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# FORGING A NEW PATH: BUILD's Health Plan Partners

Prepared for The BUILD Health Challenge  
By Equal Measure

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# INTRODUCTION AND FINDINGS OVERVIEW

When The BUILD Health Challenge® (BUILD) made awards to its first cohort in 2015, its founders intentionally did not include representatives of local health plans as a required core partner for locally driven, upstream, cross-sector projects (see call-out box). For the past eight years and three cohorts, the makeup of the core partnership for each participating community included a community-based organization (CBO), which also served as the lead awardee; hospital or health system; and public health department. Additional partners, including residents, were encouraged to participate, but were not a required stakeholder in the collaborative. This arrangement allowed for both consistency among collaboratives, but also flexibility given that each BUILD partnership is unique and engages local partners as needed to address a common upstream health issue, such as food insecurity, healthy housing, or transportation access. At times, health plans have entered the partnership mix in individual communities, and BUILD has informally tracked the emergence of their inclusion.

In collaboration with our evaluation team at Equal Measure, we conducted a literature review and facilitated focus groups with 16 individuals from five BUILD communities, representing four healthcare partners, five CBO partners, and seven health plan partners. The conversations were structured to connect peers from different BUILD communities with a range of partnership organizations. The inquiry was driven by four questions:

**1** What is the value and potential of partnerships with payers in BUILD communities?

**2** What motivates health plans and BUILD partners to forge partnerships and deepen relationships?

**3** What factors accelerate or impede partnerships between health plans and BUILD partners?

**4** What considerations and actionable implications can we draw from insights from partnerships involving health plans?

*Health Plan Partners provide financial support/reimbursement to health care providers for health-related services. Health Plan Partners could include Medicaid or Managed Care Organizations (MCOs) that are a branch of a private entity.*

This brief is structured around these four questions. We elevate themes from our conversations in five communities about health plans involved in BUILD partnerships. While the scope of our inquiry was limited, we believe our findings can:



**CREATE A FOUNDATION OF KNOWLEDGE** for local partners, policymakers, and philanthropy related to the potential and power of engaging health plans in critical upstream health and racial equity efforts.



**IDENTIFY SUCCESSFUL STRATEGIES** for local partners that motivate health plans to make progress on their community health goals through connections with active and productive local partnerships.



**CAPTURE THE PROGRESS** that cross-sector efforts involving health plans are making toward addressing community-determined priorities in upstream health, making the case for health plan entities and local partners with shared interests and goals.

While limited in scope in terms of the number of communities that participated in this learning effort, we hope this brief will provide balanced information for any reader who may be considering if a stronger relationship with a health plan partner might support – or hinder – their own community health improvement strategies.

# About The BUILD Health Challenge<sup>®</sup> Model

**In 2015, BUILD was established as an innovative national awards program, focusing on strengthening cross-sector, community-driven partnerships to reduce health disparities caused by systemic or social inequities. BUILD's "North Star" is to support communities seeking to advance health equity and to contribute to the improvement of population health outcomes by changing inequitable conditions and systems in their communities.**

BUILD promotes collaboration among partners in community-based nonprofit organizations, hospitals/health systems, governmental public health, and resident groups to achieve their goals more effectively. A hallmark of BUILD is the structure of local partnerships, in which the community-based organization serves as the lead partner and recipient of a grant award of up to \$250,000 over 2.5 years. This strategy ensures each partner's work is aligned with the community's needs and interests. A local hospital matches the award and joins the partnership for each supported initiative.

Guided by the BUILD principles—**Bold, Upstream, Integrated, Local, and Data-driven**—each local cross-sector partnership works with community leaders and residents of their neighborhood, city, or town to identify a public health issue prioritized by the community. To date, 16 funders have invested more than \$20 million to support cross-sector partnerships in 55 communities across 24 states and Washington, DC. Three cohorts, with 18 to 19 awardees each, have been funded in two-to-three-year award cycles. The third cohort will complete its funding cycle in mid-2022.

To learn more about BUILD, visit: [buildhealthchallenge.org](http://buildhealthchallenge.org).



## **BOLD**

Partnerships that aspire to advance racial justice by driving fundamental shifts in policy, regulation, and/or sustainability that support systems-level changes through a lens of justice, equity, diversity, and inclusion.



