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Jo Carcedo
Episcopal Health Foundation

Merry Davis
Blue Cross and Blue Shield of North Carolina Foundation

Megan Folkerth
Interact for Health

Lori Grubstein
Robert Wood Johnson Foundation

Chris Kabel
The Kresge Foundation

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Reflective Practice

Is More Always Better? A Reflection on the Dynamic Nature of Nationally and Regionally Focused Funder Collaboratives

Jo Carcedo, M.P.Aff., Episcopal Health Foundation; Merry Davis, B.A., Blue Cross and Blue Shield of North Carolina Foundation; Megan Folkerth, M.P.H., Interact for Health; Lori Grubstein, M.P.H., M.S.W., M.P.A., Robert Wood Johnson Foundation; and Chris Kabel, M.P.H., Kresge Foundation

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Working Together to Improve Community Health

Medical care accounts for only part of our nation's health and well-being. Other factors — sometimes estimated as contributing up to 80% of a community's health status — involve the interplay and influence of our social, physical, health care, and economic environments, and their effects on health behaviors (Magnan, 2017). These upstream factors, often referred to as the social determinants of health (SDOH), include influences as diverse as early childhood development, employment opportunities, air and water quality, and transportation access. No one organization or sector can successfully address these factors alone when it comes to improving community health.

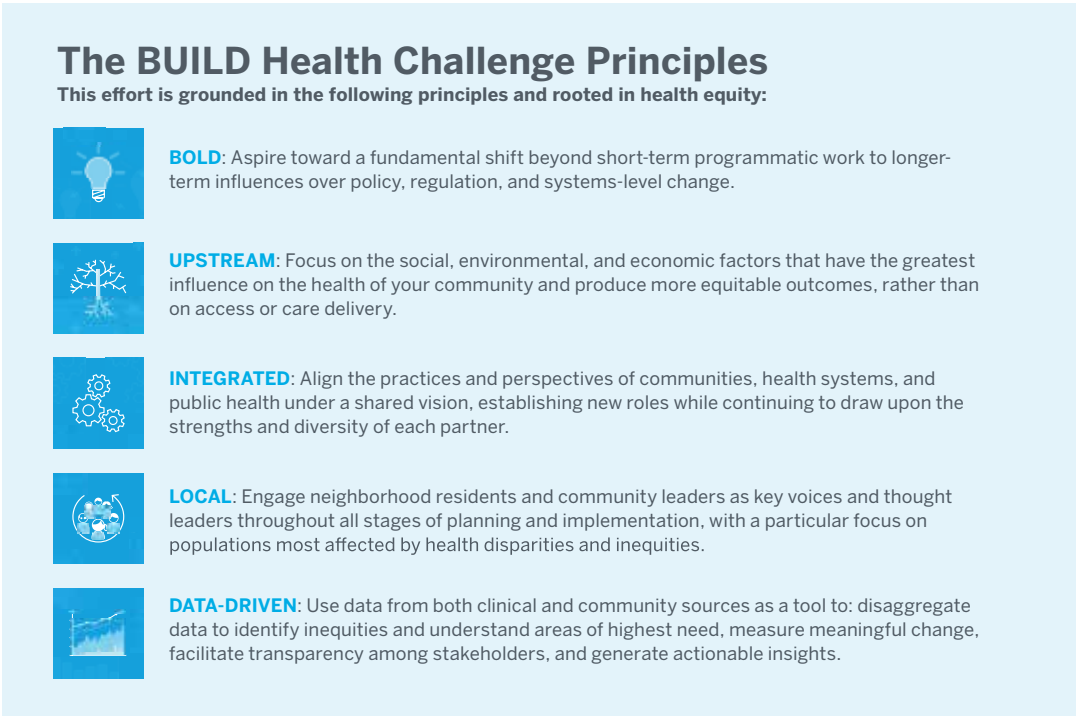
In response to this challenge, de Beaumont Foundation, The Kresge Foundation, the Robert Wood Johnson Foundation (RWJF), The Colorado Health Foundation (CHF), and the Advisory Board consulting firm came together in 2014 to create a dynamic funding collaborative to support multisector and community-driven collaboratives that aim to drive sustainable improvements in health, reduce downstream health care costs, and promote health equity.

