



The
**BUILD
HEALTH**
Challenge®

LISTENING, LEARNING, AND LEADING TOGETHER

Insights from The BUILD Health Challenge's
2021 Listening Tour

November 2021

ACKNOWLEDGEMENTS:

The BUILD Health Challenge® (BUILD) thanks the organizations that participated in and supported the Listening Tour. The combined commitment of these leaders made possible not only this opportunity to re-imagine the future of community health, but also BUILD's pursuit of working with communities to help advance health equity and improve health outcomes across America.

This project would not have been made possible without the leadership of the co-facilitators representing past BUILD awardees:

- ▶ Evette De Luca, MSI, President & Network Weaver with The Social Impact Artists;
- ▶ C. Benzel Jimmerson, Founder & Chief Strategy Officer at Diversity Dynamic Consulting and the Metro DEEP – Diversity and Economic Equity Project;
- ▶ Robert Nnake, Population Health Consultant (previously with BUILD 2.0 partner, Memorial Hermann Health System); and
- ▶ Kellie Teter, MPA, Program Manager for Maternal Child Health at the Public Health Institute at Denver Health.

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How to Use This Report

This report synthesizes learnings from listening sessions with past awardees and interviews with external stakeholders which explored how The BUILD Health Challenge® (BUILD) can reflect a **community-forward and racial equity centered program in design and practice**. The findings are rich and nuanced, describing both the *process* of soliciting awardee input to inform grantmaking, and the *learnings* synthesized from awardees' reflections—both of which we found to be important vehicles for collecting and understanding the information shared with us.

From this process, we generated recommendations to strengthen the initiative moving forward, and to help inform those with a similar vision for change. Specifically, BUILD is using the insights from this learning journey to inform program planning for a possible fourth cohort of awardees (See *Afterword*). This report has been developed with that primary purpose in mind. However, others who have taken part in the Listening Tour, or reviewed the materials, have encouraged us to share the findings so that it may help inform others' funding decisions, program strategies, and even organizational policies. In this way, we hope that the contents are also relevant to others working to address health disparities and achieve health equity within the philanthropic sector and through collaborative partnerships.



EXECUTIVE SUMMARY

The Context. Communities of color experience systematic differences when it comes to the social determinants of health, and those differences produce preventable, measurable, and unjust outcomes. Racial equity is the paramount social issue of our time, a potent lever to create conditions for ALL to be healthy and thrive. There is an urgent need to facilitate and amplify community-centered efforts to remove economic and social obstacles to health such as poverty and discrimination and ensure that everyone has a fair and just opportunity to be healthy. In recent years, there has been a surge in models designed to cultivate and leverage multi-sector collaboratives to tackle the root causes of social problems through systems change, **yet much remains to be learned about how such transformation happens in communities and how funders can best support those who are carrying out this important work.**

The Listening Tour. In 2020, COVID-19 exposed systemic racism and structural inequities on an undeniable scale. At the same time, planning efforts began for a potential fourth cohort of BUILD (BUILD 4.0). Consensus emerged that BUILD should continue to drive systems change and prioritize community-led efforts and the advancement of health equity. The question remained however: **how can BUILD best support communities in their efforts to advance health equity in the reality we were facing in 2020?** To answer this question, a Listening Tour was undertaken in 2021 with current and past BUILD awardees to better understand ways to address racial equity, center community members as equal partners, and strengthen cross-sector partnerships to drive system changes.

The BUILD Health Challenge® Model

In 2015, The BUILD Health Challenge (BUILD) was established as an innovative, national awards program with a specific focus on strengthening cross-sector partnerships to reduce health disparities caused by systemic or social inequities. To date, 16 funders have invested over \$20 million to support three cohorts consisting of cross-sector partnerships in 55 communities across 24 states and Washington, DC. In just the second cohort alone, the 19 participating communities self-reported influencing over 50 system changes to impact funding streams; organizational practices; and legislative policies.



To learn more about the impact BUILD has had in community health, visit buildhealthchallenge.org/impact

Five Key Learnings Surfaced from the Listening Tour



Experienced voices are essential.

A key ingredient for the listening tour was the contribution of the BUILD alumni awardees from communities who served as co-facilitators.



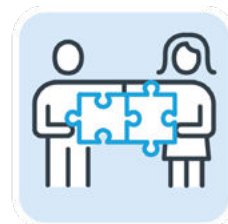
Centering racial equity is an effective catalyst for change.

When racial equity is centered in the inquiry and process, collaborators ask better questions, emancipatory and anti-oppressive values guide decision-making processes, leaders become more diverse, and interventions become more equitable.



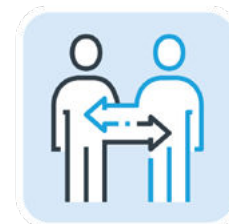
Authentically engaging community members and people with lived experience requires both willingness and specific skills.

With community member input, problems are viewed from different vantage points, new interventions are identified, and systems changes are more likely to be designed with positive outcomes for marginalized communities in mind.



Cross-sector partnership development takes time and requires resources.

It takes time and continuous iterations of trial and error to: cultivate relationships; build trust; redistribute power; gain shared understanding and language; set the table for authentic community member leadership; establish democratic governance processes; center racial equity; develop a common vision; and craft system change-driven strategies.



The BUILD Health Challenge® contributes catalytic guidance, structure, and concrete supports to local, cross-sector partnerships.

The BUILD award lends external validation to the work happening in awardee communities to center lived experience and redistribute power to historically marginalized groups.



A LETTER FROM THE CO-DESIGNERS

Health is not a commodity or a static state. It is achieved through a system of fragile and dynamic interactions among all aspects of community life and the natural environment.

Creating and supporting healthy populations requires approaches that go far beyond technical solutions and access to affordable, quality medical care. “Good health” emerges from the social determinants of health, upstream factors as diverse as early childhood development experiences, employment opportunities, food availability, air and water quality, transportation access, public safety, housing, and myriad others.¹ The determinants that influence health outcomes do not present equally to everyone, everywhere.

Communities of color experience systematic differences when it comes to the social determinants of health, and those differences produce preventable, measurable, unjust outcomes. For example:

- ▶ Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women.²
- ▶ Scientists are demonstrating that low-income communities of color experience higher rates of heat-related illness and death than their white neighbors due to climate change.³
- ▶ Communities of color are experiencing greater rates of COVID-19 exposure, infection, and death due to pre-existing disparities in health access and economic opportunity.⁴
- ▶ Racial equity is the paramount social issue of our time, a potent lever to create conditions for ALL to be healthy and thrive. The Black Lives Matter (BLM) Movement and many others are working to achieve justice for those who have been systematically marginalized and oppressed. Through advocacy and direct action, BLM activists, for example are elevating

1 Parsons, B., Dhillon, L., and Keene, M. (2020). Visionary evaluation for a sustainable, equitable future. Information Age Publishing, Inc.

2 (2019). Racial and ethnic disparities continue in pregnancy-related deaths. Centers for Disease Control. <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

3 2021. Racism is magnifying the deadly impact of rising city heat. Nature. <https://www.nature.com/articles/d41586-021-01881-4>

4 Muhammad, F.L. (2020, May 7). The pandemic's impact on racial inequity and violence can't be ignored. The Trace. Retrieved from <https://www.thetrace.org/2020/05/coronavirus-racial-inequity-and-violence-cant-be-ignored/>

the moral and ethical imperative that institutions center racial equity and be guided by the wisdom inherent among the people and communities they serve. There is a growing demand and sense of urgency in communities across America to ensure that every person can realize their full potential without limits imposed by structural inequities.