## **UPSTREAM**

Partnerships that focus primarily on the social, environmental, and/or economic factors that have the greatest influence on the health of a community, rather than on access or care delivery.



## **INTEGRATED**

Partnerships that align the practices and perspectives of communities, health systems, public health, and payers, under a shared vision, establishing new roles while continuing to draw upon the strengths of each partner.



## **LOCAL**

Partnerships that prioritize the diverse lived experiences, voices, and leadership of neighborhood residents and community members throughout all stages of planning and implementation.



## **DATA-DRIVEN**

Partnerships that use varied forms of data from both clinical and community sources as tools to identify key needs, measure meaningful change, and facilitate transparency amongst stakeholders to generate actionable insights.

This brief features experiences and insights from the following five BUILD awardees. Each expanded their BUILD partnerships to engage a local health plan entity in their communities.

BUILD AWARDEE	CAMDEN, NJ 2019-2022	DES MOINES, IA 2015-2019	HOUSTON, TX 2019-2022	ST. LOUIS, MO 2015-2017	WASHINGTON, D.C. 2017-2022
<b>ISSUE AREA</b>	Food access	Childhood asthma	Maternal and child health	Maternal and child health	Childhood asthma and safety
<b>CROSS-SECTOR PARTNERSHIP</b>	<p><b>BUILD Lead:</b> Roots to Prevention</p> <p><b>Health Plan Partner:</b> Blue Cross Blue Shield</p> <p><b>Partners:</b> Parkside Business and Community in Partnership, Camden County Health Department, Virtua Health, The Food Trust, Food Bank of S. Jersey, Rowan University, Camden Coalition of Healthcare Providers, Delaware Valley Regional Planning Commission</p>	<p><b>BUILD Lead:</b> Housing Trust Fund</p> <p><b>Health Plan Partner:</b> AmeriHealth Caritas</p> <p><b>Partners:</b> Broadlawns Medical Center, Mercy Medical Center, Polk County Health Department, Iowa Legal Aid Rebuilding Together, UnityPoint Health-Des Moines, Iowa Department of Public Health, United Way of Central Iowa, American Academic of Pediatrics</p>	<p><b>BUILD Lead:</b> Alief Super Neighborhood Council</p> <p><b>Health Plan Partner:</b> Community Health Choice</p> <p><b>Partners:</b> County Department of Health and Human Services, Houston Department of Housing and Urban Development, West Houston Medical Center, HOPE Clinic, Health Women Houston, Houston Community College, March of Dimes, Urban Harvest, and City of Houston Complete Communities</p>	<p><b>BUILD Lead:</b> Generate Health</p> <p><b>Health Plan Partner:</b> Missouri Care, Home State Health, United HealthCare</p> <p><b>Partners:</b> City of St. Louis Health Department, St. Louis County Department of Public Health, Integrated Health Network, St. Louis Children's Hospital, SSM Health – St. Mary's and Cardinal Glennon Hospitals, Mercy Hospital, MTM, Bi-State Metro, Project Launch, Making Change Happen, FLOURISH MORE, FLOURISH Community Leaders Cabinet)</p>	<p><b>BUILD Lead:</b> Children's Law Center</p> <p><b>Health Plan Partner:</b> AmeriHealth Caritas DC</p> <p><b>Partners:</b> Children's National Medical Center, DC Department of Health, Child Health Advocacy Institute, Office of the Attorney General, Smart from the Start, Parents, and CBOs</p>
<b>GOALS</b>	<ul style="list-style-type: none"> <li>• Expand fresh food prescription program</li> <li>• Support state and local policies on urban agriculture</li> <li>• Develop connections between farmers and social services</li> </ul>	<ul style="list-style-type: none"> <li>• Address environmental factors of asthma</li> <li>• Build institutional support for upstream, legal recourse</li> </ul>	<ul style="list-style-type: none"> <li>• Address immediate needs through direct services to prenatal care and education</li> <li>• Advocate for and transform maternal health access and policies</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the health of at-risk mothers and babies</li> <li>• Improve transportation in two high-need zip codes</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce asthma prevalence and morbidity in low-income neighborhoods</li> <li>• Address trauma to enhance safety and health</li> </ul>

# What is the value of forging relationships between health plans and BUILD partners?

Conversations with five BUILD awardees engaged with local health plan partners indicated there is both promise in and limitations to their relationships. We learned partnerships with health plans can be fragile and somewhat unpredictable especially in comparison to the awardees' traditional partners local institutions that are mainstays in the community.

