

IMPROVING POPULATION HEALTH
THROUGH MULTISECTOR COLLABORATION

Advancing Equity with 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 4 focuses on understanding how collaboration dynamics relate to advancing equity in communities.

BRIEF 4 TAKEAWAYS

- Multisector collaboratives (MSCs) coordinate diverse partners within and beyond the health sector to address the root causes of inequity.
- The Accountable Communities of/for Health (ACH) approach to multisector collaboration has been shown to advance equity.
- To ensure that MSCs are working toward equity, they should develop equitable and inclusive practices, build trust among participants, and ensure collaborative benefits are equitably distributed across MSC participants and the community.
- Policymakers, funders, and practitioners should invest in initiatives that integrate diverse perspectives into decision-making; prioritize fair and transparent processes; and increase partner access to new or existing resources like knowledge, data, services, and funding.

Improving Population Health through Multisector Collaboration

Improving population health requires a coordinated, cross-sector approach that directly addresses the [social drivers of health](#) (SDOH) 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

MSCs in Action: Health-focused MSCs bring together diverse partners to advance equity. For example, HealthierHere in Washington has a cross-sector Governing Board that includes a Community and Consumer Voice Committee and an Indigenous Nations Committee. The diverse organizational, tribal, and community representatives work together to set priorities and make joint decisions to support and improve the health of the communities they serve.

The Role of Equity

Because health-focused MSCs develop partnerships that span health care, public health, social services, education, and other sectors that contribute to inequities in the SDOH, they are well-positioned to improve equity in communities. Equity is the absence of avoidable or remedial differences among groups of people.³ These differences stem from inequitable systems that are the root cause of health inequities in the United States. Previous research shows that improving equity is the best way to improve population health and decrease health disparities.⁴



Leveraging Collaboration Dynamics to Advance Equity

One way MSCs can advance equity is through [collaboration dynamics](#), 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 advancing equity in communities and systems. PHIL's research identified two collaboration dynamics that positively influence equity outcomes: using equitable and inclusive processes, building trust among MSC participants, and generating benefits that are equitably distributed across MSC participants and communities served.

EQUITABLE PROCESSES LEAD TO EQUITABLE OUTCOMES.^{6, 7}

Data & Methods

Data for this brief come from PHIL's [Aligning Systems for Health](#) research, which used a mixed-methods 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 [Accountable Communities of/for Health \(ACH\) model](#). 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.^{8, 9} For further details on study methods, please review [Methods Overview: Aligning Systems for Health with Accountable Communities of/for Health \(ACHs\)](#).

