The BUILD HEALTH Challenge

Highlighted questions are those most frequently asked on the December webinars.
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About the Challenge

1. ***UPDATED: Who is behind the BUILD Health Challenge?**

   The BUILD Health Challenge is a funder collaborative founded by Advisory Board, the de Beaumont Foundation, The Colorado Health Foundation, The Kresge Foundation, the Robert Wood Johnson Foundation. BUILD is pleased to welcome several new funders into the collaborative for the 2017-2019 BUILD Health Challenge: The Blue Cross and Blue Shield of North Carolina Foundation, Episcopal Health Foundation, Interact for Health, Mid-Iowa Health Foundation, New Jersey Health Initiatives, Telligen Community Initiative and the W.K. Kellogg Foundation.

   While each partner has different missions, strategies and activities, we share a desire to improve community health, promote health equity, stimulate more effective methods of sharing and using health data, foster cross-sector collaboration and identify new models that have the potential for dissemination and replication.

2. **What are the goals of the BUILD Health Challenge?**

   The overarching goal of the BUILD Health Challenge is to increase the number and effectiveness of hospital, community, and public health collaborations to improve health. We believe that this initiative has never been more timely or important. Reforms at the national, state and regional levels offer opportunities to allocate resources in ways that achieve better health equity and improved population health at lower per-capita costs. The BUILD Health Challenge was designed to identify the most promising models, provide resources to accelerate their work, network them with other innovators and disseminate best practices.

3. **What does BUILD stand for?**

   BUILD is an acronym for the core principles of the Challenge: Bold, Upstream, Integrated, Local, and Data-Driven. Applications that exemplify all of these principles will be considered most competitive. Summary descriptions the principles are included below.

   - **BOLD:** Partnerships that aspire towards a fundamental shift beyond short-term programmatic work toward longer-term influences over policy, regulation and systems-level change
   - **UPSTREAM:** Partnerships that focus on the social, environmental and economic factors that have the greatest influence on the health of a community, rather than on access or care delivery
   - **INTEGRATED:** Partnerships that align the practices and perspectives of communities, health systems and public health under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner
   - **LOCAL:** Partnerships that engage neighborhood residents and community leaders as key voices and thought leaders throughout all stages of planning and implementation
   - **DATA-DRIVEN:** Partnerships that use data from both clinical and community sources as a tool to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights

   A more detailed explanation of each principle, along with examples, can be found http://buildhealthchallenge.org/our-mission/.

4. **Are there examples of strategies or outcomes that BUILD funding is looking to support?**

   The specific local outcomes or progress measures are to be determined by applicants, based on your community's goals and strategies (not by the national BUILD Health Challenge). Such measures could include – but are by no means limited to – changes in violent crime rates, emergency admissions for asthma, access to healthy affordable food, vehicle-pedestrian collisions or housing stability. Applicants are expected to have a well-conceived plan with clear roles and expected community impact. In some cases, activities may already have started by the time communities apply for a BUILD Health Challenge award. To learn about the strategies and outcomes supported by the first BUILD Health Challenge, visit buildhealthchallenge.org/our-communities.

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5. ***UPDATED: How many awards will be given? At what amount? Over what period of time?**

   The BUILD Health Challenge will support at least 21 awards of up to $250,000 over a two-year period.

   The geographic breakdown of available awards includes:

