

The
BUILD
HEALTH
Challenge®

November 2019

SPOTLIGHT ON COMMUNITY ENGAGEMENT

By:

EQUAL
MEASURE


SPARK POLICY INSTITUTE
Good in Theory, Better in Practice

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INTRODUCTION TO THE BUILD HEALTH CHALLENGE

WHAT IS THE BUILD HEALTH CHALLENGE®?

The BUILD Health Challenge® (BUILD) is a national awards program designed to address important community-level health issues by catalyzing local partnerships between community-based organizations, health departments, hospitals/health systems, and other local stakeholders. The community-based organization is the lead partner for each BUILD-supported initiative, and together the collaborative works with residents of their neighborhood, city, or town **to identify a public health issue prioritized by the community.**

Guided by the BUILD principles—**Bold, Upstream, Integrated, Local, and Data-driven**, each grounded in **Health Equity**—communities build strong multi-sector partnerships outside of the traditional health sector to **tackle the root causes of chronic disease and drive sustainable improvements in community health.**

BUILD's "North Star" is to achieve meaningful improvements in population-level health outcomes by changing inequitable conditions and systems in our communities. BUILD is guided and supported by a funder collaborative and an executive team, as well as a group of evaluators, technical assistance liaisons, and communications specialists. To date, BUILD has supported 37 projects in 21 states and Washington, DC, with a new cohort of awardee communities set to begin in late 2019.

In the BUILD model, a systems change approach means realigning policies, processes, power, and infrastructure—all of which are necessary to address the complex and inequitable systems that affect community health, to expand health equity, and ultimately to improve long-term population-level health outcomes. Inequitable systems are complex and do not arise overnight; similarly, systems change work is complex, difficult, and occurs slowly over time. It can be challenging to assess the change being made over a short time frame.

As we gathered data on systems change in BUILD communities, we began to see that big changes are preceded by signals (called "precursors" in BUILD) at the community, organizational, or individual level. Examples of early shifts or **precursors** include **expanded knowledge** of the issue at hand, **strengthened relationships** among existing and new partners, or improved individual and organizational **capacity**, and **meaningful community ownership.**

As expected, different communities have different rates of progress or success in implementing the BUILD principles and experiencing the precursors. Furthermore, we determined that both the precursors and the systems change outcomes are not linear or sequential; rather, they work together to advance the work holistically.

In this brief, we describe in detail the four precursors to the conditions of systems change and give examples of how they have manifested themselves in various BUILD communities. We then examine the indicators of systems change themselves, and how they connect with the precursors and with the change we aim for in population-level health and equity. We offer considerations for communities embarking on this work and for the funders supporting it.

Our evaluation is beginning to show that those communities experiencing all four precursors during BUILD implementation are most likely to experience systems changes that are more sustainable and represent potential for population-level changes. Leveraging the combination of knowledge, relationships, capacity, and community ownership together create the conditions for communities to achieve their longer-term aims.

The **BUILD PRINCIPLES**
guide implementation

 **BOLD**
 **UPSTREAM**
 **INTEGRATED**
 **LOCAL**
 **DATA-DRIVEN**

ACHIEVING SYSTEMS CHANGE
IN BUILD COMMUNITIES

PRECURSORS
emerge as
indicators of
progress

Enhanced knowledge,
shifts in disposition and
behaviors, and refined,
complex issue framing

Strengthened champions
and **community
ownership**

**Strengthened
relationships** and
increased alignment
among partners and
stakeholders

Increased individual
and **organizational
capacity**

**SYSTEMS
CHANGES**
begin and
reinforce the
precursors

Transformed norms
and ways of working

Re-allocated and new
funding streams

Organizational shifts
and scaling that sustain
practice and policy

Implementation of
supportive **regulatory,
legislative and public
policies**

Systems
changes bring
communities
closer to
BUILD's
END GOALS

LONG-TERM ASPIRATION

Improvements in health
and health equity.