Their collaboration resulted in The BUILD Health Challenge® (BUILD), a funding collaborative and national awards program designed to support partnerships between community-based organizations (CBOs), public health departments, and hospitals and health systems that are

Key Points

- Funding collaboratives allow foundations to align, increase effectiveness, and collectively address systemic issues. Such alliances are increasingly important in the quest for social change in the face of large-scale challenges like climate change, political polarization, and inequity, which require contributions from across sectors to create meaningful impact. An exploration of why such collaboratives form, how they evolve, and what impact they have offers insights for foundations interested in tackling such complex challenges.
- The BUILD Health Challenge® is a funding collaborative that includes national and regionally focused funders working together to drive sustainable improvements in health. Through a reflective survey and conversation with its funders, BUILD documented the evolving composition and outcomes related to the funding collaborative. This structure, rooted in speed, flexibility, and reach, creates a symbiotic relationship between the two groups of funders, and allows regional philanthropies the opportunity to inform the national agenda and contribute deep insights as to what works locally.
- This article discusses how The BUILD Health Challenge's funding collaborative was created; the challenges and opportunities created from its structure; and outcomes from the program. Emerging evidence on the benefits of such collaboratives are explored, including shifts in the confidence to take risks and new approaches to grantmaking.

FIGURE 1 The BUILD Health Challenge Principles



working to address important health issues in their communities. Each community collaborative participating in BUILD addresses SDOH in its local area by leveraging bold, upstream, integrated, local, and data-driven approaches. (See Figure 1.)

Collaboratives must have a strong track record of working together, have developed joint priorities and implementation plans with high levels of community engagement and leadership, and be primed to advance equitable, systems-level changes in their communities. Awardees may receive up to $250,000 over two years to implement their efforts. In addition, each community collaborative receives a robust array of support services provided by a team of technical assistance coaches, communications practitioners, and evaluation specialists.

Examples of efforts by BUILD awardees include:

- working to reduce chronic stress, social isolation, and sedentary lifestyles by increasing investments in public spaces and safety, stabilizing and enriching residential and business communities, and influencing key decision-makers around issues affecting the community's health;
- creating an interdisciplinary network of supports to address environmental and social asthma triggers among children, including changes to the built environment (e.g., home remediation), access to care, and social support; and
- changing organizational practices and policies to support breastfeeding in communities and among families.

Following the launch of the first cohort in 2015, the program added two cohorts and has grown to include additional funders and awardees. To date, 16 national and regionally focused funders have participated in one or more of the cohorts, and together invested more than $20 million to support 55 multisector, community-driven partnerships around the country addressing SDOH.

[O]ne of the early design decisions for BUILD was to require the participation of three core entities: a locally trusted CBO, a local health department, and a hospital system committed to addressing upstream health.

From Idea to Action

BUILD was created from a series of contextual events, converging interests, and serendipitous connections. Tracing its origins to 2014, many communities and health systems at the time were working to take advantage of the opportunities presented by the Affordable Care Act (ACA) —particularly the shift from volume to value — and the health care community began to more intentionally encourage and incentivize upstream interventions addressing SDOH to keep people healthy and out of the hospital (Anderson, Davis, & Guterman, 2015).

Chris Denby, then a senior vice president at Advisory Board, sought to create an awards program that would recognize and support innovative hospital-community partnerships addressing SDOH that could serve as useful case studies for health systems. At the time, Advisory Board was the nation's largest consulting firm specializing in health care[1] and was receiving an increasing number of inquiries from its member hospital systems about how they could change their business models to adjust to the coming value-based reimbursement systems incentivized by the ACA.

Denby recognized the value of engaging philanthropic partners that had more grantmaking experience and nuanced knowledge on addressing SDOH, rather than supporting direct medical care, and approached Kresge (first Kimberlee Cornett, managing director of Kresge's Social Investment Practice; then Chris Kabel, senior program officer with Kresge's Health program) about a potential partnership. The foundation had a track record in this space, and Kabel brought substantial experience designing and executing competitive grant programs for multisite initiatives. During these early conversations over the spring and summer of 2014, Advisory Board committed $500,000 to the effort and Kresge committed $1 million.

As the design phase became more intense and the group leaned toward creating a funding collaborative, new members joined the team. Graham McLaughlin, managing director of social impact at Advisory Board, had read a blog post by Brian C. Castrucci (2014), then chief program and strategy officer at de Beaumont and now its president and CEO, that discussed SDOH, and invited Castrucci to help design what would eventually become BUILD.

With Castrucci's endorsement and the support of de Beaumont's founding CEO and board chair, James B. Sprague, the foundation contributed $1 million in pledged grant support, bringing the total to $2.5 million. More importantly, the de Beaumont team emphasized the essential role of public health agencies in creating and implementing local solutions. Local health departments are the only entity with statutory authority for ensuring the health of all residents within their jurisdictions, and they bring substantial data, research, and program capacities to local efforts. Thus, one of the early design decisions for BUILD was to require the participation of three core entities: a locally trusted CBO, a local health department, and a hospital system committed to addressing upstream health.

