IMPROVING POPULATION HEALTH THROUGH MULTISECTOR COLLABORATION

Creating Positive Systems Change 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 <u>Improving Population Health Through Multisector Collaboration</u> 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. <u>Recommendations for Policymakers, Funders, and Practitioners Seeking to Improve Population Health</u> <u>Through Multisector Collaboration</u>

Brief 3 focuses on how to leverage collaboration dynamics to create positive systems change for improved equity.





BRIEF 3 TAKEAWAYS

- Multisector collaboratives (MSCs) can change entire health systems to be more responsive to community needs as they emerge.
- One approach to multisector collaboration that has been shown to create positive systems change is the Accountable Communities of/for Health (ACH) model.
- To change health systems, MSCs should (1) define their vision for the future, (2) share decision-making power with underrepresented groups, and (3) normalize powersharing through mindsets and practices.
- Policymakers, funders, and practitioners should invest in MSCs that undertake inclusive visioning processes, shift power to underserved and marginalized groups, and develop new ways of working that normalize power shifts.

Improving Population Health through Multisector Collaboration

Improving population health requires a coordinated, cross-sector approach that directly addresses the social drivers of health such as discrimination, housing, transportation, education, job opportunities, food access, and pollution.¹ It is estimated that 70% of population health is attributable to these social factors, many of which worsen health outcomes but exist outside of the control of health care organizations.²

Health-focused multisector collaboratives (MSCs) bring together public and private organizations and community representatives to confront these upstream causes of health disparities through intentional collaboration. MSCs across the United States are working to transform the country's fragmented healthcare industry into a holistic, coordinated health system that "consist[s] of all organizations, people and actions whose primary intent is to promote, restore or maintain health."³

<u>MSCs in Action</u>: Health-focused MSCs bring together diverse partners to transform health systems. For example, North Sound Accountable Community for Health partnered with local government, a humanitarian non-profit, and a local community health center to bring mobile dental clinics to residents of an island where a lack of dentists produced immense disparities in oral health.

The Role of Systems Change

MSCs facilitate coordinated, intentional community health systems that confront population health challenges and create positive systems change. **Systems change** occurs when the "underlying structures and supporting mechanisms that operate within a system are altered, such as the policies, routines, relationships, resources, power structures, and values."⁴ In short, MSCs are well-positioned to change how diverse organizations—such as hospitals, schools, and community-based organizations—work together to address health issues.

Leveraging Collaboration Dynamics to Change Systems

One way MSCs can create systems change is through <u>collaboration dynamics</u>, which are the internal working processes among participants of an MSC.⁵ These dynamics 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 are the key ingredients for generating systems change. PHIL's research identified several collaboration dynamics that positively influence systems change: developing shared understanding among MSC participants, defining a shared vision, generating shared knowledge, and using equitable and inclusive processes.

Data & Methods

Data for this brief come from PHIL's <u>Aligning Systems for Health research</u>, which used a mixedmethods approach. Data were analyzed using process tracing and structural equation modeling. Analyses employed survey data, secondary contextual data, interviews, focus groups, meeting observations, and documents collected between May 2020 – August 2022 for 22 health-focused MSCs using the <u>Accountable Communities of/for Health (ACH) model</u>. ACHs are a type of MSC that align social services, public health, and medical care to collectively address health at a local level and from a community perspective., For further details on study methods, please review <u>Methods</u>. <u>Overview: Aligning Systems for Health with Accountable Communities of/for Health (ACHs)</u>.

STUDY SAMPLE

- Two states (California & Washington)
- 22 ACHs
- 642 research participants
 - 596 survey respondents
- 85 interview and focus group participants
- 1,796 documents

How to Create Positive Systems Change Through Multisector Collaboration

Research shows that MSCs can leverage collaboration dynamics to create positive systems change. PHIL's findings demonstrate how defining a shared vision, shifting power structures, and normalizing shifts using formal arrangements lead to systems change. The following sections provide examples of collaboration dynamics that led to positive systems change in three MSCs.

Figure 1 provides an overview of key steps MSCs should take when working to create positive systems change. Details of the graphic are discussed in the following sections.

Figure 1. Collaboration Dynamics Leading to Positive Systems Change

Step 1

Define the collective vision for the future





- Gaining knowledge about the community's needs
- Identifying the issues that need to be addressed, with input from community

Step 2 Share power with underrepresented groups



- Encouraging diverse participation
- Including underrepresented groups in MSC activities
- Fostering understanding
 of diverse perspectives

Step 3 Normalize power-sharing through mindsets and practices



- Developing new, inclusive ways of working one another
 Ensuring diverse
- representation in MSC decision-making
- Providing training on topics like equity and systemic racism

Outcomes

Positive systems change



- Improving MSC participant's knowledge of the health system
- Working together as a cohesive system
- Leveraging connection to better serve clients and reach goals

Step 1: Define the Collective Vision for the Future



Creating positive systems change starts with defining a shared vision for what the ideal system looks like. MSCs should start the vision definition process by gathering different types of information that can be used by participants to identify changes in policies, practices, or mindsets that are needed to improve the community health system, which then leads to MSC participants defining a shared vision that responds to needed

changes.