STUDY SAMPLE

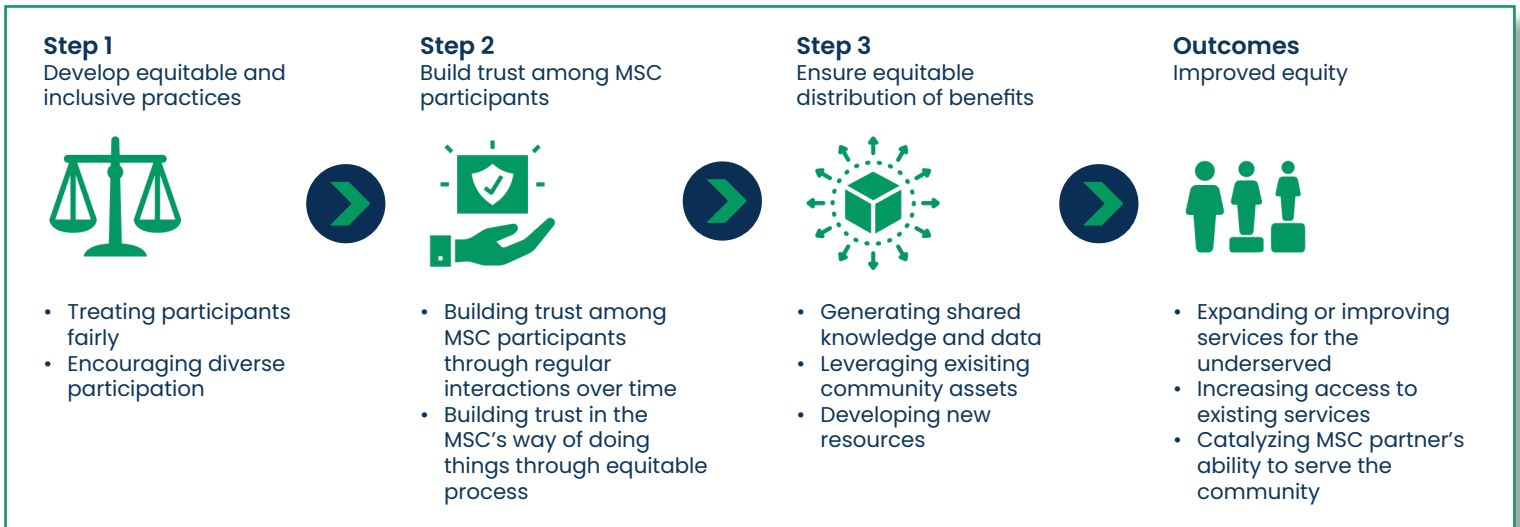
- Two states (California & Washington)
- 22 ACHs
- 642 research participants
 - 596 survey respondents
 - 85 interview and focus group participants
- 1,796 documents

How to Advance Equity Through Multisector Collaboration

Research shows that MSCs can leverage collaboration dynamics to advance equity. PHIL's findings demonstrate how MSCs can advance equity by developing equitable and inclusive practices, building trust, and ensuring collective benefits are equitably distributed across MSC participants and the community. The following sections provide examples of collaboration dynamics that led to improved equity in four MSCs.

Figure 1 provides an overview of key steps MSCs should take when working to advance equity. Details of the graphic are discussed in the following sections.

Figure 1. Collaboration Dynamics Leading to Improved Equity



Step 1: Develop Equitable and Inclusive Practices



Diverse inclusion should serve as a foundation for collaborative efforts and is a necessity for improving equity outcomes.^{10, 11, 12, 13} Diverse inclusion in practice requires developing principles and practices that enable diverse participation, dedicated leadership that values diverse perspectives, developing shared definitions, intentionality, and outreach to diverse groups.

MSCs can foster diverse inclusion by engaging multiple partners and different racial and ethnic individuals or groups, community residents, and tribal nations; communicating effectively with the broader community (e.g., county or region) about the MSC's vision and activities; and providing opportunities for public comment or participation.

The inclusion of groups that disproportionately experience health disparities promotes transparency, diverse representation, equitable processes, and active participation in policy development and decision-making.¹⁴ Across MSCs, examples of equitable and inclusive practices included:

- Offering additional support and resources to encourage active participation from indigenous communities, communities of color, and other historically marginalized groups.
- Increasing accessibility to organized meetings (e.g., providing interpretation services, scheduling meetings outside of traditional work hours, offering options to attend meetings by web or phone, etc.).
- Explicitly involving Medicaid consumers and/or community residents in decision-making by creating advisory committees that directly interface with the governing board.
- Designating board seats for those with less power in the health system such as community members and representatives of tribal nations, social services, and community-based organizations.



Step 2: Build Trust Among MSC Participants



Trust is defined as confidence in the reliability, truthfulness, and abilities of others.¹⁴ Trust is maintained through aligned objectives and consistent performance and sets the groundwork for shared motivation to work toward a collective vision.¹⁴

