

The STRETCH Framework

**STRETCH Framework developed in partnership with the
Strategies to Repair Equity and Transform Community
Health (STRETCH) Initiative.**

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The STRETCH Initiative

Strategies to Repair Equity and Transform Community Health (STRETCH) engages intermediary organizations, such as local health providers, the faith community and others, to support governmental state public health agencies to achieve health equity and create resilient communities.

While state public health agencies (SPHAs) are integral to establishing a culture of health, they face challenges in creating the lasting systems change needed to achieve the vision of healthy and resilient communities. These challenges range from a disinvestment in public health to a workforce deeply impacted by the global pandemic to the public health crisis of racism and oppression.

As the challenges facing public health become more complex, the role of partnerships and strategic alignment with communities, state and local organizations, intermediary organizations and others becomes more critical.

There are three primary objectives, which include supporting SPHAs in:

- 1.** Using newly available funding to create and execute public health financing strategies that drive the greatest, most equitable public health impact.
- 2.** Designing meaningful and lasting systems change and create inclusive and equitable public health systems.
- 3.** Embedding equity into SPHAs strategic priorities, partnership approaches, program development and implementation, policies and practices.

The 10 SPHAs teams selected to participate in this initiative will become part of a **peer learning community** and will receive **tailored technical assistance** on a variety of topics. The specific areas will be developed jointly with the participating SPHAs to include topics such as:

- Using newly available funds to sustainability integrate health equity into public health functions and services;
- Enhancing leadership capacity in strengthening cross-sector, community partnerships and shared priorities with communities to tackle systems change;
- Understanding and applying effective and sustainable funding strategies that include disseminating funding to local jurisdictions and communities, including the use of intermediaries; and
- Harnessing data modernization and integration efforts to advance health equity and community wellbeing.

The STRETCH Framework

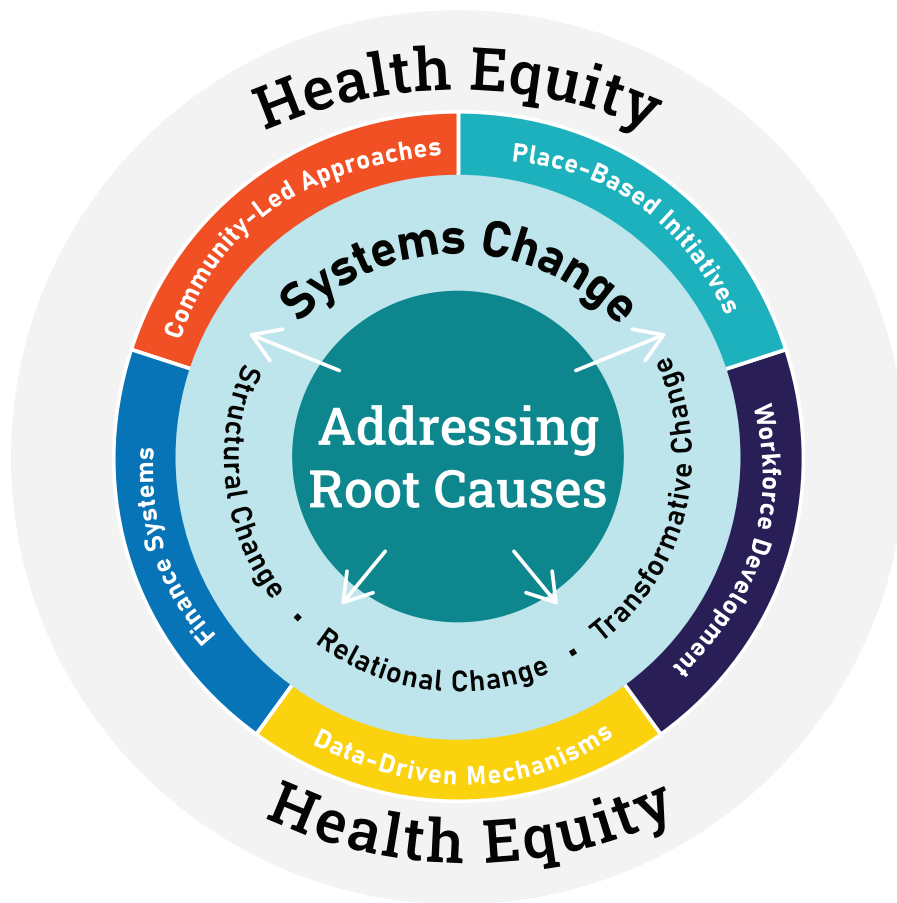
Stretching your idea of health equity.

