

# MOVING TO CENTER

BUILD's Journey to  
Advance Health Equity

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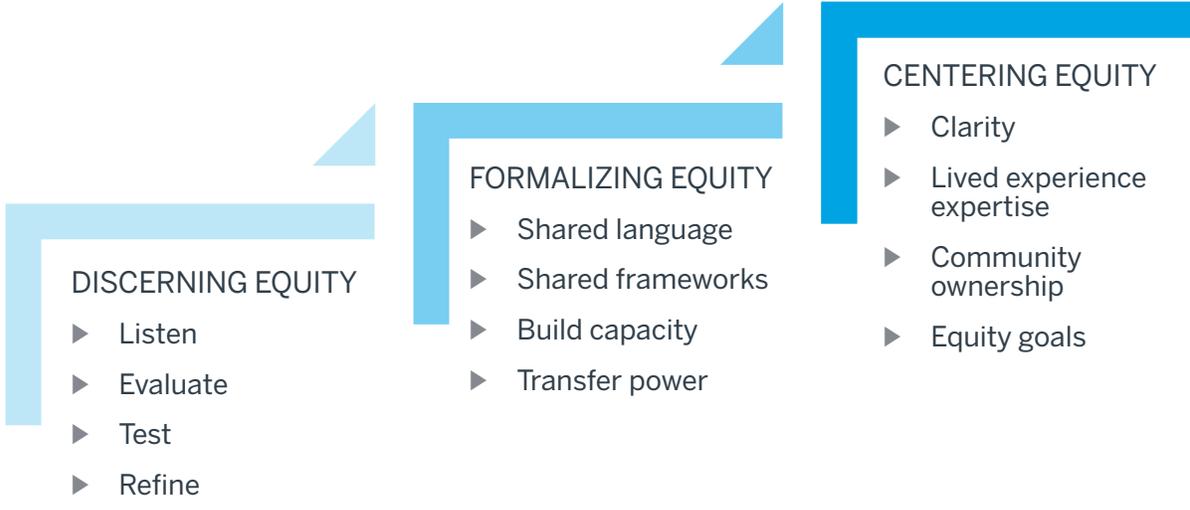
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# INTRODUCTION

Since our launch in 2015, The BUILD Health Challenge® (BUILD) has pursued the bold goal of improving health for all through cross-sector, upstream, and community-driven approaches. While that’s always been our intent, the role of health equity — and our understanding of it — has evolved the way we work and shaped who we are today. We’ve captured key moments in the equity journey for the many stakeholders who have been involved in BUILD over the years — awardees, funders, technical assistance (TA) and communications partners, and field partners. Each stakeholder in BUILD has contributed to the journey in critical ways that tested the model and pushed for a clearer focus on equitable change. In 2021, we can look back with new eyes on BUILD’s journey, as we learn from a year of collective pain and respond to calls to action to address health inequities and racism.

BUILD cycled through three stages in its equity journey that each emphasized different areas of focus:



To learn more about The BUILD Health Challenge®, visit: [\*\*buildhealthchallenge.org\*\*](https://buildhealthchallenge.org)

# BUILDING BLOCKS: BEGINNINGS

In just seven months in 2014, five leaders from the Colorado Health Foundation, the de Beaumont Foundation, The Kresge Foundation, the Robert Wood Johnson Foundation, and the Advisory Board Company created the BUILD award program. The group raised funding, developed programmatic concepts, and issued a call for applications. BUILD rapidly took form as a national awards program advancing multi-sector, community-driven partnerships to drive sustainable improvements in community health and address systemic and social inequities. The original funders were motivated to take action on urgent health needs and a policy opportunity, “flying the plane” as they built it.

At the time, the national conversation on health and healthcare was largely focused on the Affordable Care Act (ACA); the BUILD funders sought to leverage the ACA as a fresh opportunity to address the social determinants of health at their



root. Like the public health field, BUILD’s funders were working to overcome the inequities of our health and social systems, especially for people of color, Indigenous peoples, and low-income families and older adults. In many ways, BUILD’s approach to health equity mirrored many approaches in the field — health equity was an explicitly stated priority.

