Ten Years of Building Together:

Lessons Learned on Investing in Collaborative Approaches to Community Health





10 YEARS | The BUILD HEALTH Challenge®

Introduction

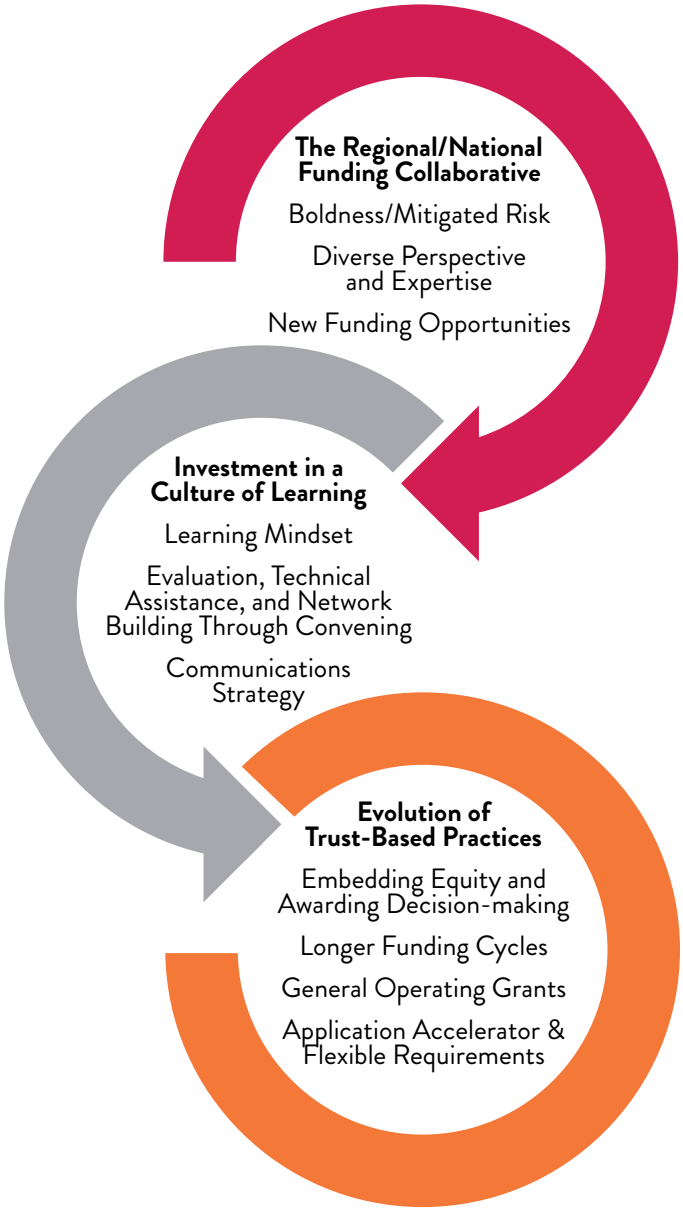
Over a decade ago, a small group of national and regional funders came together to launch The BUILD Health Challenge® (BUILD), a groundbreaking award program designed to improve health nationwide. BUILD aimed to bring community stakeholders together around the goal of shifting from a healthcare-focused model to one that addressed the root causes of health by changing local systems.

Since then, 68 partnerships in 53 communities have implemented the BUILD model, with 20 funders investing more than $30 million in these collaborative partnerships across 27 states and Washington, DC. The initiative has remained faithful to the anchoring model, a set of core principles articulated in the name B-U-I-L-D: Bold, Upstream, Integrated, Local, Data-driven. At the same time, BUILD has evolved and refined its approach with each new cohort of communities and through ongoing response to learnings from a robust set of feedback loops with grantees.

BUILD partnerships have catalyzed change across all dimensions of health in a wide array of communities across the country. For example, partnerships have addressed childhood asthma by focusing on unhealthy housing conditions and toxic stress; developed a comprehensive approach to increasing breastfeeding support across parents, providers, and clinics; and built economically viable healthy food systems through local economic development initiatives. These and many other BUILD collaborative initiatives have demonstrated that cross-sector partnerships aimed at solving upstream health problems increase public will and local conditions for improved community health.

BUILD has been a laboratory for collaborative systems change efforts grounded in place and community. A flexible approach and deep commitment to listening to its participants has helped establish BUILD as a national movement—offering a potential model for other funders and leaders seeking to invest in community health.