- 11* awards in cities of **150,000 residents or more** in any state
    - *Three awards will be dedicated to proposals that support upstream solutions that influence maternal and child health, specifically breastfeeding initiation and duration among predominantly low income and populations of color. Refer to Question 6 for more information.
- 3 awards in the **state of Colorado** (no city population threshold)
- 3 awards in the **state of New Jersey** (no city population threshold)
- 1 award in **central Iowa** (*Dallas, Polk, and Warren counties*) that focuses on social determinants of children's health (age 0-21) (no city population threshold)
- 1 award in the **57-county service area of the Episcopal Diocese of Texas** *(Anderson, Angelina, Austin, Bastrop, Bell, Brazoria, Brazos, Burleson, Burnet, Chambers, Cherokee, Colorado, Coryell, Falls, Fayette, Fort Bend, Freestone, Galveston, Gregg, Grimes, Hardin, Harris, Harrison, Houston, Jasper, Jefferson, Lampasas, Lee, Leon, Liberty, Limestone, Madison, Marion, Matagorda, McLennan, Milam, Montgomery, Nacogdoches, Newton, Orange, Panola, Polk, Robertson, Rusk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Travis, Trinity, Tyler, Walker, Waller, Washington, Wharton, and Williamson Counties)* (no city population threshold)
- 1 award in the **state of North Carolina** (no city population threshold)
- 1 award in the **20-county service area surrounding Cincinnati, Ohio** *(Dearborn, Franklin, Ohio, Ripley, or Switzerland County in Indiana; Boone, Bracken, Campbell, Gallatin, Grant, Kenton, or Pendleton County in Kentucky; Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, or Warren County in Ohio)* (no city population threshold)

The availability of awards based on geography and issue is driven by the funding priorities of the participating funders.

6. *UPDATED: Is there a defined list of upstream factors that are favored, if any?

No specific upstream factors are favored. BUILD is looking for applicants to address the specific and defined needs and priorities of their target community (neighborhood), focusing on the upstream factors that are likely to have the greatest impact. However, there are a few awards being reserved for certain focus areas, which include:

- Work proposed in Central Iowa must focus on social determinants of children's health (ages 0 to 21 years)
- Three of the 11 national awards (from cities of 150,000 residents or more) will be reserved for proposals that address upstream influences of maternal and child health, specifically breastfeeding initiation and duration among predominantly low income and populations of color. Some upstream factors may include, but are not limited to, community organizing, engagement and support, institutional support within the workplace, schools, and health care, as well as other structural and policy factors. For example, a cross-sector collaboration that is seeking to influence the social determinants and institutional policies that promote breastfeeding initiation, exclusivity and duration would be considered eligible for those awards specifically

7. Can you provide more information on the support services that will be provided to selected communities beyond the funding dollars?

BUILD has assembled a comprehensive array of people, institutions and resources that can strengthen the capacity of awardees to achieve their goals and include them in networks of other population health innovators. This menu of support services could include, but is not limited to, webinars, learning labs, coaching, training and evaluation support. BUILD will also support formal and informal opportunities to engage funded communities in cross-site learning and exchange, both with other BUILD communities but also with sites supported by other like-minded initiatives. Awardees will be introduced to the available resources and to each other at our first convening in September 2017 in Washington, DC.

8. What are the exact start and end dates for the award?

Implementation Awards will begin in August 2017 and end two years later in August 2019. The specific dates will be determined upon the signing of a grant agreement.

9. How important is it for the proposed effort to have a clear sustainability plan for how progress will be made after the two-year funding ends?

All too often, non-profit community-based prevention efforts have had an over-reliance on grant funding; yet, achieving new models of paying for prevention is not easy in many communities. Grant funding can play an important role in demonstrating "proof of concept" and generating early results that can open the door to more sustainable funding. Sustainability, while very important, is not a primary focus in the application questions for Round 1 of the BUILD Health Challenge. If your application is invited to participate in Round 2 of the application process, you will be asked to describe your sustainability plan in greater detail at that time.

10. When are applications due?

Applications are due by 5:00 PM (ET) on February 21, 2017. Below is a listing of the Challenge's timeline.

Key Dates:

Dec. 12, 2016, 3:00-4:00 PM (ET):	Webinar for prospective applicants
Dec. 15, 2016, 1:00-2:00 PM (ET):	Webinar for prospective applicants
Jan. 10, 2017, 9:00 AM (ET):	Application portal opens
Jan. 31, 2017, 1:00-2:00 PM (ET):	Webinar for prospective applicants
Feb. 21, 2017, 5:00 PM (ET):	Round 1 applications due
April 4, 2017:	Round 2 applications invited
April 18, 2017, 1:00-2:00 PM (ET):	Webinar for Round 2 applicants
May 23, 2017, 5:00 PM (ET):	Round 2 applications due
July 11, 2017:	Selected communities notified
Sept. 12, 2017:	Public announcement of awardees in Washington, DC and first convening of sites and technical assistance providers

11. How many will be selected to participate in the Round 2 process?

In general, we will strive to select approximately double the number of participants for the Round 2 process as will be awarded.

