

Ten Years of Building Together:

Lessons Learned on Being Bold,
Upstream, Integrated, Local,
and Data-Driven



10 | The
YEARS **BUILD**
HEALTH
Challenge®

Introduction

When The BUILD Health Challenge® (BUILD) launched over a decade ago, the new initiative offered an opportunity to try a new model for improving community health. Hundreds of applicants responded with ideas about how to collaboratively advance health equity in their communities. They demonstrated a readiness for innovation, a desire to shift from health care-focused models to one that addressed the root causes of health in the community, and a willingness to partner across sectors to achieve their goals. Based on learning and movement in the field, as well as incentives in the Affordable Care Act, BUILD wanted to invest in communities who were ready to think differently about who and what creates health; across the country, those communities rose to the challenge.

Today, 68 partnerships in 53 communities have implemented the BUILD model to address an upstream driver of health in their neighborhoods. The initiative has grown and evolved, iterating on but holding true to a set of five BUILD principles—**Bold, Upstream, Integrated, Local, and Data-driven**. Organizing around these high-level, flexible principles helped local partnerships align nationally while tackling a wide range of issues on the community level, from reducing childhood asthma by creating healthier housing conditions; to developing a comprehensive approach to increasing breastfeeding support across parents, providers, and social settings; to building economically viable and sustainable food systems.

A flexible approach and commitment to listening to its participants has helped establish BUILD as a national movement; it continues to generate positive health outcomes and new partnerships in communities. A decade of learnings expanded BUILD's knowledge about how the five principles interact and support progress on the local level, in linear and non-linear ways. Communities also demonstrated an increasing focus on deep and authentic community engagement, decision-making, and leadership, as well as an explicit attention to racial justice. These evolved to be core components driving community-based systems change.

Over ten years of implementation, the B-U-I-L-D principles have evolved within the BUILD model in response to robust feedback provided by the awardees and their communities. Through key learnings and pivot points, the incorporation of promising practices, and attentiveness to the overall evolution of the field of community health over the last decade, the BUILD model has supported the initiative in becoming more equitable, more authentically aligned with the needs of its communities, and thus more sustainable into the future.

“We have been able to demonstrate in some very clear, defined, and tangible ways [that] when you have community members in the mix, X is catalyzed, Y is more effective, and Z is, the ROI is exponentially increased. It's things like that that are shown in the evidence and evaluation reports.”



What will readers gain from this report?

This brief explores how the BUILD model has evolved over ten years of practice and learning. Community health practitioners and leaders will benefit by understanding how utilizing the BUILD model, along with associated tools, will provide a strong and adaptable framework for moving resources, attention, and action upstream to make transformative change in the complex systems that drive health and equity locally and nationally.

Methodology

Equal Measure gathered insights for this report from a review of documents produced during the four BUILD cohorts, as well as through in-depth interviews with individuals with knowledge and experience related to BUILD's creation, launch, and implementation. Our timeframe for document review and interviews has been across BUILD's ten-year lifespan. See Appendices for more details.



About BUILD

In 2015, BUILD was established as an innovative national awards program that invested in cross-sector, community-driven partnerships aligning their efforts to address the root causes of health and equity in their neighborhoods. From the beginning, BUILD has supported communities working together to contribute to the improvement of population health outcomes by changing conditions and systems in their communities.

BUILD supports collaboration among community-based organizations, residents, governmental public health services, hospitals and health systems, and health plans. BUILD collaboratives reflect the interconnected community needs that affect health. They often draw in additional partners, such as housing agencies and tenant organizations, food access programs, entrepreneurs, transportation providers, mental and behavioral health providers, and community safety groups to help address the social drivers of health.

At the heart of BUILD's partnership structure is a community-based organization (CBO) as the recipient of the BUILD award. The original BUILD partnerships were envisioned as having three "core" partners – the CBO, a healthcare partner, and the local or regional public health agency. More recently BUILD partnerships recognized that CBOs do not always serve as a proxy for residents and added community residents as a required fourth partner, playing an integral role in defining problems, decision making, leadership, providing input and feedback, and advocating for change. Healthcare payers also joined some collaboratives as an additional or alternate partner to hospitals and health systems.

Over ten years, BUILD used robust feedback loops, listening practices, and learning practices to evolve the initiative and implement changes to make it more effective, equitable, and sustainable.

"It was so amazing to see [BUILD site] because they have brought in so many different community-based organizations to their coalition work. They've got youth work, they've got housing work, they've got political work, they're doing so much stuff, and the lead organization, they're really serving as a liaison between managed care organization offerings and community-based organizations that actually hold the relationships. And it's really powerful to see them coming together."



