The BUILD HEALTH Challenge®

JOURNEYING TOWARD HEALTHIER COMMUNITIES

Observations and Questions for Leaders and Practitioners in Community Health

January 2022

Introduction

In 2021, The BUILD Health Challenge® (BUILD) set out to learn about current trends and explore changes taking hold in the field of community health.[i] This line of inquiry was planned before the COVID-19 pandemic but became increasingly relevant and necessary to inform our understanding of how the pandemic and racial justice movement were influencing community health. In collaboration with our evaluation team at Equal Measure, we conducted a literature review and posed three questions during interviews with 23 field leaders working in public health, health and healthcare systems, and philanthropy:[ii]

1. What are the **big trends or changes in the community health field** with the potential to create healthier and more equitable communities? Where are these trends emerging?

2. What are the **accelerants** of and **impediments** to these trends and changes right now?

3. What changes do you believe will **sustain**?

In this publication, we blend learnings from an internal field brief with ongoing dialogue about where the community health field stands and where it is heading, with the intention to:

» **Inform the field:** We want to share what we learned with community health leaders and how we think it can inform their thinking, strategies, and actions in 2022 and beyond, as the pandemic and inequities continue to affect communities.

» **Go behind the scenes:** The report also provides insights into how BUILD engages in continuous learning to inform its principles-focused strategies, values, and supports for community health efforts.

In sharing these takeaways, we aim to amplify what we heard and share BUILD's perspective on the conversations. We hope to inspire readers involved in community health and health equity efforts to:

» **Articulate key trends** and approaches by naming ideas that are by nature complex and difficult to operationalize.

» **Act with conviction,** equipped with a clearer understanding and comfort with the complexity and challenges inherent in this work.

» **Amplify the voices and needs** of communities in ways that will support how they choose to assert their power and advance health equity.

This publication is part of series demonstrating to the field how BUILD engages in learning, continuous improvement, and deepened commitment to equity. We invite you to read the two companion reports: *Listening, Learning, and Leading Together: Insights from The BUILD Health Challenge's 2021 Listening Tour* and *Moving to Center: BUILD's Journey to Advance Health Equity*.

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 $250,000 over 2.5 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 $20 million to support cross-sector partnerships in 55 communities across 24 states and Washington, DC. Three cohorts, with 18 to 19 awardees each, have been funded in two-to-three-year award cycles. The third cohort will complete its funding cycle in mid-2022.

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

BOLD
Aspire toward a fundamental shift beyond short-term programmatic work to longer-term influenecs over policy, regulation, and systems-level change.

UPSTREAM
Focus on the social, environmental, and economic factors that have the greatest influence on the health of one's 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
Engage neighborhood residents and community leaders as key voices throughout all stages of planning and implementation, with a particular focus on populations most affected by health disparities and inequities.

DATA-DRIVEN
Use data from both clinical and community sources as a tool to disaggregate data to identify inequities and understand area of highest need, measure meaningful change, facilitate transparency among stakeholders, and generate actionable insights.

Embracing New Directions for Community Health

BUILD interviewed community health leaders and practitioners, each of whom brought a unique perspective on future-looking opportunities to accelerate health and health equity in America. Across these interviews, and in continued conversations with BUILD's funding collaborative, two common threads emerged.

1. A new focus on four approaches:

The field has increasingly embraced four approaches critical to community health. Support for these approaches has been steadily building and represents a change to the status quo:

- » **Pursuing systems change**
- » **Addressing upstream factors**
- » **Building effective and sustainable cross-sector partnerships**
- » **Centering equity**

"There's a lot going on in public health—declarations of racism as a public health issue—declarations [that] would not have been possible or would not have even been a thought, had it not been for the cross-sector collaborations and networks that have been working for several years on these upstream issues of structural racism and how they impact the health of the communities that they support."

— National Philanthropy Interviewee

These approaches, participants acknowledged, are not entirely new, and have been integral to the support BUILD has provided to communities over the past seven years. However, the more widespread support and growing efforts at real-world approaches represents a slow but seismic shift in the field.

Communities and leaders of color have long called for the community health arena to address structural inequities and support community-centered approaches to improve population health and achieve racial justice; interviewees in the public health, hospitals and health systems, and philanthropy sectors indicated they are examining how they work and shifting toward practices that more directly center relationships and equity.