12. Can you share what made applications in the first BUILD Health Challenge most competitive?

Applications from the first BUILD Health Challenge that were deemed most competitive demonstrated the following characteristics:

- A strong overall capacity by the lead applicant and the partnership to implement the proposed work
- A solid understanding of and alignment with the BUILD Health Challenge principles of bold, upstream, integrated, local, and data-driven (more information on the principles can be accessed at http://buildhealthchallenge.org/our-mission/)
- Conveyed a clear sense of the core partnership roles and included partnerships with a strong history of working together on other projects, either in the focus neighborhood or elsewhere
- Had a clear understanding of the upstream, social determinants of health being addressed and indicated how they would apply this in a strategic manner;
- Proposed strategies that clearly integrated community engagement and addressed the specific community factors related to health equity.

Partnership Eligibility (General)

13. Why does the application require collaboration among at least one community-based organization, hospital or health system, and local health department?

The BUILD Health Challenge will be funding partnerships among (at a minimum) a non-profit community-based organization or coalition of non-profit organizations, a hospital or health system and a local health

department. Each partner brings unique but complementary resources, perspectives and expertise to the collaboration. In recent years, we have witnessed a growing recognition that no one organization – or even one sector – can make much of an impact on some of our most challenging social problems acting in isolation. Non-profit community-based organizations often have the most sensitive understanding of the challenges, priorities and goals of affected communities, and the solutions most likely to be embraced and sustained. Hospitals and health systems can contribute not only financial resources but also a range of in-kind services and aggregated health data that can shape population health interventions. Local health departments are trained to identify public health concerns, intervene with evidence-based practices, and often are able to change regulations or policies that can help improve a community's health. The proposals that articulate clear roles and responsibilities for each partner, and how they will contribute to improved opportunities for health within the focus community, will be the most competitive.

14. What if additional partners are interested in collaborating with us?

Additional partners are welcomed and encouraged, as we recognize that the required three partners alone cannot achieve the goals set out by the BUILD Health Challenge. In such cases where there are additional partners, please describe the value they will add and their role in contributing to the partnership's goals. The presence of additional partners does not supplant the participation of the three required partners (community-based organization, hospital or health system, and local health department).

15. How does BUILD define each of the partner organizations that are required?

The BUILD Health Challenge will be funding partnerships among (at a minimum) a non-profit community-based organization or coalition of non-profit organizations (who will serve as the lead applicant and recipient of the grant funds), a hospital or health system and a local health department. See below for more detailed descriptions of each partner type.

Non-Profit Community-Based Organization

The community-based partner is to be a non-profit organization (incorporated as a 501(c)(3) public charity) that is deeply embedded in and trusted by the neighborhood that is the focus of the proposal. The community-based partner should have a strong track record of community engagement and cross-sector collaboration, and have the capacity to fulfill their role as articulated in the proposal. The role of the non-profit community-based partner(s) is complementary to but distinct from those of the local health department and health system (even if the partnering health system is incorporated as a non-profit organization itself).

Examples of eligible community-based organizations could range from community development corporations to local United Way chapters, community action agencies, environmental justice coalitions or organizations working to expand food access in low-income communities, to name just a few examples.

A coalition of local non-profit organizations may also serve this role; in such cases, one of the coalition members that meet the above criteria should serve as the lead applicant and recipient of the grant funds.

More information about the Non-Profit Community-Based Organization partner and their role can be found in subsequent sections of the FAQ.

Hospital or Health System

A hospital or health system is defined as an institution or system of hospital (s) and their affiliated institutions that deliver health care services to meet the needs of a specific population. Federally Qualified Health Centers (FQHCs) are welcome to participate as additional partners but are not a substitute for a hospital or health system.