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The Power of B-U-I-L-D

The BUILD model rests on five principles foundational for collective community impact — **B**old, **U**pstream, **I**ntegrated, **L**ocal, and **D**ata-Driven.

Since 2015, four cohorts of awarded communities have been recognized by BUILD. During that decade of practice and implementation, BUILD used intentional feedback loops and key moments to learn from participants – who were themselves learning from the community – how best to evolve the BUILD principles to make the work more effective, sustainable, and equitable.

Ten years of iteration and evaluation have shown that the B-U-I-L-D principles support sustainable change **by balancing fidelity to the model and responsiveness to community needs**. Together, the principles provide a flexible framework that allows community health practitioners and community members to take into account many contexts in which the work takes place (such as political, social, environmental, historical, or geographical) and invites a wide array of approaches to addressing a broad spectrum of social drivers of health in communities around the country.



BOLD:

Aspire to advance health by driving fundamental shifts in policy and sustainability, and support systems-level changes through a lens of justice, equity, diversity, and inclusion.



UPSTREAM:

Focus on the social, environmental, and economic factors that have the greatest influence on the health of a community and produce more equitable outcomes, rather than on access or care delivery.



INTEGRATED:

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 and diversity of each partner.



LOCAL:

Prioritize the diverse lived experiences, voices, and leadership of neighborhood residents and community members throughout all stages of planning, implementation, and evaluation.



DATA-DRIVEN:

Prioritize the diverse lived experiences, voices, and leadership of neighborhood residents and community members throughout all stages of planning, implementation, and evaluation.

Measuring Progress in BUILD

With BUILD efforts tackling diverse upstream health issues from food to housing to education – and in a broad variety of ways, across diverse community contexts – developing a **shared framework** that would document progress across all the communities was an early challenge. Evaluation partners developed an evaluative process, along with the BUILD [outcomes framework and Progress Continua](#), designed in response to observed indicators of change in BUILD communities. These have proven to be effective tools for understanding the evolution of the collaboratives. The tools describe the sequence of outcomes (precursors to change, otherwise known as systems change or end goals) and defining stages of progress across each of the BUILD principles.

Awardees utilize the BUILD **outcomes framework** to define and track what progress looks like in BUILD sites as they implement the principles and prioritize system-level shifts. The **Progress Continua** articulates a set of primary factors (i.e., a set of practices and elements) core to each BUILD principle and allows evaluation of progress against four stages of implementation for each factor – from early to advanced stages.

The outcomes framework and the Progress Continua serve not only as measurement tools for systems change, but as a shared language across the BUILD communities and a resource for shared reflection and iteration. It provides guidance and boundaries to the work of the collaboratives, and has evolved to reflect the priorities of the communities. The most recent version includes indicators of BUILD's commitment to racial justice throughout; as the principles have evolved, the evaluation tools used to understand and document the progress of the initiative have evolved as well.

“We’ve heard multiple times... not only [has BUILD] inspired other communities, unlocked other funding and resources, but also helped really show that this is possible, that systems change as we have defined it and as we have articulated in the evaluation reports, it is possible.”

“It’s not about each principle on its own, but there’s something really powerful about them together.... We’re not talking about a program that has step one, step two, step three and then you’ll have an expected outcome ... to see the flexibility in the way they were able to pivot or modify, take external conditions into account, it was just incredible...There are an infinite number of ways and combinations they can be applied. And that’s really the beauty of BUILD, is that every community that comes in really can make it their own... We don’t believe there is one right way.”





Evolution of the BUILD Principles

While the five principles have remained the hallmark of the BUILD model, BUILD has responded to community feedback and field shifts by updating each principle and improving understanding of how they interact.

Feedback from BUILD'S first two cohorts, shifts in the field of community health related to the COVID-19 pandemic and the national reckoning on racial justice in response to George Floyd's murder in 2020, and the results of a listening tour of BUILD partners in 2021 provided important catalysts to revisit the initiative's goals and principles. Key learnings and strategies emerged from the listening tour and were codified in a refreshed strategic plan in 2023 and subsequently incorporated into the principles.

In the following sections, we describe the shifts in the five principles that occurred over the decade.



BOLD

The Bold principle champions **lasting systems change in policies, practices, and resources** to achieve better health outcomes. Recently, collaboratives have expanded the focus of this principle to include an **explicit focus on shifting power and driving change through the lens of racial justice, equity, diversity, and inclusion**.