Shortly after de Beaumont joined the collaborative, Kabel reached out to Abbey Cofsky, at the time a senior program officer and now managing director of the Healthy Communities program at

[1] Advisory Board was purchased by Optum, a division of UnitedHealth Group, in November 2017.

RWJF. Cofsky identified resonance between the proposed initiative and RWJF's strategies, and pledged to contribute $1 million, bringing the fund's total to $3.5 million.

A funding collaborative now existed. As in other cases, BUILD funders were motivated by access to greater resources and impact, leveraging each other's expertise, taking and sharing risk, shared knowledge and learning, growing relationships in the sector, greater resources to engage in systems change, and exposure to a wider range of emerging issues and pool of potential grantees (GrantCraft, 2016; Minyard, Phillips, & Baker, 2016; Powell, Ditkoff, & Twersky, 2019; Huang & Seldon, 2014). The funders also recognized the documented benefits for grantees of large initiatives, including a boost in reputation, access to nonfinancial support, and an increased ability to drive systems change in collaboration with others (Powell et al.).

BUILD funders endeavored to "create and co-invest in a[n] … initiative that gives grants or operates programs" (Huang & Seldon, 2014, p. 4), one of several designs articulated by the Bridgespan Group. Under this type of collaborative, BUILD funders hoped to share in these benefits and manage associated costs. Together, they aimed to foster sustainable improvements in community health through bold, upstream, integrated, local, and data-driven approaches. Here, "decision making starts to be shared, and the way funders define their governance structure is of critical importance" (Huang & Seldon, p. 4).

The funding collaborative members went on to design key program structures that distinguish BUILD from other programs and laid the groundwork for participation by both national and regionally focused funders. Several key elements explored and incorporated by the collaborative members included:

- Goals: The funders articulated three broad goals capturing their motivation for participating in BUILD:
  1. Use learnings from these efforts to inspire and inform others, ultimately helping to create a new norm for how to improve community health.
  2. Catalyze multisector collaborations among organizations at the local level to help develop and advance best practices for community health.
  3. Move resources, attention, and action upstream to drive sustainable improvements in community health in alignment with their respective organization's goals.
- Leadership structure: The founding members required that the participating CBO act as the lead applicant in any BUILD partnership to ensure that the proposed project reflected community priorities, was carried out by an organization with deep roots and established trust in the community, and disrupted the usual power dynamic between large institutions and smaller CBOs.
- Braided resources: The collaborative required the hospital system partner to match the BUILD award with "community benefit" dollars or a mix of in-kind and cash support. By law, every nonprofit hospital system in the United States must operate a community-benefit program (Kabel, 2013). By encouraging hospital systems to use these dollars in a more impactful way — moving beyond event-based programs such as health fairs and fun runs — the group aimed to help solidify hospital systems' commitment to investing their resources upstream.
- Community requirements: The funders set a population threshold of 150,000 for the types of cities eligible for the award. The rationale was that sizable cities were more likely to have a health system large enough to meet the match requirement, a health department large enough to partner on this award, and a sufficiently robust nonprofit infrastructure.

The original funding collaborative members took BUILD from an idea to a public-facing program in just seven months' time.

- Scale: The funder collaborative supported neighborhood-scale work (the "L" in BUILD stands for "local") rather than funding city-wide, countywide, or regional projects. Funders expected impact at the neighborhood/census tract scale would be an achievable goal for the size of the awards.

- Funder roles: de Beaumont served as fiscal sponsor and administrator of the pooled fund and did not charge an administrative fee, allowing more resources to be devoted to the program.

Next, the funders released an open call for applications in November 2014 — roughly seven months after the first meeting between Advisory Board and Kresge. Soon after, Suzanne White, a senior program officer with the CHF, approached Kabel with interest in joining the collaborative as a regional funder. White identified with the CHF's health care transformation strategies and was interested in supporting three BUILD awardees in Colorado. The CHF agreed to contribute $750,000 to fund three community collaboratives and $250,000 toward the costs of the initiative's infrastructure. A testament to the funding collaborative's design, its members were able to quickly incorporate the CHF by revising the call for applications and rereleasing it.

BUILD received 319 proposals, eventually funding 18 community collaboratives, including the three from Colorado. After the first cohort ended in 2017, BUILD created a second cohort featuring 19 awardees with support from 12 funders (including seven new foundations). In 2019, BUILD launched its third cohort, featuring 18 awardees and 11 funders (including four new foundations).

