

The  
**BUILD**  
**HEALTH**  
Challenge®

November 2019

# SPOTLIGHT ON HEALTH EQUITY:

A Driver of Systems Change  
in BUILD Communities

By:



# 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.

# INTRODUCTION TO HEALTH EQUITY IN BUILD

One of the goals of the BUILD Health Challenge® (BUILD) is to promote health equity by creating the conditions to allow people to meet their optimal level of health. This goal is only possible when health equity is achieved—when immutable characteristics such as race, gender, sexual identity, and more are not correlated to higher rates of adverse health outcomes (i.e., when historically marginalized groups are no longer bearing a disproportionate burden of disease).

Understanding that health equity efforts require dedicated resources, time, and experience, BUILD sought to improve its offerings to awardees by providing dedicated health equity focused technical assistance support. With the launch of its second cohort of 19 awardees from across the country, BUILD partnered with the Michigan Public Health Institute (MPHI) to support participating communities during their two-year award.

The Spotlight draws from the MPHI Health Equity team's experience throughout the course of the second BUILD award cycle, and from formal evaluation and reflections from BUILD communities. The insights focus on BUILD sites that found success and/or faced challenges with operationalizing a health equity lens in cross-sector collaborations. We break down their successes and challenges in advancing health equity in their communities and through their collaborations.

We share these learnings to help other communities, funders, and organizations interested in health equity benefit from the experiences of the 19 BUILD communities. To be clear, this is not a playbook or guide to achieving and demonstrating health equity. There are many such resources in the field; rather, this is intended to help to fill in the gaps by sharing real lived experience from complex partnerships. We share what worked as well as lessons learned in our efforts to help communities build capacity to advance health equity.

## WHY SPOTLIGHT HEALTH EQUITY IN BUILD?

With the rising awareness that health equity is a critical underpinning of improving population health, there are at least two foundational challenges that health professionals face: 1) developing a clear understanding of what the term means, and 2) transforming concepts into practice in their daily work.

It is common in discussions about health equity to hear references to using a “health equity lens”—but it is just as common for people to not know what that means in both form and content, leaving the people responsible for implementing this work with deep questions about how to “do” equity.

A related challenge is that many do not understand or are uncomfortable with the idea that health equity work must be explicit and intentional in its focus on root causes—namely racism, classism, and gender discrimination/exploitation.

It takes time to develop an understanding that an explicit focus on these root causes does not mean an exclusive focus, and that an understanding of the blueprint of these forms of oppression is the gateway to understanding and combating many other manifestations of oppression.

### DEFINING HEALTH EQUITY

*“Health equity to us, after two years of working towards it, means hard work and dedication. It means coming together as organizations and leaders to move the health indicators of the communities we serve, forward.”*

— Houston, TX

The challenge of using a root cause analysis is that it demands more than individual level interventions or issue-specific programs. Rather, it requires systems-level solutions. And while there is no playbook for applying health equity approaches to population health efforts, it is critically important that those advancing community health continuously build their capacity around health equity with a systemic, anti-oppression frame.

Given BUILD’s principles—Bold, Upstream, Integrated, Local, and Data-Driven—health equity has presented a clear through-line of this work since its inception. This through-line, coupled with evaluation feedback from the first cohort of BUILD, encouraged a responsive approach to supporting stakeholders’ larger projects by integrating technical assistance focused on building health equity capacity. Evaluation findings had showed that “sites did not have a specific vision for integrating health equity in all levels of their initiative, but there was strong interest in addressing disparity issues through upstream factors.” Sites also reported that they varied in their understanding of health equity and suggested that BUILD leadership “create opportunities to enhance organizational and partnership capacity for understanding and integrating health equity.”

BUILD’s funder collaborative sought additional and explicit support to respond to awardee’s requested need for health equity technical assistance and consultation, partnering with MPHI’s Center for Health Equity Practice (CHEP) in BUILD’s second cohort.

# OUR APPROACH

## KEY ELEMENTS

Experts and consultants have developed a variety of approaches to address various contributors to inequities, but as of yet, there has been no systematic approach developed to holistically address the process of enhancing health equity. However, we maintain that critical key elements must be present to advance this work. These elements include 1) workforce and organizational capacity building, 2) leadership engagement, and 3) community partnerships. In every context, the needs, experiences, and resources of the relevant stakeholders determine how these elements are integrated into an equity plan.