More information about the Hospital partner and their role can be found in subsequent sections of the FAQ.

Local Public Health Department

The local public health department is the government agency that has regulatory authority over the specific jurisdiction in which it is located. While many local health departments provide clinical services, they have distinct roles and responsibilities that ensure the overall safety and health of local residents.

More information about the Local Public Health Department partner and their role can be found in subsequent sections of the FAQ.

16. What level of commitment is required by each required partner?

The most competitive applications will demonstrate a clear commitment from each partner to addressing root causes of health in the targeted neighborhood(s). Each partner should have clearly delineated and articulated roles in achieving the project's goals.

Non-profit Community-Based Organization

The non-profit community-based organization brings credibility to represent and organize community members in pursuit of their aspirations for healthier conditions and resources (including any necessary policy changes). They must be able to demonstrate a track record of collaboration and partnership-building among organizations in other sectors to achieve common objectives and demonstrate its commitment to continuous learning and sharing with their community and the field to accelerate positive social change. As the lead applicant, the non-profit community-based organization will be the recipient of the funding awarded through the BUILD Health Challenge; it will need to demonstrate that it has the fiscal procedures in place and capabilities to be the recipient of the funding.

Hospital or Health System

Hospitals and health systems have a number of tools and resources at their disposal to improve the health of disadvantaged communities, beyond their Community Benefit grants and charitable care. For example, some health systems have prioritized sourcing contracts with businesses within distressed communities as an economic development strategy. Others have expanded workforce development opportunities, organized volunteer efforts, and developed their real estate in ways that expand opportunities for healthy behaviors and equitable job opportunities. While not required, such activity can provide additional demonstration of the hospital's or health system's matching commitment to community health improvement. As part of their commitment to the partnership, the participating hospital(s) or health system(s) must demonstrate a 1:1 match. The match can be met through a direct cash match or through a combination of cash and in-kind support of services or materials. *More information about the 1:1 match can be found in subsequent sections of the FAQ.*

We recognize that hospitals and health systems have different levels of grant-making capacity, and that the level and the mix of the cash and in-kind support will vary by community. Higher demonstrations of cash support in meeting the 1:1 match requirement will be considered evidence of a greater level of commitment to the future sustainability of the initiative and will therefore be regarded as more competitive.

Local Health Department

As a broad concept, public health is not a single service or product produced by a single profession, but it is a comprehensive set of activities provided or ensured by the public health system – a web of relationships that includes many people, organizations, and professions. The local health department will be expected to provide the community-wide perspective on health issues, contribute information on root causes of disease and health disparities, and connect identified needs to existing programs to ensure that there is no duplication of efforts.

17. What if a potential applicant is literally all three of the defined partners under one, larger organization or coalition— must its proposal include other partners?

If the coalition is comprised of a non-profit community-based organization, hospital or health system and the local public health department, then it would qualify for this particular initiative. If there are other key partners that could be included in the proposal, this would be viewed as adding strength to the existing coalition.

18. Is a partner organization eligible to apply if it is in the city, but not in the proposal's target neighborhood?

Yes, as long as the organization can demonstrate a history of partnership and engagement with the community of focus.

19. If our partnership has not yet approached one of the three required organizational partners, are we still eligible to apply?

While newly-formed partnerships are welcome to apply, it will be incumbent upon your group to have clearly defined the roles and contributions of each of the partnering organizations in your proposal. That can be challenging for groups that have not yet been involved in the planning phases of the work, or that do not have any history of working together in the past.

Non-Profit Community-Based Organization

20. For the purposes of this award, how is a non-profit community-based organization defined?

The community-based partner is to be a non-profit organization (incorporated as a 501(c)(3) public charity) that is deeply embedded in and trusted by the neighborhood that is the focus of the proposal. The community-based partner should have a strong track record of community engagement and cross-sector collaboration, and have the capacity to fulfill their role as articulated in the proposal. The role of the non-profit community-based partner(s) is complementary to but distinct from those of the local health department and health system (even if the partnering health system is incorporated as a non-profit organization itself).