The **Bold** principle began with a focus on innovative and model approaches to partnership and to shifting policies, practices, and resource flows that would improve health. Later, the principle incorporated a longer-term vision of sustainable systems change driven by **strengthened public will for change**. In response to learnings from cohort 3.0, the principle and the associated outcomes were revised to highlight the importance of systems rooted in **racial justice** and including **community-based advocacy** in the concept of “Bold.”

Many partners prioritized resident voices and decision making in their work, even in the early cohorts. Some early partnerships reflected that while they administered surveys and conducted focus groups to collect resident feedback, they were eager to move beyond informing or consulting residents to authentically collaborating with communities.

Community-based advocacy has proven essential to making equitable changes in policy, practice, and resource flows to address the drivers of health. Sites have invested in the capacity of local leaders to become more skilled advocates, mobilize neighbors and residents, and form relationships with government officials and payer systems. Policy wins in BUILD communities range from creating new ordinances for safe housing, securing new positions focused on upstream health in local government, inclusion of residents on the advisory committee for a hospital, the implementation of collaboratively-designed neighborhood improvement plans, and incorporating health as a strategic priority for a city transportation plan. In one example, a local strategy developed by a BUILD partnership became part of a state level policy around supporting maternal and child health. In another, a community-based organization signing a data sharing agreement with a local hospital became an important contribution to long term shifts in policy and resources supporting clean indoor air and reduced tobacco use.¹

“An unintended consequence that can happen when you have more institutional public health or healthcare players trying to address a disparity without having voices at the table who are steeped in the actual impacts of the policy, decisions can get made that are actually harmful in the end.”

¹(Measure 2022)



Following the third cohort, along with revising the principle to explicitly include racial justice and the centrality of community voice, **developing public will** in the community for change was identified as a key lever for sustainably shifting policies and practices.² As a result of this emergent learning, BUILD partnerships increasingly focus on resources and actions that are likely to strengthen the public will for change, including expanding local networks, launching targeted strategic communications to increase public awareness of upstream health issues, sharing successes in small pilot programs to generate interest and demand for similar solutions, and creating alignment among policy and decision-makers in specific issue areas of interest.

While BUILD has been a **catalyst for attracting additional funding** for partnerships, shifting resources to upstream drivers of health has required aligning actions among collaboratives. Sites have developed innovative approaches, including collaborative funding partnerships, braiding funding from different sources, scaling programs, and expanding infrastructure. Together, they not only garner more funding, but also set up communities with a range of new assets that prepare them to sustain the work in the long term.

“The capacity to continually draw in new funding and the strategies to braid and allocate resources in novel ways become increasingly critical with time. Some funding solutions, such as re-allocated tax streams, reimbursements from medical payers, and grants provide the sustained resources necessary to address upstream health concerns in the long term.”

“When COVID hit, there was a lot of need for flexibility. And I think that that probably also taught us a lesson about how powerful being flexible as a funder can be. And I think we’ve carried that into now, and I think that that flexibility shows up in our awardees’ ability to be innovative and responsive about their work...I do think that that’s really all wrapped up in racial justice work because it’s about trusting folks because they’re the experts.”

²(E. Measure, More than the Sum: Networks, Public Will, and Scaling After The BUILD Health Challenge 2023)



UPSTREAM

The Upstream principle supports partnerships that focus primarily on the **social, environmental, and/or economic factors** that have the greatest influence on the health of a community, rather than on access to care or care delivery. More recently, implementation of this principle has included a **sharper focus on naming, understanding, and addressing systemic racism** as one of the root causes of health disparities.

The Upstream principle is grounded in the concept of **preventing illnesses and other health issues** by addressing the social, environmental, or economic conditions that affect a community's ability reach its full healthy potential. Over the last decade, the community health field has begun to understand and fund "upstream" health interventions, from healthy food to housing remediation. Over time, Upstream practices began to include **exploring current and historical systemic racism and the place-specific root causes of health disparities in communities**, along with broader social, environmental, and economic influences.

