews. To provide additional contextual information to study findings, researchers also reviewed site-specific information (e.g., BUILD application, website) and respondent-specific information (e.g., educational background, professional background, and years in position).

Hospital or Health System Executive Interview Questions

1. What were your hospital or health system's reasons and motivations for participating in BUILD? How does a project such as BUILD fit into the hospital or health system's overall strategic plan?
2. To what extent (if any) is BUILD a departure from how you may approach community partnerships and engagement at your hospital or health system?
3. (For non-CEOs) Can you tell me a little bit about your role?
4. (For non-CEOs) Who do you report to?
5. From your perspective as an executive leader, how would you define health equity? Follow up: Is this definition similar or different from how your hospital or health system defines health equity? (If applicable) Explain.

6. Does your hospital or health system have a strategic plan, goals, or a component of the strategic plan related to achieving health equity? If yes: Can you describe this plan, including the specific strategies included? If no: Are there strategies that your organization uses that may not be in your strategic plan but are related to achieving health equity?
7. Based on your experience, do you feel there is a specific department or division within a hospital or health system where responsibility for health equity and community partnerships should lie for maximum impact (e.g., quality, population health, executive team)?
8. To your knowledge, has your hospital or health system engaged in any kind of leadership education or capacity building related to health equity or population health?
9. To what extent do you feel a commitment to health equity is embedded within the culture of the organization? PROBE: What factors would drive enhanced focus?
10. How does your hospital or health system decide on investing in or developing specific initiatives such as BUILD that are related to achieving health equity or community health? How does an initiative such as BUILD fit into your organization's overall financial plan and budget?
11. Are there any separate budgets or processes specific to these types of initiatives (e.g., BUILD) within your organization?
12. What processes are currently in place to ensure the sustainability of work related to health equity and community health?
13. (Planning sites only) Many groups are considering applying for subsequent funds to become an implementation site. As part of a planning site for BUILD, has your hospital or health system been approached by your local partners about providing match funds to become an implementation site for BUILD? If yes: Where are you in the process? If no: What would be the process if an organization wanted to work with you to obtain match funds?
14. Specifically, how does your hospital or health system define and measure success in developing work, such as BUILD, within the realm of community health, SDOH, or health equity? What performance measures/outcomes are you using and how are they being shared (i.e., with patients, providers, community, broader public)? Any financial-related metrics such as return on investment or cost-effectiveness in terms of implementing community health/SDOH initiatives such as BUILD?
15. What advice would you give CBOs looking to engage hospital or health systems in conducting health equity-related work?
16. Similarly, do you have any advice for hospitals or health systems looking to partner more closely with public health departments and CBOs? PROBE: Any major differences in process or approach that are important to be aware of?
17. Is there anything else we haven't touched on related to your organization's work on BUILD or in the realm of health equity or population health that you think is important for us to know?

APPENDIX B:

EXECUTIVE CHARACTERISTICS

EXECUTIVE LEADERS' ROLE IN THE HOSPITAL OR HEALTH SYSTEM BY SITE

IMPLEMENTATION SITES

Senior Vice President (VP)/ Chief Nursing Officer

- Senior VP oversees clinical quality and patient safety, internal functions focusing on external reporting, and monitors and serves as the chief nurse for the system. Senior VP is experienced in evidence-based practice in nursing to provide quality care. The Director of Community Health reports to the Senior VP.

Chief Medical Officer

- The Chief Medical Officer is accountable for the organization's health plan, delivery system, population health, employee medical group, informatics, and for physicians and advance practice clinicians

Vice President, Community & Population Health

- Manages employee wellness and leads the health education community program, community service plans, and community health needs assessments
- Works with the data research/analytics and project management team
- Reports to the executive VP who oversees strategic planning, external affairs, and public relations

Director of Patient Experience

- Reports directly to the CEO and Senior Vice President

- Coordinates efforts around patient experience improvement and analyzes track and trend data
- Oversees community engagement and sponsorship activities

Program Manager on the Cancer Prevention and Control Platform

- Program Manager supports the Healthy Communities Initiative, with BUILD as one of the main initiatives
- Works with faith-based organizations and private sector and community leadership
- Assists in program management, serving as a liaison for the hospital or health system
- Works in collaboration with the School of Public Health to conduct an evaluation of the BUILD program

Executive Director of the Cancer Prevention Control Platform

- Executive Director of the Cancer Prevention Control reports directly to the president and a member of the leadership team for the cancer program
- Serves as the new lead person for the hospital or health system network
- Supports global academic partnerships and the cancer program, and brings it to national and international partners

PLANNING SITES

Executive Director of Children's Health Advocacy Institution

- Oversees population health work, community health programs, and the government affairs team

President & CEO of Medical Health Services

- Serves as board member for executive leadership of the hospital or health system
- Oversees the community network and detox efforts
- Oversees the director of integrated services, focusing on employee health and coaching

CEO of Community Health Services

- Serves as board member for executive leadership of the hospital or health system
- Oversees the community health center, which is also a safety net hospital or health system, and a public health department

VP of Population of Health

- Serves as board member for executive leadership of the hospital or health system
- Serves on data committee responsible for gathering community data
- Serves on survey committee responsible for developing survey that identifies communities' needs

CEO of Medical Health Services

- Serves as board member for executive leadership of the hospital or health system
- Serves as member of the National Committee of Equity and Care for the American Hospital or Health System Association
- Oversees the Director of Community Benefit, supporting the community and community partnerships
- Oversees the Director of Multi-cultural Responsive Initiatives, focusing on social determinants of health, health equity initiatives, and eliminating healthcare disparities

CEO

- Serves as board member for executive leadership of the hospital or health system

Senior VP for Quality

- Oversees the community initiative that convenes about 50 different social service agencies from across the city, and supports them with organizational issues, grant writing, finance, data collection, etc.

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