Stretching your public health models.

Stretching your impact.

The STRETCH framework is designed to guide efforts to create meaningful change and achieve health equity in your communities.

By addressing root causes through a systems change approach, the STRETCH framework is meant to re-frame and re-imagine current public health models to lead to more equitable outcomes. This framework emphasizes partnering with communities and intermediaries to stretch the impact your agency can achieve.



At the center of the STRETCH framework is addressing root causes. Acknowledging the root causes of the social determinants of health and the historical context of our communities will inform needed systems change.

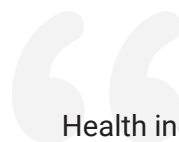
As we delve into technical assistance for specific projects, we will address root causes present within public health systems and across five domains to have a meaningful impact on equitable health outcomes.

An Equity Approach

Starting with the assumption that health inequities are not natural or inevitable calls for a critical examination of how public health as a field conceptualizes and implements policies, practices, and programming designed to improve population health and reduce health disparities.

Where much of public health programming is categorical and focuses on individual behavior change and outcomes, achieving health equity requires shifting focus to systemic causes – i.e., historical and contemporary oppression such as racism, gender discrimination and classism.

Structural racism is a primary driver of entrenched inequities and, although it operates as a concerted combination of activities that harm health in ways that can be both described and measured, directly addressing racism is largely absent from standard public health practice.



Health inequities – defined as differences in health that are avoidable, systematic, measurable and unjust – are well documented throughout the U.S. ... Health inequities are directly related, indeed, produced and reinforced by inequities in other parts of society, including the workplace, housing, education and criminal justice systems.

These inequities are produced by historical, contemporary, individual and collective decisions made by people; they are not natural or inevitable.”ⁱ

Health equity is the non-negotiable qualifier that guides the STRETCH Framework.

The STRETCH framework aims to re-imagine standard public health practice by centering equity as a through line throughout all public health domains and deploying a systems change approach to address the enduring legacy of racism, among other forms of oppression. The core principles of health and racial equity provide the foundation for the work states will be undertaking in partnership with communities to address root causes, transform systems, and improve outcomes.

Addressing Root Causes

An equity approach to systems change implies those engaging in the work are thinking from a root cause perspective: they are examining the role that historical and current conditions (e.g., racism, classism, gender discrimination) have played in producing and perpetuating disparate outcomes across populations and systems.

Taking a health equity approach requires a re-imagining of our daily practices and exploration into our taken for granted ways of understanding health experiences and outcomes, how our systems operate and how these systems are designed to advantage some while disadvantaging others. It means a shift away from thinking about disparities alone—where disparities stop short by only documenting disproportionate differences in health outcomes between groups but do not tell us why these differences exist.

ⁱ: American Medical Association and Association of American Medical Colleges, (2021). *Advancing Health Equity: Guide on Language, Narrative and Concepts*. ama-assn.org/equity-guide

Engaging an equity frame challenges the assumption that differences in health are natural or inevitable by shifting away from individual's behavior and biology and focusing on the conditions that produce them (see the FSG system change conditions on page 6).

Focusing on these upstream conditions means not only addressing the social determinants of health but pushes us to continue to ask why differences exist. That is, why do different populations have disproportionate access to quality, safe, and affordable housing, education, transportation AND health care?