These racial justice factors have spotlighted an urgent need to facilitate and amplify community-centered efforts to remove economic and social obstacles to health such as poverty and discrimination and ensure that everyone has a fair and just opportunity to be healthy. No one organization in a community—or even one sector—can successfully accomplish this alone. Too often, efforts to improve community health are conducted in silos, seeking to address big-picture problems with narrowly focused interventions that are reactive rather than preventative, applied too late to achieve their aims.

In recent years, there has been a surge in models designed to cultivate and leverage multi-sector collaboratives to tackle the root causes of social problems through systems change, such as Prevention Institute's Intersections Initiative, Trust for America's Health's Health Equity Initiative, and Public Health Institute's Center for Climate Change and Health. High-caliber community development and data-informed learning experts such as FSG's Collective Impact Forum and the Tamarack Institute support such efforts to achieve and measure impact on large-scale problems. Yet much remains to be learned about how such transformation happens in communities and how funders can best support those who are carrying out this important work. Recognizing a window of opportunity to refine its approach and to reflect a community-forward and racial equity centered program in design and practice, BUILD turned to trusted leaders and change agents in the field who understood this challenge and opportunity like no one else—BUILD awardees.

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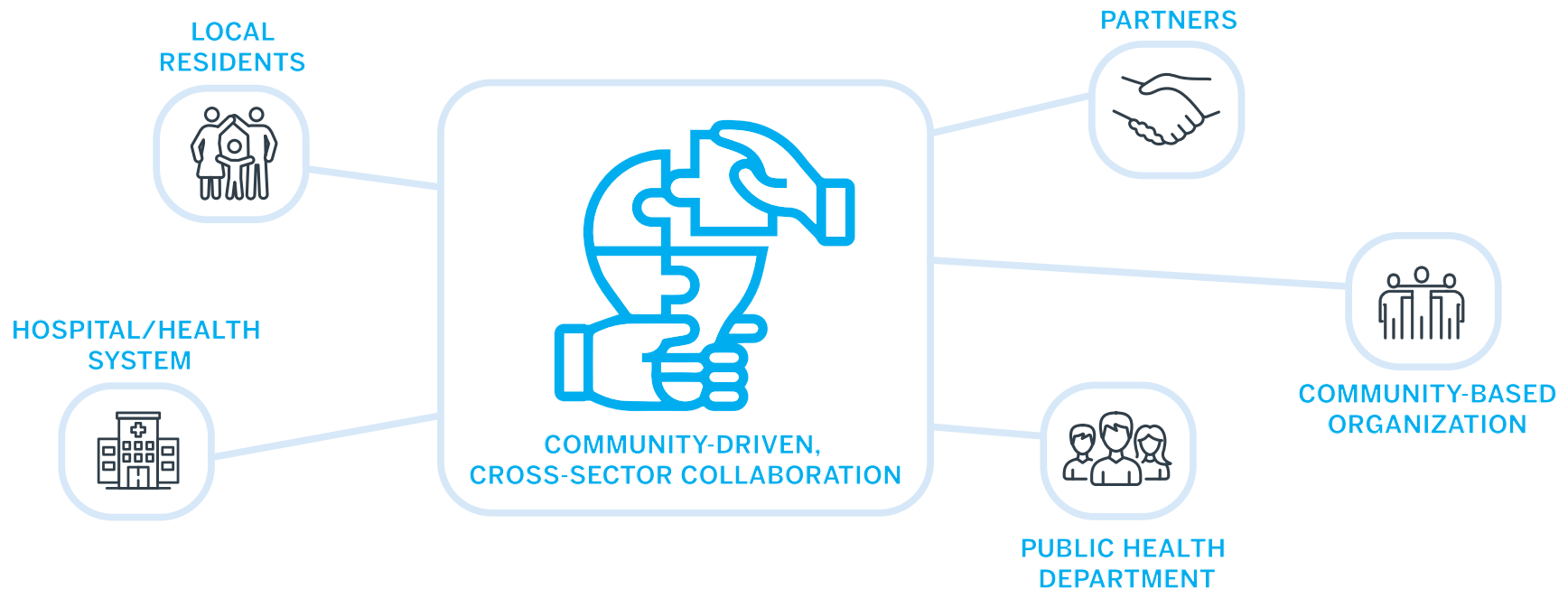
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The BUILD Health Challenge® Model

In 2015, BUILD was established as an innovative, national awards program with a specific focus 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 how each collaborative is structured, with the community-based organization serving as the lead partner and recipient of a grant award up to \$250,000 over 2.5 years as well as a hospital match award for each supported initiative. This strategy ensures each partners' work is aligned with the community's needs and interests.



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 over \$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 2-to-3-year award cycles. The current third cohort will complete its funding cycle in mid-2022.



BOLD: Aspire toward a fundamental shift beyond short-term programmatic work to longer-term influences 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 your 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 and thought leaders 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 areas of highest need, measure meaningful change, facilitate transparency among stakeholders, and generate actionable insights.

To date, BUILD awardees have applied diverse strategies to achieve sustainable improvements in community health, reduce downstream health care costs, and promote health equity. In just the second cohort alone, the 19 participating communities self-reported influencing over 50 system changes to impact funding streams; organizational practices; and legislative policies. In addition, bolstered by the credibility BUILD has contributed to their initiatives, awardees from the first and second cohorts have collectively accessed an additional \$26.5 million in funding and resources from hospitals and other organizations.



THE LISTENING TOUR

DESIGN PROCESS

In 2020, COVID-19 exposed systemic racism and structural inequities on an undeniable scale. BUILD partners were already committed to helping those most vulnerable and affected in their work to advance health equity. As the pandemic laid bare our country's weak and tattered social safety net, awardees rapidly adapted their plans to improve community health and focus on triaging urgent community needs such as food distribution, vaccination efforts, and housing needs.

At the same time, planning efforts began for a potential fourth cohort of BUILD (BUILD 4.0). Reflecting on the initiative's unfoldment since its inception, advancing health equity took on an even greater sense of urgency amidst the pandemic, the climate crisis, the growing social justice movement — including protests in response to the murder of George Floyd — and economic instability affecting communities across the country.

Since its inception, BUILD has intentionally nurtured a culture of multi-directional learning, including input from awardees so BUILD's leadership can better understand their needs and capitalize on opportunities to improve. This culture of learning has informed continuous refinements and more significant program design changes with each new cohort. BUILD stakeholders, including funders, awardees, and partners, used this moment in BUILD's evolution to rethink, redesign, and reconsider what a grant-funded program centered on community health could be. Consensus emerged that BUILD

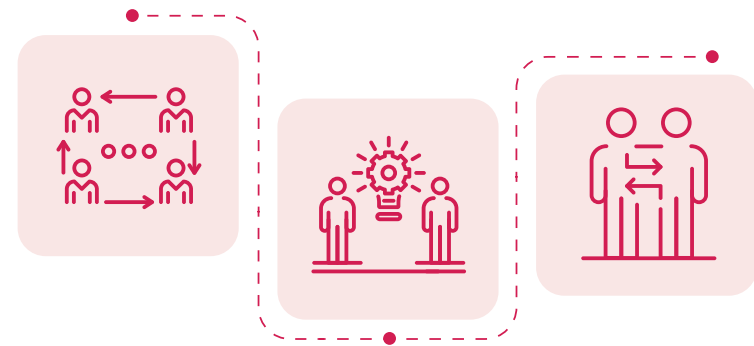
should continue to drive systems change and prioritize community-led efforts and the advancement of health equity. The question remained however: **how can BUILD best support communities in their efforts to advance health equity in the reality we were facing in 2020?**

To answer this question, the funders agreed to create a space for awardees to share insights from their partnerships and lived experience so BUILD could listen, learn, and ultimately act in a manner aligned with its goal of accountability. A Listening Tour was undertaken with current and past BUILD awardees to better understand ways to address racial equity, center community members as equal partners, and strengthen cross-sector partnerships to drive system changes.