Like the field, however, definitions and “roadmaps” for health equity were vague and not uniformly understood among BUILD’s funders and stakeholders. Thus, operationalizing and integrating principles of equity into the work was challenging. BUILD identified two ways early on to address health equity directly. First, funders sought to redistribute power, requiring in each community that community-based organizations lead, and a hospital partner provide a financial or in-kind match to the BUILD award. In addition, the “Local” principle in BUILD was intended to ensure partners are working with community members affected by the identified issue and incorporate community perspectives and leadership into their work. These have remained steadfast elements of BUILD and helped to drive BUILD forward in its commitment to equity.



## EQUITY JOURNEY

We illustrate here the evolution of equity to document the critical voices, actions, and learning that BUILD's many partners and stakeholders encouraged along the way. While there is no one roadmap to embedding and advancing equity in communities, we offer BUILD's journey as a tool for other partnerships and initiative leaders rethinking and repositioning their work.

Soon after the first cohort of BUILD awardees began their work in 2015-2017, a growing chorus of stakeholder voices sought to understand and center equity more explicitly. BUILD was facing a challenge that many in the field grappled with — clearly defining equity among partners from widely different backgrounds and contexts, and intentionally embedding equity in all aspects of the work. Questions arose, including:

- ▶ How does BUILD **define equity** for the model and its work in communities? Who defines equity for BUILD?
- ▶ How can the BUILD award catalyze changes in **mindsets, practices, and use of data** that are critical to developing a cohesive and equity-focused vision for communities in the long run?
- ▶ How are communities **addressing power differentials and access** to resources, particularly among community-based organizations and large partners like hospitals and health systems?
- ▶ How **resonant are the issue areas** and solutions proposed by awardees to the residents most affected by health and social inequities?
- ▶ In what ways are award partners **balancing a focus on bold systems change** with efforts to build trust and relationships with community members with urgent needs?

# Discerning in Years 1 and 2

## Emerging clarity from early learning

As the efforts of this new initiative and first cohort of communities progressed into a second and third year, BUILD leveraged its spaces and wide range of stakeholders to learn — remaining receptive to insights, feedback, and trends from awardees and BUILD’s national team. Regular conversations between technical assistance providers and awardees, annual convenings of stakeholders, findings from the initiative-level evaluation, and funder retreats all served as openings to understand and strengthen the model. These opportunities for dialogue allowed for continuous learning and for equity to emerge as an area to further understand and elevate.

WHAT WE LEARNED	
▶ Equity outcomes are nascent	▶ Evaluation shows only small changes in community engagement and outcomes related to equitable systems change.
▶ Power issues are real	▶ BUILD commissions report to learn about hospital perspective and power dynamics among BUILD partners.
▶ Equity approach is buried	▶ Case studies on several communities find equity is too <i>implicit</i> in implementation to create change.
▶ Capacity slowly building	▶ TA providers, evaluators, sites, and outspoken funders identify capacity needs, including support to deepen community engagement and understand equity.

HOW WE PIVOTED
<ul style="list-style-type: none"> <li>▶ Shifted equity as a standalone and implicit concept in evaluation metrics and outcomes to embedding equity throughout key outcome areas.</li> <li>▶ Shifted application for the second cohort of communities to reflect a more significant role for community actors and leaders, including added questions about:               <ul style="list-style-type: none"> <li>• Community members’ roles in identifying priorities for award;</li> <li>• Community momentum as a driver for the issues they selected (beyond quantitative or “big” data);</li> <li>• Potential for community influence/ownership in each stage of project implementation; and</li> <li>• Ensuring community members are key voices and thought leaders, integrating the BUILD efforts into existing community efforts.</li> </ul> </li> </ul>

## Formalizing in Years 3 and 4

### Endorsement of equity strategy

When a second cohort of communities became awardees, the learning and refinements from the Discernment stage made their way into the work in myriad ways — through funding, technical assistance, community foci, convenings, evaluation, and communications. When it came to equity, power, and community centeredness, conversations were difficult, and agreement was not always possible. Importantly, the funder collaborative persisted in developing equity into a more central pillar of the work. The W.K. Kellogg Foundation made an added investment in technical assistance supports dedicated to equity and community engagement.

