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A Roundtable on Cross-Sector Collaboration and Resource Alignment for Health Equity: Meeting Summary

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ABSTRACT

Cross-sector collaboration is a highly recommended strategy to eliminate health inequities nationally and globally. In the federal sector, it is evolving into an important approach for solving complex social problems, as evidenced by its steady proliferation the past few decades. Despite the increased adoption of cross-sector collaboration, it is still not a default strategy or preeminent option for managing complex social problems. In September 2015, the Federal Interagency Health Equity Team (FIHET) hosted a Roundtable event to discuss opportunities and strategies to foster widespread adoption of cross-sector collaboration and resource alignment. The Roundtable featured several expert panelists and participants from the government sector, foundations, and communities, and explored issues, barriers, and innovation in this area of practice. Key recommendations from the Roundtable centered on mission alignment, increasing investments in infrastructure and capacity building, establishment of common language and goals, and embracing innovation to overcome institutional barriers. Participants also offered recommendations to improve funding infrastructure and requirements, increase information access, and foster cross-sector collaboration at the local level.

Keywords: Cross-Sector Collaboration, health equity, health disparities, FIHET

INTRODUCTION

Collective action across all sectors and levels of government, and with communities in a leadership role, is a key recommendation for effective action to eliminate health inequities (CSDH, 2008; OMH, 2011). The anticipated value of collective action derives from consensus understanding of the multi-causal nature of health inequities. Health inequities are differences in health status closely linked with social, economic, and/or environmental disadvantage; these

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disadvantages are systematically experienced by certain groups in society that are identifiable by social characteristics such as income, geographic location, gender, and race/ethnicity (OMH, 2011). Resolving health inequities requires actions that improve the social determinants/causes of health and in addition, the factors that influence the distribution of these determinants in society (Braveman & Gottlieb, 2014; CSDH, 2008; Graham, 2004). In practice, this means intentional action must be taken to address social stratification and therefore, issues such as income inequality, as well as directly reduce differential exposures to health-damaging factors, differential vulnerability, and differential consequences of resultant ill-health (Solar & Irwin, 2010).

Addressing social, economic, and environmental disadvantage in ways that leverage these multiple entry points is not necessarily a novel concept in the United States. In 1964, President Lyndon Johnson declared a “War on Poverty,” which introduced federally-funded initiatives and programs designed to improve education, health, skills, jobs, and access to economic resources for the economically disadvantaged (CEA, 2014). The “War on Poverty” birthed notable programs such as the Supplemental Nutrition Assistance Program (SNAP) to address food insecurity (Oliveira, Tiehen, & Ver Ploeg, 2014), and the Job Corps to address unemployment through education and training for disadvantaged youth (Schochet, Burghardt, & McConnell, 2008). The “War on Poverty” also fostered the passing of seminal legislation such as the Elementary and Secondary Education Act of 1965, which established the Title I program that subsidizes public education for schools with the highest percentages of children from low-income families. These programs continue to be critical investments in improving both social determinants of health and the factors that affect the distribution of these determinants such as poverty. In Fiscal Year 2012 alone, the federal government expended \$799 billion on 92 “War on Poverty” programs for food aid, cash aid, education and job training, health care, and housing (House Budget Committee Majority Staff, 2014). Beyond these programs, other federal initiatives and programs with related intent have emerged such as the creation of the federal Office of Minority Health in 1986 to coordinate the implementation of key recommendations of the seminal “Report of the Secretary’s Task Force on Black and Minority Health,” which listed eight key actions needed within the federal health sector to address health disparities (CDC, 1986).

Likewise, cross-sector collaboration is a longstanding and recognized approach for solving complex social problems through federal sector programming. In a 1970 memorandum to Community Action Agencies (CAA) created by the Economic Opportunity Act of 1964 for example, the White House Office of Economic Opportunity required that each CAA “...must coordinate its plans with those of other agencies and institutions responsible for poverty-related programs” (Rumsfeld, 1970). In support of the National Partnership for Action to End Health Disparities, which was launched in 2011 by the US Department of Health and Human Services, Beadle and Graham (2011) aptly noted that the required action to eliminate health inequities exceeds the reach and capacity of any one entity, and therefore, cannot be effectively tackled by individuals or organizations acting independently. In the recently published Executive Order 13748 (2016) President Barack H. Obama noted that coordinating federal investments “across agencies based on locally led visions can reach communities of greatest need to maximize the impact of these programs.” Established federal initiatives and programs premised on the promise of collaboration across sectors include: the Federal Interagency Health Equity Team which