- **Participants:** Thirty-one awardees from fifteen states and Washington, DC, attended the virtual sessions. Each was offered an honorarium in recognition of their time and participation. Additionally, seven conversations were held with twenty-one external stakeholders from health care, local government, business, and media to hear about how they view BUILD, what success looks like, and how they can help leverage and amplify the work of BUILD. This external-facing set of conversations complements a separate effort lead by BUILD's evaluation partners that was also conducted in 2021 to understand BUILD's influence on the field of community health to date.

- **Co-Facilitators:** Four BUILD awardee alumni served as co-facilitators for the Listening Tour. During their time with BUILD, each co-facilitator had represented a community-based organization, hospital/health system, local public health department, or resident group. From the four, three had participated in the BUILD 3.0 (third cohort) alumni mentor program where they served as peer advisors to incoming awardees. In this capacity, they had participated in BUILD-led convenings, hosted office hours with awardees, reviewed BUILD reports, and provided input on the programming, design and delivery of virtual peer learning sessions. The fourth co-facilitator, while not a mentor in a formal sense, had shared their experiences and expertise with newer awardees in a variety of exchanges in recent years.

Given the existing relationships these individuals had with one another and with BUILD, as well as their commitment to advancing health equity, they were well-positioned to co-design the sessions. Their contributions included crafting questions, deciding on the discussion formats, and facilitating conversations with participants. BUILD provided compensation in recognition of their expertise.



Funders and co-facilitators co-developed three areas of inquiry, which guided the Listening Tour:

- **Centering community co-creation:**
How is lived experience lifted-up and how is it used to frame solutions and disrupt the systems that have caused racial inequities?
- **Collaborative capacity & systems change:**
Did the BUILD process and work create a space for meaningful and authentic collaboration? How has this collaboration made systemic change possible?
- **Racial equity & racial justice:**
Thinking about your experience with BUILD and your collaborative work, what would your BUILD program look like now if you prioritized a racial equity centered approach?

IMPLEMENTATION

Part 1: The tour featured four virtual sessions. Participants included past and current awardees, representing community-based organizations, residents, public health departments, and hospitals/health systems.

The first three sessions were designed as small World Cafe-style discussions. The group split into three breakout rooms consisting of a smaller subgroup of participants and one co-facilitator. Each breakout room focused on addressing one question through roundtable open discussion.

Throughout the session, groups made their rounds through all three breakout rooms. Focusing on a single topic in a small group allowed for free-flowing, constructive conversations carried by the participants' personal experiences.

After the three sessions, the entire group reconvened to talk through their reflections and discuss how their distinct community and public health experiences had shaped the breakout room conversations and to put them into a larger context. In that spirit, the fourth session convened all participants to respond to the findings as a collective — they were invited to approve, challenge, or refine thematic findings from the first three sessions, and to participate in discussion groups to share their responses.

Part 2: Lastly, seven virtual conversations were held with twenty-one external stakeholders familiar with BUILD from health care, local government, business, and communications. The purpose of these interviews was to gather recommendations and ideas for BUILD 4.0 based on the work they are doing in their various sectors. The interviews varied widely in length, ranging from nine minutes to one hour and included questions about:

- ▶ Health equity in the interviewee's community context
- ▶ Community assets and strengths
- ▶ Effective strategies to improve community health
- ▶ Engagement with BUILD and how resources and investment can be further leveraged
- ▶ Engagement with public health and hospitals

The following sections describe the five key learnings generated from the Listening Tour overall. The learnings should be interpreted as a collective whole — they are not sequential. Each section includes recommendations drawn from the learnings for other programs and/or funders seeking similar aims.

FIVE KEY LEARNINGS SURFACED FROM THE LISTENING TOUR⁵



Experienced voices are essential.



Centering racial equity is an effective catalyst for change.



Authentically engaging community members and people with lived experience requires both willingness and specific skills.



Cross-sector partnership development takes time and requires both willingness and specific skills.



The BUILD Health Challenge[®] contributes catalytic guidance, structure, and concrete supports to local, cross-sector partnerships.

⁵ Key learning 1 – Experienced voices were essential. This learning was based on observations by the Success Measures and BUILD teams in recognition of the many benefits achieved by engaging alumni as co-facilitators. Italics are direct quotes.

Key learnings 2-5 were drawn directly from the listening tour with awardees during the World Café sessions and interviews with external stakeholders. Recordings of the conversations, notes from table facilitators, and virtual “Jamboard” notes were analyzed to identify key themes. Italics are a mixture of direct quotes and modified quotes to improve clarity.







**EXPERIENCED VOICES
ARE ESSENTIAL**

INSIGHT #1:
EXPERIENCED
VOICES ARE
ESSENTIAL



There is no substitute for experienced voices. A key ingredient for the listening tour was the contribution of the BUILD awardee alumni who served as co-facilitators. Their vital role in this effort influenced both the process as well as the content and analysis. They enriched every step of the tour, from design to meaning-making, with practice experience and contextual knowledge that only they possessed.

By serving as co-facilitators of the listening tour, this group was able to share their unique experiences and perspectives which proved invaluable in grounding the conversations and interpreting the learnings. Their design and implementation efforts ensured the methods were appropriate for the participants and that the analysis was practical, speaking directly to BUILD's needs.

- ▶ In preparation, the co-facilitators worked with BUILD to co-create the lines of inquiry, questions, and meeting agendas.
- ▶ During the listening tour, they co-facilitated the sessions and worked together as a team to refine the process along the way.
- ▶ Following the sessions, the co-facilitators were instrumental in interpreting the learnings, verifying, strengthening, and adding nuance to the themes, and provided feedback on this report.

This co-creation significantly enriched the listening tour. The alumni were able to draw from their experiences as awardees to play a bridging role during the sessions, initiating difficult conversations, encouraging discussion, and adding content from their own projects. For example, one of the small groups was focused on discussing racial equity, and participants were initially hesitant to dive into this sensitive topic. One of the alumni shared their experience as a starting point, which opened the door to a rich and more dynamic discussion. This illustrates how their experience as BUILD awardees enabled them to serve as effective facilitators, creating brave spaces for participants to share openly.

Racial equity was in our conversations, but not an explicit part of the program - attention to Latino or Black issues. Our cohort was likely not prepared to have discussions about racial equity. [Person's name] can't imagine being able to openly address and discuss the racial issues.

One of the most important contributions made by the co-facilitators was that they prioritized ensuring the participant experience would be welcoming, meaningful, and enjoyable. An indicator that this goal was achieved can be seen in how participants expressed appreciation for BUILD encouraging them to share authentically

INSIGHT #1:
EXPERIENCED
VOICES ARE
ESSENTIAL



and openly receiving the constructive feedback they offered after the engagement. The co-facilitators also reflected on their appreciation for the opportunity to work with peers on a project aligned with their values.