In early cohorts, some partners solicited resident experiences with racism and used these perspectives to inform their approaches. Other partners, recognizing that their members and locations were not representative of the community, sought relationships with grassroots organizations or associations. During the COVID-19 pandemic, the disparate impact the pandemic on communities of color prompted shifts in resource allocation and a reliance on existing relationships. Reflecting on organizational practices, BUILD partners facilitated sessions and trainings on racial equity, including topics like cultural competency, racism, and health inequities.³

By 2024, about half of BUILD collaboratives described deepening their understanding of structural racism, root causes, and social determinants of health as a core focus of their projects and fundamental to their work. These collaboratives described examining, "how [historical] racist systems and structures" are related to "lack of investment and who gets what" in their communities.⁴ The collaboratives **examine how the unique characteristics and history of their communities affect residents** and incorporate this knowledge into their strategy.

³ (E. Measure, The BUILD Health Challenge 2019 - 2022 Communities Final Evaluation Report 2022)

⁴ (E. Measure, More than the Sum: Networks, Public Will, and Scaling After The BUILD Health Challenge 2023)



"I think a lot of BUILD teams realized along the way is that [upstream health issues are] interconnected – if someone is facing poor housing, they're also often facing lack of good public transportation, or they're also facing lack of access to healthy foods. And fixing one does not mean automatically everything is better and health outcomes are magically going to improve. They're not isolated indicators even though we might be prioritizing one or the other."





INTEGRATED

The Integrated principle supports partnerships that **align the practices and perspectives of communities, public health, health systems, and payers under a shared vision**, establishing new roles while continuing to draw upon the strengths of each partner. Collaboratives now have a stronger focus on **shared governance and decision-making** with communities and across partners.

Partnership and relationships are the central element of the Integrated principle. It continues to focus on the alignment and shared vision of different partners, with a newer emphasis on developing the governance structure and tools for shared decision-making within communities.

Partnerships focus on creating a **culture of shared responsibility across the partners**, moving from competing for resources to collaborating by dedicating themselves to a **clearly articulated shared goal**. Aligning activities and leveraging each partner's expertise, skills, and influence highlights the value each organization contributes. Regularly checking in with each other on the quality of the partnership and taking the time to explore or address relationships and power dynamics among organizations helps to build trust.

"For 'Integrated,' it isn't just like messy partnership problems are part of doing the work – they're essential to doing the work. Working through those problems is one of the most lasting changes you will make in your community. Not only is it not tangential to the work, but it is also actually a huge moment for a success story. It is a huge moment for a win."





Partnerships addressed the need for more stability in the partnerships by **implementing a range of governance structures**, such as identifying a backbone organization or creating subcommittees to establish a firm framework for collective efforts. Some partnerships found **formalizing relationships** through written working agreements or MOUs helped institutionalize the work and created defined roles for all partners, ensuring the organizational commitment to the vision would continue through staff changes and potentially beyond the end of the BUILD award period.⁵

In recent cohorts, partnerships have commonly established resident advisory committees, describing them as key members of the partnership, and have begun incorporating community members and resident groups into their partnership structures or governance teams. In a few cases, community boards were integrated into decision-making teams.

“We’re all rowing in the same direction. We all have our areas of expertise and are subject matter experts in our own ways. But the beauty of this is really bringing everyone together, bringing the strengths of each organization together so we can really, truly impact the community and the individual as a whole person.”

⁵ (E. Measure, The BUILD Health Challenge 2019 - 2022 Communities Final Evaluation Report 2022)





LOCAL

The Local principle centers local partners and residents. Collaboratives have increased their focus on authentic **engagement, community power-building,** and shifting **long-term ownership of BUILD collaborative efforts to the community.** They encouraging **leadership by residents** in all stages of planning and implementation.

The original for the Local was that health interventions were implemented and measured on the **neighborhood, zip code, or census tract level.** Later, communities focused on prioritizing evolved to **prioritize the involvement and perspectives of community-based organizations and community members.**

The flexibility of BUILD funding allowed partnerships to respond nimbly to emergent community needs. For example, during the pandemic, BUILD partners saw the importance of **garnering goodwill and trust** from the community. Some communities experienced a snowball effect – a larger and larger set of volunteers who understood the long-term vision for upstream health in their communities and agreed to sit on councils, donate goods and services, and provide hours and labor for small projects.⁶ Flexible funding ensured community members could be appropriately compensated for their time and expertise, recognizing them as an authentic and equal “fourth partner” with the CBO, the health system, and the health department.

“The way public health powers are allocated in this country ..., the smaller the government actor, the smaller you are tackling the issue in terms of local, the more effective you’re going to be, the more connected you can be to the people whose lives are impacted.”

“As many BUILD partners increasingly share ownership of the work with local leaders, they also share capacity building resources and opportunities. Over the past two years, community leaders joined partners in training events, received professional development funds to advance their work, and visited communities further along in their BUILD projects—developing shared capacity to advance tactics that create better community health and equity.”

