

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

November 2019

# COMMUNITY APPROACHES TO SYSTEMS CHANGE:

A Compendium of Practices,  
Reflections, and Findings

By:

**EQUAL**  
**MEASURE**

  
SPARK POLICY INSTITUTE  
Good in Theory, Better in Practice

 **MPHI**®

# COMMUNITY APPROACHES TO SYSTEMS CHANGE – IN BRIEF

## 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.

## WHAT IS THIS COMPENDIUM?

This Compendium shares with the field what we have learned about community-level progress from four years of implementing, testing, and observing the BUILD principles in action in communities across the US. It is critical reading for practitioners and leaders looking to move resources, attention, and action upstream—to make meaningful change in the complex systems that affect health in our communities. We continue to learn how BUILD is catalyzing change and plan to share more with the field as our evidence base grows for systems change using this framework.

This Compendium contains four sections:

- » **Systems Change Brief**—an overview of our findings on how implementation of the BUILD model leads to the precursors to systems change and sustainable, systems change outcomes.
- » **Spotlight on Health Equity**—a deeper dive into the common successes and challenges BUILD sites experienced in integrating a health equity framework into their BUILD initiatives.
- » **Spotlight on Partnership Health**— a deeper dive into the common successes and challenges BUILD sites experienced in building broad, multi-sector, nontraditional partnerships.
- » **Spotlight on Community Engagement**—a deeper dive into the common successes and challenges BUILD sites experienced in building authentic and sustainable community engagement and ownership.

## WHO IS THIS COMPENDIUM FOR?

**Partnerships** composed of community-based organizations, government entities, policy leaders, health and hospital systems, and other organizations.

**Community members** and leaders engaged in neighborhood and community work.

## HOW WAS THIS COMPENDIUM DEVELOPED?

The Compendium draws on the work of the evaluation team (Equal Measure and Spark Policy Institute), the health equity technical assistance providers (Michigan Public Health Institute's Center for Health Equity Practice), and many of BUILD's stakeholders who have documented and shared their experiences with the program.\*

During the first four months of 2019, the BUILD evaluation team conducted focus groups with BUILD awardees to better understand how implementation of the BUILD principles relates to outcomes, including systems change. Fifteen sites participated in the focus groups: seven sites participated in a systems change focus group, four sites participated in a community engagement focus group, and four sites participated in a partnership health focus group. Those interviewed represent sites and individuals making the most advanced progress from BUILD's second cohort in a given topic area in an effort to identify best practices, lessons learned, and promising steps toward systems change. Findings from the focus groups were understood in the context of earlier evaluation activities focused on implementation and outcomes.

The Health Equity Spotlight draws on the work of the technical assistance team, who in collaboration with BUILD sites and stakeholders, engaged in a multi-year process of collaborative technical assistance on integrating a health equity framework into BUILD initiatives. These facilitated sessions covered both core concepts and practical applications, while providing a space for critically reflecting on the group's assets, opportunities, and barriers to conducting this work. Ultimately, reflections on these experiences were collated with evaluation data, interviews with the TA team, and group discussions.

\* See additional resources, tools, and frameworks to help your community Get "BUILD Ready" at <https://buildhealthchallenge.org/resources/getting-build-ready/>

**Funders** engaged in upstream health and community work seeking models and support for their programs.

**Communities** participating in—or aspiring to use—the BUILD Health Challenge model.

# ACKNOWLEDGEMENTS

Equal Measure and Spark Policy Institute thank the many organizations and individuals who contributed to the development of these reports and the ability to share what we are learning with the field. First and foremost, we recognize Emily Yu, executive director at BUILD and members of BUILD's evaluation working group from the de Beaumont Foundation and the Robert Wood Johnson Foundation, for guiding and supporting our evaluation to understand and elevate the successes in BUILD communities.

We also gratefully acknowledge the individuals and organizations that forged partnerships in each of the BUILD communities and are singularly committed to focusing on improving community health and health equity. We celebrate them for their efforts and are grateful for their contributions as leaders and thought partners. The following communities were especially important in the development of ideas in this Systems Change Brief and the accompanying Health Equity, Partnership Health, and Community Engagement Spotlights:

- » 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

The team is also grateful to the 11 dynamic funders of BUILD's second cohort that have dedicated their resources, time, values, and experiences to this work. Their continued support of BUILD has made the exploration and documentation of learnings such as this possible. Many thanks to the Blue Cross and Blue Shield of North Carolina Foundation, the Colorado Health Foundation, the de Beaumont Foundation, Episcopal Health Foundation, Interact for Health, The Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, the Robert Wood Johnson Foundation, Telligen Community Initiative, and the W.K. Kellogg Foundation.

## 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.

## ABOUT THE BUILD EVALUATION

Equal Measure and Spark Policy Institute serve as the BUILD evaluation partners. The 30-month evaluation is examining implementation and impact of the BUILD principles at both the community and national levels and fostering actionable learning among stakeholders and BUILD communities. The evaluation also sets the stage for gathering evidence and further testing the BUILD model to inform future investments.

## 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.

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.

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.

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.

## WHAT HAVE WE LEARNED ABOUT SYSTEMS CHANGE IN BUILD COMMUNITIES?

Four mutually-reinforcing precursors to systems change indicate that communities are on the path to achieve long-term improvements in health. The precursors are not linear or sequential, they evolve together as the work progresses, and operate in concert to change systems. As sites **enhance their knowledge, expand their capacity, strengthen relationships, and deepen community ownership**, they create the necessary conditions to change entrenched local systems for the better.

Next, communities embed in their work **new norms and ways of working; regulations and policies change, organizational practices change, and resources are obtained and redirected to support health and equity**. As these systems-level changes emerge, we are developing the conditions to improve health and equity in our communities.

An important factor is **the mutually-reinforcing nature** of both the BUILD principles and the precursors. The communities who had embraced and put into action **all five of the BUILD principles**, even when implementation success was unevenly distributed across the principles, were more likely to manifest the precursors to systems change.

Our evaluation uncovered a similar pattern with the precursors to systems change. Progress in **all four** precursor areas create **a reinforcing cycle** that leads to systems change and is therefore emerging as a critical indicator of future sustainable improvements in community health.

Trends in the data indicate that **partnerships and initiatives thrive when stakeholders understand and position for community-driven, incremental, collaborative, long-term system transformation from the start**. When the connections between the implementation of the BUILD principles and early signs of change (the precursors) are understood, communities recognize that the potential for long-term impact is underway and have renewed momentum to sustain their efforts.

### DEFINITIONS

#### System:

A system is a set of interacting components or parts forming a complex whole. Small changes can reverberate through the system and require the components to adapt or change.