Our conversations also uncovered promising opportunities to work with health plan partners that are ready and motivated to engage in community health efforts. Readiness can translate to strengthened relationships between partners who care about the same populations, a more comprehensive picture of the resource landscape and ecosystem, and new programs to better serve constituents. In the five communities working with health plan partners, the value of their partnership is demonstrated in one of at least three ways:

**1. ELEVATING PREVENTION.** Federal and state policies focused on preventive care – supported by the Affordable Care Act and Managed Long-Term Services and Supports policies – open doors for health plans to engage in projects like BUILD. In the BUILD communities we spoke with, partners leveraged these policies to engage expand health coverage to include upstream programs like fresh food access through urban farms. Through small programmatic successes, BUILD partners are now poised to measure success and garner continued support for these programs to ensure they are sustainable and become the norm for addressing health inequities.

**2. INDUSTRY INFLUENCE.** Health plans can foster collaboration with other health plans. Working with and learning from BUILD partners helped health plans shift practices and policies within their own organizations to address local needs. We also learned that health plan partners have influential connections with other health plan entities in the region. In an example from St. Louis below, the health plan partner engaged two other plans serving members in the same community; they aligned policies that reduced barriers to care and confusion among members. Health plan partners are well positioned to make substantial shifts in communities beyond those that improve services for their local members.

**3. UPSTREAM CHAMPIONS.** Health plans involved in local partnerships that deepen their understanding of the social determinants of health can become effective advocates for systems-level changes. Health plan partners report they are learning more about the need for preventive care, the structural inequities that produce poorer health outcomes in some communities, and the harm of underfunding health and upstream interventions. Health plan partners can help advocate for systems change in industry and at the state level – where community members and CBOs may not have connections and influence. Health plans hold power to:

- Educate a wide expanse of local health care providers about holistic, community-centered, and preventive healthcare
- Advocate for expanded health care coverage that meets the community's needs
- Navigate or resolve barriers experienced by their members
- Change the narrative on the outcomes that matter – expanding from profit incentives to improved community health outcomes



## A note about health plan partners and state contracts

We learned that health plans may view their community-level efforts through the “lens” of the state – where contractual, political, and contextual factors serve as opportunities and challenges. Health plans we engaged are situated differently than BUILD partners; their interests and influence flows from their state-level relationships and contracts to administer Medicaid. They can have influence over state-level decisions; more often, they are beholden to state mandates that may not align with the needs of local communities.

BUILD partners, on the other hand, see their sphere of influence as local, and responsive to the communities where they live and work. This dynamic – cross-sector partners who are disproportionately focused locally or statewide – can open or impede efforts to advance health in communities facing systemic barriers. Much of this brief is focused on the benefits of local partnerships like BUILD involving health plans. Yet, health plans may have conflicting priorities and incentives that prevent them from enacting bigger changes that matter to BUILD partners and communities.

While local partnerships like BUILD can drive a health plan’s direction, health plans are sometimes required to make policies that apply to the entire state, but which may not address the unique needs of individual communities. In some places, state policymakers, in response to fluctuating Medicaid budgets and timelines, drive decisions, and partisan shifts can create sudden changes in policy direction. For example, state policymakers may end a contract with a Medicaid provider working closely in a community with little notice.

*As one health plan partner relayed the challenges of serving individual members and meeting their obligations to the state: “It is a multi-pronged approach [to provide quality care to members], with a lot of circular things, where the member is in the middle, and the health plans are trying to help them...connect the dots. So...the state helps us drive our direction, as well.”*

# What factors motivate health plans and BUILD partners to work together?

In this section, we identify four momentum-building factors that bring health plans into partnership with BUILD projects:

- 1 Shared concern with upstream drivers of health**
- 2 Common populations and goals**
- 3 Shared informal connections and relationships to build upon**
- 4 State contracts and mandates**

In this section, the factors that motivate BUILD and health plan partnerships mirror critical trends in the community health field, including interest in deepening resident engagement and leadership as well as elevating the social determinants of health.

## HEALTH PLANS ARE TALKING ABOUT SOCIAL DETERMINANTS OF HEALTH – A PROMISING DEVELOPMENT FOR EQUITABLE AND UPSTREAM EFFORTS.

