Recommendations for Practitioners, Funders, and Policymakers Seeking to Improve 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 6 focuses on recommendations for practitioners, funders, and policymakers seeking to improve population health outcomes through multisector collaboratives (MSCs) such as Accountable Communities of/for Health (ACHs).[1]

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BRIEF 6 TAKEAWAYS

- Multisector collaborative (MSC) practitioners should ensure diverse and representative inclusion in collaborative decision-making and establish principles and equitable processes that foster trust.
- Funders should offer unrestricted grants that are not tied to specific outcomes or near-term deliverables and use measures of collaboration dynamics as near-term process outcomes leading to longer-term impact outcomes like improved equity.
- Policymakers should maintain political support for and public investments in health-focused MSCs such as ACHs.

Keys To Successful Multisector Collaboration

Multisector collaboratives (MSCs) can balance competing priorities by identifying collaboration dynamics known to positively influence multiple outcomes. PHIL's Aligning Systems for Health research suggests that MSCs should:

Establish arrangements that institutionalize equitable and inclusive practices. Research shows that formal arrangements can have a positive influence on systems change and sustainability outcomes while bolstering the diverse inclusion needed to make progress toward equity outcomes. For example, MSCs can make meetings accessible to all by offering options to join by phone, video, or in-person. When designing governing boards and committees, seats can be reserved for representatives of specific groups (e.g., communities, tribes, social services). Community volunteers can be paid for the time and expertise they contribute to the collaborative work.

Kickstart the collaborative process by generating the knowledge and data needed to engage in evidence-informed vision definition activities. The process of defining a shared vision by spending time understanding the community and what is most needed provides a guiding light for everything else that happens in an MSC. This understanding can be gained through activities like hosting community conversations, learning from community assessments conducted by local health departments, conducting surveys, and participating in community-hosted events. The knowledge and data gathered through these activities can be leveraged to develop a clear vision for the MSC, which can inform development of a business or sustainability plan that can help reach and sustain the shared vision. Furthermore, using evidence to inform visioning will build MSC participant trust in the vision and can help clarify how each participant can contribute to achieving the vision. Remember that evidence (i.e., data) takes many forms. Strive to learn from both stories (qualitative data) and statistics (quantitative data) whenever possible.

Nurture and monitor collaboration dynamics since they are directly linked to collaborative outcomes. Research shows that collaboration dynamics can "affect the performance or outcomes of collaboratives, particularly the ability of diverse actors to sustain engagement, build trust, establish commitment, and shared understanding over time"[2] What happens within an MSC directly influences what the collaborative can accomplish in the surrounding community. Research shows that collaboration dynamics are a strong indicator of future outcomes, meaning that establishing and strengthening collaboration dynamics today is one of the best investments MSCs can make to increase the likelihood of advancing their shared vision and achieving their intended outcomes.[3, 4, 5, 6]

Collaboration should produce observable benefits. MSCs should not overlook the importance of producing tangible outputs and outcomes resulting from their collaboration dynamics. MSC participants want to point to something visible to answer questions like "Are we any better off?" and "Are we different?"[7] It is important to have accomplishments that can be measured, like number of convenings hosted, number of connections facilitated, or number of trainings delivered, which demonstrates collaborative productivity and can indicate that the MSC is on track for reaching its long-term goals. It is also important to ensure that participants directly benefit from engaging in the work, for example through connections, access to resources such as data or knowledge, direct support in the form of training or technical assistance, or monetary incentives for participation. When MSCs over-emphasize collaboration dynamics without producing observable benefits, participants get frustrated and say things like "We're way overboard in process and relationships and way underwhelming in results."[8] This type of mismatch between process and outcomes not only creates frustration, but damages confidence in the MSC. Overall, it is important to remember that while collaboration dynamics lead to collaborative actions and MSC productivity, MSCs should avoid placing so much emphasis on collaborative processes that they neglect making tangible forward progress toward their goals.

Keys to Successful ACH Implementation

These recommendations are for all the individuals, groups, and institutions that benefit from local Accountable Communities of/for Health (ACHs).

ACH participants should explore ways to pay for the valued work that is done by the convening entity. Time and again throughout PHIL's research, people reported the value of connection—to other organizations, services, resources, and ideas. Thus, if people value facilitated connections, they should contribute their own resources to help ensure the sustainability of this valued service provided by ACHs.

Ideally, financing for ACHs should come from everyone who is benefiting. ACH financing should come from government entities, since ACHs provide a public service. ACH partners should also contribute, since they are provided connections to organizations, resources, and trainings. Finally, the health care sector, which gains valuable connections to consumers through partnerships with trusted community-based organizations, should make financial investments in their local ACH. These investments made by multiple parties will generate the shared ownership of ACHs and build in accountability to diverse interests. Diverse investment requires ACHs to report to different investors, meaning they will be positioned as a neutral party and accountable to diverse groups instead of a single powerful interest.

Since ACH participants bring different resources and value-add to the collaborative table, sliding scales should be used to determine the amount and type of resources different participants are expected to contribute to the ACH. Participant's potential return on investment should be considered when determining how much different participants contribute to their ACH. For example, a state government has a multi-generational return on investment of billions of dollars; they should invest accordingly. Conversely, a nonprofit organization that may not gain financially from participation but is better able to serve their clients through engagement with the ACH should receive payment for participation instead of paying to participate. This recommended approach of shared financing is one way to truly shift the power balance across sectors, including acknowledging and subsequently paying for the value each group brings to collaborative tables.