There are only a few groups of people in which, in nearly every aspect and time we are interacting, that I feel simply lighter and more full when our time is finished... Each of you, in your amazing and unique ways inspire me and leave me honored to be a part of this process... Changing communities and lives with policy and deep introspection and support. I can simply say Thank You... And know it is not nearly enough, but said with truest sincerity!

In reflecting on this experience, all agreed that the co-facilitators had made tangible the power of co-creation. This process ultimately helped the BUILD team realize a broader utility to the listening tour, influencing the strategies and practices of BUILD and the funding collaborative.



Recommendations for Programs Seeking to Co-Create with Community



- Recognize awardees as experts and spotlight the work that they do. In acknowledging the value of their experiences, provide compensation equal to their efforts.
- Weave intentional relationship building with awardees throughout the award and afterward.
- Continuously solicit feedback from awardees and adapt based on their recommendations.
- Expressly convey awardee's value-add to the endeavor.
- Create opportunities for co-design and/or decision-making within the broader funded program or initiative.
- Connect past awardee "champions" with new awardees to share their experiences.





**CENTERING RACIAL EQUITY
IS AN EFFECTIVE CATALYST
FOR CHANGE**

INSIGHT #2:
CENTERING
RACIAL
EQUITY IS AN
EFFECTIVE
CATALYST FOR
CHANGE



In the context of BUILD, the focus on health equity served as an entry point for conversations about race, racism, and racial equity, important preliminary steps on the pathway to achieving racial justice. According to awardees who participated in the listening tour, when racial equity is centered, collaborators ask better questions, emancipatory and anti-oppressive values guide decision-making processes, leaders become more diverse, and interventions become more equitable.

I think there's an opportunity for BUILD to make it a requirement to focus on racial justice, whatever the project is, because it feels like a tack-on thing if it's not explicitly spelled out in the scope of your work... sites should be required to develop a robust plan, just as we do for sustainability. If we do that, it will get done.

We chose an area of community that was historically underserved and high poverty. Thinking about structural and systemic racism, we might have structured things differently - really thought about decision making and how to broker power with the community and the organizations that serve the community. As we move on, how are we thinking about the right questions and

decisions to be made? One of our partners – a Federally Qualified Health Center – was concerned that COVID tests were not distributed equally. We brought this issue to the table and shifts were made. Now our region has the most equitable distribution in the state. Without equity being at the center for our table, this never would have happened.

In 2018, I distinctly remember us scrubbing language [about equity] from documents for the institutional partners, so the hospital would sign on. I think there's less patience now with doing that.

How do we level set? On this, more than any other issue, how do we share vocabulary and models, especially at the top leadership level? The bigger the organization, the further up the top is, the harder this is.

Everyone is learning and growing in their capacity to understand and address racial equity. People vary widely in terms of their awareness of the structures and processes that produce race-based inequities and their interest in addressing them. Learning new vocabulary and developing capacity to address systemic racism can be confusing or intimidating for

INSIGHT #2:
CENTERING
RACIAL
EQUITY IS AN
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CHANGE



those new to the work. Health equity, racial equity, and racial justice are interrelated, but different, and people are at different stages of understanding and capacity to engage with them productively. How to center racial equity within an organization and among collaborative members remains a challenge, even when the desire to do so is present. Additionally, the burden of continually centering programmatic discussion on racial equity seemed to fall to individuals within the collaboratives rather than being supported more broadly by organizations or institutions at the table. Some awardees shared that the BUILD award offered the opportunity to broaden that responsibility.

What does racial equity even mean?... I see it in terms of Black people, but others are approaching the conversation from the perspective of the Latinx community and more so now with the Asian community having a lot of the violence come down on them. When we talk about racial equity, we're talking about all the other people, and do we need to? If we're talking about justice, what does it look like? Justice for whom? When we talk about racial equity, it's just an easier place to start. Justice, for me, is talking about reparations, and who is even talking about that?

As our partnership deepened, it became more and more obvious to our partners that they too had a role in their own organizations to address equity and they impacted the community.

Our city government, our county government, and our community college have all hired a diversity, equity, and inclusion staff. Not one of them had anybody that did anything like that. Our health center has a diversity, equity, and inclusion committee. They've raised their lowest pay to a living wage. They pay for licensure for all levels of staff, not just the MDs, so they're trying to center equity practices too... The work really brought equity to the center of our whole community and caused these big institutions to take a new look at this.

BUILD'S EVOLVING HEALTH EQUITY JOURNEY

Health equity has always been embedded throughout the BUILD model as a core value, as a principle for implementation, and as a measure of success. Its role – and BUILD's understanding of it however has evolved over time, and that growth has helped to reshape BUILD into what it is today. An example of an inflection point in BUILD's evolution in fact comes from the Listening Tour. Awardees noted BUILD has room to go even further in promoting equity in its efforts, and in some ways a responsibility to be more explicit about its commitment to equity.

Looking back across the last six years as an initiative, BUILD has moved through three states of equity practices as stakeholders

tested the model and pushed for a clearer focus on equitable change: **discerning and learning, formalizing, and centering.**

These stages of growth and practice have been an iterative process of learning from and transforming how community partnerships advance equity.

During the second cohort of awardees, BUILD partnered with the Michigan Public Health Institute's Center for Health Equity Practice to provide health equity technical assistance and consultation. To increase each awardee's capacity to advance health equity in their community and foster peer learning among cohort members, they created a strategic practice framework that included: a shared

vocabulary, organizational readiness and capacity building, facilitated dialogue, action planning, and a robust community of practice.

BUILD launched its third cohort with a sharpened focus on communities, addressing systems, and centering equity. The awardees demonstrated new approaches that elevated those most affected by inequities and disparities to drive local efforts, build and sustain local leaders, and heal communities. The BUILD team was primed for this shift; the past four years of progress deepened how equity is examined and structures and infrastructure refined across BUILD's strategies, conversations, and convenings.

In reflection, BUILD has identified six key strategies and concepts that have shaped how the initiative envisions and embodies equity in pursuit of better health for all at this point in time:

- ▶ Establish trust and credibility with community members and those most affected by the issues as a critical first step.
- ▶ When the topic of equity is still emergent in partnerships, dedicate technical assistance, engage in learning activities, and establish metrics for growth.
- ▶ Community members make this work sustainable; bolster their leadership, capacities, and ownership to contribute to strategy and nurture systems change.
- ▶ Actions matter. Move beyond equitable intention toward trauma-informed, healing, and transformative approaches to catalyze equity.
- ▶ Elevate the full chorus of voices, even when they are not yet in sync, to develop shared equity definitions and approaches.
- ▶ 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.

(For more details about BUILD's health equity evolving learnings, read [Moving to Center: BUILD's Journey to Advance Health Equity](#) and the Health Equity section of BUILD's [Systems Change Compendium](#).)

INSIGHT #2:
CENTERING
RACIAL
EQUITY IS AN
EFFECTIVE
CATALYST FOR
CHANGE



Health equity is an accessible entry point to talk about racism, racial equity, and racial justice. Conversations about health equity provide an accessible entry point to talk about race and racism and identify actions to achieve racial equity and racial justice. Conversations about race are necessary to understand where one is positioned intellectually, emotionally, and practically about these concepts, both independently, and in relation to their collaborative partners.

There's a really long continuum for all of these things – community input, centering racial justice, co-creation. Where you sit matters. You might feel like you're doing something completely new and different and powerful, and that could be true given where you've come from, and somebody else could come and look at that and go, 'Great, that is so not even close to the mark.' So, we need some better understanding, communication about how long the continuum is. You can't expect people to start at the end. They must start with what they can start with, and that can feel really slow and unsatisfying.