Health plans that are involved with BUILD are joining and leading conversations about upstream health issues despite their tradition of funding medical care delivery. Health plans we spoke with understand how social determinants of health – like fresh food, transportation access, and healthy, stable housing – matter to their goals for health outcomes. Some of that understanding is attributable to their growing ties to local partners, including CBOs, local hospitals, and community members. Health plans are forming community or member advisory panels, delivering preventive programs in neighborhoods, and setting up outreach tactics where members live and work.

In partnership with trusted locally based partners, health plans in BUILD partnerships have opportunities to engage in conversations designed with and for residents. In fact, CBOs and local clinics serve as “guides” who identify upstream factors that align with the interests and learning needs of health plan partners. Local partners elevate local voices, barriers, and perspectives for health payers who may be distanced from their members at a national or statewide level. Health plans relayed that their local partners serve as the community’s “eyes and ears,” allowing health plan partners to better reach their members and remove upstream and payment-related obstacles to health for residents.

## HEALTH PLANS HAVE JOINED UPSTREAM EFFORTS IN SEVERAL WAYS:

- **Transportation:** Three health plans - historically in competition with each other - participated in St. Louis' multi-sector transportation action team. As co-chair, one health plan president helped the other two health plans engage, honestly share their interests and boundaries, and sustain participation. Community listening sessions coordinated by BUILD uncovered the deep challenges facing pregnant members in accessing non-emergency medical transit. The health plans collectively agreed to eliminate their bus fare reimbursement policies in favor of coordinating a car service, offering greater convenience and flexibility for pregnant patients to attend their doctor's appointments.
- **Fresh Food:** In Camden, health plans recently developed a vegetable prescription program for members. Given the positive response, they wanted to increase access beyond the initial six-month time frame. With the help of Camden's BUILD partners, the health plans connected to local urban agriculture leaders, designed a cooking program, and wrote a cookbook to further support healthier eating and behavior change across the community.
- **Maternal Health:** In Houston, BUILD partners learned that covered services for maternal health varied across two health plan providers working in the region, creating confusion within the community about the services they could access. Working with the CBO partner at BUILD, the health plans advocated alongside the state for consistent maternal health policies and coverage and found ways to help community members navigate and access maternal health care services regardless of health plan provider.

*“Our primary goal is to really support community members. The [listening sessions] gave us an opportunity, when we're looking at our population health initiatives or social determinants of health, to help members get access and eliminate barriers.”*

*—Health Plan Partner*





## Readiness Factors

*When seeking partnership, look for health plans in the community that:*

- ✓ Value preventive health in addition to acute care
- ✓ Embrace partnership as an effective approach to supplement knowledge of and access to solutions for community health challenges
- ✓ Engage on local boards, committees, and philanthropies
- ✓ Recognize the imperfections of the health system in which they work
- ✓ Value incremental change ahead of eventual ROI

## SERVING COMMON POPULATIONS ENCOURAGES HEALTH PLANS AND BUILD PARTNERS TO WORK TOGETHER; WITH TIME AND COMMITMENT, THE VALUE OF THESE PARTNERSHIPS CAN DEEPEN.

Health plans collect and analyze extensive data on members and medical delivery. Among those we spoke with, their data systems revealed the health inequities that members face. However, as many are multi-state or national organizations, they did not have the full picture of the local population or a deep, trusted, and visible history in the communities where BUILD partners are active. Health plan partners saw BUILD's cross-sector organizations – already collaborating and connected to their members – as an avenue to better understand and reach the populations they serve in common. The BUILD partners educated health plans with stories and greater nuance about the upstream needs of members that overlap with their geographic footprint, structural barriers they face, and the culture of local communities. Health plan partners reported that they feel “invested” in the BUILD work as a result.

While contracts often require they serve residents statewide, health plans are increasingly aware that structural inequities, culture, and history can define places, and that great diversity exists across communities they serve within a single state. Health plans

we spoke with were beginning to articulate goals at community and state levels, and see participation in a BUILD partnership as a path toward addressing those goals. Joining with BUILD partners (CBOs, public health departments, and hospitals) helps health plans deepen their understanding of how equitable approaches improve community health.