2. Implementing new approaches means new challenges.

Consistently, interviewees noted that current organizational and systemic structures reinforce unnecessary and harmful silos, deficit framing, concentrated decision making, and simple or linear solutions to complex issues, making the implementation of the four approaches difficult even while they are being increasingly embraced as the desirable direction for community health.

"If I have 10 conversations in a day, [most are] going to say something to me about social determinants of health. And sometimes they know what they're talking about, and sometimes they're just scratching the surface."

— Public Health Interviewee

During the interviews, field leaders noted the struggle for the community health field to create the practices, procedures, infrastructure, and funding mechanisms that would best enable promising approaches to take root, thrive, and scale. Many organizational and institutional structures in the field are still aligned with older approaches even as they desire to implement new ones. Community health leaders, as individuals and alongside partners, are hungry for demonstrations, tools, and examples— and the autonomy—to guide operational change and transformation.

On the following pages, we synthesize takeaways from conversations with field practitioners, leaders, and BUILD funders on the specific challenges they are encountering in implementing and operationalizing each of the four approaches: the pursuit of systems change, addressing upstream factors, building cross-sector partnerships, and centering equity. We offer considerations and action for readers in addressing each of these challenges that are rooted in how BUILD is integrating this exploration into its learning agenda and operations.

Four Community Health Approaches: Emerging Challenges and Considerations

"We're hoping to see a focus on not just changes for the moment, but more systemic [shifts], so that philanthropy will look at how their investments can be used for resiliency. The needs that we've...shifted to meet right now are not going to go away. We need to change our philosophy on what we fund and how we fund, and how communities work to make sure that [philanthropy is] consistently addressing the needs."

— Regional Philanthropy Interviewee

» **Pursuing Systems Change**

» **Addressing Upstream Factors**

» **Building Effective and Sustainable Cross-Sector Partnerships**

» **Centering Equity**

Pursuing a Systems Change Approach

The field is more familiar with systems thinking now than when programs like BUILD began nearly seven years ago. Practitioners across sectors are eager to become "systems thinkers" and harness the potential of addressing longstanding problems and developing sustainable solutions with a new lens. The pandemic brought to the fore inequities stemming from structural racism, fostering a pivot toward systemic solutions.

Throughout our conversations with community health leaders, it was clear that while systems change approaches hold promise, they also present tensions. For example, urgent, short-term needs—especially during a pandemic—require responsive approaches, which are often dispensed through established programs and structures (or structures that mirror what is familiar) and focus on rapid delivery and quantifiable measures of success. Conversely, it is well documented that systems change approaches are not easily confined to a particular place, program, timeframe, or metric. Their complexity presents concerns for those working within tight funding and programmatic parameters.

In the first column of Table 1, we share challenges raised by field practitioners and leaders that BUILD's funders and stakeholders found most compelling right now, as community health actors increasingly seek to integrate systems change approaches into their work. The interviews offered a wide range of ideas. Rather than offer a lengthy, comprehensive list of findings, BUILD has selected findings awardees and funders alike are addressing. In the second column, we pose questions for those engaged in community health work based on field interviews as well as continuing conversations within BUILD.