For all the communities participating in the second cohort of BUILD, there was a basic awareness of, and desire to, advance health equity in their communities as a means of achieving sustainable improvements in health. As part of the selection criteria for the BUILD award, this novel understanding provided opportunity for communities to define what equity meant in their communities and in their collaborations. There was great variance among awardees, experience working to achieve health equity, and in their respective abilities to address their work using a health equity lens.

## KEY STRATEGIES

BUILD and members of its funder collaborative worked closely with MPHI to develop an approach that allowed for an adaptable implementation strategy that was responsive to the history, culture, strengths, and experience of each awardee and their region. The goal of this effort was to increase each awardee's capacity to advance health equity in their community and foster peer learning among the cohort members. A focus on five key strategies resulted.

### Building a Shared Vocabulary

A critical first step to “doing equity” is to help partners develop a shared vocabulary and core concepts to engage while embarking on this work (see appendix). Starting from this basic level assures that all partners have a common language and framework for discussing deeper issues, examining institutional processes, and for developing future policies to promote equity.

BUILD's second cohort of communities were oriented early to foundational health equity concepts in order to build a shared understanding of core concepts. Sites were given the opportunity to learn the theory and reflect internally on how it related to their communities/collaboration. Deep reflection was critical, as it allowed partners to grapple with the complexity inherent to systemic challenges and change, and further, integrate these concepts into their approach to this work.

### Organizational Readiness and Capacity Building

Organizational readiness is a critical conduit for engaging and enacting equitable practices. Readiness evaluations provide a critical assessment of where an organization sits in the continuum of equity-framed efforts and help those engaged in these efforts identify shared values around equity while illuminating gaps and pathways for better alignment.

To gauge readiness, BUILD sites were assessed using the **Health Equity & Social Justice in Public Health Dialogue-Based** tool. This tool provided an understanding of the BUILD sites' capacity for implementing their interventions, collaborating with their partners, and engaging their communities. Results from this assessment were used to guide strategic integration of equity concepts into interventions, based on sites' individual strengths. The tool also identified gaps for future targeted initiatives, technical assistance, and webinar topics.

## Facilitated Dialogue

Naming root causes—racism, classism, gender exploitation, and discrimination—is critical to advancing equity-based initiatives; however, this element is often a significant barrier to successfully advancing this work, given the inherent discomfort associated with these topics and limited opportunity to practice engaging them.

To create more opportunity to practice navigating this discomfort, using facilitated dialogue methodology, technical assistance providers worked with BUILD sites to open the communication around root causes with the intention of disrupting entrenched patterns of thought, institutional practices, and dominant narratives that perpetuate and hold systemic inequities in place.

To drive equity integration in their work, sites were tasked with gaining a deeper level of knowledge and empathy regarding the historical contexts of their communities and exploring underlying social causes that lead to health inequities. By engaging in this method, members of the collaboratives were offered opportunities to temporarily suspend long-held assumptions and were provided with new ways to organize their experiences across differences (e.g., race, class, gender, age, sexual orientation, ability, religious affiliation, etc.) and participate in facilitated activities that exposed challenges, lifted assets, and fostered collaborative problem-solving.

## Action Planning: From Concept to Practice

To move from concept to practice, technical assistance providers engaged BUILD sites using case studies and partners' lived experiences to explore social identity, oppression, power, and the benefits and limits of organizational authority. After reflecting on these concepts, strategies were introduced to analyze identified project foci and for action planning. Action planning involved using a health equity frame to reimagine work plans and more adequately address root causes.

The approach taken is ideal for supporting the work of large groups of varied collaborators who need to coordinate their activity and bolster accountability efforts, such as those identified within the BUILD communities. Moreover, action planning allowed partners to outline and describe activities that supported the higher-level strategic initiative; align creative capabilities, interests, and resources, foster engagement, and create targeted plans for moving from concept to practice.

For instance, in discussions with Avondale Children Thrive in Cincinnati, OH, the group identified symptomatic outcomes that were prevalent in the community. Using the health equity lens, the collaborative shifted from symptom, to social determinant of health at play, and back to root cause, while identifying solutions to reverse these trends.

## Building a Community of Practice

MPHI's experience has found that identifying partners in this work is critical to long-term sustainability, innovation, resource-sharing, implementation, and accountability. Health equity work can be difficult and becoming part of a supportive community of practice can mitigate day-to-day challenges. Having the work supported by knowledgeable and encouraging facilitators and content experts helps ensure that the work is done with intentionality.

