BUILD COMMUNITIES AFTER 2020: What We Carry with Us

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Within months of The BUILD Health Challenge® awards to 18 communities in the fall of 2019, COVID-19 was emerging in the United States. The context in which cross-sector partners were collaborating was clouded by confusion, fear, and the stall out of long-standing programs and systems. As months passed, BUILD’s community partners shifted to respond to the acute phase of the pandemic. Compared to past BUILD awardees, this cohort experienced an unrivaled amount of adjustment and learning and gained perspectives that could not have been possible without the pandemic.

In developing this brief, we acknowledge the many valuable reports, reflections, and learnings leaders from the social and public health sectors nationwide have shared related to the pandemic and its impact on communities. We recognize that more than two years into grappling with and analyzing the impacts of COVID-19, insights from the field evolved and the community health field is situated in many new realizations. Some realizations feel exhilarating and accelerating, such as clearer language for and understanding of the structural inequities underlying our responses to crises. Some realities feel daunting, such as how to rapidly adjust our systems and approaches before another major health, climate, or social crisis.

This brief focuses specifically on the essential, forward-looking lessons learned from a set of BUILD awardees during the pandemic, highlighting work that is driven by community engagement, local ownership, and cross-sector partnerships. We illustrate what BUILD partners—community-based organizations, public health departments, hospitals, health plans, and community residents working together—believe should be carried forward from the ripple effects of a worldwide emergency. It also signals what they leave behind that no longer serves communities when it comes to advancing health equity, especially those most impacted by inequitable systems and social determinants of health. This brief is both a snapshot and homage to the BUILD partners of the third cohort as they wind down their award-related efforts in 2022. Equal Measure, BUILD’s learning and evaluation partner, held focus groups with select BUILD partners (Gastonia, NC; Greenville, SC; New Brunswick, NJ; Omaha, NE; and Washington, DC) in spring 2022. The conversations spoke to possibilities for re-prioritizing their work, and demonstrated humanity, courage, and an unshakeable determination to sustain innovations that help dismantle harmful systems and create greater equity.

Partners from five BUILD communities joined focus groups to explore the question:

What will your partners carry forward from the COVID-19 pandemic to transform the community and imagine a new future with greater possibilities?
About The BUILD Health Challenge® Model

In 2015, BUILD was established as an innovative national awards program, focusing on strengthening cross-sector, community-driven partnerships to reduce health disparities caused by systemic or social inequities. BUILD’s “North Star” is to support communities seeking to advance health equity and to contribute to the improvement of population health outcomes by changing inequitable conditions and systems in their communities.

BUILD promotes collaboration among partners in community-based nonprofit organizations, hospitals/health systems, governmental public health, and resident groups to achieve their goals more effectively. A hallmark of BUILD is the structure of local partnerships, in which the community-based organization serves as the lead partner and recipient of a grant award of up to $300,000 over three years. This strategy ensures each partner’s work is aligned with the community’s needs and interests. A local hospital matches the award and joins the partnership for each supported initiative.

Guided by the BUILD principles—Bold, Upstream, Integrated, Local, and Data-driven—each local cross-sector partnership works with community leaders and residents of their neighborhood, city, or town to identify a public health issue prioritized by the community. To date, 16 funders have invested more than $30 million to support cross-sector partnerships in over 70 communities across 24 states and Washington, DC.

To learn more about BUILD, visit: buildhealthchallenge.org.

**BOLD**
Partnerships that aspire to advance racial justice by driving fundamental shifts in policy, regulation, and/or sustainability that support systems-level changes through a lens of justice, equity, diversity, and inclusion.

**UPSTREAM**
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 or care delivery.

**INTEGRATED**
Partnerships that align the practices and perspectives of communities, health systems, public health, and payers, under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner.

**LOCAL**
Partnerships that prioritize the diverse lived experiences, voices, and leadership of neighborhood residents and community members throughout all stages of planning and implementation.