A coalition of local non-profit organizations may also serve this role; in such cases, one of the coalition members that meet the above criteria should serve as the lead applicant and recipient of the grant funds.

21. What types of organizations would qualify as the lead applicant, non-profit community-based organization?

So long as the non-profit community-based organization can demonstrate that they are embedded and trusted by the local neighborhood that is the focus of the proposal, and have a history of cultivating cross-sector partnerships, it could potentially be a:

- a non-health organization
- a faith-based organization
- a local office of a national organization
- a city-wide organization
- a coalition of non-profits, with one organization nominated as the lead applicant

Examples of eligible non-profit community-based organizations could range from community development corporations to local United Way chapters, community action agencies, environmental justice coalitions, food banks, or organizations working to expand food access in low-income communities, to name just a few.

The following organizations would **not** qualify as the *lead applicant* for a BUILD Health Challenge award:

- a non-profit hospital
- a hospital's non-profit foundation
- a community health center
- a public benefit or b-corporation
- a community development financial institution (CDFI)
- a school district
- any governmental entity
- a university
- or non-profit health insurance company.

22. Can an organization seeking or pending 501(c)(3) status apply as the lead applicant?

No, you must have an established 501(c)(3) to be the lead applicant. However, please feel free to serve as a partner organization within the proposal.

23. Can the 501(c)(3) be newly established?

While the 501(c)(3) may be technically be newly established, the applicant will need to demonstrate any prior track record of working in the community, their history of working with the other partners involved in the proposal, in addition to their ability to manage the grant dollars.

Local Public Health Department

24. For the purposes of this award, how is the local public health department defined?

The local public health department is the government agency that has regulatory authority over the specific jurisdiction in which it is located. While many local health departments provide clinical services, they have distinct roles and responsibilities that ensure the overall safety and health of local residents. The local public health department will be expected to provide the community-wide perspective on health issues, contribute information on root causes of disease and health disparities, and connect identified needs to existing programs to ensure that there is no duplication of efforts.

25. Can a public health entity qualify as the local public health department partner?

We are looking for the local governmental public health department to be a primary partner in the award application, and a public health entity would not replace the local governmental public health department. For the purposes of BUILD, a local health department is the government agency that has regulatory authority over the specific jurisdiction in which it is located. By contrast, pubic health entities are a much broader group of organizations that could potentially include community clinics, public health institutes, university-affiliated health organizations, and a multitude of other health-focused groups. If an applicant wanted to include a public entity in addition to a local health department, this could potentially make a very strong application.

26. Can local public health departments be the partners on more than one application?

Yes, however, we would encourage groups in the same area to work collaboratively together on one proposal. We do not expect to fund two community proposals within the same city.

27. What if our community does not have a local public health department?

Health departments are organized differently throughout the United States. The intent of the local health department requirement is to ensure that the governmental health agency responsible for the health of the jurisdiction in which the project is implemented is involved. While there may not be a local health department, there will be a governmental agency with responsibility for health in the target jurisdiction.

Hospital/Health System

28. For the purposes of this award, how is a hospital or health system defined? What entities qualify?

A hospital or health system is defined as an institution or system of hospital(s) and their affiliated institutions that deliver health care services to meet the needs of a specific population.

Part of our ambition with BUILD is to redirect attention, resources and spending from the provision of direct services to the social, economic and environmental influencers of health status in the community (consistent with the “upstream” pillar of BUILD). Hospitals and health systems that provide primary, emergency, medical and surgical care in urban areas of focus have a wealth of data and information about the populations they serve, providing rich opportunities for collaboration with organizations that are deeply embedded in those same communities.

We certainly welcome and encourage the involvement of FQHCs, hospital associations, community or school health clinics, managed care organizations, medical groups, etc. in applications for a BUILD Health Challenge award; those organizations, however, will not be considered as substitutes for the involvement of the local hospital or health system.

29. Are university hospitals eligible?

Yes, university hospitals and academic medical centers are eligible as the applicant hospital partner.

30. Can the hospital partner be a for-profit hospital?

Yes, the partnering hospital may be a for-profit entity.