THE 10-YEAR JOURNEY OF THE BUILD HEALTH CHALLENGE



What will readers gain from this report?

This brief explores how BUILD's funding practices and national implementation have evolved over ten years of practice and learning. Funders and other national decision makers will benefit by understanding how they can utilize BUILD's ten-year learning journey to adapt and advance their own partnership with local communities, including best practices, trends in the field, and considerations for the future.

Methodology

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

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.

Takeaways: Key Elements of BUILD

Over ten years, BUILD has documented the learnings and impact of its approach and investments. Here, we lift up key elements that facilitated the evolution of BUILD to become more equitable, more aligned with the needs of its communities, and more sustainable than when it began:

1. **The strengths of the funding collaborative structure:** A well-designed funding collaborative mitigated risk and introduced diverse perspectives from other funders, as well as providing a foundation for new local and national opportunities for awardees, expanding the reach of BUILD partnerships and their initiatives beyond the award.

2. **The funders' deep investment in a culture of learning:** Embedding the initiative with a learning and curiosity mindset, a consistent evaluation providing bi-directional feedback on the success of the initiative, and a transparent and intentional communications strategy helped set the stage for intentional change. This approach created a flexible, iterative, and sustainable initiative that embraced change to achieve impact both in communities and on the broader healthcare field.

3. **The implementation of those learnings and the resulting evolution of trust-based practices:** Learnings and investment in technical assistance (TA) throughout the initiative contributed to positive changes and capacity building at the local level. Shifts in philanthropic practices, including in the application, evaluation, and funding structure supported greater stability for awardee staff and local community engagement, resulting in more community buy-in and greater ability to establish sustainability of the initiative. The guiding principles were allowed to evolve over time, intentionally balancing fidelity to the model to community needs learning.

Key Elements of BUILD

A BOLD AND DIVERSE FUNDING COLLABORATIVE

BUILD's funding collaborative began with a conversation between three institutions with a shared goal to "intentionally encourage and incentivize upstream health initiatives."[2] From its earliest stages, the national/regional nature of the funding collaborative was an unusual element of BUILD. The diversity of issue areas and community approaches paired with adherence to a model also offered a unique tension to the initiative. BUILD embraced a systems change approach grounded in the specific needs and assets of the different communities, with dual interest in both national and local impact.

The structure of BUILD's collaborative, bringing together regional and national funders of various sizes, **mitigated the individual risk to each funder**, creating a safer space for them to encourage bold change and test out new practices and strategies. Together, funders were able to support a **bold national agenda** by **investing in impactful and innovative local work**, leveraging pooled funding and coordinated efforts.

Funders hailing from different areas of the country and with different areas of focus brought **a broad range of perspectives to the initiative**. Large national funders shared their high-level networks and knowledge of systems change work, while regional funders contributed their deep place-based expertise to the efforts. The collaborative model brought benefits beyond shared costs—the structure l**everaged the individual capacities and expertise of each funder to achieve greater success together as a national effort.**

Furthermore, the collaborative investment provided a f**oundation for new local and regional funding for awardees**, including a healthcare match, expanding the reach of BUILD partnerships and their initiatives during and beyond the award period and increasing both the impact and sustainability of the work.

[1] Carcedo, Jo, Merry Davis, Megan Folkerth, Lori Grubstein, and Chris Kabel. "Is More Always Better? A Reflection on the Dynamic Nature of Nationally and Regionally Focused Funder Collaboratives." The Foundation Review 12, no. 2 (June 1, 2020). https://doi.org/10.9707/1944-5660.1516.

The Founding BUILD Funding Collaborative

The original group of funders included The Advisory Board Company, the de Beaumont Foundation, the Colorado Health Foundation, the Kresge Foundation, and the Robert Wood Johnson Foundation. Over time, additional national and regional funders joined the collaborative to support BUILD's mission to advance upstream health solutions.