SPOTLIGHT ON COMMUNITY ENGAGEMENT

"I think all partners in our grant would say without the community health ambassadors, we wouldn't be in the area that we're in. Hands down, it's about the importance of involving the community and really having them as a partner."

— New Brunswick, NJ

Community engagement, embodied by the Local principle, is central to the BUILD Health Challenge. BUILD awardees have demonstrated a variety of ways in which community engagement can occur across multiple phases of work.

As BUILD sites implement the Local principle, they directly engage community leaders and residents, seek to shift power and resources, and help community members address upstream health priorities and advance equity.

To affect systems-level outcomes, several BUILD sites have successfully strengthened capacity for local leadership and developed a network of champions to support ongoing community change.

SUCCESSFUL ENGAGEMENT STRATEGIES

Three strategies emerged from the BUILD sites that demonstrated the most success working with their communities. These strategies move community engagement toward greater degrees of collaboration and power sharing between residents and BUILD partners.

Provide Professional Development

Opportunities for residents to access professional development training is an important contributor to facilitating and sustaining engagement. BUILD sites have worked with residents to create training curriculums focused on building capacity for local leadership and advocacy, while others have funded resident leaders to attend national training workshops. In some settings, residents are supported by local experts to learn about and investigate their health issue area in deeper, more systematic ways that lead to a more powerful advocacy platform.

Learning opportunities like these contribute to sustainability, helping residents more effectively shape the work and persist through challenges in order to achieve the outcomes they envision for their communities. They also enhance equity between the community residents engaged and the employees of the nonprofit and institutional partners, who typically have access to professional trainings. In several communities, BUILD partners have extended resources and access to residents, communicating the deep value of residents' contributions to the work.

Incorporate Community Leaders into Decision-Making

Designing purposeful structures and protocols is vital to supporting community leadership. BUILD sites that demonstrate healthy community engagement established practices that incorporate residents into the partnership's decision making and implementation mechanisms. They also exhibited awareness of and sensitivity to the time, money, and energy asked of residents, and sought opportunities to appropriately compensate residents for their leadership and the value of the momentum for the work that they can encourage in their community.

Examples of incorporating community leadership in the work include:

- » Establishing a set of rules to ensure decision-making power for community leaders;
- » Hiring residents as staff;
- » Including positions for residents on existing advisory councils or boards;
- » Creating new leadership councils with formal governance and weight for residents;
- » Involve residents in awarding local grants or and making decisions about allocating resources to their communities.

Convene, Facilitate, and Elevate Resident Voices

Successful BUILD partners view their role as "in service" to resident perspectives. Partners with influence in local agencies and systems can use their power to amplify the voices of residents seeking policy or practice changes. Positioning residents as integral experts and problem solvers is vital for properly directing the work to keep focus on community priorities. To ensure meaningful participation, partnerships must deliberately establish norms and an environment that positions and supports residents as critical partners. Some BUILD sites have worked steadily to ensure resident leaders have necessary resources, connections, and power to convene meetings in their community or to facilitate discussions among stakeholders.

"It took us almost a year... and finally, I think [everyone is] starting to see what this is all about, what we were trying to do, and how important this is to let the residents be part of this process and let them have buy-in and a voice in what happens in the community."

— Franklin, NJ

COMMUNITY ENGAGEMENT IN ACTION

In this section, we examine two sites where successful strategies led to progress along the **IAP2 Public Participation Spectrum**. The examples illustrate how collaborating and sharing power with residents is intrinsic to the precursors to systems change—defined as **enhanced knowledge**, **expanded capacity**, **strengthened relationships**, and deepened **community ownership**—and lead to manifestations of systems change itself in the form of transformed norms, organizational shifts, implementation of supportive public policies, and reallocated and new funding streams.

New Orleans, LA:

BUILD HEALTH MOBILITY PARTNERS

Strategies and Challenges

BUILD Health Mobility Partners initially conceptualized a “health equity data system” as a core piece of its BUILD work. However, as the partnership progressed along the spectrum of public participation, moving from the perspectives of “grass tops” organization leaders to engaging residents, it realized the importance of collaboration and sharing power, and instead prioritized resident engagement to lead the work and identify advocacy agendas.