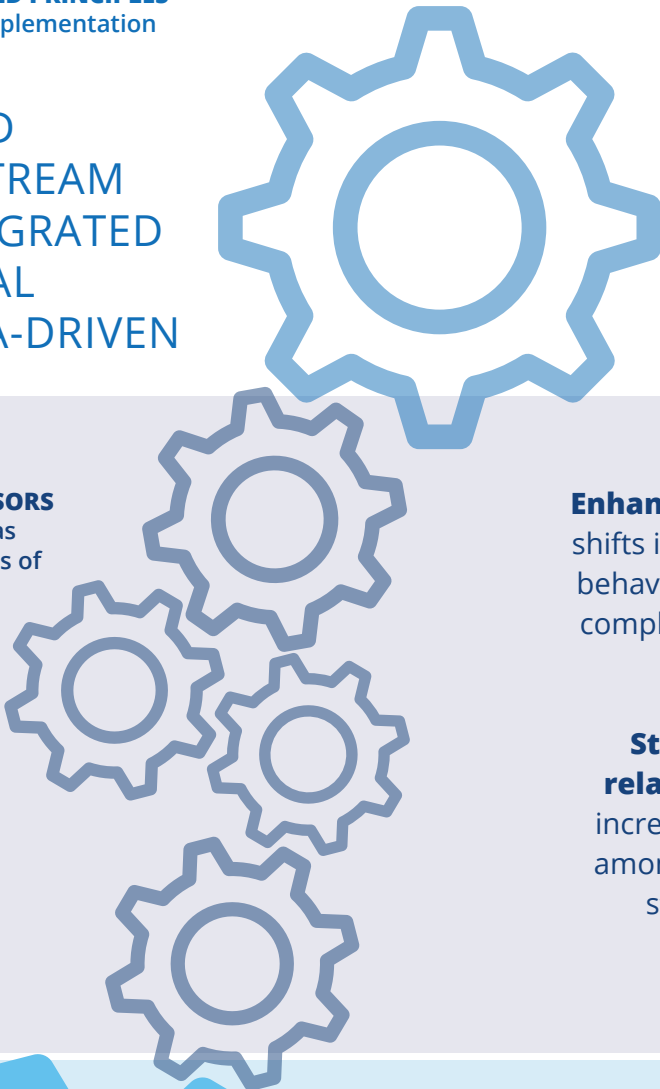
#### Systems change:

A change in the policies, processes, relationships, knowledge, power structures, values, or norms that guide how organizations function internally and in relationship to other organizations. According to Social Innovation Generation, “systems change is shifting the conditions that are holding a problem in place.”

The **BUILD PRINCIPLES**  
guide implementation

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

**PRECURSORS**  
emerge as  
indicators of  
progress



**SYSTEMS  
CHANGES**  
begin and  
reinforce the  
precursors

Systems  
changes bring  
communities  
closer to  
BUILD's  
**END GOALS**

## THE OUTCOMES FRAMEWORK

**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**

**Transformed norms**  
and ways of working

Re-allocated and new  
**funding streams**

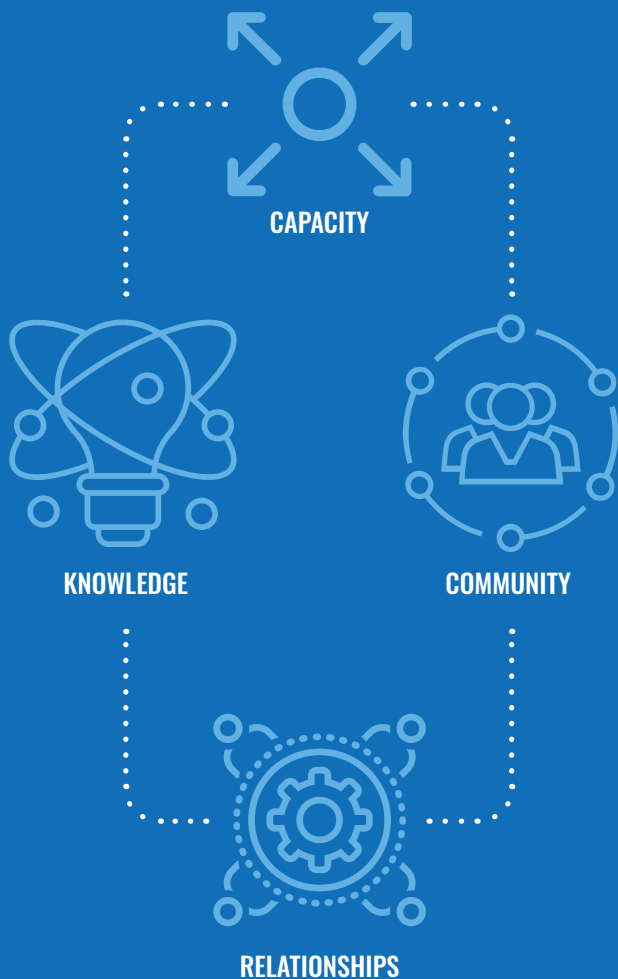
**Organizational shifts**  
and scaling that sustain  
practice and policy

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

### LONG-TERM ASPIRATION

Improvements in health  
and health equity.





## ABOUT THE FOUR PRECURSORS OF SYSTEMS CHANGE

Four mutually-reinforcing precursors to systems change indicate that communities are on the path to achieve long-term improvements in health. The precursors are not linear or sequential, they evolve together as the work progresses, and operate in concert to change systems. As sites **enhance their knowledge, expand their capacity, strengthen relationships, and deepen community ownership**, they create the necessary conditions to change entrenched local systems for the better.

For communities beginning this work, reaching population-level health outcomes can feel aspirational and out of reach.

The precursors:

- » Act as intermediate indicators to track progress along the way;
- » Are mutually reinforcing, encouraging partners to attend to all four areas of change;
- » Give partners confidence that their efforts are building a road toward systems change.

In the following sections, the progress in these precursor areas is described in more detail, along with examples from BUILD communities.

“As part of our BUILD project, we did a community survey ... we learned that people did have access to parks, but didn't feel safe walking to them; they didn't think it was a great place to grow old; they didn't think it was easy to find affordable housing. But they did feel they could count on their neighbors. It showed that there was a sense of community.”

— Trenton, NJ



# THE KNOWLEDGE PRECURSOR

Through participating in BUILD, partners learn more about the cross-section of complex systems that drive health outcomes in their community. Early on, these shifts manifest as changes in partners' mindsets, and expanded openness to engage partners outside of their organizations and consider new approaches to their work. A clearer understanding of the root causes of health conditions and health inequities is particularly important as partners design strategies to bring about more equitable outcomes. When BUILD communities frame and talk about community health issues and root causes in new ways, it is a critical sign that the knowledge precursor to systems change is emerging.

## THE KNOWLEDGE PRECURSOR

*BUILD partnerships successfully enhance knowledge and reframe issues in their communities by:*

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### Helping non-health professionals understand their role in community health

Traditionally, individuals and organizations outside of health focus solely on how they can meet the goals of their sector or organizational mission; they need support to see their broader role in community health efforts. BUILD partners engage a broad set of stakeholders to understand stakeholders' current priorities and introduce how BUILD's work affects community health.

In New Orleans, LA, partners found local decision makers had limited understanding of the connection between transportation and health outcomes. Building on a previous initiative to address infant mortality through community organizing, BUILD partners combined forces with a local university. Partners interviewed and collected stories of new families' experiences on medical transport; university faculty analyzed data on transit routes and usage. Together, the findings told a story about the importance of transportation to infant mortality outcomes, indicating where the transportation system did not work well for parents and children. Drawing from these data, transportation engineers are developing new policies to improve the system with the health of families and babies in mind.

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### Tracking new or different data to explore health connections

Data have enlightened partners about the health impacts of upstream issues such as safety, housing, the built environment, and education in their communities and among different local populations. Engaging with data also has illuminated gaps in the types of data currently available, encouraging partners to seek out and collect new data to better understand upstream health factors and local health outcomes—and formulate new solutions.

In one school district in Trenton, NJ, school nurses learned how students experienced the built environment along their routes to school. The nurses began recording safety issues along those student routes, then brought their findings to the district's wellness council and sought new funding to support student safety.

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### Understanding *how* community members and residents want to engage

Facilitating a variety of face-to-face meeting formats and one-on-one conversations is a vital part of developing strategies that suit local needs and cultures. Several BUILD communities realized early that they had limited knowledge of community priorities and shifted their resident and community engagement tactics to reshape their agendas accordingly.