⁶ (E. Measure, The BUILD Health Challenge 2019 - 2022 Communities Final Evaluation Report 2022)



By 2022, 94% of sites reported increasing participation from community residents.⁷ Recent efforts have focused on **more authentic engagement with community members and building community power.**

The Progress Continua reflects the ultimate goals to shift power to the groups disproportionately impacted by inequities, acknowledge the influence of local context on power dynamics, trust, and equity; and cultivate a culture of collaboration and shared power.⁸



⁷(E. Measure, The BUILD Health Challenge 2019 - 2022 Communities Final Evaluation Report 2022)

⁸BUILD Progress Continua



DATA-DRIVEN

Initially supporting the use and coordination of data from both clinical and community sources to **define problems, align partners, measure change, and facilitate transparency**, the Data-Driven principle now also prioritizes **equitable data collection** and **storytelling** for collaboratives.

The Data-Driven principle has helped communities describe a problem, create a shared vision, and support partner alignment, especially in early stages of supporting the model. Over the decade, the use of data in BUILD collectives has evolved to not only build an integrated data set to better understand interrelated upstream health issues and track health outcomes, but to equitably collect and use data to tell the story of what the BUILD partnerships are doing and what's happening in a community.



"Something that I am really on fire for is teaching our neighbors about how to see themselves in the data and see all the people sitting at the table with them. But how do we depolarize that data so that everyone sees themselves in it and realizes that it's a 'community' fact and not just a 'those people' fact?"



Early in BUILD, sites primarily used data to **understand the needs and priorities** of community members, and to **plan and track progress** against their goals. Their efforts included gathering input from community members about the projects and using surveys and focus groups as tactics for ongoing community member feedback. Data capacity, evaluation, and research was often extended through relationships with local universities.⁹

In 2024, about half of the BUILD collaboratives reported **sharing data back directly to residents**. In some cases, sites' dedication to **equitable data practices** have led them to reduce data collection demands or find less burdensome ways to collect it, such as using informal check-in questions as qualitative metrics that help assess needs.

Over time, partners have become more comfortable using data to **tell the story of their impact**, taking an equitable approach that includes ensuring the data collection process is community-centered, inviting community-based committees to analyze the data and design action plans in response.

⁹ (E. Measure, The BUILD Health Challenge 2019 - 2022 Communities Final Evaluation Report 2022)

Conclusion

Over the decade of BUILD's work, the five principles of BUILD have provided the local collaborative partners with a defined model for systemic change and progress. Awardees' and community members' creative and generative feedback has been intentionally incorporated into the principles and the model over time, strengthening BUILD's collective impact and movement. These shifts have generated a more authentic and sustainable collaborative community health effort with residents at the center.

Today, the five principles tell a consistent and intersecting story about the direction and intended impact of BUILD.

The **bold** principle affirms the wide-reaching impact and sustainability that is possible through collective work, collective will, and incorporating the essential expertise of community members. It moves beyond individual health and social service interventions to create systemic changes, and asserts that racial justice must be at the heart of equitable health outcomes. Naming the problem explicitly and striving to understand and articulate its impact in the context of a place and a community is a powerful tool for change.

By addressing **upstream** conditions that create barriers—or amplifiers—to better health, partners are working to create healthier communities long before residents are in need of medical services and interventions.

The principles acknowledge that collective work can be messy as well as powerful; the **integrated** principle supports the often-difficult work of building deep partnership by wrestling authentically with power dynamics, aligning under a shared vision, developing relationships, and building infrastructure for shared governance and decision-making with communities so that the long-term work is embedded beyond the grant period.

The **local** principle emphasizes the critical role of local leadership, context, and data in creating uniquely tailored solutions. Community voice must be centered in decisions to create the most sustainable and impactful changes.

Being **data-driven** does more than value integrated data sets, measure progress, and support case-making – it is a commitment to telling meaningful stories within and for communities. Data practices can be implemented in ways that create additional benefit for the residents at the heart of the initiatives.

In a decade-long journey to strengthen health in our communities, BUILD started with a hypothesis that collaborative, community-based approaches would create healthier communities. Ten years later, the five principles of BUILD have proven to be an iterative, adaptable model that provides a strong and effective approach to systemic change and an integrated, just, and sustainable approach to improving health.



APPENDIX A.