"This structure [of the funding collaborative], rooted in speed, flexibility, and reach, creates a symbiotic relationship between the two groups of funders, and allows regional philanthropies the opportunity to inform the national agenda and contribute deep insights as to what works locally."
—BUILD Funder[1]

INVESTMENT IN A CULTURE OF LEARNING

From the start, BUILD's funder collaborative fostered a learning-driven mindset, encouraging the model to evolve with the needs of collaboratives and their communities. They valued a clear, consistent approach while remaining adaptable. One partner explained that BUILD leaders are "willing to look at themselves and the work with a critical eye. They ask hard questions in a way that feels truly curious and interested. And that moves things forward [because] that is just so embedded in who they are." BUILD's capacity building practices leverage the cohort model for group learning, adding new resources and shifting supports where needed for each new cohort, as well as structured opportunities for BUILD awardees and alumni to network and connect experiences across communities.

BUILD embraced a culture of learning from the beginning. This included: encouraging **a learning and curiosity mindset for both funders and awardees**, engaging an **evaluation partner** focused on bi-directional feedback and continuous improvement, investing in **tailored TA from field leaders** for awardees, and executing on an extensive and intentional **communications strategy** that shared communities' stories and ongoing lessons learned with community partners and the broader field.

"The learning journey continues and must be open-sourced. BUILD partners have been on a learning journey together since 2015. Our aim in sharing reports such as this is to support our partners, including communities, funders, and allies in the field of community health focused on upstream and cross-sector approaches to health to achieve health equity, even if we do not have all the 'answers' yet." – BUILD Funder

Evaluation and Progress Framework

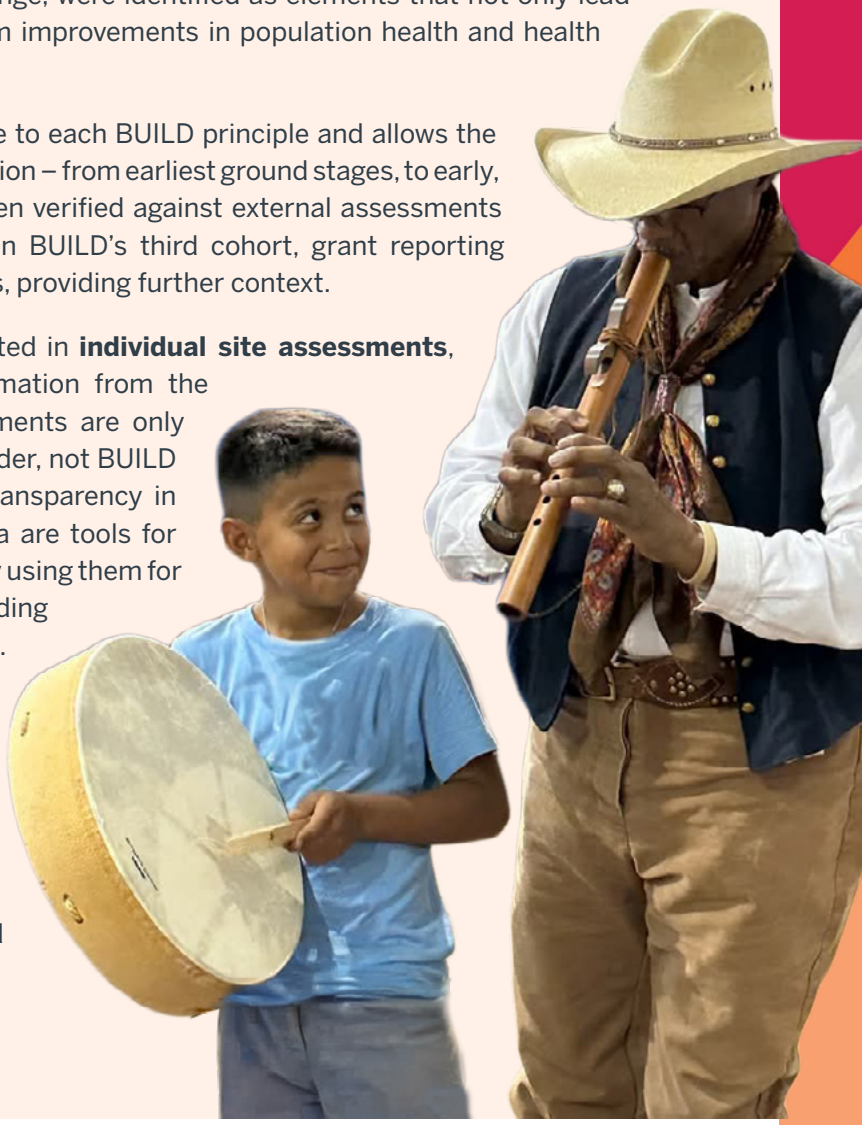
BUILD implemented a learning-oriented evaluation process early on to gather feedback from collaboratives and supply the communities and the funders with the tools for continuous improvement. The evaluation strategy explored the question, *what does progress look like for BUILD?*