A health equity mindset keeps the “why” at the center of the discussion and the work plan development.

Asking why allows us to think more explicitly about how oppression is operating and pushes us further to explicitly name and address racism, among other forms of oppression, as a root cause.

Using an equity approach to systems change allows us to assess the current conditions with committed attention to root causes.

Assessing Current Conditions

To begin, your team should be assessing current conditions with an equity lens, and asking questions such as:

- How is racism operating in our policies, practices and procedures?
- How are resources being allocated and distributed? And who decides?
- Who has decision-making power and the authority to influence individuals and organizations?
- What assumptions or deeply held beliefs are influencing the way we think, how we talk and
- What we do to address public health issues, particularly health inequities?

By assessing the conditions using an equity lens, strategic and targeted action plans can be developed to disrupt those conditions that are perpetuating inequities and transform systems to better address root causes across several domains.

Systems Change

“Systems change is an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions... It is a journey which can require a radical change in people’s attitudes as well as in the ways people work...” ⁱⁱ

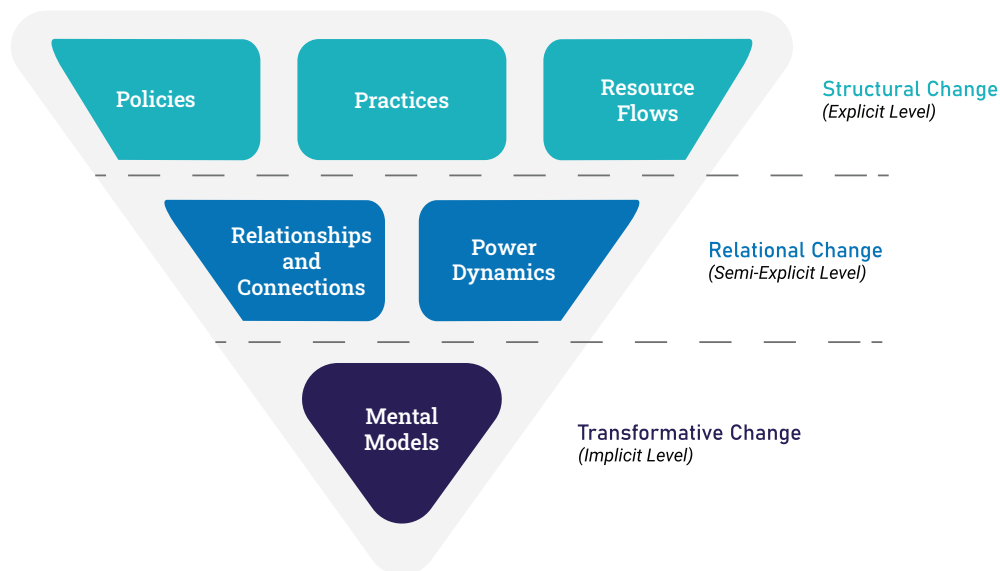
An important step, to begin the journey, is to establish direction, alignment and commitment across current and emerging sectors involved. ⁱⁱⁱ

While no systems change framework is exhaustive, it is helpful to have a reference point that supports systems thinking. In a model put forth by FSG, the Six Conditions of Systems Change, the authors describe three types of change:

ⁱⁱ Kania, John; Kramer, Mark; Senge, Peter (2018). *The Water of Systems Change, FSG Reimagining Social Change*, https://www.fsg.org/resource/water_of_systems_change/
ⁱⁱⁱ Ernst, Chri and Chrobot-Mason, Donna (2011). *Boundary Spanning Leadership: Six Practices for Solving Problems, Driving Innovation and Transforming Organizations*, Center for Creative Leadership.

1. **Structural/Explicit:** policies, practices, and resource flows
2. **Relational/Semi-explicit:** relationships and connections, power dynamics
3. **Transformative/Implicit:** mental models

Change at all three levels, across all six conditions, is critical for sustainably altering how systems operate.



iv.