**DATA-DRIVEN**
Partnerships that use varied forms of data from both clinical and community sources as tools to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights.
What We Carry with Us

Synthesized here are three aspirations gleaned from a subset of practitioners and leaders from BUILD’s 2019-2022 cohort looking not for a “return to normal,” but for a new path toward health equity. These commitments are rooted in the clarity, community, and connection they gained in the early days and years following the pandemic’s rise.

What We Carry with Us is intended for community health practitioners, leaders, and funders to:

• Learn the three transferable learnings from the pandemic that BUILD partners will carry forward in their communities.

• Understand the opportunities afforded by the pandemic to listen, elevate perspectives, and rethink longstanding barriers for those most impacted by systemic inequities and racism.

• Sustain new perspectives and innovations from the pandemic by seeking creative funding and elevating newly activated community advocates for systemic change.
The COVID-19 pandemic publicly surfaced and amplified the systemic insecurities that vulnerable communities and communities of color face in housing, food access, technology, economic mobility, and childcare. Local policy makers, healthcare systems, service agencies, and businesses began to seek formal and informal forms of data to illustrate the needs facing residents and help prioritize responses in an ever-moving and chaotic situation. Many of the BUILD awardees—benefitting from their cross-sector partnerships, working closely in communities and with a community-led agenda before the pandemic—became instrumental in elevating community-identified needs and translating community responses during the pandemic. They knew the stories of those historically and currently most impacted by inequities and crises and, in some places, BUILD partnerships became a critical information source and guide for local decision makers.
Looking ahead. As their work continues, BUILD partners are leveraging the elevated visibility of inequitable systems that impact vulnerable communities and residents daily and in times of crises. Their efforts continue to help communities enhance awareness among the public and decision makers, advocate for change, and seek action aligned with a focus on upstream and equitable approaches to health. The BUILD communities we spoke with experienced the following from the heightened understanding among local stakeholders of the social determinants of health:

• In Gastonia, partners were instrumental in expanding conversations about equity before and after COVID-19 emerged. Seeing the extent that low income and BIPOC constituents as well as employees were economically impacted by the pandemic, partners rapidly made changes internally—increasing minimum hourly pay thresholds, offering tuition assistance, hiring more Black employees to diversify staff, participating in community engagement trainings, and formally establishing community power and authority in their by-laws. **New partnerships formed or were enhanced to respond to the pandemic** including accessible testing and vaccine sites and cross-sector efforts to stabilize housing and address substance use. The community is now supported by numerous organizations with dedicated offices of equity and more equitable policies.

• In Omaha, where racism was declared a public health emergency in summer 2020, emergency response plans and a new office focused on racial justice and health equity data were designed to better meet the next public health emergency. Trusted BUILD partners were instrumental in helping to convene community groups and developing actionable plans for emergency response. As a result, the local public health department **established 22 action steps to address racism as a public health crisis** and is collaborating with community groups to implement the steps.

"Healthcare has a long history of blaming and shaming: ‘It’s your fault that you are poor, it’s your fault that you are fat. You need to do this. You need to do that.’ We were not recognizing the social determinants of health that factor into people’s physical health and mental health. I think the pandemic laid that wide open and….healthcare is trying to change from that."
For BUILD partners working outside of direct service and emergency responsiveness, there was time in 2020 to pause approaches that were no longer feasible, generate alternatives, and test new practices. This pause also allowed partners to evaluate how resources were used and distributed. It was unclear how long communities would be impacted by COVID-19 in 2020; no one was sure these new approaches would sustain. Yet BUILD partners saw new openings to tackle longstanding challenges and promote innovation with fewer bureaucratic roadblocks than they experienced in the past.

The pause enabled partners to reconsider the important role of their issue area (e.g., access to fresh food, transportation) in pandemic responses and resources. Even if they could not operationalize the work as expected, BUILD partners leveraged the moment to amplify the upstream health issue they identified with cross-sector partners and community members, rooted in the approach and validation the BUILD award brings. The pandemic made their issues highly visible and afforded new opportunities to advocate for broader change. In addition, as organizations stopped or slowed operations to address immediate health and safety concerns, BUILD partners identified new and unexpected partners from loose networks across the community to enhance capacity, combine resources, and address complex issues that no one person or entity could tackle alone.
Looking ahead. The insights and innovations that surfaced during the unintentional pauses and slowdowns in 2020 continue to benefit BUILD partners and their communities, serving as demonstrations for new ways of approaching upstream work and building on unexpected success.