With awardee collaboratives tackling diverse upstream health issues in a broad range of communities, a **shared framework** for progress across all the communities was challenging but important to understand progress and impact. BUILD's learning partners, including Equal Measure, developed an outcomes framework and the Progress Continua, **learning tools that describe the sequences of outcomes and define stages of progress across each of the BUILD principles.**

The BUILD outcomes framework allows collaboratives to collectively define what "success" looks like in their community as they implement the five BUILD principles and prioritize system-level shifts, no matter how different their interventions may look from each other in practice. Working in collaboration with BUILD communities, a set of "precursors," or early indicators of systems change, were identified as elements that not only lead to systems change, but also eventually yield long-term improvements in population health and health equity.

The Progress Continua articulates a set of factors core to each BUILD principle and allows the sites to self-evaluate against four stages of implementation – from earliest ground stages, to early, middle, and advanced. These self-assessments are then verified against external assessments provided by technical assistance partners. Starting in BUILD's third cohort, grant reporting questions feed directly back to evaluation assessments, providing further context.

In addition to the cohort-wide learnings, BUILD invested in **individual site assessments**, diving deeper into the data to share specific information from the evaluation back to the collaboratives. These assessments are only made available to the collaboratives and their TA provider, not BUILD staff or the funder collaborative, to encourage full transparency in the assessment process. As such, the evaluation data are tools for continuous improvement. Awardees report occasionally using them for other purposes as well, such as to raise additional funding for the collaborative or to support local advocacy efforts.



Continuously updated throughout the engagement, the framework for outcomes and the Progress Continua serves not only as measurement tools, but as tools for reflection and iteration. It provides guidance and boundaries to the work of the communities. In 2022, the framework was updated **to reflect BUILD's commitment to racial justice and centering community voice**.

Technical Assistance and Peer Networking

Investment in **technical support and resources** has been an important contributor to BUILD's impact. As collaboratives seek to connect local cross-sector partners and work in innovative ways, they often find themselves in new waters. External TA partners are available for collaboratives to talk through challenges together, provide resources and capacities that aren't readily accessible, and facilitate new connections. The cohort model offers structured group learning, which simultaneously provides opportunities for peer learning and networking. Collaboratives also have access to a dedicated individual TA partner who is deeply familiar with the specific work, relationships, and context of each awardee.

Shifting the conditions causing upstream health issues often calls for **policy change.** BUILD's TA partner since 2019, ChangeLab Solutions, leverages their expertise to support communities on topics like advocacy, community engagement, and policy analysis. In one example, TA helped California communities navigate state public health powers during the COVID-19 pandemic, producing a valuable paper that ultimately circulated within state government. Communities have received help from TA partners on engaging hospital partners, bridging cultural gaps, and developing equitable data collection practices. With their national lens, TA partners also assist in spotting new funding opportunities for collaboratives and finding leadership opportunities for local partners.

Shared learnings among, and more recently across, cohorts, helps connect the communities. While regional funders will often fund BUILD-like collaborative projects in their own communities, BUILD offers national exposure for such efforts and connects them to a much larger national network. **National convenings** of current awardees and alumni build towards a national movement of collaborative efforts to address social determinants of health with shared language, goals, values, context, and promising practices. Regular convenings of BUILD cohorts amplify energy around the communities' efforts and have been opportunities to discuss evolving goals, such as centering racial equity, as well as to set best practices for how to do so.

Networking and relationship-building across communities have also been valuable outcomes of national convenings. In recent years, including BUILD alumni in the convenings has fortified growing the network and kept awardees and communities connected to the national movement for the long-term.

Communications Strategy

As a core part of their strategic plan, BUILD is committed to sharing learnings from the initiative with the community health field, philanthropic leadership, and awardee communities, through reports, case studies, journal articles, and blog posts. They have also invested in telling the stories of the innovative local collaboratives, creating accessible examples and visibility for their work among potential supporters. Sharing successes, lessons learned, and promising practices promote cross-collaborative and field-level learning in support of BUILD's long-term goals to encourage narrative change and norm change around what drives health in the United States.