WHAT WE LEARNED	
▶ Equitable approach needs specificity	▶ Michigan Public Health Institute (MPHI) sharpens TA approach using five strategies: shared vocabulary, organizational readiness and capacity building, facilitated dialogue, community of practice, and action planning.
▶ Audiences need frameworks	▶ Evidence-based equity and community leadership outcomes are captured in local implementation continua and systems change framework for evaluation.
▶ Communities take the lead	▶ Awardees such as Collaborative Cottage Grove in Greensboro, NC demonstrate shifts (in power, resources, and decision-making) to community members will enhance buy-in, commitment, and long-term sustainability.
▶ Boost from key funders	▶ Funders such as The W.K. Kellogg Foundation and The Kresge Foundation help keep redistribution of power and community at the forefront of conversations and BUILD's architecture.

HOW WE PIVOTED
▶ Identified equity experts join BUILD's TA team, building capacity and a roadmap with BUILD's local stakeholders.
▶ Shared language from TA providers makes equity more "discussable" across BUILD stakeholders: funders, awardees, and providers in the network.

- ▶ TA providers encourage a dual and complementary approach to success in communities: 1) systems change to address structural inequities, blended with 2) programmatic approaches to create close, trusting community ties.
- ▶ Community ownership and capacity is recognized as a path to sustainability and equity; some awardees transfer training, convening, and professional development resources to community leaders.
- ▶ TA providers guide local readiness dialogue, pushing partnerships toward more representative and diverse decision makers.
- ▶ Awardees facilitate conversations between residents closest to issues and system partners — hospital leaders and healthcare payers — as a powerful route to understanding and policy change.
- ▶ Evaluation points to power dynamics of BUILD funders, shifting parameters of the funding collaborative closer to the strengths and constraints of small and regional funders.

## Centering in Year 5 and onward

### Prioritizing equity in the field and in practice

In 2019, BUILD invited a third round of awards with a sharpened focus on communities, addressing systems, and centering equity. A record number of communities applied for a BUILD award — many demonstrating new approaches that elevate those most affected by inequities and disparities to drive local efforts, build and sustain local leaders, and heal communities. The BUILD team was prepared for this important shift; the past four years of progress deepened how equity is examined and structures and infrastructure refined across their work, conversations, and convenings.

WHAT WE LEARNED	
▶ Philanthropic structures may be limiting	<ul style="list-style-type: none"> <li>▶ The questions and selection criteria of the third cohort applications become more pointed about equitable outcomes and community centeredness.</li> <li>▶ Awards include an additional six months of funding to build trust and ensure the identified issues and approaches are community- and culturally driven.</li> </ul>

<ul style="list-style-type: none"> <li>▶ Resetting priorities at kickoff</li> </ul>	<ul style="list-style-type: none"> <li>▶ At BUILD's third kick off convening, each awardee is represented by the core three local partners (public health, hospital, community-based organizations) and — for the first time — a community resident/leader.</li> <li>▶ Equity is explicitly woven throughout first convening of new awardees as a major tenet of BUILD — in breakouts with TA providers, presentation of common MPH and Equal Measure frameworks, speaker topics, and evaluation findings.</li> </ul>
<ul style="list-style-type: none"> <li>▶ Field shifting alongside BUILD</li> </ul>	<ul style="list-style-type: none"> <li>▶ New awardees take on approaches not seen in BUILD before that uplift community member voices, community healing, and trauma-informed approaches from the outset.</li> <li>▶ Community health field is offering striking new narratives about equity, historical trauma, reconciliation, and anti-racist action.</li> </ul>

