



# Improving Population Health Through Multisector Collaboration

This brief is part of a series developed by the Population Health Innovation Lab (PHIL), a program of the Public Health Institute. The *Improving Population Health Through Multisector Collaboration* brief series synthesizes lessons learned from PHIL's Aligning Systems for Health research conducted from May 2020 – November 2022 in six parts:

1. [\*\*Improving Population Health Through Multisector Collaboration\*\*](#)
2. [Accountable Communities of/for Health: Transforming Health Systems through Dedicated Multisector Collaboration](#)
3. [Creating Positive Systems Change Through Multisector Collaboration](#)
4. [Advancing Equity with Multisector Collaboration](#)
5. [Building Multisector Collaboration for the Long-Term](#)
6. [Recommendations for Policymakers, Funders, and Practitioners Seeking to Improve Population Health Through Multisector Collaboration](#)

**Brief 1 focuses on how population health outcomes can be improved through multisector collaboration and introduces key concepts found throughout the series.<sup>1</sup>**

## KEY CONCEPTS

- **Social drivers of health (SDOH)** such as education, housing, and employment dramatically impact a community's health and well-being.
- **Multisector collaboratives (MSCs)** can address SDOH to improve community health outcomes by working with diverse partners such as schools, health clinics, community-based organizations, and local governments to tackle complex health issues.
- **Collaboration dynamics** are the internal working processes among participants of an MSC. They can be shaped to produce specific outcomes.
- **Accountable Communities of/for Health (ACHs)** are "community-based partnerships formed across sectors such as health care, housing, social services, public health, employment training and economic development to focus on a shared vision and responsibility for the health of the community."<sup>2</sup> The ACH model is one approach for implementing health-focused and community-based MSCs and can provide a starting place for those interested in multisector collaboration for improved population health.

## Healthy Communities Need Good Collaboration

Communities can help people be healthy by ensuring access to resources like quality education, affordable housing, health care, and public transportation. About 70% of population health is attributable to social factors like public policies, education, access to affordable housing, and social norms.<sup>3</sup> Often, the organizations providing these types of resources need to work together to achieve the best outcomes. Yet multisector collaboration is complex, challenging, and not well understood. Little is known about how to structure collaborative processes—or collaboration dynamics—to increase the chances of achieving collective outcomes like improved health equity.

One way to improve population health is to learn how to collaborate across sectors more effectively, since we know that "cross-sector collaborations and partnerships are an essential component of the strategy to improve health and well-being in the United States."<sup>4</sup> However, "little agreement exists regarding how collaboration can be structured to generate greater value in particular settings and contextual environments."<sup>5</sup> The [\*Improving Population Health Through Multisector Collaboration\*](#) brief series summarizes lessons learned from research conducted by the Population Health Innovation Lab (PHIL) at the Public Health Institute. PHIL's research used theories of collaborative governance to explore how multisector collaboration can be structured to increase the likelihood of achieving positive outcomes. Ultimately, this brief series seeks to advance knowledge about how collaboration dynamics influence collaborative outcomes, including creating positive systems change, improved equity, and collaborative sustainability.

## Social Drivers of Health

The United States Department of Health and Human Services defines **social determinants [drivers] of health (SDOH)**<sup>6</sup> as, "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."<sup>7</sup> SDOH are all around us: people commute to work each day via buses, cars, and bikes; schools prepare students to enter the workforce; safe and affordable housing provides the shelter needed for well-being. At the same time, many communities lack reliable public transportation,



grocery stores in low-income neighborhoods sell cigarettes and candy instead of produce, and public schools try to do more with less as budgets shrink.

These types of issues may sound both unrelated and impossible to solve—especially by one organization—but in fact, they are deeply interconnected, representing just a few of the many social forces that lead to worse health outcomes. Addressing SDOH requires the efforts of more than just one organization; it requires multisector collaboration.