Dynamic By Design

Today, BUILD's strategy can be articulated as part of a five-year plan anchored by key strategies and tactics tied to measurable outcomes. However, its policies and practices were not always so established — by design. The funders look back and consider how three key operating structures — speed, flexibility, and reach — have been pivotal in the growth and evolution of the funding collaborative and BUILD overall.

Speed

Starting a program of BUILD's size, resources, and complexity was challenging. The original funding collaborative members took BUILD from an idea to a public-facing program in just seven months' time. While the funders were eager to develop and launch the program quickly, Advisory Board in particular encouraged the group to release the call for applications before the end of the year. To realize this, the funders had to attend to the mechanics of designing a large-scale, multisite initiative while simultaneously building trust and understanding each other's goals and perspectives. While the informal funding collaborative structure allowed funders to move quickly, it also required a great deal of attention and time on the part of the funders. Since BUILD had no dedicated staff to assist with its creation, each funder was contributing to the development of the initiative in addition to managing myriad other responsibilities distinct from BUILD.

Several of the participating funders characterized this period as "building the airplane while you fly it." In retrospect, the funders agreed that this approach, while rewarding, was also challenging for all involved. The partners reflected that more time and planning could have enhanced the experience by allowing for processes to be developed, which would thereby have required a less intensive level of involvement. For those working on creating new multisector collaboratives, BUILD partners strongly recommend a "go slow

to go fast" approach and dedicated staffing to help bring the idea to life.

As BUILD evolved, much of the focus shifted to investing in processes, such as developing a formal governance plan and strategic plan, and applying learnings from the first cohort. These processes help the funders continue to engage with a sense of urgency, and also provide a foundation from which to act with greater efficiency and effectiveness.

Flexibility

With no precedent for a national community health awards program supported by a funding collaborative with both national and regional funders, a high degree of flexibility in the development and execution of the program was necessary to bring the idea to life. An example of this can be demonstrated by the funding collaborative's decision to have de Beaumont serve as fiscal sponsor and administrator of the pooled fund. As a smaller organization relative to the other partners, in terms of staff and endowment size, de Beaumont was not an obvious choice for this role. However, its size and investment in BUILD ultimately allowed and incentivized its staff to act nimbly and change its own established practices to address the needs of the program. In taking on this role, de Beaumont changed its own grants system to not only accommodate the influx of applications and new awardees, but also become a grantee of the other funders in the collaborative in order to accept grants from them used to fund the program. This flexibility allowed BUILD to stay on its desired timeline and streamline efforts by other funding collaborative members.

While this decision created efficiencies, it also carried unintended challenges for the partners, requiring them to navigate new financial and legal requirements such as compliance with expenditure responsibility guidelines, adoption of a separate accounting mechanism, and creation of memoranda of understanding between partners. The prioritization of flexibility in this instance ultimately yielded significant benefits that funders believed outweighed the challenges:

With no precedent for a national community health awards program supported by a funding collaborative with both national and regional funders, a high degree of flexibility in the development and execution of the program was necessary to bring the idea to life.

Not only were grant administration costs eliminated, but the arrangement also helped to reduce grant management activities for the other funders. This set the precedent for one funder to administer the awards, with regular reporting and transparency for the members.

Reach

With the creation of a second cohort, funders realized there was an opportunity to further leverage the national and regional funder structure that BUILD had created to benefit more communities. To do so required changing several requirements for both funder and awardee participation.

One such example is BUILD's population requirement of 150,000 for community collaboratives in the first cohort. As new regional funders expressed interest in joining, it became clear that the population threshold could be a barrier to supporting regions and states comprised mainly of smaller towns and rural areas. The funders discussed the trade-off between maintaining the criteria so communities would be more likely to have the resources and organizational capacity needed to execute their proposals, versus expanding their reach by allowing communities from less densely populated areas to apply. The funding collaborative members ultimately retained the population criteria, but waived it for specific geographic areas (e.g.,

BUILD allowed national funders the opportunity to learn from regional funders about what works locally and how to enact that work in a local context.

a state or city) when a funder could invest only in that area, and that area did not meet the population criteria. Logistically, BUILD's national funders continued to absorb a large portion of the program's national and operational expenses, such as staff, evaluation, and convening costs. This allowed BUILD to allocate the majority of the regional funders' support toward specific community collaboratives and include smaller communities.