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“The idea for us [is] that residents have a health champion; a community leader walking beside her during her pregnancy, or when her kids are young... as opposed to someone who doesn't have that support person in our neighborhood.”

— Cincinnati, OH



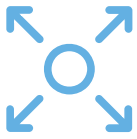
## THE CAPACITY PRECURSOR

When BUILD partners enhance capacity among local organizations, community leaders, and policymakers in their region, communities can better identify and take advantage of opportunities as they surface—sustaining their upstream health efforts. Growth in capacity comes in many forms as detailed below; in particular, financial support for training and capacity building creates space and incentives for stakeholders to refine how they can work together over a long period of time.

## THE CAPACITY PRECURSOR

*BUILD partners have built capacity to affect systems change through:*

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### Piloting interventions while gathering data

Pilots are an important way BUILD partners grow their capacity; they have a chance to try out new ways of working and learning together to address the issue they have prioritized. Many sites bring together partners to develop pilots and then track their impact before scaling or moving to next steps.

In St. Louis, MO, partners worked with a statewide managed care organization to test a new assessment and control process for asthma cases triggered by housing conditions. They carefully tracked the results and developed a return on investment study to document how the pilot affected a payor system's bottom line and urge an expansion of the pilot.

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### Conducting leadership and advocacy training for residents and community leaders

As many BUILD partners increasingly share ownership of the work with local leaders, they also share capacity building resources and opportunities. Over the past two years, community leaders joined partners in training events, received professional development funds to advance their work, and visited communities further along in their BUILD projects—developing shared capacity to advance tactics that create better community health and equity.

Several sites have invested in the capacity of local leaders to become more skilled advocates, mobilize neighbors and residents, and form relationships with government officials and payer systems. In Washington, DC, residents used their new advocacy skills to join a resident advisory committee for a large hospital. When capacity is built beyond the core BUILD partners, communities create a larger network of leaders and voices advocating for change and remaining engaged for the long haul.

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### Leveraging policy movements

Some BUILD partners have developed skills to engage with systems in ways that change public policy or bring about new public policies. With technical assistance and partnerships with advocates, they are learning new ways to form relationships with policy makers, such as joining committees and boards in the early stages of new government administrations or as policy changes are debated, positioning themselves to contribute to improving state and local policies that affect health in their communities.

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“We took trips to conferences with this core group of leaders from the city...now the mayor is actually endorsing the coalition...we’re looking at systematic lead poisoning legislation, to enforce and introduce new policies (on) lead hazards in the home.”

— Cleveland, OH



# THE RELATIONSHIP PRECURSOR

While core partners forged their relationships well before their BUILD awards began, ongoing and emerging relationships become increasingly valuable as the efforts toward systems change intensify. Relationships are central to navigating and influencing the policies and systems that matter to multifaceted work related to upstream health. For example, as partners implement the BUILD principles, they encounter increased complexity in the origins and impact of their issue area. For example, they may learn how the issue affects population groups differently in a single neighborhood, the complications of privacy in hospital and health system data, or encounter how government bureaucracy creates barriers to beginning to resolve their issue area.

## THE RELATIONSHIP PRECURSOR

*Strengthening and creating new relationships in a community is critical to create the will to change big systems, and BUILD partners accomplish this by:*



### Engaging well-networked partners

Core partners who lead or coordinate other citywide or regional networks have ready-made avenues for spreading the BUILD model and navigating barriers—bringing on new partners to advance the work and translating how upstream health matters to a range of sectors.

Growing relationships through existing networks has presented some partnerships with opportunities to apply for joint funding with new organizations in order to sustain their work. For example, Forward, Franklin in Franklin, NJ formed a new relationship with its nearby YMCA. With the support of many organizations coming together to focus resources within Franklin, the YMCA applied for and was awarded a grant to set up outdoor fitness equipment for residents, a keystone effort in Forward, Franklin's goal to revitalize public spaces.

### Bridging capacity and skill needs

As the BUILD work unfolds, partners uncover additional entities whose help is essential to achieving their systems change goals. Partners seek out new relationships and build existing relationships in ways that help them tackle barriers strategically.

In New Orleans, LA, partners collaborated with university researchers to study transportation patterns, in order to make a data-based case for system-level enhancements. In Washington, DC, BUILD partners solidified relationships with city government. With an enhanced understanding of the government agency's "pain points," they are advocating for and shaping a future health director position for the housing department.

### Cultivating new and non-traditional relationships

BUILD's core partners regularly engage with organizations, entities, and companies outside "the usual suspects" in the traditional health care universe. Those new entities in turn bring information, momentum, and resources that contribute to out-of-the-box thinking—all of which can lead to innovative solutions to entrenched problems. These new relationships recognize and connect the multitude of partners who have influence over the issue at hand.

In Covington, KY, a collaborative of local entities including the Northern Kentucky Regional Alliance, St. Elizabeth Healthcare, Interact for Health, the Northern Kentucky Health Department, Three Rivers District Health Department, and The Center for Great Neighborhoods focused on curbing the high rates of tobacco use in the city of Covington and in Gallatin County. In 2018, they launched a successful program that resulted in more than 1,200 Covington and Gallatin County residents visiting local pharmacies to take advantage of free nicotine replacement therapy kits (patches). Through an innovative data sharing agreement, they targeted residents most at risk for tobacco use.

“When we first got into [the community], the narrative was that our residents didn’t want to be engaged. They didn’t want to come out of their house... and as soon as we tried to meet them where they are with someone who is a peer, one of their neighbors, they actually did want to be engaged.”

— Cincinnati, OH



# THE COMMUNITY PRECURSOR

The community precursor involves strengthening connections with community residents and leaders; consequently, local leadership becomes increasingly valued by partners and their work better aligns with community priorities. In addition, engaging with community leaders—such as building their leadership and advocacy capacity—helps sustain the work beyond the BUILD award.

See more about community leadership in the **Community Engagement Spotlight**.



## THE COMMUNITY PRECURSOR

*Community ownership of efforts has contributed to systems change in BUILD communities by:*

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### Prioritizing local voices

Partners who increasingly engage, meet with, and invite in community members are advancing more quickly in early and later stages of systems change.

In some cases, hospitals and large entities relocated their offices, events, and services to trusted, small community-based locations; and some created ongoing opportunities for community leaders to join or lead work groups, advisory boards, or initiatives. These efforts have changed norms and practices, created a better understanding of health inequities, and enhanced strategies intended to improve upstream health.

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### Balancing power dynamics across leaders

In many communities, large institutional partners are accustomed to engaging communities in order to market their programs or to collect feedback for community surveys and similar data-gathering initiatives. With the BUILD model, community leaders and residents are more deeply engaged—in ongoing dialogue, decision making, and collaboration. This shift in how engagement is defined permits partners from the city government, hospitals, and managed care systems to better understand health in their communities and envision roles for community members that go beyond simply extracting data and opinions. In a handful of communities, organizations now regularly engage the community in new ways that acknowledge and share power. Building the trust and capacity for balancing power with local communities takes time; the process for BUILD sites has illuminated what can and cannot be accomplished in two years of sustained engagement efforts.

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In Cincinnati, OH, significant resources are dedicated to the needs of the project's community health workers (CHWs). CHWs are a critical conduit to building trust and accurately understanding residents' needs and assets. Cincinnati partners provide access to childcare, meals, staffing, and transportation to CHWs. The additional resources communicated that CHWs are valued, acknowledge the emotional intensity of their work, support the unusual working hours required, and highlight the value of their "embeddedness" in a community to achieving partnership goals.