The BUILD work was focused on the Claiborne Corridor, an area where poor public transit access has far-reaching effects on resident health and well-being. Corridor residents had to use unreliable public transportation for employment, education, food, and health-related resources, including parks and medical visits. At the same time, local health systems experienced a high rate of missed appointments.

From the outset, partners and residents experienced communications challenges related to trust, uncertain assumptions, power differentials, and language differences. They hired a consultant to facilitate conversations, build a common language, and create a shared sense of the area’s history and the current concerns of residents. The investment of time and resources to engage partners and residents together **enhanced knowledge** and built new **capacity** among a range of stakeholders.

“One of the biggest takeaways that I learned [is] community should be considered, community engagement or resident engagement; these folks are serving as consultants.”

— New Orleans, LA

As part of their new engagement strategy, BUILD partners and Claiborne Corridor residents adapted a BUILD Health Mobility Leadership, Engagement, Advocacy and Development (LEAD) Training Program. The **professional development opportunity** prepared residents for public speaking opportunities where they could share their first-hand knowledge of how inefficient public transportation and barriers to mobility had negatively affected their quality of life.

A BUILD Opportunity Fund (supplemental) grant award supported 18 Claiborne Corridor residents to create and participate in this training. LEAD then helped **convene, facilitate, and elevate resident voices** by connecting residents with local leaders and decision makers to share their stories. As community residents began to shape BUILD Health Mobility’s focus, co-creating the LEAD training and collaborating on advocacy issues, the partnership progressed to the power sharing mode of the Public Participation Spectrum.

Emerging Systems Change

More **community ownership** of the New Orleans BUILD Health Mobility project and **enhanced knowledge and capacity** of those involved, have contributed to regional systems change. Resident storytelling resonated with multiple transportation agencies and achieved notable success in **transforming norms, shifting organizational priorities, and changing policies.**

After consistent advocacy from BUILD and LEAD participants, the Regional Transit Authority (RTA) added an explicit goal to create a healthy and sustainable community to their new strategic plan and incorporated relevant success measures. Since RTA's strategic plan will guide regional transit investments for the next 20 years, adding this priority area will help ensure resident access to healthcare and recreation facilities will be a key consideration in decision making.

The Regional Planning Commission also invited several LEAD graduates who were also Corridor residents to join an advisory committee for the assessment and possible redesign of the regional transit system.

New Orleans BUILD Health Mobility worked through significant community engagement challenges using a variety of strategies for engagement. By collaborating and sharing power with residents, they connected the health equity outcomes the residents desired to systemic transit issues, powerfully communicated that connection to policymakers, and ensured community priorities would be considered in future transit planning. As they look ahead to their next steps, BUILD Health Mobility has built the cost of creating ongoing opportunities for resident leadership into project budgets, acknowledging the value and centrality of community engagement to the success of their work.

Greensboro, NC:

COLLABORATIVE COTTAGE GROVE

Strategies and Challenges

The Collaborative Cottage Grove BUILD partnership in Greensboro, NC, does not do anything without resident approval. Rather than encouraging residents to buy in to ideas by touting available resources, core partners listen to the community and demonstrate that they value the community's desire to address housing issues and health.

Community ownership didn't happen overnight. Previously Greensboro partners were operating in the "inform" mode of the spectrum of public participation, inviting residents to participate in pre-established processes. With a history of neighborhood projects that had at first engaged, but then abandoned the community, BUILD partners struggled to **establish trust and recognize assumptions** during initial forays into engagement. Partners invested time and energy into outreach activities and door knocking to increase participation in BUILD activities and completion of their initial data gathering survey.

"We've had to abide by the values that we set up with those residents when we started. And their voice is the one that should take precedence."