Some health plans reported that they reach out to members through advisory groups and satisfaction surveys. BUILD partners, however, brought health plans directly into community settings to engage with members, local stakeholders, and advocates – affording them an “insider” view of community experiences, a tangible narrative of the effects of disparate and inadequate system resources, and the dots to connect the region's broader ecosystem. These connections help align the roles of health plan systems, services, and equity efforts. In turn, CBOs and hospitals we spoke with believed their relationships with health plans deepened their understanding of the role of the insurance and Medicaid industries, state policies, and health plan contracts – opening up new avenues for supporting local community health.

## RELATIONSHIPS BETWEEN HEALTH PLANS AND PARTNERS IN BUILD EVOLVE FROM INFORMAL CONNECTIONS AND THE NEXUS OF HEALTHCARE AND COMMUNITY SETTINGS.

Health plans, CBOs, and hospital partners in BUILD's five communities encountered each other informally before a formal partnership began. These entities often "discovered" each other years before – serving on boards or committees together or meeting at local events. Partnerships with health plans often launch as they begin to work in parallel with CBOs in the same community settings to resolve challenging health issues they have in common. We observed that these loose relationships can evolve into a close partnership through **three stages of growth** that mark several health plan payer partnerships in BUILD:

### Stage 1: Discovery

Health plans and BUILD partners often **discover** each other in community settings where members, residents, or patients are accessing healthcare services or programs. Partners may be staffing individual outreach tables in schools, colleges, at cultural events, or neighborhood fairs. In this discovery period, they learn about each other's work, and uncover the interests or goals they have in common.

### Stage 2: Coordination

BUILD partnerships with health plans often evolve into opportunities to work in parallel, **coordinate**, and build closer relationships that foster greater understanding of each other's work, priorities, knowledge, and values. In some cases, the relationship grows because health plans and CBOs are working in the same physical locations: nonprofit and community health settings. Relationships may also evolve through philanthropic efforts – when health plans donate to local CBOs – or by joining workgroups or committees that put them in closer proximity to programming, members, and gatherings.

The coordinating stage is often marked by interactions such as learning about each other's organizations, deepened discussions about health and values, seeking opportunities to blend programs, and sometimes by individuals building social relationships outside of work. The evolution of the relationships among BUILD partners and health plans may not be completely smooth. Sharing confidential information and data can be a delicate and unsteady process; partners do not yet understand the others' strengths and approaches, and they may have trouble coordinating overlapping efforts and devising distinct roles.

## Relationships in Motion

In Camden, BUILD's partners "discovered" their local health plan partners at a health summit, hosted by the local health plan. The summit focused on educating residents about the social determinants of health. Beginning to coordinate work "in parallel" revealed the health plan was committed and aligned with the hospital partners' interest in managing chronic disease through healthy behavioral change (e.g., consuming more fresh fruits and vegetables); and with the CBO's interest in expanding access to fresh food and fair-paying jobs on urban farms. This resulted in "connecting" to each other as partners in enhancing the availability of and access to fresh food. Early findings from a program evaluation has revealed positive results, including that members participating in BUILD-related interventions have increased feelings of food security over time.

### Stage 3: Connectedness

Successful BUILD partnerships with health plans can evolve to a stage of **connectedness**, in which partners commit to work together and create interdependencies that leverage cross-organizational capabilities, resources, and networks. In many cases, statewide health plan partners gain greater access and insight into community concerns and priorities by formalizing their partnerships with CBOs, attending listening sessions with residents, joining local committees staffed by residents, and sharing data that creates a more detailed picture of local patterns and barriers.

*"Our relationships expanded [by] meeting... new people and letting them into our world and us getting let into their world a little bit. A large, large health system is now sitting side by side with a local urban grower. There was no forum for that before."*

*—Healthcare Provider Partner*

# What factors accelerate or impede relationships and the upstream work of health plan and BUILD partners?

## ACCELERANTS



**Shared vision.** It is often helpful when partners can define a common goal that serves as the motivation for a formalized partnership. The shared vision is often preceded by a nuanced understanding of the strengths, priorities, and limitations of each partner. Memoranda of understanding and agreements between partner organizations are structured examples of developing rapport around a shared vision.



**Leadership buy-in.** When health plan executives support their staff to engage with local communities and partners, it helps drive the health plan organization toward upstream, equitable shifts in resources, policies, and practices.



**Common metrics.** Identifying these take time to develop and can be very effective in stabilizing partnerships working toward long-term goals. Health plans in BUILD partnerships value data and have embraced intermediate indicators of success that align with partners from other sectors, such as consistent use of preventive care.