Equity conversations are still challenging for communities and institutions. Awardees provided examples of the challenges they faced discussing inequities in relation to groups in their communities with divergent values or other barriers to engagement or relationship-building.

The priority was health equity, while racial equity was a focus not so far away because of a recent police shooting. But we have a Catholic hospital system and an Orthodox Jewish community too, so there are other communities impacted as well such as LGBTQ. Some legislation was initiated and some training for County staff. These conversations are occurring, but we aren't seeing the results yet. We need safe space to unpack issues.

We have a giant hospital system. There's been a more recent motivation to raise racial equity as an issue when the topic becomes "sticky" in the community. We are beginning to see a shift in the hospital system and in the organization. Eighty-seven percent of our community is Latino. We have a strong African American community. And the two don't talk to each other. It could be beneficial to talk to each other, but unsure how to make that happen.



Racial inequities exist within majority white communities.

According to awardees, rural communities tend to be less diverse than urban places, yet they still experience institutional racism that limits access to education, economic, and leadership opportunities for people of color. A lack of diversity is not a trustworthy indicator that a community has escaped racism – in fact, Black, Indigenous, and People of Color are oftentimes more vulnerable in majority white spaces. Homogenous communities may have few residents from diverse backgrounds because of historical events or policies that have systematically hindered them from living there. One awardee reminded us that some states and cities have a history of exclusion laws barring Black people from settling there and sanctioning violent punishments if they refused to leave.⁶ Awardees underscored that these communities – like more diverse, urban communities – should have the opportunity to address these inequities, even if the population health data are not indicative of race-based disparities.

External stakeholders confirmed the need for a racial equity approach to this work, echoing the sentiment that centering equity shifts decision-making. Several reflected on the importance

of changing their own approach to optimize attention to racial equity, including how funds are allocated. Others reflected on the role their institutions play in addressing the root causes of racial and health inequities. All who discussed racial equity identified it as a shared value and conveyed that racial equity is fundamental to addressing the social determinants of health and achieving health equity.

We've sought to redefine the role of the health system in its community. So to think less about its role as just a provider of health, but as an economic actor. [One] that has a role of investment in stewardship to address root causes that create the poor health outcomes in the first place—in addition to their mission of creating high quality, clinical care.

This core focus area [equity] structure guides the partnership we onboard. Change management that needs to occur becomes clear. We streamlined our application process to focus on making it more equitable. We are very aware of historical inequities. Of the \$8 billion in philanthropy only 2% goes to BIPOC led organizations. We are optimizing our portfolio to focus on that.

⁶ https://www.oregonencyclopedia.org/articles/exclusion_laws/#.YSlex45KiUk

INSIGHT #2:
CENTERING
RACIAL
EQUITY IS AN
EFFECTIVE
CATALYST FOR
CHANGE



Equity needs to be front and center. We need to call it out because it helps us make different decisions. We must think about who experiences the burden of this decision. We do things differently within those shared values.



Recommendations for Programs Seeking to Advance Racial Equity



Racial equity is inextricably linked to health equity. Make racial equity a standard component of a program's mission, defining its values and designing its actions accordingly.



Recognize that people and communities vary on the continuum from health equity to racial equity to racial justice. Avoid the trap of allowing health equity to serve as a smokescreen that hinders progress along the continuum to racial justice by providing a framework and definitions to support awardees to understand these concepts, identify where they are along the continuum, and help program leaders hold their communities accountable for progress by incorporating racial equity and justice into their action plans.



Continue and expand opportunities (i.e., workshops, convenings, customized technical assistance) to learn more about racial equity and racial justice, and mechanisms for centering them within cross-sector partnerships and strategy design.



Encourage awardees to make space for dialoguing about race and racism at the partnership table.



During the application process, ask potential grantees how their work is informed and/or will lead to racial equity and progress towards racial justice.



Encourage homogenous and rural communities to make the case for tackling social determinants of health that fit within their contexts.



**AUTHENTICALLY ENGAGING
COMMUNITY MEMBERS
AND PEOPLE WITH LIVED
EXPERIENCE REQUIRES
BOTH WILLINGNESS AND
SPECIFIC SKILLS**

In the experience of awardees, centering people with lived experiences from the beginning changes the trajectory of cross-sector partnerships. With their input, problems are viewed from different vantage points, new interventions are identified, and systems changes are more likely to be designed with positive outcomes for marginalized communities in mind. They described how democratic governance and decision-making processes create opportunities to share lived experiences with powerful people and institutions, enlightening them to unfamiliar realities of daily life in the communities they serve.

When people with lived experience are at the table from the beginning it changes the trajectory of the projects. Trust happens.

Equity means the voice of the community is THE voice. The only one you need to listen to. BUILD needs to make that explicit.

Our partnership was addressing health hazards (i.e., lead, mold) in rental properties. Community members partners who lived in rental properties helped us understand what the rental process was like. Sharing this lived experience was key to identify what data was needed to push for safer, healthier housing.

The BUILD support systems would really push us to ensure that we had authentic input from people with lived experience. We make a lot of assumptions as we try to check off the boxes along the way...

A clear decision-making component for the community voices is important.

There are many seats for residents to balance out partnership; it's not just training, it's an exchange of ideas. They have a valuable role at the table. Onboarding everyone together, defining things clearly, and not just saying equity. We need to explain what it is.

Community-based organizations are best-positioned to lead community-engaged work but are not necessarily a substitute for lived experience. Community engagement exists along a continuum with vocabulary and practices that can be confusing or intimidating for those new to sharing power. Community-based organizations with well-established relationships with community residents representing the full range of community perspectives are best-positioned to bring them to the table and serve as bridges between the community and health systems. Yet they, too, are on a learning journey and acknowledged a

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need to continue strengthening their capacities in this area of practice.

The community-based organization was essential and often the bridge from community to institution, but community involvement is not the same as power sharing, or racial justice centering, or co-creation.

There becomes a standard fourth pillar, which is lived experience being part of that core team - not just a CBO, which may or may not be able to claim a voice of the larger community. [Referencing the important role of residents as core to the BUILD community collaboratives and who cannot necessarily be represented by a community-based organization.]

I want to show a model to other organizations not to use residents for photo ops, but to actually have them at the core of your work. Their lived experience not being less than the PhD or less than the institutional knowledge... Setting the table to balance the power - that's the only way I'm going to work now.

Connected to having the "right" community-based organization as the lead. An organization that is deeply connected to

people with lived experience and all aspects of the community.

Community engagement is more challenging for hospitals and health systems. While hospital and health systems teams are seen as key partners in this work to advance community health, awardees acknowledged that there may be underlying challenges that have yet to be addressed in these collaborations. For example, larger institutional partners – such as hospitals and health systems – often have goals and incentive structures that are misaligned with policies and practices that would enable people with lived experiences to be treated as valued, equal partners whose experience is respected and who are afforded decision-making power. According to awardees, this was especially true of those in the “corner suite,” who are less apt to prioritize the value of lived experience for influencing systems to achieve greater equity. Just as leadership trainings help community members develop skills to contribute within formal structures, institutions can benefit from capacity building to develop the knowledge, skills, and willingness to shift their organizational and cultural practices and policies in a manner that welcomes people with lived experiences and effectively leverages their wisdom.

As a health system, something we actively have to combat is the white savior complex or the educated complex, coming in and saying we're the leaders and we know what's best for you.