31. Will there be consideration, in the future, for hospitals to be the lead applicants?

Given our ambition to redirect attention, resources and spending from the provision of medical care to the social, economic and environmental influencers of health status in the community, it is not likely that hospitals will become the lead applicant.

1:1 Match Requirement

32. Can you clarify how the 1:1 match works and explain the purpose of it?

The hospital partner is required to match the $250,000 award dollars through cash support, or a mix of cash and in-kind support. The purpose of the 1:1 match is to leverage additional resources for community health improvement by taking advantage of existing funding mechanisms. In the case of non-profit health systems, this will likely involve the community benefit programs they are required to operate, but the match could be made through other channels, as well (for example, by dedicating a portion of a larger federal grant to the BUILD partnership). Ideally, the hospital will provide these matching fund services to the non-profit community organization to help accomplish the project goals. Ultimately, we hope that at least some of the BUILD Health Challenge awardees will use the two-year grant period to transition to a more systemic approach to funding primary prevention that does not rely on grant funding. If the hospital partner is willing to commit resources to this project, there may be a greater likelihood of creating innovative models of shared investment in and accountability for community health improvement to sustain the partnership.

33. Can the 1:1 match be provided by a source other than a hospital/health system? If not, why?

The match must be committed by the hospital partner. Non-profit hospitals– which constitute 85% of the health systems in the United States - are required by the Internal Revenue Service to provide a community benefit. While most of what non-profit hospitals and health systems report as community benefit still takes the form of uncompensated or discounted care, health insurance expansion under the Affordable Care Act and the movement toward population health has enabled some health systems to invest community benefit resources upstream. Thus, it is possible that the BUILD Health Challenge can free some of these funds for other uses – such as the community health improvement efforts envisioned. In an effort to promote sustainability, the match is being required to encourage a shift in how community benefit funds are applied.

34. Can the matching dollars come from a hospital-affiliated foundation?

No. Additional support from other philanthropic resources will be viewed favorably. However, this cannot substitute for the matching funds required from the hospital.

35. Does the hospital 1:1 match have to be a new investment in the community initiative beyond current programming?

BUILD is looking to stimulate new or expanded commitments. What we hope to see is an additional commitment beyond what has already been supported.

36. Can past contributions of the health system count toward the match?

The BUILD Health Challenge is aiming to incent new or expanded commitments to community health improvement. Contributions that have expired at the time of the award cannot be counted toward the match.

37. Can the hospital or health system track their cash match in installments or must it be a lump sum payment to the non-profit?

Yes, the hospital or health system may make multiple installments of their cash match instead of one lump sum up front. The funds must be distributed within the two year grant period. The lead applicant organization and hospital should be in clear agreement as to when the match will be distributed.

38. Can the 1:1 match be met using both direct cash and in-kind support? What portion of the match should be in direct dollar versus in-kind support?

Yes, the match may be achieved through a mix of direct grant support or in-kind services. The mix of in-kind and direct dollar support is the applicant's choice. We recognize that hospitals and health systems have different levels of grant-making capacity, and that the level and mix of the cash and in-kind support will vary by community. Higher demonstrations of cash support in meeting the 1:1 match requirement will be

considered evidence of a greater level of commitment to the future sustainability of the initiative and will therefore be regarded as more competitive.

39. Can more than one hospital or health system meet the match requirement? If so, how must the match be met?

Collaboration between hospitals and health systems is both encouraged and welcomed. More than one hospital or health system may partner in order to meet the total 1:1 match requirement. The proposal should make the size and timing of these contributions clear, as well as the intent of the hospitals in collaborating to improve health in the focus neighborhood.

40. Can government or restricted funds be used toward the match?

Yes, the use of other funding to meet the match is allowable.

41. Does the 1:1 matching requirement need to be made prior to the application?

No, matching grant commitments do not need to be in place by the February 21st deadline for Round 1 proposals, but should be articulated by the time Round 2 proposals are due in May. While we will be looking for a stated commitment in Round 2 proposals, the actual grant or in-kind support can be delivered after the September award announcement. Rather than crediting existing commitments, the match must be met with new or expanded commitments that are made specifically to advance the goals of the proposed initiative.