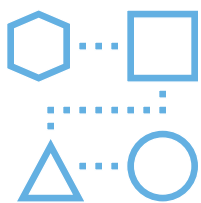
# EXAMINING SYSTEMS CHANGE IN BUILD

As sites **enhance their knowledge, expand their capacity, strengthen relationships, and deepen community ownership**, they are creating the necessary conditions to change entrenched local systems for the better. The BUILD evaluation is incrementally growing the evidence base for systems changes that results from the BUILD model. The four areas of systems change we present here represent our best understanding at the time of this writing.

Their progress leads to more sustainable changes—including **new norms and ways of working, regulations and policy changes, shifts in organizational practices, and resources obtained or redirected to support health and equity**.

Where we have seen **systems change** occur, there is growing confidence that communities will experience sustained improvements in health and equity.

In the context of BUILD, systems change is an approach to solving problems that change individual behavior and how individuals and organizations work together. Change occurs when parts of the system and their relationships within a system are altered; for example, when municipal health and housing departments jointly tackle the conditions in public housing that contribute to residents' health issues. For BUILD sites, systems change manifests in four ways:



## TRANSFORMED NORMS AND WAYS OF WORKING

As BUILD sites progress on the precursors to systems change, they establish new ways of working and new default behaviors that catalyze continued success, enabling the partners to:

- » Strengthen the effectiveness and relevance of their systems change efforts;
- » Boost the case to key decision makers through improved use of data and communications;
- » Address the complexity of upstream issues in ways that were not possible when partners were initially learning about and devising solutions; and
- » Activate the community and its resources to lead and own the work.

### SYSTEMS CHANGE IN ACTION

#### Transformed Norms and Ways of Working: Relocating Services to Increase Engagement

In **Aurora, CO**, a hospital partner had struggled for many years to entice families to use its services. They assumed families were not interested in or motivated to take part in health programs. When the hospital moved its services to a trusted community agency, they saw increases in office visits, phone call responses, and in-home visit rates; families began accessing a broader range of wraparound services beyond what the community agency originally provided. As a result of increased engagement and understanding of family assets and needs, the hospital partners' narrative about engaging families changed significantly, with future implications for how they approach community health services.



## ORGANIZATIONAL SHIFTS AND SCALING OF PRACTICE AND POLICY

Once partnerships experience the precursors, there is motivation to implement new organizational policies, shed policies that hamper progress, and scale successful programs and practices.

### SYSTEMS CHANGE IN ACTION

#### Organizational Shifts and Scaling of Practice and Policy: Introducing Medication-Assisted Treatment

In **Colorado Springs, CO**, a single program serving women with addiction, housing, and other needs developed practices to offer medication-assisted treatment to its clients. Other addiction and recovery programs in the region were adamantly opposed to this treatment option at the start of BUILD. As relationships, knowledge, and capacity grew, a program serving males in recovery instituted the same practice, expanding access to treatment to a broader segment of the community.



## IMPLEMENTATION OF SUPPORTIVE REGULATORY, LEGISLATIVE, AND PUBLIC POLICIES

Changing and creating public policies that align with upstream health are important outcomes to sustain the work of BUILD. Regulatory, legislative, and public policies are challenging outcomes to achieve in a short time frame. The evaluation is still gathering data on how BUILD communities are achieving these outcomes and has been highlighting the importance of relationships, advocacy, and other precursors to reach shifts at the policy level.

### SYSTEMS CHANGE IN ACTION

#### Implementation of Supportive Regulatory, Legislative, and Public Policies: Making the City Lead Safe

In **Cleveland, OH**, Ordinance 747-2019 and Resolution 748-2019 were introduced to help make the city lead safe. The legislation creates new requirements that landlords and property owners pay for private inspections, secure lead-safe certificates for rental units, pay if housing codes are violated, and provide additional disclosures on lead hazards.



## RE-ALLOCATED AND NEW RESOURCES AND FUNDING

Communities engaged in upstream health initiatives face an ongoing challenge to establish and maintain adequate financial support for their work, as funding is often built around the existing systems they seek to change. BUILD funding is a critical catalyst for partners and communities. With early support and sustained effort, the complexity of the issue area comes into focus. As partners become more adept at “unraveling” the policies and norms that challenge and complicate their issue area, they require additional or different resources. The capacity to continually draw in new funding and the strategies to braid and allocate resources in novel ways become increasingly critical with time. Some funding solutions, such as re-allocated tax streams, reimbursements from medical payers, and grants provide the sustained resources necessary to address upstream health concerns in the long term.

### SYSTEMS CHANGE IN ACTION

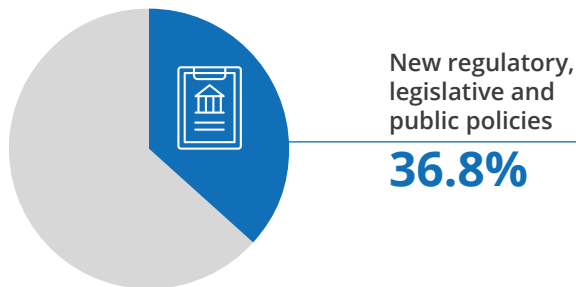
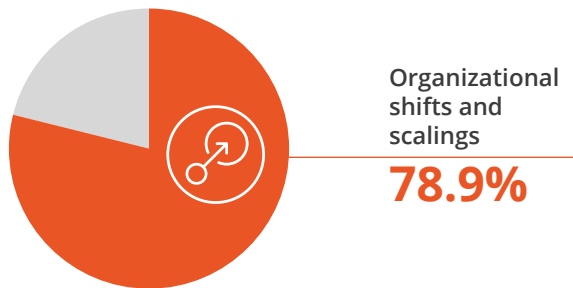
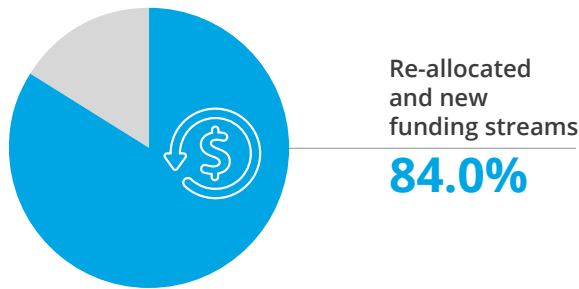
#### **Re-allocated and New Resources and Funding: Weaving Together City and Neighborhood Funding**

New grants and low-interest loans were awarded to **Trenton, NJ**, to sustain its work beyond the BUILD award and as part of a longer-term citywide initiative. Partners crafted funding strategies and projects that not only inform each other, but also braid resources earmarked for the city with those in the North Ward along the “Safe & Healthy” Corridor pursued by BUILD’s core partners.

# SYSTEMS CHANGE OUTCOMES

Across all nineteen BUILD sites, 58 new systems-level changes were achieved in their communities or cities between 2017 and 2019. By examining issues through a systems lens and developing solutions accordingly, BUILD partners contribute to these important shifts meant to benefit residents at a population level.

## Percentage of BUILD communities Reporting Three Types of Systems Changes, 2017-2019.



The most progress was made in **re-allocating or finding new sources of support** for the BUILD work. Nearly all BUILD sites have resources to continue some aspects of their work. These vary in form:

- » Grants for capacity building, staffing, partnering, and projects or services that address social determinants of health;
- » In-kind resources from partner organizations to maintain or multiply efforts;
- » Expanded use of public or health payor dollars that recognize upstream conditions that affect health.