## IMPEDIMENTS



**Bureaucratic constraints.** Internal policies and practices within health plan organizations can, at times, be the reason for slow collaboration and challenge the shared vision of partners. These constraints can include contractual agreements with state governments, legalities, and administrative burdens, such as the need for interventions to match health plan “codes.”



**Different language.** Inconsistent use of terms or lack of a shared definition between health plans and CBOs may result in miscommunication between partners. It can take time and patience to navigate the jargon and norms across sectors in working toward and articulating a shared vision.



**Accountability measures.** Health plans often have static, time-bound outcomes they regularly report to their organization and the state. These outcomes typically refer to cost savings, lowered emergency room usage, and reduced hospital readmissions, for example. The structural inequities and upstream nature driving the BUILD work, however, does not lend itself to quick fixes, and therefore, outcome-driven efforts may stymie the partnership and its overall efforts. However, as noted above, health plans involved with BUILD are beginning to use prevention and early-stage outcomes as data that help them retain their commitment and suggest the promise of future returns on investment.



## Common Metrics in Preventive Care

“If we decided to focus on prenatal care and mothers of young children, we might be able to look at linkages to how often these parents are going to their postnatal visit, their compliance with their prenatal visits, how often the children are presenting for well childcare and getting their vaccines. This is also great preventive care.

—Healthcare Provider Partner

## Shared accountability structures

“[Health plans are] going to do this and we’re going to have to show some outcomes. Let me help you understand what I need as outcomes. And then you help me understand what the system is capable of.”

—Health Plan Partner

# What considerations and actionable implications can we draw from partnerships with health plans?

We invite readers to reflect on the evolving role of health plan partners and their potential for furthering upstream, equitable efforts in their community. Below are implications from this brief featuring the experiences of the five BUILD communities featured in this report to guide your thinking and inform your own approach toward collaborating with health payers in your community or region.

- 1. Health plans have a unique role in the healthcare landscape, bridging multiple factors (healthcare provision, policy, politics, and business) – all of which influence the levers through which change can occur.** While partnership with a health plan might create the impetus for positive change, common assumptions about the relative power of health plans may be too simplistic, creating a false narrative that they can flip levers more easily than other partners, and that having them on board might be the answer to system challenges. In fact, health plans can find themselves at the whim of larger political dynamics (e.g., maintaining state contracts; addressing the priorities of elected officials; serving a diverse set of interests statewide). The business incentives that drive their work may be invisible and outside the scope of a BUILD partnership. More work and proper partner identification may be required to ensure health plans involved as BUILD partners can contribute effectively and help to reach the desired outcomes.
- 2. To become a valued and vested BUILD partner, health plans need to be motivated by the importance of upstream factors, community health, and health equity.** Not all communities have a health plan ready to contribute to the work; partnerships with health plans as partners represent just a fraction of the 55 awardee communities since BUILD launched in 2015. Several indicators that a health plan can become a BUILD partner include interest in prevention and upstream health; understanding of community health outcomes; an embrace of diverse partnerships as a means to deepen knowledge and extend assets; ability to defer evidence of short-term return on investment in favor of incremental change in outcomes; and ongoing engagement in local boards, events, committees, and philanthropies.

**3. Health plan partners depend on a strong infrastructure around data and evaluation, on which they rely for tracking, measurement, and the potential to show a return on investment.** While BUILD communities have made strides in satisfying the data needs of health plans through prevention data, their programs may not be structured or designed to meet the data needs of the industry. Ultimately, health plans are accountable to their organizations and to the state in which they are operating to demonstrate improved member-level or population-level outcomes and identifying ways to support shared goals with data are key to cultivating partnerships.

**4. When health plan partners believe in the case for partnerships like BUILD, they in turn can advocate and disseminate messages to regional, state, and industry-level decision makers.** Health plan partners can seek to enact coverage and policy changes that increase funding for prevention and strengthen upstream efforts locally. For example, partners can engage a health plan that supports food prescription programs to encourage investments in urban farms, farm stands, and economic and workforce development in urban agriculture. A balanced partnership like this, while rare, holds the potential to shift the narrative on the value of cross-sector collaboration by focusing on community health and wellbeing, social determinants of health, and instigating policy and other systems-level change.



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