Challenges and Considerations:
Pursuing Systems Change

What we heard from field leaders: Current challenges	What we're thinking: Questions to refine strategy and action
The field seeks better articulation of systems change and systems thinking. The basic tenets of systems thinking are increasingly cited in community health circles, but few in the field have extensive experience with changing and transforming systems. Many in the field recognize that no one organization, investment, or community can resolve systemic issues alone. And it can be challenging to go deeper and communicate the nuances of the concept or translate it into implementation. Even when stakeholders begin to see the potential of systems thinking, there can be an urgency to act that thwarts efforts to understand systemic issues and develop sustainable, equitable solutions.	*What does it take to prepare partners and stakeholders collectively in systems change efforts?* Central to integrating systems change into community health work is understanding partners' implicit biases, examining their tendency to see deficiencies rather than assets, and acknowledging the challenges in shifting practices. This work takes time, resources, and patience. BUILD funders are increasingly interested in the precursors to system changes. Mindsets, knowledge, and dispositions are recognized as factors that sustain movement and translate into more sustainable implementation of policies and systems changes. Acknowledging that there is no definitive "end goal" to this inquiry, BUILD is integrating an ongoing, evolving, and open stance into its overall strategy.
Unrealistic expectations of the impact of narrow strategies, tactics, and funding complicate systems change. Grantmaking, evaluation, and metrics are mired in traditional frameworks of accountability and return on investment that often best serve those with short-term or financial interests. While important to the overall conversation of systems change, measuring success with these approaches has not improved our understanding of changing systems, engaging communities, or improving long-term population health outcomes or equity.	*What different ways of learning can we engage in to better support systems thinking and action?* Many community health leaders are reimagining evaluation with a focus on learning, participatory methods, building power, and assessing structural barriers and racism. BUILD is refining its strategy for evaluation and learning for the future to complement its focus on racial justice and co-creating approaches to learning that will center BUILD communities.

> *"Partners see a desire to do one thing, and then they see systemic barriers and realize that they're not set up to do the very thing that they're trying to do. It involves really peeling back some of those layers institutionally and organizationally to really move forward on some of the shared values and priorities."*
>
> — National Philanthropy Interviewee

Our structures are not reliably designed or aligned to tackle systems change.

Programs, funding, and evaluation are rarely developed for lengthy, nonlinear routes to impact. Bureaucracy, inherent bias, leadership challenges, and incentive structures stemming from profit margins or funder priorities challenge organizations large and small to adjust. For instance, in philanthropy, many funding cycles are too short and not flexible enough to reach desired outcomes. Likewise, healthcare deliverers are pressed to address the urgent and immediate needs of clients; creating sustained, systems change to solve the roots of the urgency is a struggle.

Traditional siloed approaches are familiar and easier to manage but are not effective in achieving systems change given the complexity of issues and need for multi-sector involvement and distributed leadership.

How can we organize for the inevitability of iterative change and detect earlier signals of progress?

Community health partners need time to assess the landscape and consider short-term, process-oriented measures that track small wins toward systems change. These activities allow partners to recognize incremental progress and set more realistic targets, while creating space to enhance collective understanding of how change occurs over time across an ecosystem.

In BUILD, the precursors to systems change serve as measures of success for implementation and outputs. The precursors— enhanced knowledge among partners, strengthened relationships, increased capacity, and community ownership— give partners and funders confidence that efforts are moving toward systems change. BUILD is continually refining its progress with the help of communities with this question in mind.

Relationships and connectedness across sectors are critical to systems change.

Recognizing that systems depend on connections between many actors, community members, and organizations, community health stakeholders seek ways to prioritize relationship building, share power, and leverage networks. The field is realizing that no one entity alone can solve complex and entrenched issues that hinder health equity. At the same time, establishing and maintaining relationships can be slow and challenging; and local partners are rarely resourced to effectively identify and integrate the unique perspectives of those most affected by systemic issues.

While formal partnerships are foundational in programs like BUILD, there is a recognition from many that looser networks can also make an impact—where aligned people and organizations with existing relationships work together as needs arise on complementary efforts, without the formality or consistency of partnership.

How can partnerships and relationships become centered in systems change work, despite the challenges along the way?

Systems thinking is about the connections among and between a system's components and actors. Early in systems change work, small changes in relationships may appear insignificant, but they can replicate with time to further cultivate the connectedness of partners.

BUILD is considering how to support communities in managing the unique needs, assets, and constraints of each community partners in systems work—including community-based organizations, public health departments, hospitals, community members, payers, and others.

At the same time, the BUILD funding collaborative (composed of regional and national funders) has become a space to interrogate the extent that BUILD can become more relational and equitable in grantmaking, technical assistance, communications, and evaluation approaches to foster systems change.

Addressing Upstream Factors

"What's being lost in this conversation [on social determinants of health] is the distinction between the service delivery model and addressing some of the more upstream determinants and policy issues that either create or could solve those underlying problems and thinking about them in a cross-cutting way."