## Multisector Collaboration

Multisector collaboration has become an increasingly popular approach to address a wide range of complex public problems, like the need to address SDOH.<sup>8</sup> In community health systems, multisector collaboration is acknowledged as a critical requirement for achieving successful health system transformation.<sup>9,10</sup> Experts say multisector collaboration is not just ‘a good thing’ to do, but ‘the necessary thing’ to do.<sup>11</sup> With this growing consensus that multisector collaboration and partnerships are essential to improve community outcomes, organizations have a clear responsibility to collaborate with the communities they serve and align their efforts across sectors.<sup>12</sup>

## Multisector Collaboratives and Accountable Communities of/for Health

**Multisector collaboratives (MSCs)** are formed when multiple organizations in various sectors, such as hospitals, schools, local government, and community-based organizations develop partnerships that “take a systems approach to their work, and are driven by a common goal and accountability to the communities they serve.”<sup>13</sup> By drawing upon the expertise and resources of diverse sectors, MSCs can build the capacity to solve systemic problems more powerfully and effectively than stand-alone organizations.

The **Accountable Communities of/for Health (ACH)** model is just one example of multisector collaboration. ACHs are community-based partnerships formed across a variety of sectors, such as health care, housing, social services, public health, employment training, and economic development that all share a vision and responsibility for the health of the community.<sup>14,15</sup> Many ACHs also work across boundaries by serving multiple counties in a region or by partnering with sovereign tribal nations.

## Intended Outcomes of Multisector Collaboration

MSCs operate across policy domains and address a broad range of public goals. A guiding principle for all MSCs is “that by working across organizational boundaries, people can achieve otherwise unrealizable outcomes.”<sup>16</sup> MSCs and ACHs are driven by the same understanding that aligning multisector efforts is the only way to create desired systems-level changes.

MSCs also aim to achieve process outcomes, such as effective community engagement, improved community-wide collaboration, increased interorganizational trust, or goal alignment. In turn, these process outcomes lead to improvements in long-term community and systems-level outcomes.<sup>6,8,17</sup>





The goals of MSCs vary from community to community, but many health-focused MSCs—like ACHs—share three desired outcomes: positive systems change, improved equity, and collaborative sustainability.

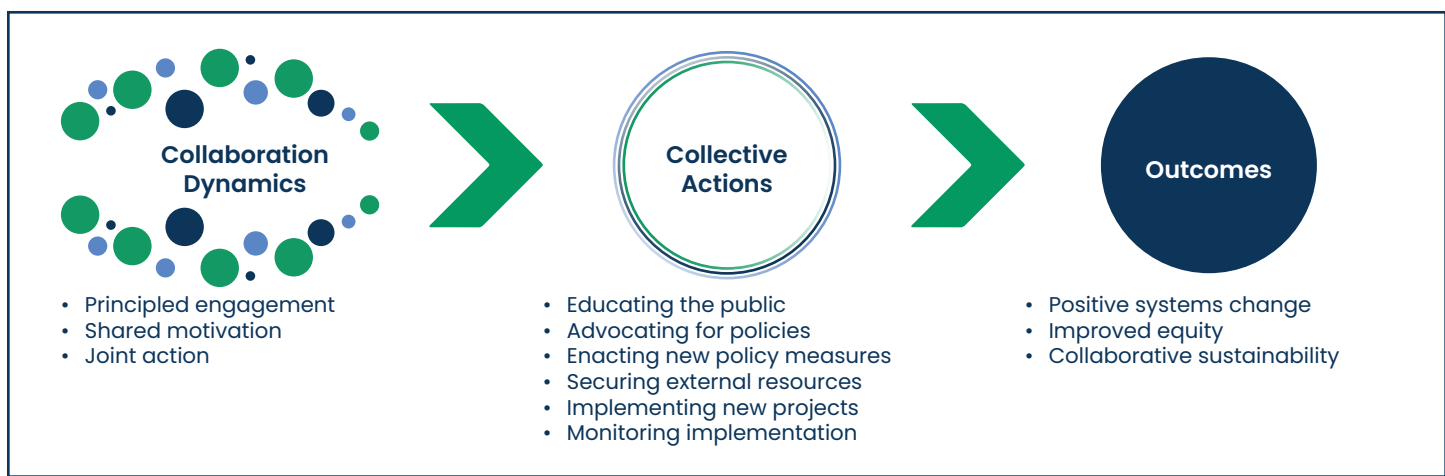
1. **Systems Change** is adjusting what is included in a system or how it works.<sup>18</sup> It is widely acknowledged that entire systems must be changed and aligned for MSCs to realize their intended outcomes.<sup>19</sup> Internal dynamics among MSC participants can be optimized to produce positive systems change.
2. **Equity** is the “absence of unfair, avoidable or remedial differences among groups of people.”<sup>20</sup> By centering equity and community voice in all partner operations, MSCs shift power and resources to produce more equitable outcomes and a stronger, more cohesive community. There is general agreement that a focus on upstream processes is needed to improve community outcomes and promote equity.<sup>21</sup> Therefore, improved collaboration can shape better MSC outcomes related to equity.
3. **Sustainability** is the “maintenance or improvement of resources, infrastructure, activities, outcomes, and relationships to affect community health over time.”<sup>22</sup> MSCs must be sustainable to create lasting systems change and equity improvements. However, many MSCs are established without a plan for sustaining improvements long-term. Successful approaches to sustaining MSC productivity—including collaborative actions and outcomes—are key to maintaining and growing long-term systems-level improvements.