42. *NEW: Can the 1:1 match be provided by the parent institution of the local hospital partner?

Yes. The match may be provided by the larger parent organization on behalf of the local hospital partner that is in its system. The application must still clearly spell out the role and responsibilities of the local hospital partner in the proposed scope of work. In Round 2, the Chief Executive Officer of the local hospital partner will still be required to submit a signed letter of support that details their commitment and the size and composition of the match, even if it is provided by the parent institution.

43. Does the match need to fund the grant purpose, versus some activity not directly related to the BUILD grant?

The match funds must support the activities directly related to the scope of work proposed in the BUILD Health Challenge proposal.

Geography/Demographics

44. Why must some applications be from cities with a population of at least 150,000? How do I find the size of my city?

The national funders are seeking to support work within cities that have sufficient resources and infrastructure to contribute to the success of the initiative. This includes local health departments with the capacity to partner to address social determinants of health; hospitals or health systems with resources to meet the matching requirement (through community benefit programs or other means); and a non-profit community-based organization with the infrastructure capable of collaborating to achieve the shared goals of your proposal. The participation of state and regionally-focused funders has allowed BUILD to extend this opportunity to cities smaller than 150,000 in certain states and counties. For a complete list of eligible counties in these areas, visit the About the Awards section of the Call for Applications or Question 5 in this FAQ.

To find the population size of your city, visit
https://en.wikipedia.org/wiki/List_of_United_States_cities_by_population

45. Why are some cities and counties in Colorado, Indiana, Iowa, Kentucky, New Jersey, North Carolina, Ohio and Texas exempt from the 150,000 population requirement?

BUILD is enthusiastic about the expansion of the funder collaborative to include the valuable regional and issue-specific expertise of The Blue Cross and Blue Shield of North Carolina Foundation, Episcopal Health

Foundation, Interact for Health, Mid-Iowa Health Foundation, New Jersey Health Initiatives, and Telligen Community Initiative. Along with the Colorado Health Foundation, the participation of regional funders has allowed for the inclusion of new communities that fall below the 150,000 threshold set by the national funders. For a complete list of eligible counties in these areas, visit the About the Awards section of the Call for Applications or Question 5 in this FAQ.

46. Are applicants from cities of 150,000 residents or more in any of the states listed above also qualified for the national awards?

Yes. Applicants that are eligible under both categories will be dually considered.

47. Can we use different jurisdictional boundaries other than one city to meet the 150,000-person population cut-off (i.e., by county, metropolitan statistical area, or by combining multiple cities together)?

For communities not located in the specific states or counties listed above, the population requirement is applied to the size of the city to ensure that potential policy action and regulatory solutions are applied within a single political framework.

48. Why must applications be specifically focused at the neighborhood-level rather than on citywide or statewide initiatives?

While city- and state-wide initiatives play an important role in promoting health in a community, many upstream determinants of population health status are highly local in nature and can vary dramatically from neighborhood to neighborhood. Concentrating resources and efforts on the unique contributors to health in a given community will yield greater impact at the local level. The proposed work may span multiple zip codes within a city so long as the voices and perspectives of local residents in each are well represented

Miscellaneous

49. My partnership received a BUILD Health Challenge Planning award in 2015. Are we still eligible to apply?

Partnerships that received BUILD Planning Awards are still eligible to apply for the new funding cycle so long as the focus of the work is differentiated from the work that has already been supported by BUILD. The funders hope that the first BUILD Health Challenge set the stage for longer-term relationships between the participating partners and are encouraged by the notion of the work being continued and sustained beyond the first funding period.

50. My partnership received a BUILD Health Challenge Implementation in 2015. Are we still eligible to apply?

Partnerships that received BUILD Implementation Awards in 2015 are still eligible to apply so long as a new health need or social determinant within your community is being addressed, or, if a new phase or extension of the work is being carried out. A shift in focus would likely necessitate the presence of additional partners; therefore, we anticipate the partnership applying for the second BUILD Health Challenge would look quite different than that in the original application from 2015.