—Public Health Interviewee

The Centers for Disease Control and Prevention defines the social determinants of health as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.[iii] COVID-19 has placed the social determinants of health squarely in the public's eye. The pandemic has affected individuals and communities in unequal ways—illuminating inequities by race, gender, economic class, geography, and many other factors. The public has become more aware of what the community health field—especially those in public health—have long known about the importance of upstream factors in health outcomes and health equity in their community. In interviews, field leaders shared that they see questions and conversations moving in the right direction, yet they fall short of a shared understanding of how to address upstream factors.

Like systems change, field practitioners and leaders believe the growing conversation around upstream factors holds promise. There is hope in the greater understanding of social determinants of health and embrace of the term "upstream." In addition, by recognizing upstream factors, community health work inevitably becomes multi-sector—as actors from housing, transportation, education, and environmental protection recognize their interrelatedness through the critical role they play in health. However, without corresponding shifts in resources, power, and systems, upstream factors will continue to define health outcomes. According to one interviewee, the growing recognition and use of upstream language matter, but more importantly, community leaders should also should acknowledge "that the systems as they are currently designed, do not work. Full stop. Therefore, we have to make fundamental changes in how communities do business."

In Table 2, we present challenges raised by field practitioners and leaders in shifting approaches upstream. While not a comprehensive list, these are key challenges for this moment. In the second column, we pose questions for those engaged in community health work based on our field interviews as well as continuing conversations within BUILD.

Challenges and Considerations:
Addressing Upstream Factors

What we heard from field leaders: Current challenges	**What we're thinking: Questions to refine strategy and action**
Our thinking is upstream, but solutions are not reaching far enough upstream. Many in the field are accustomed to short-term, responsive solutions for individuals that do not address root causes and will not reach population-level impacts. Successfully attending to upstream issues means people, organizations, and systems identify and shift complex levers that matter to health—in public systems, the safety net, education, business, and philanthropy—to create sustained, wholesale change. Health outcomes are largely determined by social factors such as housing, transportation, and food security; involving those sectors in formulating community health solutions and contributing resources is critical to improving health outcomes and advancing equity.	*How can we structure and support partnerships that address factors that truly determine health?* It can be difficult to address upstream health with partners solely focused on healthcare or service delivery. While interviewees named several ways to configure partnerships, they emphasized the importance of cross-sector partners, representatives from organizations that align with the community's priorities, and engaging decision makers and executives in conversations about upstream factors. Partnerships need a common aim that elucidates the interconnectedness of partners and their roles in social determinants of health and health equity. BUILD communities have four core partners: hospital or health systems, community-based organizations, public health departments, and residents, along with others relevant to the upstream issue they pursue. BUILD continues to look for ways to elevate community perspectives, upstream solutions, and balancing of power within this partnership structure. The attention, funds, and energy the BUILD award brings can attract key decision makers; however, sustaining everyone's focus on upstream health is a challenge.
Community health actors struggle to identify onramps for upstream change. Those newer to upstream approaches seek the "right place" to begin their work. They ask: which issue area should we tackle first—transportation, housing, food insecurity? How can we make progress with so many upstream factors to address? How can we balance immediate needs with sustainable solutions? These questions and others continue to challenge partners because there is no clear roadmap to follow.	*What questions should we ask to address upstream factors of health?* Because there is no "right" starting place in the complexity of upstream health, communities need questions to begin or guide their work. For many, they identify an entry point where energy is coalescing—perhaps new grant money has been awarded, a new mayor has set a policy priority, or local advocates demand a change. The assumption is that efforts and opportunities can flourish from there. Alongside momentum for upstream approaches, new ways of working, reinforcing the overlap of sectors, and funneling resources towards reimagining what to build or rebuild are needed.

Many experience tensions between short- and long-term outcomes.

Partners in community health are motivated to shift operations but demonstrating progress and realizing success takes time. Some feel pressure to focus on immediate and pressing concerns. For others, it is difficult to make the case for upstream approaches that do not translate into immediate metrics of success. Field leaders and BUILD funders see glimmers of progress in engaging hospitals, health systems, and insurers in upstream work that is worth tracking more closely.

How can partners gain short-term confidence from emerging efforts that take a long time to develop, test, and succeed?

When working toward addressing complex factors upstream, organizations should consider designing pilot and demonstration programs before allocating larger investments or scaling operations. Building collective interest, appetite, resources, and champions for upstream approaches takes time.