This can be challenging because less explicit (e.g., power dynamics) conditions are relatively difficult to identify/shift compared to more explicit conditions, e.g., policies and practices.

Therefore, those attempting to engage in systems change work must be intentional in attending to the less explicit conditions, especially the underlying mental models (e.g., racism) embedded throughout the systems in which they work.

“**Systems change is about shifting the conditions that are holding the problem in place.**” v.

The Five Domains

For the purposes of the STRETCH Initiative, the Framework will guide state health agencies and their partners through capacity building and technical assistance that informs how organizations operationalize the principles of health equity and sustain community, relational, infrastructural and individual public health systems change over time.

iv and v: Kania, John; Kramer, Mark; Senge, Peter (2018). *The Water of Systems Change*, FSG Reimagining Social Change, https://www.fsg.org/resource/water_of_systems_change/

Our guided capacity building and technical assistance STRETCH Framework draws from systems change models and health equity core concepts and includes five main domains:

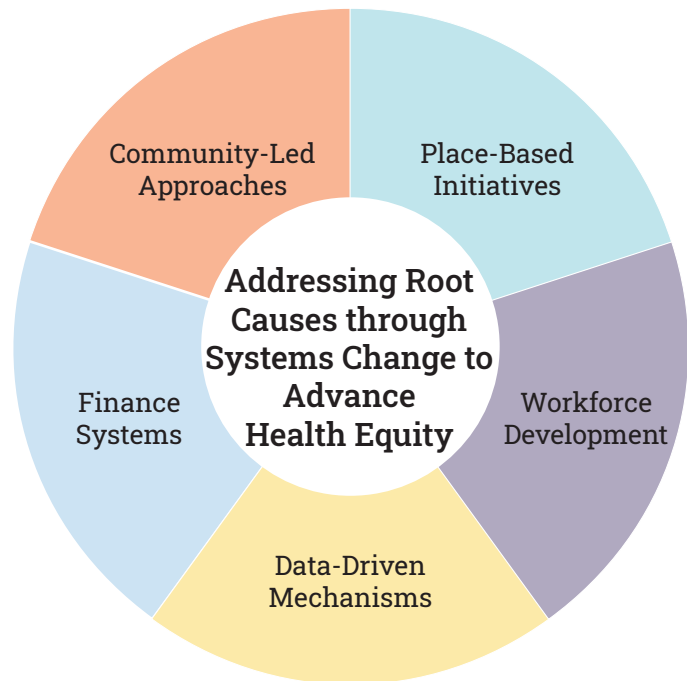
1. Community-Led Approaches
2. Place-Based Initiatives
3. Workforce Development
4. Data-Driven Management
5. Finance Systems

The domains aim to discover operational approaches to redefining, re-framing and reprogramming how we implement sound public health strategies.

Each domain promotes the management of boundaries across levels, functions, stakeholders, geographic and demographic levels.

The intentional integration of the principles of health equity provides us the opportunity to upgrade evidence-based and promising practices by ensuring our strategies are community-led, place-based, supported by a capable workforce and optimally functioning infrastructure, data-driven, and adequately funded.

The purpose of the domains as part of the STRETCH framework is to assess each of team's and organization's levels of readiness and the format of decision-making to promote policies, programs, and protocols that restructure the chances for everyone to maintain a healthy life.



Community-Led Approaches

Health equity actions centered on the community and prioritizing their needs to improve their health. Community-led approaches should be actions, policies and programs that are driven by the community, prioritize and impact local risk factors that influence health, and promote health equity.

To assess the value of current or potential community-led approaches, we will analyze the following:

- How much self-determination have communities had in previous projects?
- How does the state public health agency identify and contact community representatives?
- What is the balance between departmental expertise and community-based guidance?
- How do you ensure community members feel like their needs have been adequately addressed?
- What power-sharing dynamics exist and how have those been informed by community needs?

- Describe the power-sharing strategy that will be implemented with community partners?
- How do existing programs and structures within your department help or inhibit partnerships with community stakeholders?
- Do existing programs or staff have experience with community organizing or capacity building to help?

