

Q1 Please provide your contact information below.

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Q2 Please describe your company or organizations overall goals and mission.

The Northwest Bronx Community and Clergy Coalition (NWBCCC) is a grassroots, member-led organization that has worked to transform the communities of the Northwest Bronx since 1974. Its mission is to unite diverse people and institutions to work for economic democracy and racial justice through intergenerational community organizing. We are committed to creating health equity for poor and working-class people of color in the Bronx. Our work builds democratic community power to address the root causes of health disparities and promote holistic physical, mental and social well being. We are shifting policy and investment to ensure access to quality healthcare for all, promote preventative healthcare and build economic development that encourages community wellness.

Q3 Please indicate which category your organization falls under. **Community Based Organization**

Q4 Innovation Executive Summary. Please describe the innovation, and how it addresses the social determinants of health. Please identify how the innovation addresses the 6 innovation criteria (i.e. ROI, scalability, feasibility, evidence based support for innovation, relevance to the Medicaid population and speed to market).

The Bronx Healthy Buildings Program (Healthy Buildings) is a collaborative, multi-sectoral approach to developing and implementing a community health initiative. The program aims to reduce morbidity among asthma patients living in the Bronx, by holistically addressing several of the upstream causes—health behaviors, social and economic insecurity, and housing conditions—that exacerbate asthma symptoms.

Using Electronic Medical Records (EMR) Data and the Bronx Regional Health Information Organization (RHIO), target multifamily buildings have been “hot-spotted” in the north and central Bronx with patients with the highest rates of asthma-related emergency room and hospitalization visits. Additional datasets were used to filter and rank target buildings, including: Rent stabilization, NYC Clean Heat

list, Building Indicators Project, Energy and water benchmarking data as well as estimated date of boiler retirement per Local Law 84, Deadline for auditing and retro-commissioning building per Local Law 87.

Once buildings are identified, the Healthy Buildings team works with landlords and building management to address health and safety issues, energy efficiency and water conservation (identified by a certified benchmarking firm) and to identify favorable financing options to provide economic incentives for the scope of work. At the same time, community organizers and community health workers educate tenants on environmental triggers, asthma self-management, green cleaning and energy and water conservation techniques. In addition to specific content matter, a set of trainings will increase tenants' awareness of their rights as renters, the social determinants of health and their sense of agency in addressing building-wide issues—both core components of the Healthy Buildings program. For tenants, organizing includes formation of tenant associations and a Social Determinants of Health training that educates residents on the connections between social and economic factors and poor health outcomes. To highlight opportunities for action, residents take part in an asset mapping exercise to identify local resources and discuss how to address the challenges and barriers to health raised. Residents who participate in the training also learn about the role of hospitals in community health as well as existing opportunities within the Affordable Care Act and state Medicaid reform that can be leveraged to address the social determinants.

By combining energy efficiency capital improvements, health-related building upgrades, and diverse education opportunities, Healthy Buildings aims to address many of the upstream factors that lead to health disparities in the Bronx with a specific focus on hot-spotting and integrated pest management to significantly improve asthma outcomes. Partners anticipate a wide-range of positive outcomes, including: (1) Reductions in the rate of asthma-related emergency department visits and asthma hospitalizations for residents at targeted buildings; (2) Healthier behaviors on the part of residents; (3) A greater sense of self-determination and agency among residents when it comes to health and their environment; (4) Lower healthcare costs for both patients and the health system; (5) Number of symptom-free days for asthma patients; (6) Lower monthly energy and water consumption and cost; (7) New local jobs and wealth in the community (by contracting services with Bronx-based businesses); (8) Business development for Bronx-based construction firms; (9) Visionary leadership development for Bronx residents.

The NWBCCC and the Healthy Buildings partners are committed to ensuring the most comprehensive and robust evaluation possible. Evaluation of program outcomes will not only help understand the impact of the program, but importantly, it will drive continued investment in the program in the future. It will also contribute to the larger body of research driving asthma treatment and home-based asthma interventions currently.

At a minimum, the Healthy Buildings team plans to use the following evaluation metrics:

Electronic Medical Record (EMR) data: Changes in healthcare utilization and costs over time through pre- and post-intervention comparisons and between properties through intervention-control comparisons.

Pre- and post-intervention surveys: A questionnaire administered before and after the intervention will measure changes in self-reported respiratory health and overall health, behaviors, education, conditions in the home, and residents' sense of agency when it comes to their health and environment.

Energy savings: This includes changes in electricity usage, oil and natural gas usage, and water usage for the entire building (including tenant areas) as well as the areas for which just the building owner/operator is responsible.

By pairing energy efficiency capital improvements with direct health related building upgrades, Healthy Buildings aims to establish new, sustainable revenue streams that finance expansion of the program, support local workers and the development of new community health initiatives. The Healthy Buildings has calculated an ROI grounded in estimations around Integrated Pest Management treatments at apartments of asthma patients, Community Health Workers, and physical health and safety building systems upgrades reducing Emergency Department and hospitalizations. In our three projected possible scenarios, the ROI is significantly positive and warrants investment.

Q5 Was your innovation implemented? If so, please explain when, the number of people impacted, and the results.

Yes (please specify when and the estimated number of people impacted):

The BUILD Health Challenge funded the pilot phase of the Healthy Buildings Initiative in its first round of awards in 2015, and then a local PPS funded the initiative in 2017 - 2018. Approximately 1000 people have been impacted so far.

Q6 Please identify the SDH Domain that your innovation addresses. (Select all that apply.)

Education,
Social and Community Context ,
Health and Health Care ,
Neighborhood and Environment ,
Economic Stability

Q7 I give the Department of Health the right to share the information submitted in this application publicly (for example: on the DOH website). I understand that there is no monetary reward/reimbursement for my submission or for attending the summit should my innovation be selected.

I consent to have my innovation shared