For example, meetings between the technical assistance team and awardees early on were usually conducted through a video conferencing service, in lieu of an in-person gathering. This relatively light-touch technique resulted in relationships developing more quickly than by telephone alone.

With these strategies in mind, BUILD communities received a variety of tools to understand health equity core concepts and consultation on how to implement programs and develop policies within an equity framework. Strategies for assistance included individual BUILD site grantee calls, webinars, online data collection, and supplemental reading materials tied to best practices and lessons learned in the equity space. BUILD's goal in providing this consultation was to create opportunities that would enhance organizational and partnership capacity for understanding and integrating health equity into their initiatives, while laying the foundation for a growing community of practice.

## ADVANCING SYSTEMS CHANGE USING AN EQUITY LENS

To bring about transformative change, we need to develop the habit and capacity to think systemically in order to better understand how systems perpetuate inequities. This frame suggests moving beyond recognized weaknesses in our systems and exploring how culture, race, environment, socioeconomics, sexual identity, and much more influence population health. The equity lens illuminates structural barriers to change while incorporating the perspective and voice of those with the most at stake in the solution-making process. The technical assistance reinforced this ideology by defining health equity as both process and outcome (i.e., removing economic and social obstacles to health and assuring that everyone has a fair and just opportunity to be healthy).

## STRATEGIES IN ACTION

The relationship between BUILD and health equity is intrinsic. The BUILD Outcomes Framework identifies improvement in health and health equity as the end goal, but the BUILD Principles exemplify health equity as a foundation and through-line for systems change. These principles align directly with the values that must be present in implementing any health equity initiative. The elements—**Bold, Upstream, Integrated, Local, and Data-Driven**— are rooted in equitable approaches and strategies, that when done correctly can transform community health.

### DEFINING HEALTH EQUITY

*“Our definition of health equity evolved in a way that has to do with increased understanding of its critical importance and to have an understanding early on in your work; knowing that it should be embedded in all aspects of the work as much as possible.”*

— Greensboro, NC

In acknowledging there is no formula for “doing” equity work, the presence of elements like organizational capacity, community partnership, workforce, and leadership are essential in cross-sector collaboratives. In approaching systems change, BUILD communities were challenged to truly understand the experiences, strengths, and resources of all stakeholders as they worked to tackle intractable social problems. In many instances, this meant deconstructing what was not working in the collaborative and shifting energy to support what does work. Collaboratives were better equipped to embrace this incremental change as an action step to broader systems change.

In other words, health equity is inherent in each BUILD principle, and is necessary in order to achieve the systems changes and positive health outcomes we seek.

Targeted systems change approaches focused on public health and health care systems have measurably improved the health of many communities. With the growing awareness of population health affected by the complex interaction of factors outside of the service setting, BUILD places emphasis on addressing the context in which an individual's behavior is shaped. The BUILD Principles, BUILD Outcomes Framework and operationalization of the health equity lens presents the greatest opportunity for innovative, forward-looking, and bold community-led solutions for changing systems and achieving health equity.





BUILD Precursor to Systems Change:

### Increased Individual and Organizational Capacity

BUILD collaborative leaders were intentional in understanding how their power can help or hinder their goal of achieving equity. Partners with leaders who adopted systems thinking were more likely to achieve equity while exploring hidden structures that created disparate outcomes and inequities.

By leveraging their leadership roles, many BUILD partners used their credibility and position to raise awareness of health inequity, advocate for more effective policies, and mobilize their communities. This entailed frequent discussions of collaborative goals and detailing assets within the partnership to best meet the needs of their communities. Once partners had a comprehensive understanding of the systems they functioned in, they were better suited to transform it to become more beneficial for everyone involved.

*“We explicitly work toward a shared goal of health equity, which has changed the considerations that go into how we prioritize policy advocacy, programmatic changes, and even staff recruitment and hiring.”*

— Washington, DC

#### HEALTH EQUITY IN ACTION

Aurora, Co

### BUILD Health Aurora

BUILD Health Aurora’s approach to being bold meant transforming the medical model to better support the children and families in their community. This partnership integrated Early Childhood Mental Health (ECMH) services in a more accessible location and enhanced capacity for WIC staff to identify and refer families in need of ECMH services. To further systems change, BUILD Health Aurora **transformed norms and ways of working** by changing organizational policy for co-location at community partner sites to increase access and introduced a social determinants of health screening tool to better assess need. This led to a broader perspective about what constitutes health and the importance of working across systems to support children and families.