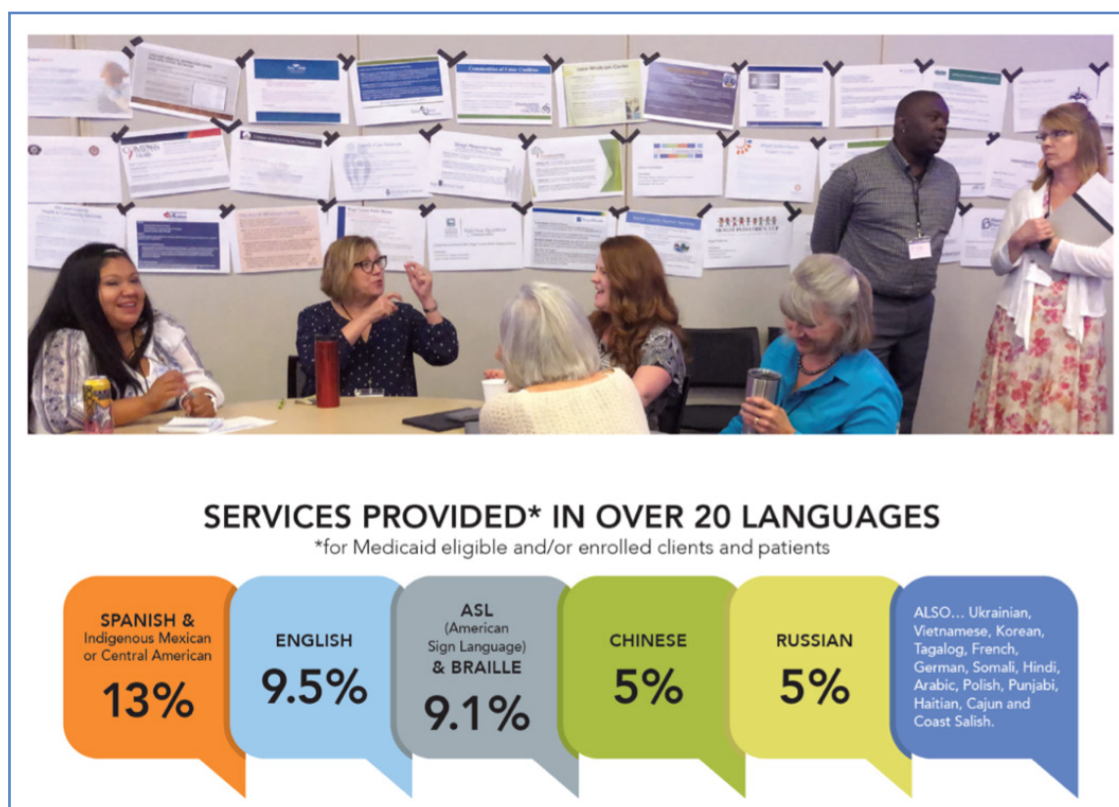
When bringing together diverse participants with different levels of power and experiences with health systems, building trust helps create an environment where MSC participants feel comfortable discussing topics such as sharing power, exploring equity issues, and facilitating resource distribution.

PHIL's findings show that MSC leaders can build trust by relying on the recommendations and decisions of their community-led councils. For example, one MSC learned about the need for culturally and linguistically relevant messaging and services. To ensure all people felt included and welcomed when they interacted with the health system, this MSC provided technical assistance and resources to support partners in providing culturally and linguistically relevant messaging and services for Medicaid clients and patients (Figure 2).

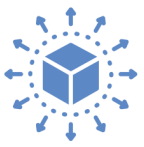


Trust is built over time through repeated interactions and is reinforced with equitable processes and consistent well-intending behavior.^{15, 16, 17, 18}