BUILD sites also achieved **shifts and scaling** of organizational practices and policies. These include designing new protocols and processes to improve enforcement of existing policies important to health; designating spaces with supportive signage and structures to promote healthy behaviors such as breastfeeding; making records more open and accessible to the public (for example, rental homes with health-harming maintenance violations); and integrating the goals and practices of BUILD into daily operations, including how residents are engaged.

Several BUILD partnerships have helped pass **regulatory and legislative policies**, primarily at a municipal or city level that have the potential to positively affect health and equity at a population level. Some of the big “wins” seen in BUILD communities include raising the legal age of tobacco sales, creating stricter regulations for landlords to address lead and other health-harming risks in rentals, and creating more community-responsive policies related to transportation.

# REINFORCING SYSTEMS CHANGE IN COMMUNITY IMPLEMENTATION

Over the past four years, the BUILD Health Challenge articulated the importance of BUILD systems change in community health, defined the building blocks of systems change, and set expectations for community and national change, complemented by technical assistance to reinforce a systems change approach in BUILD communities. As the BUILD Health Challenge became clearer about the framework of its systems change proposition for community health work, BUILD sites have begun to incorporate a systems lens into implementation and goal setting.

There are challenges to systems work in multi-sector partnerships, which are frequently documented in the field literature. For BUILD communities, the challenge is particularly pronounced as partners transition from the health sector's heavy emphasis on individuals, service delivery, and programming toward a focus on systems and upstream factors affecting health.

Emerging from the BUILD evaluation, we are learning about integrating a systems and systems change focus into community-level work.

## FIVE WAYS TO REINFORCE SYSTEMS CHANGE

- » **Start early.** Find opportunities to equip partners early with knowledge about systems—and what their goals, tactics, and solutions will look like in systems change approaches.
- » **Continue support.** Request funding for training, technical assistance, and continued learning opportunities to ground and keep partnerships focused on systems change, giving partners space from their daily focus on operations or programs. Trainings that offer frameworks, tools, and self-assessments are particularly helpful to create a baseline and track progress and alignment with a systems lens.
- » **Don't ignore programs.** While programs and services alone will not move communities toward systems change, they can be important drivers in the work for examining issues, piloting new approaches, and engaging the community in ways that build trust and ownership.
- » **Prepare for incremental progress.** Systems change work has a distinct pace and collaborative orientation; progress in the precursors may feel too “process-y” for some but are critical for transforming systems.
- » **Honor all four.** When partners document changes in knowledge, relationships, capacity, and community ownership (the four precursors), they build confidence that their work is heading toward systems change.

# CHARTING THE PATH FROM PRECURSORS TO SYSTEMS CHANGE

From the outset, funders envisioned their support would enable communities to implement all five BUILD principles together. The combination of all five principles is critical to changing community health conditions in communities. In practice, partners advanced on some principles more quickly than others in their implementation. For example, few BUILD sites used and publicly shared data early in their partnership, yet after two years of support, they improved on the data-driven principle more than any other.

Our evaluation uncovered a similar pattern with the precursors to systems change. Progress in all four precursor areas creates a reinforcing cycle that leads to systems change. When communities achieve just one or two precursors—even with clear systems changes as their goal—they are less likely to reach systems change.

In this section, we present two examples of communities where precursors worked together to manifest system-level changes. In the future, with a longer-engaged network of BUILD sites, we expect to document additional insights into the four precursors, systems change outcomes, and their connection to long-term population health outcomes.

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## Healthy Together Medical-Legal Partnership:

### ADDRESSING ASTHMA IN SOUTHEAST WASHINGTON, DC

The Healthy Together partnership focuses on the intersection of pediatric health and housing conditions law with a nationally replicable model that leverages primary and emergency medical expertise, legal support, and funding from managed care organizations, to find real solutions to asthma prevalence and morbidity in low-income neighborhoods of Southeast Washington, DC. Participation in BUILD allows partners to target substandard housing conditions at the heart of asthma health disparities among children in Washington, DC's lowest-income neighborhoods.

As they implemented the five BUILD principles, BUILD partners—medical, legal, and community-based organizations—experienced strengthened connections with the local Housing Authority, developed a cadre of trained parent, resident, and professional advocates, and developed protocols to better track chronic reports of health-harming housing conditions.

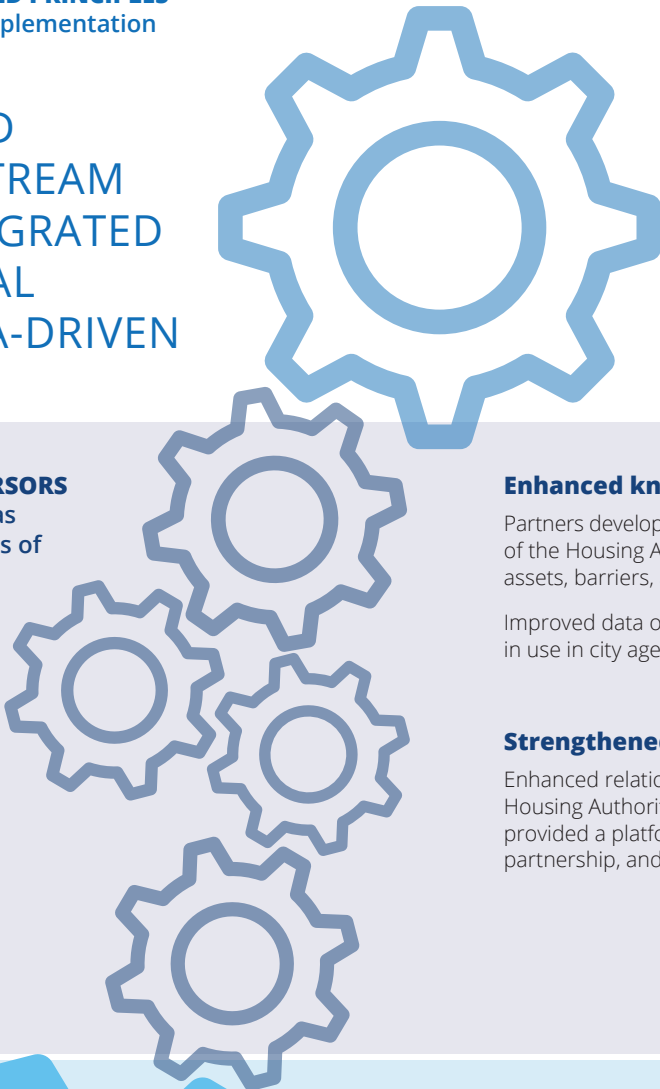
The early shifts led to new approaches to assessing and remediating housing conditions and providing legal support to an increasing number of families, laying the foundation for more sustained, long-term improvements.



The **BUILD PRINCIPLES**  
guide implementation

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

**PRECURSORS**  
emerge as  
indicators of  
progress



## ADDRESSING ASTHMA IN SOUTHEAST WASHINGTON, DC

### **Enhanced knowledge**

Partners developed a better understanding of the Housing Authority's structure, assets, barriers, and limitations.

Improved data on property conditions in use in city agencies.

### **Strengthened relationships**

Enhanced relationships with the Housing Authority representatives provided a platform for learning, partnership, and advocacy.

### **Community ownership**

Parents joined the Housing Authority advisory board to provide perspective of families in public housing decisions.

### **Increased capacity**

Policy and advocacy training for community members, parents, and professionals encourages and sustains their engagement and leadership.