BUILD Precursor to Systems Change:

## Enhanced Knowledge, Shifts in Disposition & Behaviors, and Refined, Complex, Issue Framing

The BUILD communities had a strong grasp of the social determinants of health as part of the broader system and sought out additional information about what existed further upstream. Using the [Bay Area Regional Health Inequities Initiative \(BARHII\) Conceptual Framework](#), sites created a process for mapping linkages between individuals and these structures.

The health equity lens helped BUILD communities expand their thinking of where their intervention is situated and how working upstream guides decisions about policy initiatives. This resulted in conversations transitioning upstream to explore root causes, dominant narratives, and the social determinants of health—diverting initiatives from solely focusing downstream on outcomes (e.g., risk behaviors, disease and injury, and mortality). BUILD communities were then better positioned to tailor interventions to address risk exposure. Further, using an equity lens to map the linkages helped sites identify important levers to target in their initiatives for wider systemic change.

### DEFINING HEALTH EQUITY

*“(We define health equity as) ensuring Franklin residents have a fair and equitable opportunity to be as healthy as possible.”*

— Franklin, NJ

*“As the result of BUILD, our work going forward will be geared toward changing ‘institutional practices’ as opposed to ‘institutional changes.’”*

— Jackson, MS

### HEALTH EQUITY IN ACTION

#### Des Moines, IA

## Healthy Homes Des Moines

Healthy Homes Des Moines worked to address children living with asthma due to housing conditions. To meet upstream needs, the group offered home repairs to mitigate asthma triggers and provided health education to families to manage asthma and maintain their homes.

The group’s long-term strategy was to strengthen housing code and policy to address the intersection of housing and health. During the award cycle, a local sales tax was passed, enabling Des Moines to hire more housing inspectors. This **new funding stream** allowed for Healthy Homes Des Moines to have access to more housing inspectors, who would be trained to understand health impacts due to unsafe housing.

*“These newly formed partnerships between organizations are a sign of systemic change. These partners become community allies that protect, educate, and address unmet needs together and not individually. This has created synergy, increased efficiency, and additional resources for individual efforts and initiatives.”*

— Houston, TX

BUILD  
PRINCIPLE:

## INTEGRATED



BUILD Precursor to Systems Change:

### Strengthened Relationships and Increased Alignment among Partners and Stakeholders

Building a sustainable and flexible cross-sector collaboration is an essential element for any health equity initiative. By combining multiple activities and funding streams, partners achieve broader and better coordinated impacts than when functioning alone. Ultimately, without strategic integration, it is nearly impossible to steer fragmented systems in an equitable direction. These activities translated to:

- » Collaboration across sectors outside of the initial BUILD partnership;
- » Leveraging relationships to influence decision making in other sectors;
- » Identifying and linking funds across sectors to stimulate change.

BUILD partnerships that valued everyone's expertise and assets had the greatest potential to improve population health, reduce disparities, and enhance capacity for systemic change.

#### HEALTH EQUITY IN ACTION

St. Louis, MO

### FLOURISH St. Louis

FLOURISH aspired to address disparities in maternal health attributable to barriers in access to healthcare. The initiative wanted to coordinate better healthcare transportation and promote racial equity in the process. By considering missing voices at the table, FLOURISH engaged transportation stakeholders and managed care organizations (MCOs). The collaborative improved its community's use of non-emergency medical transportation. All the partners in this collaborative adopted a shared agenda to eliminate racial disparities in infant mortality by 2033. In order to do this, they implemented **new regulatory policies**. The MCOs were instrumental in re-aligning transportation policies after engaging with the community and hearing firsthand many of the barriers residents experienced.

BUILD PRINCIPLE: **LOCAL**



BUILD Precursor to Systems Change:

### Strengthened Champions and Community Ownership

BUILD communities were intentional in discovering and cultivating their community's unique assets in order to achieve health equity. Sites created advisory councils, ad hoc boards, and other opportunities to elevate the voices of neighborhood residents and community leaders. BUILD collaborations also quickly grasped that inequitable power dynamics were tied to what was making communities sick, therefore emphasizing building power as part of the solution. Discussions included sector's spheres of influence and community members seeing themselves as sources of power in the initiative.