Many partners are currently tied to program structures, existing organizational goals, incentives, and commitments that make time-intensive efforts challenging. Finding opportunities to try new ways of working on a small scale, and with a long runway, can make sense for these actors.

While not a demonstration project, BUILD has been "testing" the effectiveness of its model and a focus on upstream health in 55 communities across the U.S. Catalyzing support like BUILD awards helps set a foundation in communities for new approaches that can evolve and sustain longer term and bring new partners along when there is some measure of success and confidence.

Demonstrating the impact and value of upstream approaches, in a compelling way, is nascent.

There is growing understanding and interest, bolstered by the pandemic and racial equity movement, to address social determinants of health at their root. Because of the complexity of upstream factors in health, demonstrating success is not a linear or short-term endeavor. Proponents of upstream support are often comfortable with taking a systemic and intuitive lens on success— acknowledging systems as they currently operate do not serve the health or equity needs of vulnerable communities and individuals; and programmatic adjustments and small tweaks are not enough.

Nonetheless, many leaders, practitioners, and organizations continue to use traditional operating tactics, timelines, and accountability mechanisms that do not align with how to measure the success of upstream approaches. For example, healthcare leaders often prioritize cost reduction in relatively short time frames, which hinders collective progress or can bring a sudden end to their role in upstream efforts when outcomes are not definitive.

What role can data, learning, and knowledge play in upstream efforts?

Government, schools, hospitals, and healthcare systems are accustomed to projects that involve quantitative data, clear goals, structure, and documentation of success within a defined time. It has always been challenging for nonprofit and public health partners to meet those types of expectations; addressing interdependencies and improving the upstream factors of health is even more so.

Field leaders struggle to bring traditionally minded (and often well-resourced) partners and funders along in their upstream efforts. There are some glimmers of hope; where partners buy in, there are often a community leader who has been persistent in meeting them where they are and making the case.

Data-driven efforts are critical to this work. What "counts" as data is expanding, with more qualitative, participatory, and story-based data informing learning and decision making. There is growing importance of inclusive meaning-making that invites those closest to community issues to interpret and develop solutions.

For BUILD, data-driven work has always been a primary implementation principle. With a more expansive view of data emerging in the field, however, there may be an opportunity to reset what progress and success look like in upstream health efforts.

Building Effective Cross-Sector Partnerships

"How do you build these cross-sector partnerships between government, public health, and lots of other institutions and players thinking about how to protect communityhealth? The thing that's been good about [cross sector partnership approaches] is it's a far more realistic definition of public health and community health to think about all the players who are involved in securing the health of populations."

— Technical Assistance Interviewee

Partnerships—across nonprofits, social safety net agencies, government, healthcare and hospital systems, public health, and philanthropy—are increasingly front and center in community health models. At their best, these cross-sector partnerships afford the opportunity to enhance coordinated practice change, leverage knowledge and expertise, recognize the common populations they serve, and help partners work more effectively.

Bringing together a unique set of partners means a greater diversity of perspectives, structures, and constraints, which can slow or complicate the work. More diverse partnerships also offer opportunities to resolve tough challenges, align resources, and create new norms and incentives to achieve shared outcomes that would not be possible working alone. Partnerships can help fuel new systems that counterbalance or challenge the existing norms, constraints, and dispositions of existing systems.

In Table 3, we present challenges raised by field practitioners and leaders in establishing and maintaining cross-sector partnerships. While much has been written about collaboration and partnership, the first column articulates current challenges, and the second column offers insights from field leaders and ongoing conversations at BUILD to enhance this critical approach:

TABLE 3:

Challenges and Considerations:
Building Partnerships

What we heard from field leaders: Current challenges	What we're thinking: Questions to refine strategy and action
Partnerships will stumble and need to stand back up. Those new to cross-sector partnerships appreciate guidance from more experienced partnerships, network science (the study of interconnections, relationships, and ties), and having principles to follow. Partnerships—especially early on—may lose members, disagree on aims, and limit their contributions until they can establish working agreements, develop trust, and see signs of progress. It is critical to normalize the ebb and flow of partnership formation, collaboration, and sustainability.	*How can the field commit to sustaining partnerships with problems big and small?* Partners often agree on big aims or goals yet quibble over more tactical issues and actions. Their commitment to each other and to the idea that they will not reach their goals in isolation can be supported by amplifying the challenges, failures, and lessons learned from cross-sector partnerships. Many of the 55 partnerships in BUILD communities have captured their evolution through story-based communications. These stories can serve as important grounding for newer partnerships or as case studies for those already in partnership seeking to affirm their small wins as well as normalize the challenges.