Recommendations for MSC Practitioners

MSC practitioners should ensure diverse and representative inclusion in collaborative decision-making and establish principles and equitable processes that foster trust.
MSCs should focus on diverse inclusion that strives to be representative of the community served; at minimum, sector, race, ethnicity, and geographic coverage should be considered. MSCs should keep their local context in mind and tailor inclusion to what makes sense for their community and their shared vision. For example, if MSCs share land with sovereign tribal nations, they should ensure tribal nations are consulted throughout the collaborative process and that space is held for tribal representatives at decision-making tables. If an MSC serves a community that is primarily Hispanic, the MSC should have Spanish speakers represented on decision-making bodies.

Furthermore, diverse inclusion must be paired with intentional trust building, dedicated time to ensure mutual understanding among diverse participants, and genuine power sharing with systemically marginalized individuals and groups. PHIL's research shows this pairing is vital since diverse inclusion without trust can create challenges for MSC alignment and sustainability. Even with its complexity, MSCs should consider diverse inclusion that shifts power and is representative of the system as a necessary condition for creating positive systems change, improved equity, and collaborative sustainability.

Recommendations for Policymakers

Policymakers should maintain political support and public investment in MSCs and ACHs.
MSCs connect organizations, sectors, and communities across boundaries to create lasting community-wide change. By bringing together these different organizations, groups, and interests, they establish the diverse web of connections needed to create a truly collaborative system. Furthermore, research shows that ACHs reduce duplication and fragmentation that often pervades community health systems.[9] This can be done most effectively as a public service since most MSCs and ACHs do not sell their outputs in economic markets like private services. Furthermore, many ACHs are tied to state-level initiatives like Medicaid expansion as an approach to policy implementation.

Since MSCs provide a needed public service, they should receive some level of public support in the shape of policy backing and financial investments. However, it is important that MSCs retain the ability to be neutral, independent conveners across organizations, sectors, and boundaries with balanced power across groups and accountability to various interests. For this reason, it is most appropriate for MSCs that are providing public services—like ACHs—to receive continuous funding from both public and private sources to ensure they have diverse accountability. Therefore, we recommend that MSCs operate as independent nonprofit organizations with sustainable investments made by government, health care, public health, social services, and member organizations.

Recommendations for Funders

Funders should offer unrestricted grants not tied to near-term deliverables.
MSCs support a diverse range of outcomes by convening and maintaining partner connections that must be sustained over time to achieve impact. The diversity of outcomes stems largely from the locality and the unique needs of each community served. However, these outcomes can be difficult to measure. The long-term results of increased connectivity may not tangibly manifest in the population for months or years after the connection is made. Therefore, funders should consider near-term ways to measure collaborative success such as levels of participant commitment, value participants derive from engaging with the MSC, and structural changes in the system, which can be measured using network analysis. Funders can refer to PHIL's Toolbox for Measuring Cross-Sector Alignment and the Georgia Health Policy Center's Toolkit for Everyone Aligning and Measuring (TEAM) for more ideas.

Funders should accept the ambiguity of the power of connection, respect its potential for exponential impact, and consider funding for convening to be a long-term investment. Furthermore, funders should embrace the locality and diversity of outcomes, as well as consider convening and connecting as mandatory process outcomes along the way to population health improvement. Funding for directly improving population level outcomes is also important, but there should be abundant flexibility in how those outcomes are measured; especially when working with ACHs, since they are driven by the communities they serve, and every community has different needs.

Moving Forward

Policymakers, funders, and practitioners who seek to improve community outcomes through MSCs are encouraged to leverage the power of collaboration dynamics to advance MSC outcomes such as positive systems change, improved equity, and collaborative sustainability. Overall, communities can better reach collective goals when individuals, organizations, and communities collaborate across sectors and boundaries through MSC structures. Thus, policymakers, funders, and practitioners alike should maintain support for the MSCs in their communities.

References

1. Some of the contents presented in this brief were first published by PHIL's Director of MERLIN, Dr. Stephanie Bultema, in her dissertation, Linking Collaboration Dynamics and Outcomes in Collaborative Governance, as part of her requirements for earning a Doctor of Philosophy in Public Affairs from the University of Colorado Denver.
2. Heikkila, T., & Gerlak, A. K. (2016, pg. 182). Investigating Collaborative Processes Over Time: A 10-Year Study of the South Florida Ecosystem Restoration Task Force. The American Review of Public Administration, 46(2), 180–200. https://doi.org/10.1177/0275074014544196
3. Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. Journal of Public Administration Research and Theory, 22(1), 1–29. https://doi.org/10.1093/jopart/mur011
4. Emerson, K., & Nabatchi, T. (2015). Collaborative Governance Regimes. Georgetown University Press.
5. Ulibarri, N. (2015). Tracing Process to Performance of Collaborative Governance: A Comparative Case Study of Federal Hydropower Licensing. Policy Studies Journal, 43(2), 283–308. https://doi.org/10.1111/psj.12096
6. Bultema, S. (2022). Linking Collaboration Dynamics and Outcomes in Collaborative Governance [University of Colorado Denver]. https://www.proquest.com/openview/8298951f882ebe3326288d7c59ded2b1/1.pdf?pq-origsite=gscholar&cbl=18750&diss=y
7. Interview with MSC participant in Washington, April 16, 2022.
8. Interview with MSC participant in California, May 27, 2021.
9. Bultema, S., Morrow, H., & Wenzl, S. (2020). Accountable Communities of Health, Health and Social Service Systems Alignment, and Population Health: Eastern Washington State, 2017-2019. American Journal of Public Health, 110(S2), S235–S241. https://doi.org/10.2105/AJPH.2020.305773

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