— Greensboro, NC

Over time, residents participated in substantive conversations around project focus. **Incorporating community leaders into decision-making structures** meant respecting resident priorities. For example, BUILD partners initially wanted to focus on obesity, but residents of Cottage Grove preferred to prioritize housing and diabetes prevention, which are upstream factors for obesity. The "good conflict" that resulted led to prioritizing housing and asthma, as well as diabetes prevention. Collaborative Cottage Grove also **provided professional development opportunities for residents.** BUILD partners, residents, and a local design firm co-created a professional development curriculum that focused both on community engagement and leadership development.

Through the implementation of these strategies, Collaborative Cottage Grove has begun to see **strengthened relationships** between the community and BUILD partners and the creation of community ownership. Following leadership development workshops, community residents began organizing, facilitating, and creating their own meeting agenda and next steps.

Organization leaders involved with BUILD work increasingly embrace the idea that residents are the experts in their communities. The **increased knowledge and capacity** through the professional development series has led to new ways of working, both in terms of how residents think about work, and how BUILD partners recognize resident assets.

Emerging Systems Change

In a local policy win, educational presentations to the Minimum Housing Standards Commission Council by community residents and BUILD partners led to an order to rehabilitate the health-hazardous conditions found in a Cottage Grove apartment building.

Resident support has helped forge new relationships between the Greensboro Housing Coalition, the Guilford County Department of Public Health, and Cone Health, the local health system. Partners are increasingly implementing respectful and supportive practices to collaborate with residents and developing a deeper understanding of what it means to engage in systems change work.

BUILD partners in Greensboro are concerned about ensuring sustainable community engagement and thinking about how to best spread these models of thinking about health equity and systems change. Measuring impact—quantifying the trust-building, cultural shifts, and capacity work as they relate to changes in health—without reducing it to an ROI is difficult, but important. There is a concern that as the work progresses, stakeholders may continue talking about social determinants of health, but forget the vital role of ground-up engagement.

A new developer was found who would repair buildings to keep people in their homes, stabilize the neighborhood, and improve health. As of August 2019, the developer has begun rehabilitation efforts for an 177-unit building. Resident leaders are exploring more opportunities to join city commissions in order to effect changes in housing policy and have been instrumental in developing the next phase of housing action strategies.

COMMON CHALLENGES TO COMMUNITY ENGAGEMENT

As discussed in the case examples, BUILD sites often begin their work with challenges to facilitating meaningful community engagement. The struggles must be overcome in order to move beyond consulting and informing the community to deeper levels of power sharing. By anticipating these challenges, communities interested in this type of work are better equipped to address them, clearing the way to better advance systems change and address health priorities. Below are three challenges that multiple sites shared during focus groups.

Recognizing Assumptions and Establishing Trust

Community members may be wary of engaging with new initiatives. They may have historically been promised “assistance” that materialized as extractive data collection efforts or short-term programming without complementary life or health improvements. Local organizations often mistakenly assume that assistance will be welcome. Faulty assumptions can inhibit community engagement efforts and create barriers to implementation of BUILD principles and achievement of outcomes.

Assessing Impact

Measuring the impact of community engagement efforts is challenging. While partners attest anecdotally to improvements to their partnerships with residents and the community, two common concerns have been expressed about translating engagement into metrics:

- » Conceptualizing outcomes from community engagement when the “return on investment” (as traditionally defined) is not immediately evident;
- » Undervaluing and subsequently dismissing community organizing, trust building, and strengthening relationships especially among partners seeking turnaround on substantive outcomes.

BUILD partners hope to find a way to effectively illuminate the deep value of community engagement to success in systems change efforts, despite the challenges in measuring and articulating it.

Supporting Community Leaders’ Needs

Lack of awareness of and attention to the needs of residents in leadership positions (e.g., community health workers or ambassadors, advisory or leadership council participants) has the potential to perpetuate structural inequities. BUILD sites expressed that resident leaders may be:

- » Struggling with financial and economic concerns similar to the people they are trying to support;
- » Experiencing an increased risk of secondary trauma and burden of responsibility when becoming a “go-to” resource to their neighbors;
- » Stretching to participate in BUILD activities in addition to existing obligations and work schedules.