• In Greenville, SC, partners developed a survey for their large Hispanic population early in the pandemic. The results pinpointed major barriers facing residents, including access to food and interpretation services. The data helped expand the BUILD work from its original conception and support community-driven solutions. The partners responded with actions to immediately enhance food security, offer interpretation services at the BUILD lead agency, and develop resources and guides for translation and interpretation services for other community organizations. At a systems level, partners mapped the systems in their community and developed a campaign for long-term changes. The community has prioritized creating more welcoming and inclusive places and services for its Hispanic population. “We are part of the community and the conversations, not an organization very far away from them,” relayed one BUILD partner.

• In Gastonia, NC, BUILD partners (including Highland Neighborhood Association, Kintegra Health, Gaston County Public Health, Third Street Presbyterian Church, and CaroMont Health) recognized the increased urgency to meet basic needs in a community lacking access to fresh food and a grocery store at the pandemic’s outset. The necessary pause in daily operations of many local organizations in 2020 led to an innovative development among a reconfigured set of partners — the RAMS (Really Amazing Meals with Soul) Kitchen in the Third Street Presbyterian Church. After some success, RAMS’ partners purchased a food truck in 2022 to also bring its affordable, healthy, well-portioned, and culturally-aligned lunches directly to the Highland community as well as surrounding neighborhoods experiencing food deserts. Importantly, it addresses the economic, entrepreneurial, health, and cultural needs of the community.

“We had to take a pause during COVID, which was such an unusual time. [It gave us] the time to sit and think about some things. I think we did it, but I don’t know that it was intentional. Perhaps we need to build that in as a part of the process or as evaluative questions.”
By necessity, social distancing mandates and quarantining practices halted the planned approaches, services, and local engagement tactics for BUILD awardees in early 2020. Partners rapidly found themselves working in the streets, parking lots, school grounds, and front stoops of community members most affected by the COVID-19 pandemic. In some cases, the expanded use of virtual meetings enhanced attendance and participation, softening barriers like transportation and childcare (when there was access to digital technology). Places like testing sites, food pantries, and food distribution sites became places for BUILD partners to support, engage, and involve residents, learning quickly about the emerging and shifting conditions they faced.

Proximity to the community during an acute situation helped disrupt old structures that tended to consolidate decision making among nonprofit and social agency “experts” and prompted BUILD partners we spoke with to embrace approaches centered on a “nothing about us without us” ideology. Listening, responding, and deeply engaging the community during the early months of the pandemic helped to challenge past narratives about community engagement challenges. There was a rapid increase in co-creating priorities, solutions, and decisions with community members. In some communities, residents began to participate and lead elements of BUILD’s work more frequently and much sooner than has been seen in past BUILD cohorts—an approach reinforced by the BUILD principle of Local to support community ownership, resilience, and sustainability. Importantly, to build the capacity, leadership, and power of the local community, BUILD partners:

- Became connectors and resources for community members to access training, visibility, and self-determination
- Shifted from a focus on isolated service delivery to holistic solutions that demonstrate respect, dignity, and humanity
- Relied less on “professional” and outside experts and more on the wisdom, expertise, and capacity of residents to guide the work
“The reason why we continue to have statistics as we do, as far as health outcomes and social determinants of health, is that community members are not involved in those discussions because people haven’t taken the time or they’re too far separated.... The pandemic [showed] we can slow down and we can be intentional about the work that we do with them so it’s going to be more sustaining.”
Looking ahead. Creating a presence in the spaces where residents live and gather and offering direct service has long been a strategy for BUILD’s partnerships to access and engage community members. During the pandemic, the Local principle of the BUILD model—which supports engagement and community ownership—deepened in many communities to develop and sustain the power, expertise, and leadership of residents:

• In New Brunswick, Community Health Ambassadors (CHAs) became important liaisons between the community and city agencies responding to the pandemic. Using grassroots outreach with the city’s most vulnerable residents, CHA’s went door-to-door to educate people, dispel misinformation, set up appointments, and conduct follow-up on vaccinations, helping the city improve its vaccination rate by 18% in less than two months.