Funders may be forcing partnerships.

Field leaders noted in interviews that the most successful efforts in communities relied on an existing foundation of cross-sector relationships during the COVID-19 pandemic. This pattern has fueled interest among many funders to develop and stabilize cross-sector partnerships. Funders can formulate and stimulate relationships with financial support; however, individuals need more substantive reasons to partner and sustain those relationships.

Philanthropy is acknowledging new approaches are needed and aspires to shift from one-size-fits-all and "forced" partner configurations to trusting local entities and local funders to leverage existing relationships or collaborate with those best aligned.

How can national funders, local funders, and community health partners engage together as partners?

Partnerships and connections are at the heart of systems change efforts—and this includes partnerships that help resource initiatives.

In this paradigm, relationships between national and local-focused funders can be critical to systems change efforts. There is a unique opportunity for local funders, who are often reliant upon and committed for the long haul to specific grantees, neighborhoods, and regions to lean into their role as supporters of systems change. They have the means to support the upstart and ongoing needs of partnership infrastructure, leadership, and project work after in alignment with national funding efforts that may overlap.

BUILD's unique funding structure of national and regional funders has been critical to the long-term success of its catalyzing awards recognizing that systems change is an ongoing, long-term effort that requires dynamic approaches. Regional funders are often already engaged with ongoing community health efforts before the BUILD award, familiar with the context, and prepared to support partnerships and efforts over time—helping to stabilize upstream approaches and set new norms for systems change. National funders offer a broader perspective helpful to understanding and addressing systems change issues across communities. The two sets of approaches and objectives offer a robust strategy for changemaking. Together, they aspire to create space and norms for more organic relationships to develop.

The role of public health is critical, but not always clear.

Those on the leading edge of community health are excited by the visibility of the public health sector in the past two years, and see potential for new roles, leadership, and influence. The public health sector has made a commitment to combat racism and advance health equity in many communities. However, its uneven performance in responding to COVID-19 is concerning to many. This increased visibility may be translating into future investment of resources and attention to improve emergency response and prevent future pandemics. Nonetheless, our country's decades-long underinvestment in public health makes addressing emerging crises, building trust, and taking on new roles especially challenging.

How can investments in training and capacity building support public health's role in community health efforts?

Many interviewees conveyed that public health entities and professionals need ongoing training, talent development, and capacity to serve the emerging needs in their communities, along with larger investments overall. There is a perception among some field leaders of great potential in supporting public health partners to serve as leaders, conveners, and collaborators during urgent health crises and to address upstream and systemic drivers of health equity. Even seasoned and senior public health leaders may find professional supports helpful if their training did not prepare them for new models of partnering across sectors.

Centering Equity

Compelled by the exogenous shocks of the COVID-19 pandemic and national racial justice movements, the U.S. is recognizing the historical and current impact of racism and imbalances in power at a scale rarely seen. Systems change at its core is about shifting power.[iv] Systems and organizations have not historically questioned their power, or the assumptions and decisions tied to their power. The community health field is keenly aware of the need to redress racism as a public health priority, with some public health agencies, most notably the Centers for Disease Control and Prevention, naming racism as "a serious health threat."[v] The American Academy of Pediatrics has identified racism as "a social determinant of health that has a profound impact on the health status of children, adolescents, emerging adults, and their families."[vi] Addressing systemic racism and other persistent inequities requires sustained commitment and complex problem solving.

> *"The field is....engaging communities with more of an asset framing or asset-based approach, acknowledging the expertise and the leadership and the power that is held within communities, and trying to harness that power to affect meaningful change."*
>
> — National Philanthropy Interviewee

In conversations with field leaders, equity was often a prominent point of discussion. Trends in the field suggest both opportunities and challenges. One interviewee shared, "We are still in the messy middle of this process; lots of conversations feel messy, we are struggling together, and no institution or country has the answers."