Either the hospital partners could be a huge challenge to the integration of community voice and moving forward into meaningful collaboration toward systems change or they could be really valuable partners... If those institutional partners already had deep relationships, that seemed to help move the project along faster.

Institutions want to have the direct connection with residents, sometimes the priorities don't line up, or don't have the time to be accomplished. Residents only have so much time & space to take up; they may feel tokenized or become burnt out. We created an internal process to try to combat that.

Even sites that believe that they have "gotten this right," believe that they have more to learn about how to center people with lived experience and how to acculturate hospital partners to starting with people with lived experience.

Often in these cross-sector collaborations... it is the institutions that could use the training in listening to the community voice... really honoring and listening to the community voice is not always a strong suit.

Centering community means coming back to those in the community most impacted by the issue you are addressing, again, and again. Authentic community engagement requires continuous outreach. Lived experience is not a monolith—a diverse representation of community members is required.

There is no ONE lived experience.

Broaden the lived experience tent – you have to always go back to make sure you are representing the community as a whole. You don't want to marginalize those who are already marginalized.

We have to be careful that we have it all covered [community members], but it changes over time. Keep checking to make sure all are represented.

There is a risk for residents in sharing lived experience.

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Intentionally designed structures and processes encourage authentic community engagement.

Initiating and sustaining community member engagement is a process that requires ongoing care, attentiveness, and adaptation on the part of institutions and community-based organizations. It takes a long-term commitment and time to build relationships that go beyond a particular project or initiative. A clear decision-making component applied with skillful facilitation is important to build and maintain momentum in partnership with community. It is not realistic, or necessary, to include every member in every step of the journey. Awardees shared that authentic engagement is marked by transparency, accountability, deep listening, redistribution of power, and fair compensation. While awardees shared a clear vision of what authentic engagement should include, their stories were intertwined with the challenges inherent in creating and sustaining that engagement, including how to appropriately compensate people with lived experience within the constraints of funding structures.

Any kind of co-creation, any kind of consensus approach, are great community building tools. They're poor governance tools. You've got to identify what a governance

model is that actually works for participation and equity that also functions for governance.

Power sharing/resident voice was supported by health champion resident role, COVID put pressure on time to engage community, prioritize community input on WHAT the intervention should be, less on other aspects. Reality is you can't include everyone in every step...when/how is it most important?

We had to change the structure, look at different times to meet, practical things. Maybe a formal meeting wasn't the way to do it – we needed to ask them and not make assumptions on their behalf. We wanted representation that was truly diverse in terms of gender, age group, race, and ethnicity.

...so really digging in to find the people that the residents listen to and give them a meaningful experience in decision making from the beginning of planning all the way through to execution. It's not easy, at all.

If people aren't used to being asked their opinion, they will look at you for a minute... people are used a lot, and they come with not really thinking you're serious. You have to get through all of that to get to a place where they feel comfortable.

A resident leader was talking about how she feels like they didn't get paid enough for the work that they did... We thought, 'Wow, how comfortable must they be to feel that they could share that?' So that shared power allowed us to have a conversation... Now half of my team makes triple what they made then, because of that. They wanted more money, and it was okay. They wanted to do the hours and it wouldn't mess with their benefits ... we would have never done that if BUILD didn't say the principle of resident leadership is core.

Often the statement is we are going to train community members, they actually know a heck of a lot, the institutions need to be trained, and got the most out of the BUILD experience.

We need support for understanding power. The "lived experience" is an expertise. How can the BUILD framework can help to connect some of those understandings and drive real systems change?

Project centered on resident champions has helped center power-sharing (good).

Need to acknowledge that pace is driven by champions and takes time.

External stakeholders echoed the importance of building trust when working in partnership with communities by embodying authenticity and transparency. Examples of transparency in the spirit of partnership included acknowledging failure and centering resident decision-making.

Celebrate failures as much as you do quick wins. We tend to brush failure under the rug. Being open about it, that's how you grow trust.

I think radical bi-directional transparency is essential... we just can't afford to have sort of some of the political shell games that happen in philanthropy or in partnership. We have to be willing within that trust and within that communication, to tell the truth when things are difficult, when things are not working. And to put the systems in place for that to be received In a matrix style rather than hierarchical style, through community collaboration.

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Our work had been very brand and replication forward and focused on reach (how many served) and on reaching individuals. This began to change four years ago with the realization about the connection between zip code and life span. We have to do that in partnership with community. Community is both grassroots and non-profits. Resident driven decision making is a core part of our work. We look for that in collaboration.

External stakeholders also suggested BUILD could add value by actively disseminating learnings about how to effectively support community-engaged work to address inequities, especially regarding building community power.

Are there 10 best practices or another publication that would help philanthropy

to communicate ‘this is how you drive transformative change’? Another piece would be messaging. SDOH — everyone is using it, but not everyone is using it the same way.

We take a two-pronged approach of shifting systems change and growing power in the community. Knowledge building -- at the local, resident level. We struggle with getting the stories. Folks most impacted are struggling to live their lives, never mind contributing to systems change. If you have an issue, go talk to your doctor, but some in this community don’t have doctors. Our obligation to get the stories out, to elevate, and give the power. Building up capacity to make the change and losing our power [as an organization] and putting ourselves out of business.



Recommendations for Programs Aiming to Deepen Engagement with Communities



Build community power by making it explicit that community members are expected to co-lead cross-sector partnerships and be compensated for their experience and engagement.



Keep community-based organizations as the lead to influence the power dynamic between partners. Adapt communication, meeting, and decision-making processes to lift up community voice.



Provide capacity building support (i.e., technical assistance and training) to institutions and community-based organizations to strengthen their: understanding of power dynamics at play and how to be explicit in the value of the expertise brought by those with lived experience; skills for authentically engaging with community members; and developing governance and decision-making structures that allow them to become equal partners.



Acknowledge it takes years for community co-design and deep engagement; it needs to be built into grant expectations and funding timelines.

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**CROSS-SECTOR
PARTNERSHIP DEVELOPMENT
TAKES TIME AND REQUIRES
RESOURCES**

INSIGHT #4:
CROSS-SECTOR
PARTNERSHIP
DEVELOPMENT
TAKES
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RESOURCES



Building connections among community members, community-based organizations, hospitals, and public health agencies is the “sweet spot” where BUILD supports bridge building to drive systems change for greater health equity. Yet, cross-sector partnership development is often slow to gain traction. Community members and people working in institutions hold different values, beliefs, and expectations about what matters and how to get things done.

Time and resources. Accordingly, it takes time and continuous iterations of trial and error to: cultivate relationships; build trust; redistribute power; gain shared understanding and language; set the table for authentic community member leadership; establish democratic governance processes; center racial equity; develop a common vision; and craft system change-driven strategies. Cross-sector partnership development commonly unfolds in fits and starts, requiring regular retooling and adaptation. Collaboratives are selected for BUILD awards because of their existing deep history of partnership. The BUILD three-year grant cycle is most realistically viewed as part of a longer trajectory at the community level to address health inequities.

You can’t build the relationship with BUILD. That’s not the space for it... it really has to rely on a foundation of deeply cultivated trust – that has to be in place first.

BUILD is a short window tension between bringing in people with lived experiences, building relationships with institutions, AND taking action on systems change.

It took a year of fighting and disagreeing and finding common language and seeing the same picture. It took a year to find our groove, and then once we did that, we really hit the ground running.

The one difficult part of having the nonprofit be at the forefront, it took us a year to balance how we were working together. At the health system it takes us a long time to get things through. At the nonprofit they can decide something tomorrow and it goes live by the end of the week. Finding that balance was hard. Thankfully, everyone’s patient and understanding... that was a learning curve for our group.