Each of these intended outcomes are influenced by the collaboration dynamics, or internal working processes, among MSC participants. This means that MSCs that intentionally develop healthy collaboration dynamics among participants can increase their chances of achieving desired outcomes.

## Collaboration Dynamics

**Collaboration dynamics** are the internal working processes that unfold among participants of an MSC.<sup>23</sup> These dynamics can affect collaborative outcomes such as the ability to sustain engagement, build trust, establish commitment, and maintain shared understanding of problems and solutions over time. Successfully functioning collaboration dynamics can lead to productive outputs and outcomes for MSCs. Since collaboration dynamics lead to collaborative actions that ultimately generate positive public outcomes, developing a more precise understanding of these dynamics is a key component to successful implementation of MSCs. PHIL’s Aligning Systems for Health research, described in briefs 3-5, shows that specific collaboration dynamics can be leveraged to improve different outcomes.

**Figure 1. From Collaboration Dynamics to Collective Actions to Outcomes<sup>6,24</sup>**





## Resources for Multisector Collaboration

Multisector collaboration is a complex and resource-intensive endeavor, yet the potential return on investment is high. Check out PHIL’s [Resource Library](#) to learn more about multisector collaboration. Some of PHIL’s favorites are linked in Table 1 below.

**Table 1. Resources for Multisector Collaboration**

Apply	Read	Watch
<ul style="list-style-type: none"> <li>• <a href="#">Powering Change Curriculum: Building Healthy, Equitable Communities Together</a></li> <li>• <a href="#">ACH Resource Inventory</a></li> <li>• <a href="#">Time to Transform Toolkit: Adaptive Approaches for Population Health</a></li> <li>• <a href="#">The Network Toolkit for Network Weaver</a></li> <li>• <a href="#">Toolbox for Measuring Cross-Sector Alignment</a></li> <li>• <a href="#">TEAM: A Toolkit for Everyone Aligning and Measuring</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Advancing Equity: Adapting to Local Context and Confronting Power Dynamics. Lessons Learned from Accountable Communities of/ for Health Report by the Population Health Innovation Lab (PHIL), 2022.</a></li> <li>• <a href="#">Linking Collaboration Dynamics and Outcomes in Collaborative Governance Dissertation by Stephanie Bultema, 2022.</a></li> <li>• <a href="#">Collective Impact is Hard, But We’re Not in the Dark: Advice for Collaboration Blog post by Stephanie Bultema, 2019.</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">PHIL YouTube Channel</a></li> <li>• <a href="#">Advancing Equity: Adapting to Local Context and Confronting Power Dynamics, a PHIL web discussion</a></li> <li>• <a href="#">Collaborative Governance and Collaboration Dynamics, a PHIL web discussion</a></li> <li>• <a href="#">Keeping the Focus on Equity with ACHs, a PHIL research presentation</a></li> <li>• <a href="#">ACHs are Key Players in Improving Community Health During COVID-19 Pandemic, a PHIL research presentation</a></li> <li>• <a href="#">Aligning Systems for Health Research and Practice Convening with the Georgia Health Policy Center</a></li> <li>• <a href="#">Aligning Systems for Health with ACHs Research Update, a PHIL research presentation</a></li> </ul>

## References

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24. Figure 1 is based on the integrative framework for collaborative governance referenced in footnote 19.



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To learn more about PHIL's research that informed this brief and the ACHs in California and Washington that contributed to this learning, visit our [Methods Overview: Aligning Systems for Health with Accountable Communities of/for Health \(ACHs\)](#).

For more information, please contact [research@pophealthinnovationlab.org](mailto:research@pophealthinnovationlab.org) or visit us at [www.pophealthinnovationlab.org](http://www.pophealthinnovationlab.org).