THE RESULTS OF LISTENING AND THE EVOLUTION OF TRUST-BASED PRACTICES

BUILD's culture of learning established intentional feedback loops with collaboratives; the funder collaborative used what they were hearing to make substantive changes in the initiative. Individual and peer conversations facilitated through TA offerings, along with trends and findings from cohort-level evaluations, elevate emerging needs at the community level. The input allowed BUILD staff and funding collaborative members to pivot quickly, within a grant period, providing greater support when needed or reallocating resources when they saw evidence of unexpected positive impact.

Feedback from BUILD'S first two cohorts, shifts in community health related to the impact of the COVID-19 pandemic, and an expanded national focus on issues of racial justice in the wake of George Floyd's murder in 2020 led to a listening tour in 2021. The goal of the tour was to answer the question: how can we best support communities in their efforts to advance health equity given the social, cultural, and economic realities we currently face? Several new key learnings and strategies emerged from the listening tour and a subsequent series of town halls, and were codified in a refreshed strategic plan in 2023.

Guided by awardee input from the listening tour and other community listening activities, BUILD deepened its trust-based philanthropic practices. These new practices have in turn proven helpful in sustaining the place-based collaboratives by fostering deeper partnership development, expanding opportunities to a broader range of communities, and encouraging enhanced community engagement and buy-in to the efforts.

Embedding Equity and Awardee Decision-Making

Findings from the listening tour were published and shared. One finding elevated the need to center racial equity explicitly in BUILD, leading to the development of an awardee racial equity working group. Another highlighted the impact and efficacy of centering experienced voices and community co-creation. An existing pilot peer mentor program became an awardee advisor program, which evolved into a formal awardee council in 2024. The Awardee Council provides insight and feedback on organizational strategy, evaluation and technical assistance approaches, and programming.

In addition to community listening and co-design practices, equity concepts were incorporated into the initiative in multiple ways, from embedding equity throughout key outcome areas in the evaluation frameworks, to centering equity-focused learning and resources in BUILD's TA, to facilitating deep discussions of equity at national convenings. It also led to several tangible operational shifts in the initiative and adopting more trust-based philanthropic practices. This includes extending funding cycles and shifting to providing general operating grants, changes to the grant application and application process, and building more flexibility in the BUILD collaborative structures and governance.

Extending Funding Cycles and Offering General Operating Grants

BUILD's original structure offered one-year planning grants and two-year implementation grants given to community-based organizations (CBOs) that developed a partnership with a local hospital or health system and a local health department. In order to leverage community benefit funding requirements recently implemented by the Affordable Care Act and encourage investment in prevention, BUILD required a match from the healthcare partner. Reporting requirements were dense, requiring a substantive amount of data as well as quarterly financial reporting

Funding the collaboratives through the CBOs ultimately proved a valuable tool for shifting power, giving them more equal footing in the collaborative compared to larger and more established healthcare and governmental partners. Short-term funding proved a strain on the organizations and their staffing, however, as they grappled with the intensive work of building cross-sector partnerships, hiring, and launching both programs and systems change strategies. Community engagement, by its nature a, slow process requiring time and attention, was constrained.

By gradually extending the award cycle to three years, BUILD helped create space for organizations' staffing and planning. Beyond that, it allowed greater opportunity for relationship building, which became a generative, ongoing process foundational to the collaboratives' goals. As one funding partner noted, "Three years is just a small part of the much longer arc of systemic

change. It is important not only to be realistic about what we ask for, but also to set up our partners for long-term success beyond the award."

With increased flexibility and funding, awardees in the second cohort reported seeing increased engagement of residents and local leaders because they were able to provide compensation for input and leadership positions within the BUILD work. By the fourth cohort, the majority of collaboratives felt that they were gaining momentum creating an infrastructure for community leadership, with half reporting an ongoing process for community decision making.

Longer grant timelines, reduced frequency, and shifting to general operating grants lightened the reporting burden on awardees and expanded the impact of the collaboratives. The changes allowed local partners to pivot to address emergent needs or in response to new opportunities, as well as offered more flexibility to engage in complex work like policy change. A BUILD funder shared of the overhaul: "It requires a level of trust, but I think it is one of the best things we've changed."