Methods: Learning Questions and Data Sources

Equal Measure (EQM) is the learning and evaluation partner for The BUILD Health Challenge® (BUILD) and used the following learning questions and data sources for the 10 Year Report:

Learning Questions:

■ Q1: Understand what we have learned about the BUILD model over the past 10 years. Specifically:

- What does it take to implement Bold, Upstream, Integrated, Local, and Data-driven?
 - What readiness factors must be in place to do this work (e.g., pipeline building)?
- What does it mean for these five pillars to work together?
 - How do they interact and / or reinforce each other?
 - How does racial equity show up in each of these pillars?
- What have we learned from Awardees over the 10 years? What best practices have surfaced, and how can these support learning for other collaboratives?
- How has the BUILD model evolved over 10 years?
 - How has the focus on equity evolved over time, within the model?

■ Q2: What supports and conditions do communities need in implementing the BUILD model, and from whom? Specifically:

- What do we know now that we did not know before BUILD? What has shifted in our knowledge and practice?
- How has BUILD's shift in racial equity learning over time influenced BUILD as a funder?
- What learnings, if any, have we gathered beyond the BUILD model?

Data Sources:

Document Review

In Summer 2024, Equal Measure reviewed 41 documents to capture the history of BUILD and how it evolved over the past 10 years. These learnings helped us to develop a foundation for our report and to design protocol questions for related interviews and focus groups.

Interviews

In fall 2024, Equal Measure conducted interviews with key leaders of the BUILD initiative who could speak to the BUILD model's design and implementation, the strengths and conditions that have supported it over time, and lessons learned for the field.

TABLE 1. INTERVIEW PARTICIPANTS

Name	Organization
Melissa Monbouquette	de Beaumont Foundation
Myani Guetta-Gilbert	de Beaumont Foundation
Emily Yu	Al Priori
Sara Bartel	ChangeLab Solutions

Focus Groups

In fall 2024, Equal Measure held one focus group with four BUILD funders, past and present. The goal of the focus group was to understand their role in BUILD and their perspective on the impact BUILD has had over the past 10 years.

TABLE 2. FUNDER FOCUS GROUP PARTICIPANTS

Name	Organization
Chris Kabel	Kabel Philanthropy Advisors, LLC
Sandy Doughton	Methodist Healthcare Ministries of South Texas, Inc
Sheila Reich	The Blue Cross and Blue Shield of North Carolina Foundation
Caroline Brunton	W.K. Kellogg Foundation

In winter 2025, Equal Measure held one focus group with seven BUILD awardees, past and present. The goal of the focus group was to understand their perspective on the BUILD model.

TABLE 3. AWARDEE FOCUS GROUP PARTICIPANTS

Name	BUILD Community
Moyosore A.S. Buari	San Diego, CA (BUILD 4.0)
Nicky Clark	Omaha, NE (BUILD 3.0)
Ariel Foster	Payette, ID (BUILD 4.0)
Nichole Gladney	Milwaukee, WI (BUILD 3.0)
Vanessa Rodriguez	Greenville, SC (BUILD 3.0)
Kellie Teter	Denver, CO (BUILD 1.0)
Victoria Williams	New Orleans, LA (BUILD 3.0)

APPENDIX A.

Methods: Analysis

Thematic Analysis

Following data collection, we coded documents and transcripts in Dedoose, with codes reflecting the learning questions (see Table 3), and then conducted thematic analysis of all data sources.

TABLE 3. LEARNING QUESTION CODES

Code	Subcode 1	Subcode 2
Q1: BUILD Model	Implement BUILD	Readiness Factors
	Five Pillars Working Together	Pillars Interact/ Reinforce Racial Equity Show Up in Pillars
	Learning Over 10 Years	Best Practices Changes in Practice Adaptations Over Time
	BUILD Evolution	Focus on Equity Over Time Variation Across Awardees re: Equity
Q2:	Shifting in Knowledge and Practice Shifts in Equity Influence – Funder Learnings Beyond BUILD Model	

Reflection Sessions

As a part of our equity-focused analysis process, Equal Measure shared and reflected on early findings with both the Community Advisory Council and the Funder Collaborative. During a February 2025 Community Advisory Council meeting, the Equal Measure team presented findings for feedback and reflection. During a March 2025 Funder Collaborative meeting, we previewed the outline of the report and discussed the content with funders. We incorporated the feedback and reflections from all sessions into our report.



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Special thank you to all of the BUILD community partners who have shared their wisdom with us on our collective journey together over the last decade.



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For more on The BUILD Health Challenge, visit www.buildhealthchallenge.org.