BUILD’s support of a backbone organization is important and valuable. Intentions of all partners are good but the reality of jointly holding and carrying the work is

INSIGHT #4:
CROSS-SECTOR
PARTNERSHIP
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challenging. It is a challenge to get partners to focus on the same/shared question, the right partners and how to engage with community, especially in highly politicized local context.

Sustainability. Acutely attuned to the importance of avoiding interruptions to their work due to funding gaps to keep institutions and organizations at the table and maintain momentum, awardees commonly expressed concern about the sustainability of their cross-sector partnerships. Raising awareness, developing broader interest in their efforts, and securing additional funding were all mentioned as challenges to continued growth of their equity-centered approaches.

The sustainability of the work... We don't want to come in and get people excited about the work, that will go away after funding... How does it really continue from the beginning?

One key piece of BUILD that helped us be successful was having an outside agency [not the health department] be the award recipient. That generated a different level of collaboration. We leaned into using existing processes to ensure sustainability beyond the BUILD grant. We incorporated partners who previously worked independently. We have used BUILD processes beyond the initial BUILD project. This helped partners see [cross-sector partnerships] at a

systems change level, not just for the life of the project.

Encourage BUILD not to be afraid to add these things. We are going to be able to have tough conversation with our communities now - about sustainability.

External stakeholders framed the future of this type of engagement as requiring a solid business case.

We call them shared value networks. And so those are where we are looking to kind of marry our business capabilities and extend through philanthropy to work where there are gaps that our business can't necessarily lean into. And then you know, of course, make an impact to society. That's our overarching goal.

We've sought to redefine the role of the health system in its community. So to think less about its role as just a provider of health but as an economic actor, that has a role of investment in stewardship, to address root causes that create the poor health outcomes in the first place, in addition to their mission of creating high quality, clinical care.

Focus on impact investing rather than discretionary grants— trying to draw a line between community/impact investing and philanthropy (discretionary grants).

Recommendations for Programs Fostering Cross-sector Partnerships



Consider the length of the grant cycle in relation to the desired results. Allow time for awardees to develop and/or enhance their cross-sector partnerships before digging into systems change work, and continuously invest in sustaining and deepening them along the way.



Support awardees to develop productive governance structures, decision-making processes, and facilitation skills. These are fundamental components of strong cross-sector partnerships and are often resource intensive to develop.



Engage awardees early and often about sustainability. Encourage and support sustainability planning by assisting awardees to connect with other local, regional, and state efforts.

INSIGHT #4:
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**THE BUILD HEALTH
CHALLENGE® CONTRIBUTES
GUIDANCE, STRUCTURE,
AND CONCRETE SUPPORTS
TO LOCAL, CROSS-SECTOR
PARTNERSHIPS**

The BUILD award lends external validation to the work happening in awardee communities to center lived experience and redistribute power to historically marginalized groups. The model sustains engagement of community and institutional partners by providing the structures and mechanisms to keep members accountable, aligned, and progressing. Convenings and technical assistance activities are valued supports that give awardees tools to challenge the status quo.

BUILD as an effective collaborative framework to guide and influence systems change. BUILD mandates a particular constellation of necessary partners with explicit roles for community-based organizations and residents. Awardees emphasized that BUILD provides a meaningful, useful frame that catalyzes new and productive relationships, keeps community and institutional partners at the table, makes meetings more meaningful, and keeps partners accountable and aligned. The model enables community-based organizations to leverage their relative flexibility and nimbleness to drive change and maintain momentum. The structure of BUILD also provides accountability mechanisms that help address power dynamics within collaboratives.

Having the collaborative be a required structure was meaningful. Because the systems are so big you don't always meet with the same people and processes. Being a Black woman had an impact. Gatekeeper mentality still exists, even though paper agreements exist to hold commitments. Created MOUs that were important to accountability.

Collaborative was made up of the larger system and the public health department, some partnerships existed for years. MOUs were done and they brought in new partners. Having the community-based organization be the lead is the most effective.

Our community-based organization became the more powerful entity through the BUILD effort. We've continued to work together because we saw each other's strengths. It took a year to find a common language.

The collaborative did really grow through BUILD project, especially between health and housing partners. This was, in part, due to regular meetings (weekly) and commitment of leadership of partner organizations to spend the time/engage. We were able to find strategic investment from hospital partner that was cultivated through BUILD project.

INSIGHT #5:
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GUIDANCE,
STRUCTURE,
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BUILD provided the structure and mechanisms for accountability to keep partners aligned with collaboration expectations

The special sauce is the CBO being at the forefront. The authentic collaboration takes SO much time but agree with it. I don't work for the CBO, but the organization has grown by leaps and bounds because of the BUILD project. The CBO is continuing to get money from health care partners to do their work. COVID has also ramped up their connections. CBO is scaling up and growing staff.

Funding commitments within the requirements of BUILD and hospital benefit office not having all the power. Respecting community voice and quieting yourselves. Technical assistance helped. Being accountable to BUILD supported the structural scaffolding to be accountable - partnership to community accountability.

BUILD provides external validation to local stakeholders. As a national model, BUILD gives awardees the tools and justification to challenge the status quo in partnership with credible leaders in the national health equity milieu. The BUILD brand and model lends credibility and

momentum to local efforts. Awardees shared that it specifically added credibility to the partnership model and provided the necessary energy to keep the work moving.

'BUILD said we had to' ... was a cover for doing racial justice work that we wanted to do anyway.

BUILD framework gave credibility and flexibility. If we bring the same people together in the same way, we will see the same results. BUILD said we needed more than 50% of participants to be residents.

BUILD's secret sauce created equity among partners and parent voice valued. Unlike other collaborative efforts, BUILD has truly created a sense of equity across partners.

The BUILD model gave credibility to centering lived experience with other institutional partners, deepened our focus on resident leadership.

We had [a] collaborative to start with. BUILD created more intentionality around collaboration in sharing/using resources. For example, medical-legal services were created. This pushed a relationship with the city/rent

control board and led to a better pipeline between community residents and rent control board. For example, an online platform that residents can access relating to rental properties in the city. They moved to become an active partner in next round of BUILD.

BUILD provides robust technical support.

BUILD supports cross-sectoral partnerships beyond monetary grant awards. Convenings and technical assistance (TA) activities are essential to the success of the work, particularly regarding centering racial equity.

BUILD brought trainers to us that did a multiple day health equity structural racism training... there's a lot of value to having everybody participate in that together to build the trust within the collaborative... maybe that should just be required [for BUILD 4.0].

It was helpful that BUILD brought in the TA perspective, consultants on the history of racist policies — housing, redlining, criminal justice. That TA helped us understand how these policies impacted health. Redlining in particular, collective training on the history of redlining and all partners addressing the disparities.

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External stakeholders, all of whom work in similar collaborative structures, generally agreed that cross-sector collaboration is a beneficial means to achieve improved health outcomes. When speaking with several leaders representing business, local government, health care, and more, some noted that the cohort model may ultimately limit the scope of system change. Several expressed a willingness to work in sync with BUILD.

*I am a believer in the BUILD health model.
It's really good.*

Chambers of commerce thrive on competition. We are competing with other metros for talent every day. BUILD could be that common table where competition is engaged in a meaningful way when we compare ourselves with our sister cities.

Transformational change is happening faster. The pandemic is helping to get to the existing systems level issues that we already knew about. We were able to go so

fast because there is more trust between hospitals and community than there has been. If the pandemic had happened 10 years ago, we would not be in a place to work with communities.