**SYSTEMS  
CHANGES**  
begin and  
reinforce the  
precursors

### **New ways of working**

Public health priorities were integrated into the Housing Authority.

### **New or re-allocated funding**

New grants target key neighborhoods and support a clinic in an asthma-prone community.

### **Organizational shifts**

New health payor contract supported legal component of the medical-legal program intervention for children with asthma living in unhealthy housing.

Systems  
changes bring  
communities  
closer to  
BUILD's  
**END GOALS**

### **LONG-TERM ASPIRATION**

Public housing that ensures  
healthy families and equity.





FLOURISH St. Louis

## IMPROVING TRANSPORTATION ACCESS TO HELP FAMILIES AND BABIES THRIVE IN ST. LOUIS

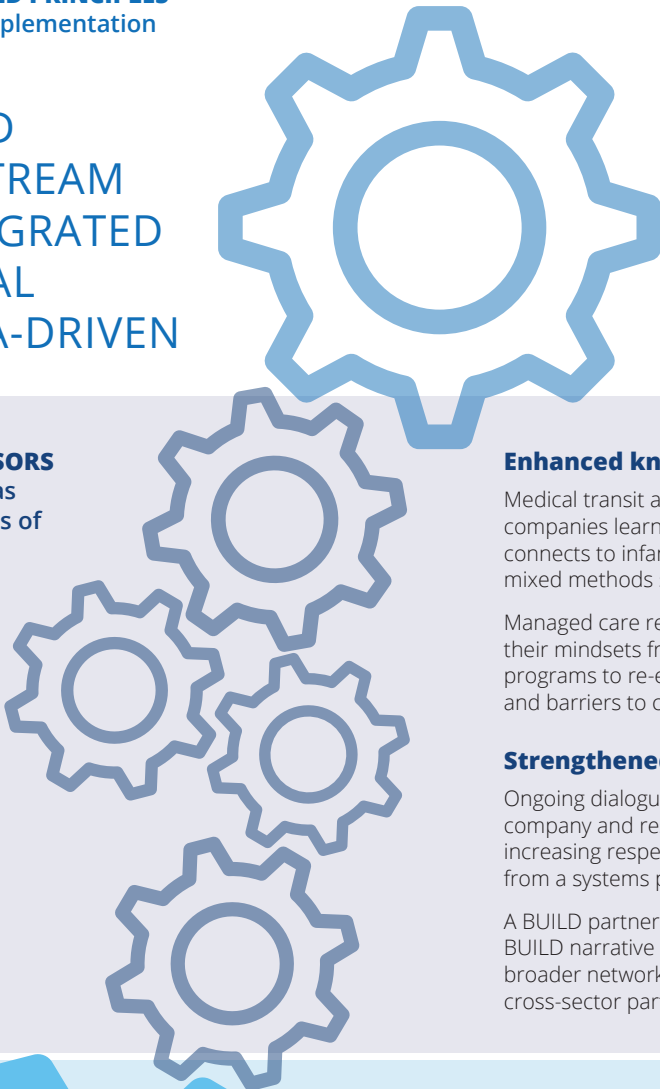
FLOURISH seeks to achieve large-scale, lasting improvements in the health and well-being of babies and families by affecting entrenched systems that may not be considered traditionally health-related but are critical to helping families and babies thrive. Transportation is a key focus of the organization in a city where some neighborhoods have infant mortality three times higher than the national average. Access to medical appointments and consistent medical care is essential to addressing racial disparities in infant mortality and improving maternal and infant health outcomes.

Partners implementing the BUILD principles include managed care companies, two health systems, parents, public transit, and a medical transportation agency. Using a mixed methods approach, they developed a case for the importance of transportation to infant and maternal health outcomes. Involving new parents and families enabled new considerations for community engagement, problem identification, and policy solutions. The work has attracted new resources, improved the capacity of partners to advance toward systems change, and achieved policy changes that move families closer to health and equity.

The **BUILD PRINCIPLES**  
guide implementation

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

**PRECURSORS**  
emerge as  
indicators of  
progress



## IMPROVING TRANSPORTATION ACCESS IN ST. LOUIS

### Enhanced knowledge

Medical transit and managed care companies learned how transportation connects to infant mortality through mixed methods storytelling.

Managed care representatives refocused their mindsets from marketing patient programs to re-examining approaches and barriers to care.

### Strengthened relationships

Ongoing dialogue between managed care company and residents emerged with increasing respect, trust, and understanding from a systems perspective.

A BUILD partner championed the BUILD narrative to partners in a broader network to develop stronger cross-sector partnerships.

### Community ownership

New parents and community members conducted ongoing conversations with the managed care company, holding company representatives accountable for the policy solutions they developed together.

### Increased capacity

Working closely with a university partner, medical transit suppliers and other partners accessed new data on bus stops, route frequencies, and stories from new parents reliant on transit to examine patterns and consider different solutions.

**SYSTEMS  
CHANGES**  
begin and  
reinforce the  
precursors

### Policy change

Managed care company revised its policies to make same-day appointments easier.

BUILD partners' advocacy efforts delayed a change in Medicaid policies that would compromise non-emergency medical transportation.

### New or re-allocated funding

Three local health systems committed monetary and in-kind resources to continue transportation actions.

### Organizational shifts

Managed care company adopted relationship-based engagement strategies to supplement traditional marketing outreach for Medicaid-covered transportation options.

Three new staff positions added to the project for partnerships, planning, advocacy, and evaluation.

Project revised its vision with an explicit racial equity goal.

Systems  
changes bring  
communities  
closer to  
BUILD's  
**END GOALS**

### LONG-TERM ASPIRATION

Eliminate racial disparities  
in infant mortality by 2033.

# CONCLUSION

The early work of BUILD partners is to create a shared “North Star” and vision with their communities and demonstrate their successes—identifying what works and what does not. We’ve seen the work ignite a sense of urgency that inspires innovative frameworks for change—ultimately shifting resources, focus, and action to move towards healthier communities.

As BUILD communities focus on complex change efforts over time, it is necessary for stakeholders to define and articulate what they mean by systems change and how it looks in the context of their individual communities. Chronic disease is fundamentally intertwined with system-level inequities where people live, work, and play, and those factors will not shift overnight. It is challenging to document and demonstrate how efforts are leading toward this change over time.

BUILD places multi-sector, community-driven partnerships at the center of reducing health disparities caused by inequitable systems. To achieve long-term, sustainable, systems change, communities must first create the conditions that allow for new ways of working, implement and scale policy changes, and allocate necessary resources. The BUILD model offers a customizable and scalable approach to creating these conditions. The evaluation has helped document the many strategies pursued by BUILD’s growing cohort of communities, highlight common challenges, and measure the pace and arc of change. With a growing number of BUILD communities and a continuous focus on learning and evaluation, the field is better positioned to understand the barriers and innovative solutions to changing systems in the context of the BUILD model.

## CONSIDERATIONS FOR ADVANCING SYSTEMS CHANGE WORK

BUILD communities offer useful knowledge for other communities and funders beginning journeys to improve the underlying systems affecting health and health equity in their localities. We offer several considerations for communities at the start of this work, and for funders grappling with the best ways to provide support for these communities.

### Considerations for Communities:

» **Start with community priorities.**

Partners need a deep-rooted understanding of residents' needs, priorities, desires, and solutions. Bringing a predetermined vision to the residents will hinder efforts. Partners need time and skill to build trust, co-create priorities, and build community ownership.