51. Are there other formatting requirements for the Round 1 application regarding spacing, font, and page format?

Other than the length of the application (4,000 characters per question, with spaces) there are no formatting requirements.

52. Will there be evaluation requirements for grantees?

Yes. The costs associated with initiative-level evaluation will be borne by the funders of the BUILD Health Challenge. Funded sites will be expected to participate in all learning and evaluation activities supported by BUILD.

53. Do MOUs have to be created and signed as part of the application?

No**,** MOUs are not a required part of the application. However, applicants that are invited to participate in Round 2 of the application process will be required to upload signed letters of support from the Executive Director of the lead non-profit community organization, the CEO of the lead hospital or health system and the local public health department articulating their roles and commitments.

54. Is there a timeline to spend the award funds?

The BUILD awards have a two year timeline. Funding will begin in August 2017 and the work is expected to be completed within 24 months.

55. If my organization already has current funding from a BUILD Health Challenge funding partner, are we eligible to apply for the BUILD Health Challenge Award?

Yes, you are eligible to apply for the BUILD Health Challenge Award even if you have received or are receiving funding from one of the funder-partner organizations. There is no penalty for applying for a Challenge award, nor does it preclude you from applying for a grant through the funding partners in the future.

56. What is the allowable indirect rate?

The allowable indirect cost rate limit is 12%. The indirect costs for the proposal budget are included in the total budget request and in the total award amount. For the Round 1 applications we are not asking for a budget, but a line-item budget will be a required for the Round 2 application.

57. Are there restrictions on the use of funds?

BUILD Health Challenge funds are not intended to support direct legislative lobbying, ballot measure initiatives, individual election campaigns or capital construction projects. Organizations that discriminate based on race, ethnicity, national origin, religion, gender or disability should not apply.

58. Can funds be used for third-party consultants?

Yes, award funding may be used for third-party consultants.

59. Is the cost of attending the September convening included in the award funding?

The BUILD Health Challenge will cover the cost of attending all national convenings outside of the grant award. We are seeking to create a culture of learning and to determine best practices on how similar communities are addressing obstacles to health outcomes.

60. Who will need to attend the convening?

BUILD will cover the costs related to the participation of at least one person from each of the three required partner organizations. Additional attendees from your partnership are welcome to attend and participate at the expense of their own organizations.

61. Does the Round 1 application require the submission of a budget?

No. A budget is not required in Round 1. If invited to apply in Round 2, a budget will be required.

62. Can I set up a time to speak with a BUILD Health Challenge staff person regarding my proposal?

The BUILD team is not able to consult or provide specific guidance to applicants on their proposals. We are continuously addressing frequently asked questions. Please email info@buildhealthchallenge.org with FAQ in the subject-line or submit a question on one of the informational webinars.

Glossary

Health Disparity: The BUILD Health Challenge defines health disparities as the differences in health outcomes based on race, ethnicity, sexual orientation and socio-economic status. One of the goals of the

BUILD Health Challenge is to promote health equity, which requires moving upstream and creating conditions to allow people to meet their optimal level of health.

Health Equity: Healthy People 2020 define health equity as "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Population Health: The BUILD Health Challenge defines population health as the health of a group of individuals living in a specific geographic area (in this case, neighborhoods, zip codes or census tracts). We also incorporate the perspective defined by Kindig and Stoddard as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group." We are not defining population health as a group of individuals with a particular clinical condition, or those enrolled in a hospital's patient panel.

Social Determinants of Health: The World Health Organization defines social determinants of health as "the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels." As one concrete example, an-depth review of 70 research studies found that the primary drivers of readmissions for heart failure and pneumonia patients was not failures in care delivery, but rather, low income and unemployment. There are many peer-reviewed resources that provide a deeper understanding of this topic including Healthy People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health. The Robert Wood Johnson Foundation has also published a guidebook on social determinants titled "A New Way to Talk about Social Determinants of Health," which could be useful for your work to engage new partners.