*“Seeing other Latino parents organize and be true to their culture and expectations for their city gave them the idea that their voices are powerful and they matter.”*

— El Paso County, CO

#### HEALTH EQUITY IN ACTION

Washington, DC

### HEALTHY TOGETHER MEDICAL-LEGAL PARTNERSHIP

The Healthy Together Medical-Legal Partnership worked to support families living in rental properties who were experiencing increased rates of asthma. The group advanced their community engagement by deepening its partnerships with parents and elevating its Parent Advisory Council. This **organizational shift** allowed for the collaborative to gather more information beyond the scope of the project work plan. The group hosted an in-person meeting to convene parents, patients, and partners. In return, parents supported the partnerships' efforts because of the coalition's commitment to implementing changes based on parent input.

BUILD PRINCIPLE: **DATA-DRIVEN**



BUILD Precursor to Systems Change:

### Strengthened Champions and Community Ownership

To meet the needs of their diverse communities, BUILD sites leveraged data to bridge the gap between collecting meaningful data and reviewing that data to identify inequities. Data use agreements among BUILD partners helped create a more holistic view of individuals served and targeting intervention strategies for communities disproportionately affected. Sites took their data activities a step further by inviting communities into the assessment process, adding context to their results and voice to their solutions. Applying a health equity lens to this effort, BUILD sites began reframing their data activities to uncover structural conditions.

*“The data sharing agreement with St. Elizabeth helped us target the communities who were disproportionately affected by tobacco. We then asked the people in the communities how to make change, we developed interventions based on their feedback.”*

— Covington and Gallatin Counties, KY

#### HEALTH EQUITY IN ACTION

Franklin, NJ

### FORWARD, FRANKLIN

Forward, Franklin’s path to systems change revolved around reimagining its local identity and creating space for community to create relationships. Forward, Franklin engaged residents and organizational partners, and drew upon data from the New Jersey Health Collaborative to develop a neighborhood database with data at the zip code level to pinpoint needs and key indicators affecting wellness. Forward, Franklin intends to leverage this data to share power with its residents and facilitate discussion with policymakers. By leading this effort with data-informed decision making, Forward, Franklin’s **transformed norms and ways of working** are considered the key to its sustainability.

## INTEGRATING AND ACHIEVING EQUITY

BUILD communities experienced two different kinds of challenges when it came to equity: 1) challenges in achieving health equity in their initiatives, and 2) challenges with integrating equity into their collaboratives. In thinking about equity as both process and outcome, there is a frequent need to return to the questions: How does inequity appear in this scenario, what would an equitable outcome look like, and what role do I have in advancing equity? Key strategies for addressing these challenges include:

### Introduce Equity Early and Often

Orienting BUILD communities to equity concepts and principles was identified as a priority, prompting the onboarding of the Health Equity technical assistance team. Due to timing constraints, the BUILD communities in the second cohort had already started their initial designs for implementation and health equity was not added until later in the process. As a result, there was an ongoing feeling among awardees that equity was not prioritized in their strategies. This ultimately made it more difficult to center equity in the work. Sites voiced interest in building health equity activities and concepts in the front end of BUILD and the necessity to integrate equity into their intervention and their collaboration at the outset of their work. As an observation, sites would have found more opportunities to “practice equity” helpful before scaling for communities or to disrupt systems.

### Share Definitions and Concepts

Most BUILD communities had a working understanding of the importance of health equity—why we want to achieve it. It was not always clear however that their understanding aligned with the steps necessary to implement their work using a health equity lens. Through the Health Equity Dialogue-Based Assessment, it was quickly determined that partners within each BUILD site had varying levels of awareness of health equity principles and strategies. In many cases, blending of the definitions of equality, equity, disparity, and inequity resulted in watered down attempts to address each concept. Many of the BUILD sites experienced an evolution of their health equity definition throughout the cycle, beginning with a lens toward analyzing health disparities and later transitioning to a deeper understanding of the core concepts and how they show up in the lived experiences of the communities they work with.

### Build and Maintain Trust

High impact cross-sector partnerships are likely to experience conflict at varying points of collaboration. Sites referenced when members of the collaborative are not present or do not contribute to implementation, it became increasingly difficult to maintain trust and achieve their collective goals. There were many facilitated discussions reflecting on how trust had been created in the partnership and plans were formulated for managing conflict throughout. The **IAP2 Spectrum of Public Participation** was frequently provided as a model for applying an equity lens to community engagement initiatives. This continuum assisted in defining what engagement meant in their community and assessed the level of engagement needed for the collaboration to be successful. Sites also described trust extending beyond those in the partnership, but also as a challenge with engaging community members.