Around this same time, the funding collaborative members also discussed the possibility of formalizing BUILD's organizational structure — for example, applying for 501(c)(3) nonprofit status and establishing BUILD as an independent entity. Considerations in favor of such a move included the need for less direct oversight from participating funders, simplification of grant processes between funders, and possibly greater awareness of and stability for BUILD. Alternatively, such a change would fundamentally alter the funding collaborative structure. Formalizing the structure could potentially jeopardize the speed, flexibility, and reach the program, its awardees, and funders had come to value. The funders also had little appetite for undergoing the administrative process of establishing a new 501(c)(3), including the need to apply to state and federal governments for approval, create bylaws, establish employment policies, and adhere to financial and legal reporting requirements. Ultimately, the funding collaborative members decided to maintain BUILD's less formal structure so that the program can evolve as its stakeholders need it to.

Collaboration Leads to Unexpected, Regionally Focused Gains

With the deepening integration of both national and regional funders, there grew an opportunity to harness the insights that arose from working together. This led to the articulation of a fourth objective for the funding collaborative: Provide and receive valuable regional and issue-specific expertise to inform the BUILD initiative and BUILD communities.

This objective not only helped to explicitly reinforce the national and regional funder structure of BUILD, but also put a strategic focus on pursuing insights stemming from this funding collaborative structure and its regional funding partners. Working together toward more region-specific insights and applying them nationally yielded gains in three particular areas that funders did not originally anticipate: embracing local dynamics, expanding networks, and diffusing risk.

Embracing Local Dynamics

Upon reflection by funding collaborative members, BUILD allowed national funders the opportunity to learn from regional funders about what works locally and how to enact that work in a local context. Likewise, regional funders benefited from such ready-made program structures as strategy development, evaluation frameworks, and reporting and due diligence processes that buttress the collaborative and which are largely the result of investment by the national funders.

In an effort to elevate regional learnings within BUILD, the regional funders have helped their national counterparts understand regional alliances, local politics, nonprofit capacity, the stories behind local data, and other nuances of conducting business in local regions that are paramount to the shared goal of advancing SDOH. For example, in states with high uninsured rates, hospitals typically use their community-benefit dollars to defray the cost of serving that population. Additionally, fierce competition among urban hospitals and the closures of rural hospitals potentially compromise the opportunity to meaningfully collaborate with these entities on

bold, upstream solutions — much less provide a cash award to do so. Regional funders have helped to navigate these issues by working with the national funders to deepen understanding of the challenge, while also building the capacity of CBOs to negotiate with hospitals.

Collaboration in this case presents an opportunity for national funders to rely upon regional funders as legitimate experts and thought partners — to learn from each other in ways that can inform strategy and enhance the collective impact.

Expanding Networks

Working together has also taken the form of more tactical support among the funders and is made possible with their growing familiarity and trust. For example, when there is interest in supporting a new organization, community, or issue area within a funder's portfolio of grants, BUILD funders have been able to turn to one another to secure key contacts, hear firsthand experiences, and gather different perspectives. BUILD funders have leveraged not only the financial, but also the social capital that is possible in a formalized network, bringing together funders that otherwise might not cross paths and providing a platform from which to engage, learn, and co-create.

Beyond learning and networking among funders, participation in BUILD also advanced discussions and fostered working relationships between institutional providers and communities in new strategic ways. For example, the local BUILD project supported by one regional funder helped a community development corporation (CDC) reach out to the local hospital in its neighborhood to leverage the hospital's existing healthy eating and physical activity programs. It created a symbiotic relationship that helped the hospital reach participants it had previously been unable to attract, while supporting the health objectives of the CDC. Importantly, the BUILD requirement that hospitals contribute a match to the program opened a new source of revenue for the CDC and provided the hospital with an opportunity to support community preventive health care efforts.

[R]isk can be mitigated, in part, by structuring the collaborative based on the tenets of transparency, formalized funding agreements, and routine reporting and communication procedures that build trust[.]

Diffusing Risk

It is by working together that risk is distributed among BUILD's funding partners so that no one funder is disproportionately affected by any adversity. This is of particular relevance to regionally focused funders that want to participate in and support a program such as BUILD in their local area, but are concerned with cost, bandwidth, or, in some cases, the risk of failure associated with executing such a program.