• In Washington, DC, the pandemic forced parent engagement strategies from in-person gatherings to video conferencing. The new platform provided space for parents to share their career and lived insights on Adverse Childhood Experiences and helped BUILD partners recognize the expertise among parents. The collaborative of BUILD partners established six compensated positions for parents with both lived and professional experiences; these positions have decision making and implementation abilities in their coalition. A BUILD partner relayed, “[Speaking] about the resilience of our parent partners, we learned that they were uniquely skilled to be able to address this and to leverage their skills in this role.”

“I see more [residents] taking the leap and saying, ‘Oh, well, if there’s no one here that is going to do this, then I’m going to run. I’m going to get involved. I’m going to sit on this board run for councilor.’ We’re seeing the spurts of people getting involved in something that’s always been their right to do, but for whatever reason, they didn’t really see that as something that they could attain.”
The Other Realities of COVID-19’s Impact on Communities

We would be remiss not to acknowledge the deep and painful effects of COVID-19 on individuals, families, and 18 communities involved in the BUILD award in the last two years. Equal Measure captured additional impacts to what is included here in our final evaluation reporting. These impacts include:

- Lack of technology and internet access left community members without needed supports and resources
- Delays in systems change efforts as BUILD partners focused on urgent and basic needs of residents
- Tensions facing staff and volunteers to continue their work while keeping themselves and their families safe from illness
- Long-standing bureaucratic institutions struggling to effectively adapt to rapidly changing circumstances.
Where We Go from Here

The lessons from BUILD’s third cohort of awardees’ efforts during the uncertainty of recent years hold promise for setting new norms putting multi-sector, community-driven partnerships at the center of health and health equity efforts. Partners and residents in BUILD communities are positioning to sustain and expand on the extraordinary experiences that took them away from business as usual. They are buoyed by elevated attention to how social determinants of health impact vulnerable communities, chances to slow their efforts to imagine new ways of working, and greater leadership and expertise from community residents.

For community health practitioners, leaders, and funders, we offer these key takeaways to reimagine your work and continue to “fight for it:”

• Be confident in adjusting strategies and tactics to reach your goals as conditions shift, opportunities arise, and new insights surface. Help local partners, residents, and decision makers understand the benefits of adaptable and responsive approaches that help to reach health outcomes and health equity.

• Leverage loose networks and weak ties with local organizations and leaders to expand the configuration of formal partnerships in urgent or opportune times. Bringing new or temporary connections that are gained through past grants, initiatives, or delivery systems to the table when short-term opportunities arise can enhance resources, innovation, and create ripple effects in other parts of the community.

• Strengthen the synergies possible between responsive direct service, systems change, and resident leadership to push for policy change and community centered responses. The pandemic showed how deeply listening and responding to the immediate needs of vulnerable communities can lead to innovative, impactful, sustainable approaches that can inform policy making.

• Skillfully blend quantitative data that decision makers are accustomed to using with stories, the direct narratives of residents, and advocacy messages developed by those most impacted by the issues. In communicating with decision makers and the public, the pandemic opened new opportunities to communications that allow community health leaders to take a stance and legitimize the social determinants of health and the importance of health equity.
“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers, and smoky skies behind us.

Or we can walk through lightly, with little luggage, ready to imagine another world. And ready to fight for it.”

—Arundhati Roy, April 3, 2020, Financial Times
“When we anticipate the future that we’re going to have; [we see] every board, every decision-making body—whether it’s with our health systems, nonprofits, or schools—are going to make sure that all ethnic and cultural groups are represented. Sometimes those conversations will take some time. History has shown that it’s time for a change.”

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