In addition to the assessment questions, we will explore the impact of the following structural inequities:

- Community dis-empowerment
- Neighborhood safety threats
- Availability of jobs and livable wages
- Abuse of power and structures of authority

Place-Based Initiatives

Place-based approaches are collaborative, long-term approaches to build thriving communities defined by place, interest or action.

To assess the value of current or potential place-based initiatives, we will analyze the following:

- Where are the individuals in need of these services in relation to the location? How long does it take to access these locations?
- Describe completed place-based approaches implemented in the past.
- What social, environmental, and economic factors were considered in the selection process of place-based activities?
- How are place-based initiatives supported and/or administered?
- Describe relevant experience the lead organization [backbone] and collaborating organizations have engaging with members of the prioritized communities with the greatest burden of health disparities and provide examples.
- Describe the role of community health workers or other designations of patient navigation.

In addition to the assessment questions, we will explore the impact of the following structural inequities:

- Residential segregation
- Environmental hazards
- Drive-times and transportation unavailability
- Poverty and other affordability circumstances
- Limited access to nutrient-dense foods

Workforce Development & Organizational Infrastructure

Ensuring the quality and capacity of the human assets to meet the current and future public health challenges and improve health and equity outcomes for the communities served.

This domain will measure the opportunities to increase workforce skill sets, quality of organizational practices, the influence of organizational protocols on high-functioning workforce, and the intentional efforts to incorporate health equity into the planning and execution of key strategies.

To determine the appropriate modifications to organizational infrastructure and assess the value of current or potential workforce development needs, we will analyze the following:

- Indicate how you collect information about the demographic composition of full-time staff and/or key partners that will support this work.
- Indicate the racial, ethnic and gender makeup of the leadership of your organization.
- Describe the outreach approach to including racial and ethnic groups in recruitment opportunities (full time, part-time, interns, consultants, partners, etc.).
- What expertise is needed among staff/personnel to address structural racism and implement health equity strategies?
- Describe the training needs across agency staff to advance understanding of structural racism and health equity.

In addition to the assessment questions, we will explore the impact of the following structural inequities:

- Lack of diversity and inclusion in decision-making, professional advancement opportunities, etc.
- Inadequate training
- Training that doesn't address implicit bias, structural racism, intersectionality and systems of oppression
- Diverse composition of workforce and recruitment strategies
- Workplace policies and protocols
- Favoritism
- One-directional feedback streams
- Safe and fair working conditions for all members of health workforce

Data-Driven Management

How the health data infrastructure is modernized to re-imagine how data is collected, shared and used to illuminate the needed investments to improve health equity.

Data are critical details that describe the health of people and their communities; it is with data that we contextualize what promotes health, drives disparities, and how structural racism influences the ability to live. Measures of health and well-being should be co-created with communities to center their values, needs, and priorities. To determine the appropriate modifications needed to current health data systems and assess the value of redesigning data management systems, we will analyze the following:

- How does your team define data?
- What data management systems are you currently using?

- Are community residents/people represented through stages of the data life cycle (planning, collection, interpretation, and dissemination)?
- Do data elements and metrics illuminate systemic causes of inequity and hold systems accountable?
- Do you have bidirectional referral systems in place to share data with other health systems?
- What data sharing agreements do you have in place?
- What type of racial, ethnic data are currently collected? Are these collection protocols universal or vary by team/project?
- How is data reported back to the community? (Speak to the inclusion of both quantitative and qualitative data inputs)
- What storytelling mechanisms are you utilizing to communicate data?

In addition to the assessment questions, we will explore the impact of the following structural inequities:

- Cultural humility
- Distrust
- Misconceptions
- Misinformation
- Bias
- Incomplete data systems
- Data-driven programmatic and policy protocols
- Deficit versus strength based measurement
- Data and narrative change

Finance Systems

How agencies can get the finances organized and in place for long-term sustainability and success.