A key learning is that risk can be mitigated, in part, by structuring the collaborative based on the tenets of transparency, formalized funding agreements, and routine reporting and communication procedures that build trust — all of which are aspects of the internal BUILD infrastructure now. The funders themselves, with their experiences as national and regional funders, also play an important role in mitigating the risks associated with programs such as this one. Regional funders, for example, often share their knowledge of a local community to inform decisions related to awardee selection, grant management, and program design. Similarly, national funders bring with them large and diverse portfolios of programs that can help put proposals into context or allow for connections to be made in support of the awardee that might not otherwise be possible. In both instances, risk is mitigated as a result of the insight and experiences available to inform the final decision of the funders.

Given that one of the pillars of BUILD is "bold," the collaborative must also be prepared to accept that such action, even with the diffusion of risk, might not yield the intended results. If that is the case, all partners have committed to learning from that failure and adapting the collaborative's practices accordingly. Risk mitigation, as experienced by both national and regionally focused funders in this collaborative, is ultimately about being nimble, the ability to define success, and willingness to learn from failure.

Preliminary Impact of the Funding Collaborative

In an effort to better understand the impact of the funding collaborative, BUILD's technical assistance, communications, and evaluation teams helped to identify and track progress made by awardees during their time with the program. BUILD's evaluation team also gathered reflections from funders to learn how they leveraged BUILD within their work, how they worked together, and what impact BUILD had on their respective programs. Understanding these elements helped shape BUILD's current strategy and ensure its relevance as a dynamic program that allows for risk taking and, ideally, a greater impact than would otherwise be possible for any one of the participating funders alone. Several examples of BUILD's outcomes are shared within the frame of the funding collaborative's four goals and its national and regional structure.

Goal No. 1: Use learnings from these efforts to inspire and inform others, ultimately helping to create a new norm for how to improve community health.

- Shared learnings: Since its launch, BUILD has endeavored to share its learnings on topics ranging from health equity and collaboration to data and community engagement. The materials produced have helped to inform and inspire thousands of individuals over the last five years, as demonstrated by the more than 20,000 online visits to BUILD-created materials and 3,000 attendees at BUILD-specific conference and webinar sessions.
- Creation of a new norm: BUILD emboldens funders, and in particular regional funders that might otherwise not participate in a program at this scale, to pursue bold, systemic, and upstream initiatives focused on SDOH with their local partners through a funding collaborative model. For example, in the second cohort alone, BUILD tracked 58 new systems-level changes directly impacted by the 19 awardees between 2017 and 2019 (Equal Measure, Spark Policy Institute, & Michigan Public Health Institute, 2019). These changes included securing reallocated or new funding streams to continue or enhance their efforts after BUILD funding has ended; shifting and scaling of organizational practices and policies; and helping with the passage of 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 (The BUILD Health Challenge, 2019). Together, funders and awardees are able to challenge more traditional norms from within and across organizations to address SDOH and pursue health equity outcomes. As more funders invest in such approaches to change like BUILD, and more community collaboratives are finding success, a new norm may begin to take hold.

Goal No. 2: Catalyze multisector collaborations among organizations at the local level to help develop and advance best practices for community health.

- Community collaboratives: To date, BUILD has supported the advancement of more than 55 community projects across the United States. BUILD has created a set of markers to track awardee progress, based on the experiences and learnings of past awardees, that allows for measurement of progress specific to each BUILD principle. In the second cohort, using these markers, all 19 awardees demonstrated an increased technical capacity and effectiveness in implementation within each BUILD principle over the course of their participation

in the program. This is a promising sign that sustainable improvements in health are happening in these communities and will continue to materialize.

- Applications: Over the last three calls for BUILD applications, more than 500 community collaboratives have applied with a specific idea for how to work together to improve the health of their local residents. By working together, national and regional funders have created a program that not only resonates with diverse communities across the country, but also helped spark ideas for hundreds of other programs implementing a cross-sector and community-driven approach to improving community health.

Goal No. 3: Move resources, attention, and action upstream to drive sustainable improvements in community health in alignment with their respective organization's goals.

- Resources: As evidenced by the second cohort, the BUILD program facilitated a combined $8 million investment from 12 funders. Participating community collaboratives raised a total of $5 million in support from hospital and health system matches, and an additional $13 million in support from other entities within their communities with the purpose of addressing SDOH.

- Attention: BUILD worked with participating community collaboratives to amplify their stories, learnings, and impact both locally and nationally. Conservatively, BUILD has earned more than 12 million media impressions over the last five years through BUILD-related coverage. The involvement of regional funders in particular has helped to secure local coverage for BUILD by providing a familiar and trusted voice with a unique perspective on individual communities.