## Plan for Workforce Turnover

The effects of turnover are far reaching for singular organizations and expand even further with collaborations. Progress is delayed significantly by the process of identifying the right replacement, onboarding them, and positioning them to be engaged in that collaboration. In health equity work in particular there is an adjustment in the learning curve when adopting the equity lens in the work. Depending on the position in need of replacement, this can also bring about unclear agreements about what each partner has committed to do. In BUILD communities where this occurred, sites were referred back to the [Health Equity & Social Justice in Public Health Dialogue-Based Assessment](#). Sites were encouraged to consider equity as a priority in recruitment and hiring and regularly present opportunities for training in equity and social justice.

## Consider Power Structures

The relationship between equity and power are inextricably linked, as are the challenges inherent in navigating power structures while engaging in equity-based initiatives. To explore these challenges and support the sites' movement in this work, facilitated dialogue and resources were offered on how to shift and share power with community and how to harness that power within the collaborative; however, this continued to present a challenge for sites as they attempted to move their work forward. BUILD sites often described the role of the health system and their fiduciary power as both facilitator and obstacle to successful partnerships, although the BUILD structure intentionally made the community-based organizations were the "lead" partner and recipient of the grant award in order to address power differentials. In communities where the health system was more engaged, BUILD sites felt more confident in their efforts and saw a path forward for sustainability. In instances where the hospital or health system was less engaged, momentum was hindered and limited the impact of the collaborative. BUILD sites needed additional strategies for seeing themselves as more expansive, having both institutional and collective power and more robust strategies for harnessing the synergy of their collaborative.

## Build a Community of Practice

Bringing equitable approaches to scale can be difficult without the right resources. A reflection from the BUILD process and recommendation for future work is to design an equity-specific Community of Practice (CoP). In all instances, BUILD communities offered feedback that remote technical assistance presented barriers to authentic engagement. Opportunities for in-person assistance were always met with zeal, were tailored to very specific needs, and produced more in-depth discussion that virtual discussions just could not facilitate. By incorporating the CoP model, the BUILD collaboratives create a network of like-minded partners who are actively involved in the equity space that can cross-share resources, best practices and lessons learned.

# CONCLUSION

Integrating and applying an equity lens is an essential bridge to systems change and BUILD's goals of sustainable improvements in community health. The equity framework assists collaborations in understanding the motivations of their partners and the assets of their communities. BUILD, and its stakeholders, awardees, and partners, have experienced their own learning journey specific to health equity. In the context of the BUILD initiative, it is clear that health equity efforts benefit from intentional and strategic implementation.

BUILD communities that truly embodied the BUILD principles and worked to create an environment ripe for systems change, more easily grasped equity lens integration points. The sites that saw the links between health, the root causes of systemic inequity, and the social determinants of health and were more successful at shifting their work to attend to these upstream factors. Yet, as we saw with the second cohort, application of that support must be fully integrated into all efforts—lest it be viewed as a separate entity or “other” area of focus. When health equity is viewed as disconnected from the rest of the effort, it can make the challenges faced by communities even more daunting and constrain progress.

Through examining systemic barriers, BUILD sites were intentional in designing interventions that were responsive to community needs and positioned to create the greatest change. Their commitment to equity not only increased capacity to bring together multiple stakeholders to craft solutions, it served as the necessary mechanism to facilitate and advance systems change. Engaging these critical elements of health equity as a fundamental through-line (i.e., interwoven in process) of the BUILD principles and Outcomes Framework, ultimately positioned sites to foster and advance Bold, Upstream, Integrated, Local, Data-Driven health outcomes.



*Equal Measure and Spark Policy Institute serve as the BUILD evaluation partners, and MPHI serves as the equity technical assistance provider for BUILD communities.*



## **ABOUT THE MICHIGAN PUBLIC HEALTH INSTITUTE**

The Michigan Public Health Institute (MPHI) is a Michigan-based and nationally engaged, non-profit public health institute. MPHI is a team of teams, process and content experts, dedicated to a vision of building a world where tomorrow is healthier than today. All projects are driven by MPHI's mission to promote health and advance well-being for all, carry the voice of communities to policy makers and researchers, increase community capacity to improve health and well-being, and reduce health disparities. MPHI's Center for Health Equity Practice (CHEP) – speaks directly to issues of poverty, inequality, and the social systems that contribute to them. The collaboration with BUILD was supported by partnering with CHEP for a range of technical assistance support, specifically focused on integrating a health equity framework into BUILD initiatives.



## **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.

# The **BUILD** **HEALTH** Challenge®

[buildhealthchallenge.org](http://buildhealthchallenge.org)

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