Within six months of the third round of BUILD awards, the world was facing a pandemic and the United States saw incredible momentum building around racial justice action. Many BUILD partners were transitioning from a phase of solidifying priorities and approaches with their communities. Around the nation, communities faced immediate uncertainty and crisis. Within months, COVID-19 unmasked systemic racism and structural inequities on an undeniable scale. BUILD partners were committed to helping those most vulnerable and affected. A number of awardees harnessed the realities on the ground to shift the narrative among local decision makers and experienced the precursors to equitable change: enhanced knowledge, strengthened community ownership, and transforming norms. At the same time, the BUILD partners were forced to maintain a fragile balance of maintaining health and safety among efforts to be responsive to the social determinants of health, be inclusive of local stakeholders, and continue to address sustainable systems change.





## KEY TAKEAWAYS

BUILD's six-year equity journey surfaced the following key takeaways for our stakeholders that we share to inform leaders who are on a similar journey of change in pursuit of greater health equity:

- Establish **trust and credibility** with community members and those most affected by the issues as a critical first step. [[Learn more](#)]
- **Community members** make this work sustainable; bolster their leadership, capacities, and ownership to contribute to strategy and nurture systems change. [[Learn more](#)]
- Actions matter. Move beyond equitable intention toward trauma-informed, healing, and **transformative approaches** to catalyze equity locally. [[Learn more](#)]
- When the topic of equity is still emergent in partnerships, **dedicated technical assistance, activities, and metrics** are critical. [[Learn more](#)]
- Elevate the full chorus of voices, even when they are not yet in sync, to develop **shared equity definitions and approaches**. [[Learn more](#)]
- Equity is an activator and an anchor once it becomes a shared priority in the community to generate solutions, deepen issue understanding, identify local leaders, and reallocate resources toward equity.

# CONTINUING OUR EQUITY JOURNEY

The full story of BUILD's equity journey is yet to be written. Yet two patterns emerged about the *cumulative* nature of this work over the past six years that has greatly influenced our own thinking as we look to the future of BUILD and the movement toward greater health equity:



First, **once equity becomes an explicitly stated and committed value in the work, the opportunities to pivot and grow rapidly increase.**

With a new and collective lens for interpreting information and making decisions, the opportunities to embed equity throughout the work become visible.

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Second, **individual “moments” of the equity journey become more interdependent with time — and that creates the potential for deeper change.** When a dynamic mix of shared definitions, equitable strategies, targeted supports, and frameworks take hold, the resonance of each learning or pivot point fades and the journey becomes a continuous flow.

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A third and final informal reflection is that the work of advancing equity is never done. While our path forward from this point on is still being created and evolving over time, one thing is clear — it is the only sustainable path forward to achieve better health for all. To build this path forward requires change, both systemic and programmatic. BUILD and its stakeholders are committed to continuing our own reflection, learning, pivots, and growth as we move forward, and to sharing our journey with our fellow changemakers. We invite you to share your own journey with us.



## Acknowledgments

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*The BUILD Health Challenge® (BUILD) thanks the organizations that have supported the initiative over the years and allowed BUILD's stakeholders the opportunity to embark on this equity journey. First and foremost, we acknowledge the contributions of Equal Measure as our evaluation partner over three cohorts. They provided this deep and constructive look at BUILD's practices and growth.*

*We also acknowledge the individuals and organizations that forged partnerships in each of the BUILD communities and are committed to improving community health and health equity. We celebrate them for their efforts and are appreciative of their contributions as leaders and thought partners. ([Learn more about BUILD community partners.](#))*

*Finally, we are grateful to the eleven funders of BUILD's third cohort that have continued to guide BUILD: BlueCross BlueShield of South Carolina Foundation, the Blue Cross and Blue Shield of North Carolina Foundation, the Blue Shield of California Foundation, Communities Foundation of Texas, the de Beaumont Foundation, Episcopal Health Foundation, The Kresge Foundation, New Jersey Health Initiatives, Methodist Healthcare Ministries of South Texas, Inc., the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation.*

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*For more on the BUILD Health Challenge, visit [www.buildhealthchallenge.org](http://www.buildhealthchallenge.org).*