MSCs can identify necessary changes by working with partners to understand community needs, leveraging existing data via community partnerships, and learning from other collaborative groups and community initiatives.

Once needed changes are identified, MSCs can use this information to develop a shared vision for the collaborative work and iterate as community needs change. Figure 2 provides an example of the shared vision for health care delivery developed by one MSC in Washington.

Figure 2. Vision for Health Care Delivery⁸

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Step 2: Share Power with Underrepresented Groups

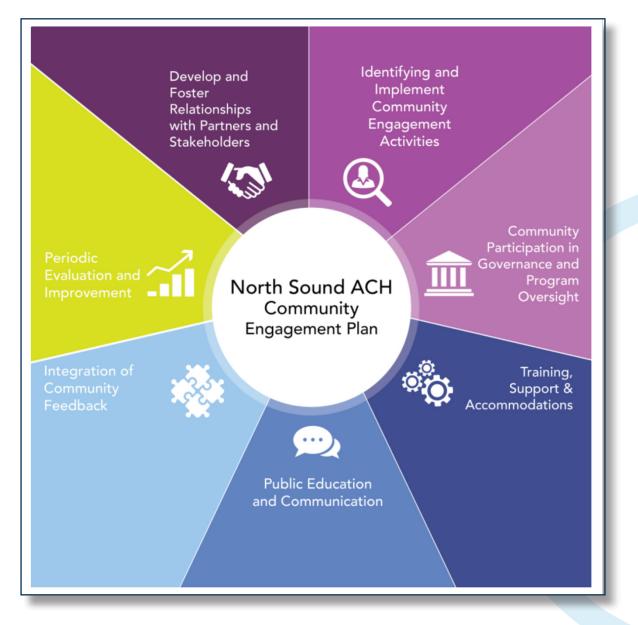


Often, shifting power structures requires sharing power with community members and other less powerful groups, like community-based organizations and systemically marginalized communities. MSCs can develop operating procedures that institutionalize power sharing using strategies including open board meetings, inviting public comment at governance meetings, hosting meetings outside of regular work hours, and

establishing decision-making committees comprised of community residents.

When an MSC facilitates power sharing with less powerful groups that are impacted by the shared vision, participants feel committed to work toward the shared vision for systems change. Figure 3 shows an example of one MSC's approach to sharing power with community through intentional engagement.

Figure 3. Community Engagement Plan[®]



Step 3: Normalize Power Sharing Through Mindsets and Practices



When new mindsets, practices, and/or policies become normalized, changes can move beyond a single person or organization and instead shape entire systems. Shifts in thinking and approach may include policy changes, sharing data differently, providing education, creating accountability systems, restructuring resource flows, aligning diverse actors and their interests, or other changes in participant interactions pity structures

or community structures.

Power shifts can be normalized by establishing operating procedures that guide how things are done in the MSC. For example, MSCs can create formal agreements such as contracts, bylaws, scopes of work, memorandum of participation, or defined roles and responsibilities to normalize shifts toward the shared vision. MSCs also institutionalize their shared vision by providing training and education that shifts how people think of power in systems. For example, MSCs could require partners to participate in trainings related to equity and structural racism.

These new arrangements and ways of thinking encourage MSC participants to work with one another in new ways, such as developing collaborative plans, forging new partnerships, undertaking joint projects, and collectively advocating for policy changes. One MSC in Washington defined its systems change process with collaboration and community health planning featured as two components of change (Figure 4).



Figure 4. Components of Change⁹



Outcome: Positive Systems Change



In the context of MSCs, positive systems change can be seen in many different forms. For MSC participants, it could look like improved knowledge of the system, such as learning about new organizations, services, and resources. This improved knowledge empowers MSC participants to act as a coordinated whole instead of disjointed parts. As MSC participants work together as a system, they are better able to reach their own

goals and improve service outcomes such as expanded service for behavioral and oral health care, increased participation in chronic disease prevention programs, and decreases in avoidable emergency room utilization. Positive systems change created by MSCs has the potential to improve outcomes for MSC partners and entire communities.

Moving Forward

PHIL's research shows that MSCs can leverage collaboration dynamics to create positive systems change. Findings suggest that MSCs can increase their chances of creating positive systems change by:



Starting with data (quantitative and qualitative) and diverse perspectives to **create a shared vision**.



Sharing power with those who are most impacted by the systems to be changed.



Using formal arrangements to **normalize shifts** in mindsets and practice.



Ensuring value is clearly defined and realized by partnership participants.

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This brief was developed by the <u>Population Health Innovation Lab</u> (PHIL), a program of the Public Health Institute (PHI). PHIL designs, catalyzes, and accelerates innovative approaches that advance health, well-being, and equity. Brief contents are based on Aligning Systems for Health research conducted by PHIL's <u>Monitoring, Evaluation, Research, and Learning Innovations</u> (MERLIN) team. Funding for this project has been made available through <u>Aligning Systems for Health</u>, led by the <u>Georgia Health Policy Center</u> with support from the <u>Robert Wood Johnson Foundation</u>.

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 <u>Methods Overview: Aligning Systems for</u> <u>Health with Accountable Communities of/for Health (ACHs)</u>.

For more information, please contact research@pophealthinnovationlab.org or visit us at www.pophealthinnovationlab.org.