Changes to the Grant Application Process and Requirements

Intensive grant applications can drain resources, without any guarantee of increased learning or resources. BUILD staff have, since its inception, offered feedback to all applicants on their proposal, whether or not selected for funding. This offered a mutual benefit of gaining insight into the experience of awardees and applicants, as well as offering transparency into BUILD's priorities and decision-making processes.

With the fourth cohort, BUILD began offering an "application accelerator" to collaboratives who passed the first application round. The TA team guided the applicants through the BUILD model and priorities. Applicants also had the opportunity to access one-on-one consultations and resources related to key components of the applications so that all collaboratives were best positioned to successfully apply.

Other shifts include more intentionality around how BUILD partnerships are constructed. While BUILD continued to require an articulated commitment from institutional partners, BUILD began to allow for more flexibility in the match practice or partner composition if community-specific context required it from an equity standpoint. A BUILD funder reflected, "From an equity standpoint, we learned there are a lot of rural places served by safety net hospitals without the financial resources of health systems in other communities." For others, BUILD began implementing an Opportunity Fund, which releases supplementary funding on an off-cycle basis, to recognize that some collaboratives may only be able to secure the funding match over a shorter timeline or in stages.

"For this most recent cohort, we expanded the award cycle to three years and moved to general operating support funding. This was an intentional choice, recognizing that communities know best what they need and how to achieve it, and to allow flexibility to respond to unexpected opportunities and emerging best practices when other grant dollars cannot."
– BUILD Funder

Beyond BUILD's Ten Years

The path BUILD's funders have undertaken to design, implement, and sustain the BUILD initiative and communities has implications for other funders and decision-makers. Funders interested in supporting similar local, collaborative, upstream health initiatives may want to consider their method of community investment, commitment to a culture of learning, and the ways in which they have incorporated trust-based philanthropy practices. The following "Key Elements of BUILD" may be useful in guiding conversations towards the elements needed to structure and evolve effective initiatives with long-term resilience and sustainability in challenging times.

Key Elements of BUILD

A BOLD AND DIVERSE FUNDING COLLABORATIVE

- Mitigation of individual risk to each funder
- Focus on a bold national agenda and deeply impactful and innovative local work
- Inclusion of a broad range of perspectives
- Leveraged capacities and expertise of each funder
- Provided a foundation for new local and regional funding opportunities for awardees

AN INVESTMENT IN A CULTURE OF LEARNING

- A learning and curiosity mindset for both funders and awardees
- Long-term evaluation and learning partner: a shared framework, ongoing feedback, annual survey, and individual site assessments
- Ongoing technical assistance from external partners; for example, policy support
- National convenings
- Intentional communications strategy promoting community partnerships and their work

THE RESULTS OF LISTENING AND THE EVOLUTION OF TRUST-BASED PRACTICES

- Embedded equity and awardee decision-making
- Explicitly centered racial equity
- Established racial equity working group and awardee council
- Extended funding cycles and offered general operating grants
- Funding through community-based organizations helped shift power
- Lightened reporting burden
- Shortened to grant application with fewer requirements
- Increased flexibility in collaborative structures and governance
- Evolved the BUILD principles to balance fidelity to the model with responsiveness to community needs.

In celebrating ten years of BUILD, we recognize the effort and the impact of the 68 community initiatives around the country who have embodied the BUILD model and created healthier communities through Bold, Upstream, Integrated, Local, and Data-Driven approaches.

At the same time, we recognize the collective achievement of BUILD's 20 funders in sustaining, growing, and transforming a complex national initiative for over a decade, aligning their efforts to not only support community-centered, collaborative approaches to health but also to continually strive to be a better partner to communities in these efforts. BUILD's evolution over the last decade has been guided by trust in the inherent knowledge and ability of communities to effect change, a continued focus on learning and innovation, and a willingness to change. Every step has been in service to a larger movement to re-imagine health in the United States, creating forward progress to a tangible future where we all have a role to play in creating healthier communities.

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 tim e, 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.

ACKNOWLEDGEMENTS

The BUILD Health Challenge has been made possible with the support of Blue Cross and Blue Shield of North Carolina Foundation, Blue Shield of California Foundation, de Beaumont Foundation, Episcopal Health Foundation, Kresge Foundation, The Leonard Parker Pool Institute for Health, Methodist Healthcare Ministries of South Texas, Inc, Missouri Foundation for Health, Robert Wood Johnson Foundation, Trinity Health, Vitalyst Health Foundation, and W.K. Kellogg Foundation.

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**.