» **Frame systems and systems change.**

Devote time early in the process to develop a shared understanding of existing systems and desired systems change. Shared knowledge will sharpen the group's vision, goals, indicators of change, community engagement, and partnership structure—and set them up for changing systems with more intention and rapidity.

» **Examine through a systems lens.**

Ensure programs, tactics, and activities are designed with systems change in mind. Programs alone are insufficient for achieving systems change, but if designed with a long-term systems change perspective, programming can provide a vehicle and foundation for future sustainable change.

### Considerations for Funders:

» **Model for others.**

Just as awardees are expected to identify root causes and community-driven solutions, and collaborate, funders must position to work in similar ways. This can push funders to examine and undo the operations, grantmaking practices, processes, and values that may hinder progress.

» **Articulate a definition of systems change.**

Take time to define what systems change means in the context of a specific program investment. The definition used has implications for a range of partners (awardees, communities, technical assistance providers, and evaluators) who collectively bring their resources to help realize the shared vision for systems change.

» **Recognize the value of programming in systems change.**

While tactical efforts and programs alone are *not* enough to achieve systems change, they serve as important drivers for building community trust and engagement. It is critical that partners and funders work together to articulate and measure how tactical efforts are intended to lead to systems change.

# 2

## SPOTLIGHT ON HEALTH EQUITY:

### A Driver of Systems Change in BUILD Communities

#### INTRODUCTION

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.

# 3

## SPOTLIGHT ON PARTNERSHIP HEALTH:

### A Driver of Systems Change

## WHY SPOTLIGHT PARTNERSHIPS IN SYSTEMS CHANGE EFFORTS?

Partnerships are central to the BUILD Health Challenge® (BUILD) in two fundamental ways:

- » The **Integrated** principle in BUILD is predicated on the ability of individuals representing at least three sectors: public health, a healthcare system or hospital, and a community-based organization, to work together, along with residents, local champions, and other sectors to address complex community health needs.
- » Positioning the community-based organization as the lead BUILD agency is meant to ensure partners' work is **aligned with the community's needs and interests**, shifting power and resources toward community engagement and priorities.

Many groups are skilled at building relationships in a cross-sector and community-driven manner, yet for many communities, building strong, sustainable partnerships remains a challenge. Successful partnerships require time, resources, committed participants, and shared goals.

BUILD awardees have a framework of support in place—technical assistance, peer networks, and funding—opportunities that accelerate or amplify their partnerships. By understanding what fuels successful collaborations or prevents them from flourishing, we have a better understanding of **how partnerships are sustained and how these partnerships can support systems changes**.

This Spotlight describes successful partnership building strategies, presents remaining challenges, and links the development of BUILD partnerships to systems change outcomes. These findings draw from a focus group specifically engaged in understanding the role relationships play in advancing the work. Our hope is that this Spotlight helps partnerships (including community-based organizations, health departments, hospitals/health systems, and other cross-sector entities) not only articulate their relationship cultivation efforts, but effectively plan for, implement, and assess the extent to which they are moving the systems that contribute to important health outcomes and equity in their communities.

## SUCCESSFUL PARTNERSHIP STRATEGIES

Among BUILD sites demonstrating success in maintaining healthy partnerships, three key strategies emerge:

### Establish and Sustain Consistent Communication Processes

By structuring expectations for communication early on, partnerships establish patterns and explicit expectations that carry through the BUILD work. Partners agree upon the frequency and form of communications (e.g., regular meetings, weekly e-mails, or calls, etc.) and determine when and how information is shared, holding partners accountable. BUILD partnerships benefit from a lead partner acting as the facilitator, organizer, and “nudger,” keeping partner communication flowing. These processes, when successfully formed at the outset, serve as the foundation for relationship- and trust-building as the work evolves.

*“There are significant challenges in understanding where each of us came from and understanding the strengths that could be brought to the table...you might be working with pressures that you don’t understand.”*

— Houston, TX

### Help Partners Articulate Assumptions – and Overcome Them When Necessary

When partnerships begin among cross-sector entities, individuals hold assumptions about organizations, partners, the work, and other individuals at the table. By encouraging partners in the early stages to remain appreciative and respectful of the value each partner can bring, space opens for testing assumptions: for example, partners’ mindsets shift from seeing large institutions as resistant to upstream health—to recognizing the bureaucratic barriers hospitals and government navigate to address upstream issues. They move from believing partner organizations do not want to engage residents and communities—to developing tactics to shift from community engagement to addressing power dynamics. Partnerships find overcoming assumptions important in order to:

- » Effectively draw on the full diversity of available viewpoints, expertise, and agendas;
- » Establish norms within the partnership that leverage strengths and assets;
- » Extend those same norms to engage new partners, community leaders, and residents;
- » Mitigate and resolve conflict throughout their work together; and
- » Prioritize accountability among all partners.

Establishing and maintaining successful relationships requires holding all partners responsible for their commitments. Outlining the roles, responsibilities, and expectations for each organization early in the process creates an infrastructure for how partners will work together. Clear communication and decision-making expectations will allow organizations to leverage their expertise and establish effective processes that will continue to support the relationship. As partners track their progress on specific goals, they can use this infrastructure to manage expectations, prioritize activities, and ensure each partner is held accountable for their role.

## PARTNERSHIP HEALTH IN ACTION

In this section, we present two examples of communities where successful partnership strategies facilitate relationships to flourish and where challenges are surfacing as the BUILD investment comes to end. These examples illustrate the relationship between partnership health, the precursors, and systems change.

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New Brunswick, NJ:

# HEALTHY HOUSING COLLABORATIVE

## Strategies and Challenges

BUILD partners in New Brunswick, NJ, focused on mitigating housing issues facing residents within Esperanza and Unity Square—two neighborhoods with some of the greatest health and social disparities in the city.

The core partners of the collaborative had an existing relationship; however, this was the first time they partnered on housing related projects. Partners focused their efforts on building relationships between community members and organizations as trust was low.

**By establishing mutual respect**, partners aligned around the strength of community-based organizations and their connection to the community. Mutual respect became a guiding value in two ways. First, partners uncovered the respective priorities of partner organizations, **acknowledging each come with “their own set of priorities and their own set of requirements....to be respectful of that, of those differences.”** Second, mutual respect guided partners as they identified, engaged, and recruited community members to become leaders and take on what would ultimately become the defining work of the BUILD project.

While each organization understood the complexities of this partnership due to individual organizational requirements, **data sharing concerns** posed challenges to tracking and measuring health outcomes. The partners are continuing the conversation of how best to measure outcomes while balancing the data security and ownership.

In the earlier stages of this partnership, the collaborative had to overcome growing anxieties in their largely immigrant communities—the result of recent shifts in immigration policy and enforcement. The partners feared those changes would create barriers to their efforts, and subsequently reduced the number of households they aspired to impact. The partners, however, collaborated with a small cadre of community leaders (called health ambassadors) to move the work beyond the early stages of **community engagement** (inform and consult) to partnering with the community and eventually, transferring decision-making power. Community members led change efforts and identified strategies to advance their efforts of raising awareness and conducting home assessments. With the support of these community health ambassadors, community trust grew, and the BUILD partnership ultimately served more families than projected. BUILD partners attribute these successes largely to the **respectful relationships** they forged between the partners and community health ambassadors, and between the community health ambassadors and their neighbors.