- Action: Throughout the last five years, BUILD has facilitated and inspired action to improve health within communities. Beyond the 55 community collaboratives supported by BUILD, the funders and BUILD have endeavored to provide an on-ramp for others to act. For example, BUILD partnered with Campbell Soup Co. on a pilot to strengthen local networks of partners in three specific communities in which it operated. The goal was to help organizations take action to improve health locally by deepening capacity within nonprofits and strengthening their networks. The pilot led to increased readiness within participating organizations to implement cross-sector and community-driven initiatives such as BUILD.

Goal No. 4: Provide and receive valuable regional and issue-specific expertise to inform the BUILD initiative and its communities.

BUILD's structure has facilitated the early development of regional and issue-area learnings that benefit both the funding collaborative and participating BUILD communities. Based on these learnings, the funding collaborative has not only refined BUILD's governance policies and practices, but also increased its own awareness about how funders can best work together in BUILD and more broadly in philanthropy. For the awardees, regional and issue-specific convenings have allowed for the deepening of connections and sharing of knowledge. Examples include a peer gathering where all BUILD awardees in New Jersey had the opportunity to convene and receive targeted, regionally focused technical assistance with support from a regional funder, New Jersey Health Initiatives. Similarly, BUILD convenes awardees around issue and organizational interests such as housing, transportation, and hospital/health system structures to facilitate issue- or structure-based learning.

Overall, the collaborative nature of BUILD, as illustrated in the impacts above, shows how it is possible to expand the traditional boundaries of philanthropy for both national and regional funders by allowing partners to act together to amplify the sum of their individual contributions

Importantly, it is the social capital that allowed partners to mobilize financial capital (that is, the financial mechanism of this collaborative) given the trust that they developed.

and produce results beyond the reach of any single philanthropy.

Conclusion

By leveraging philanthropic funding and increasing social capital for the BUILD concept at the national and regional level, BUILD has grown from a set of ideas to the creative harnessing of the health care transformation happening across the country. Since its launch, BUILD has supported the advancement of more than 55 cross-sector, community-led collaboratives to address SDOH and ultimately promote health equity. In reflecting on whether the inclusion of more funders furthered BUILD's goals, the funders agree that doing so enabled BUILD, as a funding collaborative and program, to generate a greater impact than any one partner could have achieved on its own.

Investment of social capital in BUILD has enabled the development of shared values, norms, and trust based on the relationships that were being forged. Importantly, it is the social capital that allowed partners to mobilize financial capital (that is, the financial mechanism of this collaborative) given the trust that they developed. This confluence of investments created an opportunity for each funder to play to its strengths in ways that enhance the entire collaborative. In particular, growing the partnership facilitated new relationships among national and regional funders and in communities that brought new and different perspectives to the table to spark learning and solutions. And while not readily evident early on in BUILD's formation, it was the social capital built by working together to overcome obstacles, celebrating successes, and supporting awardees that allowed funders to embrace local dynamics and develop a new appreciation for the knowledge and experiences that each brought to the program. In more fully integrating regional funders into BUILD and tailoring components of the program to meet their needs, their unique value as local area experts and conduits to expand the reach of BUILD provided additional value to the program and fellow funders.

More partners also meant that as relationships between them strengthened, power between the community collaborative members and funders was shared in new and different ways. In the case of BUILD, the priority is to act in deference to the people and organizations closest to the issues, rather than the traditional power players. In some cases, this may mean relying on a smaller, unexpected, or nontraditional partner. For members of the funding collaborative, this has allowed for an expansion of the network that has helped to inform and influence each other's efforts in the broader field of philanthropy.

More partners also allowed BUILD to diffuse the risk of funding and implementing innovative and untested programs within participating foundations and communities. The support of and participation in BUILD by trusted foundations opened doors into organizations and communities that otherwise might have taken years longer to establish. BUILD's broad support has helped to encourage hospitals, health departments, and CBOs to come together to consider the SDOH in their communities. In hindsight, it would be difficult for any one of the funders to have taken on such a program on its own, let alone try to scale it for national impact.

While building something with others is arguably the better path forward, it is not always the easy path. Creating together comes with tradeoffs and the creation of new challenges for all those involved. BUILD's funding collaborative has encountered challenges, and there remain opportunities for improvement. This is decidedly true given the competing visions, missions, strategies, metrics, funding cycles, and priorities

of participating funders. As demonstrated by BUILD's funding collaborative, it is in this push and pull between partners that new ideas are often born. A work in progress, BUILD will continue to evolve and refine its own policies and practices, representing a true reflection of the funders who comprise it: As they evolve, gain new insights, and grow, so too does BUILD.