This domain will assess the ways in which agencies can move away from approaches that are restrictive, such as funding streams that are based on pre-existing silos, and adopt approaches that will match community needs and priorities that capitalize on the prevention potential of upstream public health initiatives. To determine the appropriate modifications needed to current health data systems and assess the value of redesigning data management systems, we will analyze the following:

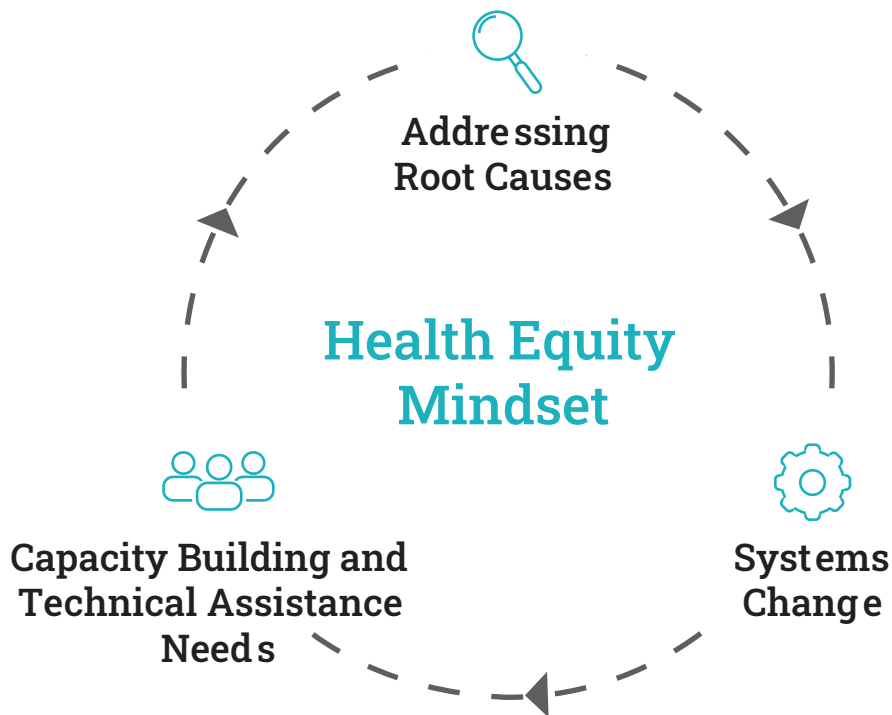
- How does the state public health agency describe “braided funding” options? Give examples.
- How does the state public health agency create less-restrictive funding opportunities?
- Describe how the state public health agency has sought to match health equity collaborative initiatives to appropriate funding sources.
- What are examples of projects that the state public health agency has completed that provided maximum flexibility to pursue prevention approaches that align with community needs and priorities?
- How does the state public health agency encourage a coordinated investment strategy to meet community needs as it relates to the funding design?

In addition to the assessment questions, we will explore the impact of the following structural inequities:

- Siloed funding mechanisms
- Top-down funding distribution
- Uncoordinated infrastructure and project-based funding needs

Continuing Forward

The Framework outlines a circular process of creating a system focused on health equity. Addressing root causes leads to system changes leading to capacity building. Continuously questioning why and addressing those root causes strengthens our communities' health systems.



As noted in the FSG *The Water of Systems Change*, “Systems Change pursued without Deep Equity is, in our experience, dangerous and can cause harm, and in fact leaves some of the critical elements of systems unchanged. And “equity” pursued without “Systems Change” is not “deep” nor comprehensive at the level of effectiveness currently needed.

The STRETCH framework will continue to be developed in partnership with the participating state public health agencies.

To learn more about the STRETCH Initiative, please [visit the CDC Foundation website](#).

References

American Medical Association and Association of American Medical Colleges, (2021). *Advancing Health Equity: Guide on Language, Narrative and Concepts*. ama-assn.org/equity-guide

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