In Table 4, we offer insights on the challenges of embedding equity in our work as part of process and as an outcome; and invite readers to visit the rest of this series to understand more about how BUILD continues to refine and sharpen its focus on centering the perspectives of communities, advancing racial justice, and supporting health equity.

TABLE 4:

Challenges and Considerations:
Centering Equity

What we heard from field leaders: Current challenges	What we're thinking: Questions to refine strategy and action
Recognize that power, leadership, and solutions already reside in communities. In many cases, marginalized communities have been identifying equity issues and finding solutions for many years, with few resources and little recognition. Communities likely have trusted leaders advancing equity efforts within a set of locally defined cultural norms. Those from outside the community—government, health entities, or philanthropy—may not realize that communities have been working to overcome inequity, and it can take time and consistent "showing up" for community members to trust and share the best ways to support those most impacted by community health issues.	*How can decision makers with access to resources examine and begin to relinquish their power to communities?* Field leaders we interviewed acknowledged that unrelinquished power may be at the root of why community health has failed to solve issues after decades of effort. Many are calling for trust-based, relational approaches with communities, supporting their approaches and ideas, rather than directing them. To balance power more equitably, BUILD strategically directs its awards to community-based organizations and has embedded the Local principle in its model to continually engage communities. BUILD is currently asking questions about partner composition, the role of communities, and how to address the mindsets, policies, and incentives that hold power in place.

Philanthropy is hearing calls to shift power but struggles to adjust at scale.

For local grantees and partners, it is challenging to reach trust and authenticity with a reliance on philanthropic resources. Funders talk about power, but they have not yet as a sector committed to rapidly shifting the structures that inevitably hold their power in place.

Sharing or building power will mean community leaders are trusted to own and drive the work, set agendas and priorities, and explore solutions with philanthropy in much deeper ways—ensuring those experiencing inequities inform how precious resources are used. It will mean funders may enter community conversations with the best of intentions, yet realize the community is not interested in the issue or approach philanthropy is pursuing, but rather seek to address a more pressing or resonant need they identify themselves.

Relational ways of grantmaking hold promise to create new dynamics between funders and local stakeholders.

What will it take for philanthropy to advance equity?

For philanthropy to shift power, field leaders and BUILD funders acknowledge the complicated and complex work ahead. Philanthropy is challenged to embed equity in terms of mindsets, practices, and policies at all levels among staff, leaders, and board members. In working externally, field leaders are hopeful about approaches that position philanthropy as supportive of local efforts with a focus on relationships and commitment.

In planning for its fourth cohort, BUILD has reflected upon its approaches to equity since 2015, examined its shortcomings, and turned to past community grantees and partners to guide more equity-driven and community-driven design.

Shifting power and advancing equity in partnership with hospitals and health systems is still nascent.

The existing power dynamics between communities and health entities has fostered distrust, lack of agency, and oppressive practices and structures that do not center equity or community health. Many in the field have experienced some promising examples in discrete ways; for instance, discussing housing inequity and redlining for the first time during a hospital board of directors meeting. However, there are ongoing concerns and fatigue over the slow pace of change toward equitable, upstream, systemic partnerships that overcome the powerful incentive and financial structures in many communities that serve as barriers to systems change.

How is equity best framed and supported to encourage a range of partners?

While acknowledging the important conversations emerging in community health work since 2020, field leaders continue to experience barriers in working with hospitals and healthcare partners. Healthcare entities may not have enough opportunities to examine and shift mindsets, identify, and elevate internal champions, develop new incentives, and operationalize equitable practices throughout their systems. Some leaders are encouraged by deepening conversations about community engagement and addressing historical discrimination, and the new insights hospitals gain from disaggregating data by race.

"You cannot do equity for real if you are not in a relationship with community [and] with a balance of power."

— Public Health Interviewee

Concluding Thoughts

Our original inquiry sought to elevate trends, challenges, and promising approaches in the field for BUILD's continued learning agenda, and with this report, we share those insights with partners in the field who are moving upstream in their community health efforts. We learned there is increasing recognition of the interconnectedness of sectors and actors among those working toward community health and that many community health practitioners and leaders are operating in outdated, challenging structures that make it difficult to ground the promise of systems thinking, upstream approaches, partnerships, and equity.