It has become commonplace for funders to suggest that potential applicants and grantees work more collaboratively to break down the silos and shift the systems that keep our most persistent community inequities and the many resulting problems in place. It is incumbent on funders to do the same in order to see and contribute to meaningful social change. BUILD's funding collaborative experience is a call to other foundations to consider partnership early and often in their quest to make a meaningful impact on complex issues where traditional approaches are simply not enough.

As a result of BUILD, communities from across the country are working in new cross-sector ways to address the SDOH driving the persistent health inequities that plague our country. This is a solid foundation to inform the broader transformation of health care that is happening in states and nationally where payers have moved beyond "value over volume" and are beginning to implement practices that pay for health, not health care (Lohr, 2019). It is difficult to conceive of any one funder, working alone, achieving BUILD's outcomes. Rather, it was the collaboration of many that is contributing to the creation of a new norm — one that puts multisector, community-driven partnerships at the center of health to reduce health disparities caused by system-based or social inequity.

BUILD's funding collaborative experience is a call to other foundations to consider partnership early and often in their quest to make a meaningful impact on complex issues where traditional approaches are simply not enough.

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References

Anderson, G., Davis, K., & Guterman, S. (2015, June 29). *Medicare payment reform: Aligning incentives for better care.* New York, NY: Commonwealth Fund. Retrieved from https://www.commonwealthfund.org/publications/issue-briefs/2015/jun/medicare-payment-reform-aligning-incentives-better-care

Castrucci, B. (2014, April 23). Rowing together: How public health supports the "upstream" doctor [Web log post]. Retrieved from https://www.huffpost.com/entry/rowing-together-how-publi_b_5191121

Equal Measure, Spark Policy Institute, & Michigan Public Health Institute. (2019). *Community approaches to system change: A compendium of practices, reflections, and findings.* Bethesda, MD: The BUILD Health Challenge. Retrieved from https://buildhealthchallenge.app.box.com/s/v7jlx61fyu0v5bnb2kj8ue86bh6qf6p6

GrantCraft. (2016, January). *The benefit of funder collaboratives.* New York, NY: Candid. Retrieved from https://grantcraft.org/content/takeaways/the-benefit-of-funder-collaboratives

Huang, J., & Seldon, W. (2014, July 7). *Lessons in funder collaboration: What the Packard Foundation has learned about working with other funders.* Boston, MA: Bridgespan Group. Retrieved from https://www.bridgespan.org/insights/library/philanthropy/lessons-in-funder-collaboration

Kabel, C. (2013, June). What is the future of hospital community benefit programs? *Stanford Social Innovation Review.* Retrieved from https://ssir.org/articles/entry/what_is_the_future_of_hospital_community_benefit_programs

Lohr, S. (2019, August 26). Inside North Carolina's big effort to transform health care. *The New York Times.* Retrieved from https://www.nytimes.com/2019/08/26/business/north-carolina-health-care-outcomes.html

Magnan, S. (2017, October 9). *Social determinants of health 101 for health care: Five plus five.* Washington, DC: National Academy of Medicine. Retrieved from https://doi.org/10.31478/201710c

Minyard, K., Phillips, M. A., & Baker, S. (2016). The philanthropic collaborative for a healthy Georgia: Building a public-private partnership with pooled funding. *The Foundation Review, 8*(1), 74–87. https://doi.org/10.9707/1944-5660.1285

Powell, A., Ditkoff, S. W., & Twersky, F. (2019, July 10). How philanthropic collaborations succeed, and why they fail. *Stanford Social Innovation Review.* Retrieved from https://ssir.org/articles/entry/how_philanthropic_collaborations_succeed_and_why_they_fail

The BUILD Health Challenge. (2019). *19 stories from the field: What systems change looks like in communities.* Bethesda, MD: The BUILD Health Challenge. Available online at https://buildhealthchallenge.org/resources/19-stories-from-the-field-what-systems-change-looks-like-in-communities/

Jo Carcedo, M.P.Aff., *is vice president of grants at Episcopal Health Foundation.*

Merry Davis, B.A., *is senior program officer at Blue Cross and Blue Shield of North Carolina Foundation.*

Megan Folkerth, M.P.H., *is senior program officer at Interact for Health.*

Lori Grubstein, M.P.H., M.S.W., M.P.A., *is a program officer at the Robert Wood Johnson Foundation.*

Chris Kabel, M.P.S., *is a senior fellow at The Kresge Foundation. Correspondence concerning this article should be addressed to Chris Kabel, Kresge Foundation, 3215 West Big Beaver Road, Troy, MI 48084 (email: cmkabel@kresge.org).*