Figure 2. Multilingual Services¹⁹



Step 3: Ensure Collaborative Benefits are Equitably Distributed



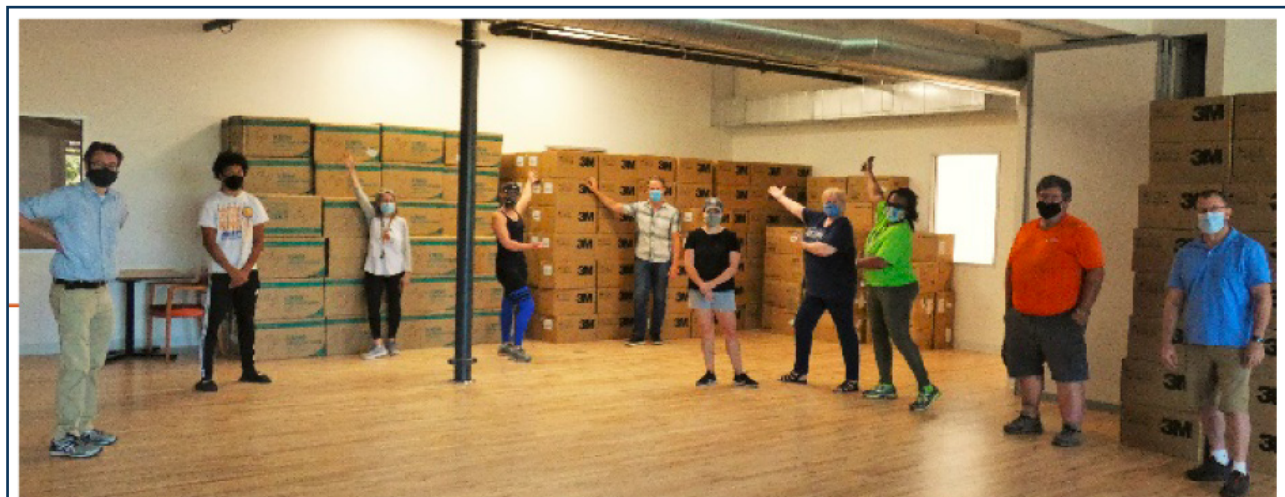
MSC participants must see value in collaborating with others and should gain benefits from engaging with the MSC. These benefits can take many forms, such as the ability to better identify and leverage existing assets, generating new resources, gaining capacity through the MSC backbone organization or connection to partners, access to trainings, and access to shared knowledge and data.

Research shows that access to knowledge—including data—either through knowledge generation or knowledge exchange, helped MSCs make positive strides toward improving equity. The collection and distribution of useful knowledge across partnerships and impacted communities can motivate and inform more equitable distribution of resources and benefits to less powerful groups at the individual and community levels.²⁰ For example, during the COVID-19 pandemic, MSCs used local knowledge to ensure tangible resources (e.g., funds, vaccines, masks, dental services, etc.) were distributed to the places and people who most needed them such as tribal reservations, rural communities, low-income communities, and marginalized communities (Figure 3).

When MSCs engaged in knowledge generation or knowledge exchange, they were able to:

- Understand how to better serve underserved and systemically marginalized communities.
- Identify areas of needed improvement in their collaborative (e.g., external communication, community inclusion, etc.).
- Leverage capacities across partners.
- Develop an evidence-based plan for how to address challenges.
- Establish MSC priorities that guided plans to prioritize improvements and expansions.

Figure 3. Face Covering Distribution²¹



We received and unloaded 600,000 donated face coverings for distribution in King County.



Outcome: Improved Equity



Collaboration dynamics can be leveraged to foster collaborative planning, expansion or improvement of services, and increased access to services and resources that catalyze MSC partner's ability to better serve underserved and systemically marginalized communities and make progress toward improved equity. Such progress is shown through greater commitment to obtaining diverse perspectives with the establishment of committees or councils that integrate perspectives of systemically marginalized groups into the MSC decision-making process.

Moving Forward

Overall, PHIL's research shows that equitable processes lead to equitable outcomes. While this approach may seem like common sense, it is revolutionary in a society that is still largely uninformed about the role that collaboration dynamics play in contributing to improved equity in the broader population. MSCs can leverage collaboration dynamics to increase their chances of advancing equity by:



Establishing equitable processes that ensure inclusion of diverse perspectives and power sharing with marginalized groups.



Building and maintaining trust among MSC participants.



Using shared knowledge and data to guide collaborative efforts.



Ensuring partners gain value from the MSC and that participation helps partners achieve their own goals.

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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 \(ACHs\)](#).

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