The report provides signposts, if not a roadmap, for community health partners and leaders to think more critically about their own role, and that of others in the quest for better health outcomes and health equity. For BUILD, this inquiry has helped to reaffirm our collective journey and we hope encourages others to share their insights into emerging trends, challenges, and successes as we continue to learn together. In closing, we offer these three ideas on "what we can do now" inspired by additional findings from the BUILD-led evaluation:

» **Double down on a local approach.** Field leaders identified BUILD's local approach as its "sweet spot" because of its long-standing commitment to place-based grantmaking that positions community-based organizations at the center of local partnerships and prioritizes community-led vision. The BUILD model offers principles— Bold, Upstream, Integrated, Local, and Data driven—to guide communities in planning and implementation, yet provides flexibility to ensure local knowledge, priorities, and vision are elevated and driving efforts.

» **Blend resources and investments.** Just as no one partner can resolve the upstream and systemic change issues in a community, neither can any single funder. Communities are not often supported in blending and braiding resources from different sources, and the reporting requirements and parameters of each investment makes alignment even more difficult. BUILD communities have often seen the award itself, including the match required by the participating hospital/ health system, as catalyzing new or existing partnerships; they also find that involvement of a regional funder offers more possibility for sustainability.

» **Data is still foundational.** Data and learning have always been important, but there is a palpable change in conversations about data; the contours of what constitutes data are reshaping as we expand what we know and how meaning is created—or co-created. Stories, visual arts, and participatory, community-driven methods are increasingly valued as tools for measurement and learning, with the potential to align decisions with the voices of those with the most at stake and in ways that can prevent harm.

BUILD: Taking Trends Forward

Like the community health field itself, BUILD continues to interrogate and critique itself and seek ways to operationalize an ever-strengthened set of principles—there is always room to grow. Over the past seven years, demonstrated successes and failures have shaped our thinking, approaches, and questions we continue to ask.

BUILD is not meant to be static; the program examines what works, learns from what does not work, and moves onward, better equipped for complex work. BUILD has a structure to ensure we are learning through the successes and failures of systems change, upstream approaches, cross-sector partnerships, and equity. As an intermediary in partnership with funders and awardees, BUILD leverages supports to help convene, reflect, build capacity, continuously learn through evaluation, and influence the field through communications. The program has been refined continuously over the years to respond to learning and trends in the field.

At this juncture, BUILD is scrutinizing its model deeply in collaboration with community leaders and funders to reimagine the approach and actions that move closer to authentic community-centeredness. What does this frame mean for organizations and collaborations across the country who have heard of BUILD or followed the stories of its communities?

This report offers internal and external windows into BUILD that may help others in the field identify, investigate, and understand shifts in social, economic, and cultural factors that matter to the effectiveness of their own practices. **Our findings are meant to provide affirmation of discussions, ideas, and insights gleaned from diverse thought partners, which helped evolve our systems thinking and commitment to racial justice.** Our promise is to continue to learn, interrogate, and seek ways to improve our work, never settling for the status quo as we create new norms in community health.

REFERENCES

[i] Community health includes efforts within sectors such as public health, hospitals and health systems, payers, and community-based organizations, as well as funders who support their work. Understanding the culture, language, existing services, and resources specific to localities can help inform systems change, outreach and service delivery, and ultimately lead to improved health outcomes.

[ii] Several interviewees are or were stakeholders of BUILD, including awardees, funders, technical assistance providers, and national partners?

[iii] The Centers for Disease Control and Prevention (CDC) defines social determinants of health as the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Learn more here: https://www.cdc.gov/socialdeterminants/about.html

[iv] From CDC media statement, April 8, 2021,
https://www.cdc.gov/media/releases/2021/s0408-racism-health.html

[v] From CDC media statement, April 8, 2021,
https://www.cdc.gov/media/releases/2021/s0408-racism-health.html

[vii] From the American Academy of Pediatrics' Policy Statement, August 01, 2019,
The Impact of Racism on Child and Adolescent Health

Acknowledgements

The
**BUILD
HEALTH**
Challenge®

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