## Emerging Systems Change

Through their collaborative efforts, the partners saw how their efforts were contributing to shifts in **ways of working**, including increased access to rent control records and stricter protocol enforcement. Increased community trust led to activated **community-driven advocacy** for better housing standards. The Esperanza Neighborhood Program created a housing workgroup led by several of the BUILD community health ambassadors. This group of residents directly communicated the value of making changes to the rental unit information available on the city's website at a Rent Control Board meeting—with the Mayor present. In the interim, the Rent Control office provided a list of rental unit information (e.g., rent limit per unit, last date of home inspection, and number of housing complaints) to the collaborative and instituted a protocol requiring landlords to show proof of home inspection in order to complete the mandatory rental unit registration within the city.

The collaborative also plans to continue its housing improvement efforts in the city; each partner is committed to **re-allocating organizational resources** and finding **new funding**. One partner secured funds from an annual grant to support community efforts and to conduct a local policy analysis aimed at generating recommendations. Hospital partners agreed to lead project coordination by absorbing the cost of staff support into their budgets. And as a group, the Core Partners have submitted applications for additional funding. If they are unable to obtain funding, the partners agreed to institutionalize the initiative activities within their existing organizations. These shifts in funding and resources highlight new organizational priorities and values based on the BUILD collaboration.

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## Cincinnati, OH:

# AVONDALE CHILDREN THRIVE

## Strategies and Challenges

In Avondale, a neighborhood in Cincinnati, OH, BUILD partners worked together to address the social determinants of children's health, specifically focused on preterm births, tobacco use, housing, breastfeeding, and food access.

Early on, partners recognized the need to **establish a consistent communication process and hold each partner accountable**. BUILD partners introduced a standing weekly call to strategize, troubleshoot, connect with one another and link resources when possible. They also created a coordinator role to lead the management of communication and partner relationships. This process allowed partners to **identify and address assumptions**, and share knowledge, including facilitating the coordination to hire a community team—Health Champions (HCs)—to engage the community differently than the past.

While these calls and infrastructure may sound purely tactical, partners are concerned about maintaining these relationships and the progress of the initiative after BUILD funding ends as consistent communication and coordination were key to advancing this work and the partnership.

In addition to the weekly calls, the BUILD partners acted as a mentorship network for the HC team—supporting participation in Community Health Worker trainings and other professional development. In one example, the partners helped connect a resident involved in the work to leadership training opportunities that **boosted the partnership's resident engagement capacity**. By recruiting and developing the HC team early on, the partnership leveraged this **collaboration to engage community ownership**. The HC team led intervention initiatives and created culturally responsive materials that reflected the perspectives and experiences of the residents. The initiative attributes the acceleration of the work to the successful relationship and engagement with the community.

## Emerging Systems Change

As the work evolved through the partnership efforts, the initiative started to see evidence of regional systems change:

- » The City of Cincinnati **passed Tobacco 21**, which raised the minimum age to purchase tobacco to 21, and **instituted breastfeeding-friendly policies** in 23 recreation centers.
- » The partnership obtained **three new grants** to support its current work and to create a foundation to sustain the partnership and HC community leaders moving forward.
- » The partners **shifted organizational priorities** and policies through a new robust referral process between the residents in one housing community and Cincinnati Children's Hospital Medical Center. This coordination will better support residents during and after pregnancy and birth.
- » Through **new norms and ways of working**, the partners are continuing to build capacity of the HC team. The HC team members participated in professional development trainings, including trauma-informed care and receiving doula certifications. The focus is for the community to lead the work into the subsequent phases.

As communities progress on precursors and build successful partnerships, they can highlight the upstream causes of health inequities— motivating individual organizations, community members, and city partners to shift priorities and implement sustainable change.

## COMMON CHALLENGES TO PARTNERSHIP HEALTH

BUILD partners, even those who have established strong and healthy collaborations, identified common challenges:

### Data access, sharing, and use

Effective data access, sharing, and use across partners takes serious investments of time, patience, and negotiation. Sites want to document the impact of improvements in housing conditions and other BUILD strategies on health outcomes, but face difficulties obtaining data, such as demographic data from health system partners. There are concerns around HIPAA, privacy, and data security. There are also challenges related to sharing and interpreting data drawn from multiple, often incompatible, systems. In addition to the technical and legal challenges to data sharing, partners often experience adaptive challenges, including how different partners view data—whether from a compliance or continuous improvement perspective, or how data “ownership” should be treated—as belonging to the individual partner organizations or to the community as “public” data.

### Partnership development and maintenance

Healthy partnerships require continued investments and “tending.” While many BUILD communities have successfully established mutual respect and value the contributions each partner makes to the success of the project, maintaining partnership health is challenging. “The work has been really tremendous. The partnership has been the harder part,” reports one community's partner. When BUILD funding ends, many partners are concerned about the loss of a lead agency to maintain the partnership, communication channels, and ways of working that have been established.

# CONCLUSION

Stakeholders working on complex community change efforts often express difficulty articulating what partnership building efforts mean in the context of their work and are challenged in presenting evidence that these efforts are leading toward systemic change. By describing successful strategies for partnerships such as consistent communication and accountability, partners can better identify how their relationships and collaborative efforts relate to and support other precursors—enhancing knowledge and community engagement—and begin to evidence emerging systems change. The Partnership Health Spotlight provides partnerships with the language, knowledge, and skills to describe how they are moving toward improving health outcomes and equity in communities.

# 4

## 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.

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## 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.

## SHARED HEALTH EQUITY GLOSSARY

<b>Class Oppression</b>	Prejudice and discrimination based on social class. Social class is an unspoken social ranking based on income, wealth, education, status, and power.
<b>Community</b>	The people with whom and places where individuals and/or groups share a common culture or social system, values, and affinities.
<b>Equality</b>	Treating everyone the same: All people have the same resources and those resources are distributed equally.
<b>Equity</b>	Everyone has what they need to be successful: A “level playing field” in which all people have the same opportunities to better themselves and no one is unfairly or unjustly advantaged.
<b>Gender Discrimination and Exploitation</b>	Inequitable treatment or perceptions of individuals wholly or partly due to their biological sex or gender expression.
<b>Health Disparities</b>	Differences in health outcomes that are closely linked with social, economic, and environmental disadvantage, often driven by social conditions in which individuals live, learn, work, and play.
<b>Health Equity</b>	Everyone has a fair and just opportunity to be healthier; it highlights both process and outcome.
<b>Health Inequity</b>	Differences in population health status and mortality rates that are systemic, patterned, unfair, unjust, and actionable, as opposed to random or caused by those who become ill.
<b>Historically Oppressed Groups</b>	The subjugation and marginalization of specific groups of people within a country or society over time, such as: Girls and women, people of color, religious minorities, citizens in poverty, Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) people, and many more.
<b>Institutional Racism</b>	A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing, ways to perpetuate racial group inequity.
<b>Leadership</b>	Those individuals responsible for establishing the values and guiding the achievement of the BUILD Health Collaborative vision, mission, and goals.
<b>Root Causes of Health Inequity</b>	Class oppression, gender discrimination and exploitation, institutional racism, and other similar systems for disadvantaging one group and advantaging another, which have direct and indirect impacts on population health.
<b>Social Determinants of Health</b>	Social conditions in which individuals live, learn, work, and play.
<b>Social Justice</b>	The absence of unfair, unjust advantage or privilege based on race, class, gender, or other forms of difference.
<b>Systems Change</b>	A change in the policies, processes, relationships, knowledge, power structures, values, or norms that guide how organizations function internally and in relationship to other organizations.
<b>Unconscious Bias</b>	The attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.
<b>Unearned Privilege</b>	An advantage conferred upon a person based solely on an aspect of one’s cultural identity.
<b>Workforce</b>	The people responsible for developing, implementing, and improving the programs, processes, and policies of a BUILD Health Collaborative.



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