CONCLUSION

Stakeholders working on complex community change efforts are challenged to meaningfully engage community leaders and residents. Given the inequitable distribution of resources, broken promises, and systems that do not equitably serve all communities, more authentic community engagement offers one way to rebuild trust. The **IAP2 Public Participation Spectrum** is a useful conceptual tool for sites to operationalize engagement, assess progress, and work with residents to achieve greater levels of shared power.

Our hope is that the Community Engagement Spotlight helps partners not only better articulate their community cultivation efforts, but more effectively plan for, implement, and assess the extent to which they are moving the systems that contribute to important health outcomes and equity with community members in authentic and respectful partnership with community members.

The Health Equity spotlight is part of the BUILD compendium. Other spotlights in the series include Systems Change, Partnership Health and Healthy Equity. The funders collaborative and the second cohort of BUILD communities contributed their stories, data, and support to to develop the series.

2017-2019 BUILD FUNDERS

- » Blue Cross and Blue Shield of North Carolina Foundation
- » Colorado Health Foundation
- » de Beaumont Foundation
- » Episcopal Health Foundation
- » Interact for Health
- » The Kresge Foundation
- » Mid-Iowa Health Foundation
- » New Jersey Health Initiatives
- » Robert Wood Johnson Foundation
- » Telligen Community Initiative
- » W.K. Kellogg Foundation.

2017-2019 BUILD COMMUNITIES

- » Avondale Children Thrive, Cincinnati, OH
- » Bridging Health and Safety in Near Northside, Houston, TX
- » BUILD Health Aurora, Denver, CO
- » BUILD Health Mobility, New Orleans, LA
- » Building Uplifted Families, Charlotte, NC
- » Cleveland Healthy Home Data Collection, Cleveland, OH
- » Collaborative Cottage Grove, Greensboro, NC
- » FLOURISH St. Louis, St. Louis, MO
- » Forward, Franklin, Franklin, NJ
- » Healthy Homes Des Moines, Des Moines, IA
- » Healthy Together Medical-Legal Partnership, Washington, DC
- » Home Preservation Initiative for Healthy Living, Philadelphia, PA
- » New Brunswick Healthy Housing Collaborative, New Brunswick, NJ
- » One Northside Center for Lifting Up everyBody (The CLUB), Pittsburgh, PA
- » Project Detour, Colorado Springs, CO
- » Raising of America Partnership Boulder County, Lafayette, CO
- » Reducing Tobacco Use Through Innovative Data Sharing, Covington, KY
- » Transforming Breastfeeding Culture in Mississippi, Jackson, MS
- » Trenton Transformation, Trenton, NJ

Equal Measure and Spark Policy Institute serve as the BUILD evaluation partners.

ABOUT EQUAL MEASURE

Equal Measure is a Philadelphia-based nonprofit organization that works with foundations, nonprofit organizations, and public entities to advance social change. For more than thirty years, Equal Measure has partnered with organizations working on complex, often messy, social issues to help create more powerful, equitable, and enduring systems and positive outcomes. To have a more direct impact with clients, Equal Measure offers five service lines—program design, evaluation, capacity building, technical assistance, and communications. Through these services, Equal Measure helps its clients clarify program goals, support implementation, engage in learning, conduct mixed-method developmental evaluations, frame narratives to have the strongest impact, and share what it has learned with the field. Equal Measure helps its clients make communities stronger, healthier, more equitable, and more inclusive.

ABOUT SPARK POLICY INSTITUTE

Spark is a national organization with a mission of helping communities, non-profit and for-profit organizations and policymakers solve complex social problems that often cross multiple sectors and that no one group can solve alone. Spark collaborates with change agents at all levels to create, evaluate, and improve innovative, dynamic solutions to today's most pressing challenges. The three pillars that support all our work are systems thinking and systems change, equity, and learning for action. Spark applies a variety of skills and services including technical assistance and training, strategic communications, facilitation, strategic planning and emergent learning, and evaluation to ignite change and help our partners do good, even better.



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