***Not every partner can and
should be doing everything.
Respect each other's capacity.
Work together.***

BUILD and cross collaborative thinking around these problems is not doing everything it can if health care costs are increasing, as it's the second biggest expense for our chamber of commerce members. They are desperate to find ways to cover the lives of their employees, but they spend so much money on this stuff and we have to do our actual business. Getting health care costs down helps everyone. I would hope a collaborative effort would realize that.



Recommendations for BUILD 4.0 and other funders supporting collaborative work



Leverage BUILD's assets to spark interest with national organizations/partnerships (i.e., hospital associations, other funders) to support BUILD-funded local cross-sector partnerships and systems change efforts.



Galvanize the individual BUILD communities under the shared goal of advancing health equity. Leverage the aggregate power, influence, and knowledge of the greater whole.



Provide a range of technical assistance opportunities to support knowledge and understanding related to racial equity and racial justice and how those relate to the mission of health equity.



Create institutional “champions” for the next round. Identify champions (hospital, public health, and within other institutions) who can share the experience they had with their peers to translate the value of working with communities.



Offer flexible funding structures to support community co-creation. Encourage awardees to understand that engaging people with lived experience may change the programming or processes within the award. Acknowledge that it will be a learning and developmental process as community leads.



Ask awardees to clearly articulate how they are showing that race is important in their agencies, for example in their processes and standards. Putting those statements in materials (i.e., HR handbooks, operations manuals, job postings) to show intent.



Encourage awardees to build diversity in their own structures, including leadership and boards.

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CONCLUSION

Too often, efforts to improve community health are conducted in silos, seeking to address big-picture problems with narrowly focused interventions. BUILD's ecosystem of cross-sector awardees, funders, partners, and staff are committed to a culture of learning and adaptation as they collectively navigate the turbulence that is our current reality.

The Listening Tour was co-designed by awardees and funders as a small step in the right direction. It generated rich insights into the successes and challenges awardees have experienced in their work to build health equity in their communities and offers a path forward for not only BUILD, but other funders, community-based organizations, hospital and health systems, payers, public health departments, and policymakers. The next step for BUILD stakeholders is to transform these insights into action. The BUILD team has shared in the Afterword a sample look at how the team is making sense of what it learned, and how that is being translated into a potential new, fourth cohort.

Underscoring these insights is the reality that inequitable systems are complex and do not arise overnight; similarly, systems change work is complex, difficult, and occurs slowly over time. As evidenced in the learnings from the Listening Tour, the necessary work of addressing health equity cannot be achieved without explicit attention to race and racism, and to do so, community voice and expertise must be centered and uplifted.

AFTERWORD

After the Listening Tour concluded, BUILD set out to act on feedback from participants as well as prior learnings, such as those highlighted in the report [Community Approaches to Systems Change](#). Members of the funding collaborative, alumni awardees, and partners have already begun working together to co-develop significant revisions to the BUILD principles, objectives, program design, and governance into alignment with the learnings from the Tour. A summary of sample changes under consideration for BUILD 4.0 is provided below. BUILD aspires to open the BUILD 4.0 application process in 2022 and launch the new cohort in 2023.



Translating feedback from the listening tour into programmatic elements was both a challenge and an opportunity to reinvent BUILD. Collectively, BUILD stakeholders agreed to:

- ▶ Continue to drive systems level changes that support community health and health equity.
- ▶ Adjust BUILD to place greater emphasis on community-led efforts and robust national networks to advance racial justice.

Currently, BUILD 4.0 is prioritizing four objectives. Two of the objectives – Advance Racial Justice and Galvanize the National Network – are new in their formal articulation, while the Strengthen Partnership objective was substantially expanded.

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|--|---|--|--|
| <p>► NEW
Advance racial justice
to help communities lay the groundwork for transformational change addressing social determinants of health.</p> | <p>► NEW
Galvanize the national network of BUILD communities (up to 75 including alumni) to reinforce the shared connections across issue area, geography, and sector, and increase influence at local and national levels.</p> | <p>► SUBSTANTIAL EXPANSION
Strengthen partnerships between community-based organizations, hospitals and health systems, local health departments, payers, residents, and others to reinforce collaboration between backbone organizations, support systems, and institutions in centering community decision-making and co-creation.</p> | <p>► CONTINUE
Contribute to systems-level changes focused on sustainability, practice changes, and/or legislative policy at the local level that support improvements in community health.</p> |
|--|---|--|--|

The strategies and tactics of BUILD 4.0 were also significantly informed by the key learnings that arose from the Listening Tour. Linkages connecting BUILD 4.0 objectives, new strategies and tactics, and the learning themes from the Listening Tour that informed them are summarized in the following table.

BUILD 4.0 OBJECTIVE	EXAMPLE STRATEGIES AND TACTICS	LEARNING FROM LISTENING TOUR
Advance Racial Justice	<p>Center racial equity in BUILD’s strategy, implementation, and evaluation. With awardees, co-create a BUILD statement on racial justice.</p> <p>Increase capacity of BUILD-funded communities to address racism by supporting the development of action plans focused on racial equity and offering workshops supporting the evolution of communities on their racial justice journeys.</p>	 <p>Centering racial equity is an effective catalyst for change.</p>
Galvanize the BUILD National Network	<p>Unify the collective efforts of BUILD communities on a national scale through people (communities), policies (systems change), and partnerships (across sectors).</p> <ul style="list-style-type: none"> ▶ Establish a national speaker’s bureau for BUILD local leaders to communicate and advocate. ▶ Facilitate a national BUILD Month to encourage each BUILD-supported community to engage with local policy leaders in a coordinated fashion. ▶ Convene quarterly Town Hall conversations open to the public on topics relevant to BUILD’s mission with at least one awardee co-facilitating. ▶ Host an “All BUILD” convening in Washington, DC, for awardees to visit with elected officials on Capitol Hill. 	 <p>BUILD contributes guidance, structure, and concrete supports to cross-sector partnerships.</p>

BUILD 4.0 OBJECTIVE	EXAMPLE STRATEGIES AND TACTICS	LEARNING FROM LISTENING TOUR
Strengthen Partnerships	<p>Co-develop the BUILD initiative with awardees to ensure community voice is integral its evolution and implementation.</p> <ul style="list-style-type: none"> ▶ Co-design the grant application process for the fourth cohort by: expanding the review committee to include alumni awardees as members; recruiting alumni awardees to co-design the application document; and recruiting BUILD mentors to co-lead an intensive, optional “Application Accelerator” program for applicants to strengthen their proposals. ▶ Expand the BUILD alumni program from 6 to 12 alumni peer advisors and establish an advisory role for them to help inform technical assistance and programmatic decisions. <p>Increase awardee capacity to authentically partner with and redistribute power to community members.</p> <ul style="list-style-type: none"> ▶ Require awardees to establish a resident advisory group, design governance processes that enable community members to have equal or significant decision-making authority, and pay them for their contribution. ▶ Provide technical support and training to build awardee capacity to partner with community members in a manner that enables them to serve as equal partners and become advocates for local policy changes. 	<div data-bbox="1465 337 1583 451"></div> <p>Experienced voices were essential partners.</p> <div data-bbox="1465 581 1583 695"></div> <p>Authentically engaging community members and people with lived experience requires both willingness and specific skills.</p> <div data-bbox="1465 971 1583 1084"></div> <p>Cross-sector partnership development takes time and requires resources.</p>





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