addresses health inequities (OMH, 2016); the National Prevention Council, which focuses on the health, well-being and resilience of the American people (Office of the Surgeon General, 2016); the Interagency Working Group on Environmental Justice, which is intended to ensure that each federal agency “make environmental justice part of its mission” (USEPA, 2016); Promise Neighborhoods, which aims to improve educational and developmental outcomes of children and youth in the nation’s most distressed communities (US Department of Education, 2016); and Promise Zones, which is intended to create jobs, increase economic security, expand educational opportunities, increase access to quality, affordable housing, and improve public safety (HUD, 2016; The White House, 2014).

The plethora of federal programs, policies, and initiatives that address social, economic, and environmental disadvantage, and by extension, how health is experienced by different groups in the population, is remarkable. However, the capacity of these programs to individually transform health or any given social determinant of health is greatly influenced by the strong interdependencies between the factors that shape health. In other words, the work of individual programs and sectors that address the social determinants of health intersect in fundamental and complex ways, and thus have much bearing on the work of each other and programs mandated with eliminating inequities in health. This suggests that operating outside a cross-sector collaboration framework is not likely to maximize gains to be derived from ongoing investments in health and the social determinants of health. Traditionally, government programs tend to operate in well-established and highly structured administrative silos that constrain the malleability of the priorities and work of individual programs, as well as the ability to align resources between two or more programs. Even with the impressive proliferation of federal cross-sector partnerships to improve social, economic, and environmental disadvantage, health, or health inequities the past few decades, cross-sector collaboration in general does not seem to be a preferred approach to doing business for federal sector programs. Cross-sector collaborations that aim to address inequities are even much less prevalent. To increase the adoption of intersectoral strategies to improve health and the social determinants of health, the FIHET conducted a study of the state of cross-sector collaboration for health equity (Zuckerman, Duncan, & Parker, 2015), and hosted a subsequent Roundtable event that leveraged findings from this study. The FIHET is a federal interagency body with the mission to convene federal leaders to end health disparities by building capacity for equitable programs and policies, cultivating strategic partnerships, and sharing relevant models for action. The findings from the roundtable event are summarized in the remainder of this paper.

METHODS

Roundtable Goals and Structure

On September 10, 2015, the Federal Interagency Health Equity Team (FIHET) hosted a Roundtable event to support the advancement of cross-sector collaboration and resource alignment around the goal of eliminating health inequities in the federal sector. The main goal was to describe strategies and mechanisms for successful cross-sector collaboration to support health equity. Participants included experts and leaders representing communities, federal, state, and local governments, foundations, and non-governmental organizations working collaboratively to improve health, well-being, and health equity in communities. The Roundtable event opened with welcome remarks from the Administrator for the Food and Nutrition Service

at the US Department of Agriculture, and the Deputy Assistant Secretary for Minority Health and Director for the Office of Minority Health at the US Department of Health and Human Services. Leaders and practitioners at the event discussed key mechanisms and strategies they have adopted to initiate and sustain their collaborations and efforts to promote health, well-being, and health equity. Participants leveraged these presentations in subsequent breakout sessions to identify key actions that would advance cross-sector collaboration for health equity. The key messages from the Roundtable are presented in the remainder of this report.

RESULTS

Key Messages

Participants offered valuable experience-informed recommendations on strategies to initiate and sustain meaningful cross-sector action to improve health, well-being, and address health inequities in communities. These recommendations were offered through the lens of communities seeking to address disadvantage, and through the lenses of practitioners and funders that support work to address disadvantage and health inequities in communities, and are highlighted below. It is important to note these recommendations capture the shared perspectives of individuals at a meeting. Therefore, they serve to highlight important considerations that merit affirmation from the literature and/or further exploration.

Aligning organizational priorities is a critical first step for sustainable cross-sector collaboration and resource alignment. Participants agreed that a “new normal” was necessary within organizations as a first step to foster and sustain cross-sector collaboration and resource alignment for health equity with other organizations. They noted that this type of change occurred by organizing people, securing resources, and shaping the narrative of the organization in ways that demonstrate the organization’s contribution to eliminating health inequities. Panelists enumerated examples of implementing visioning strategies to assess and re-image their organizational purpose, and to allow their mission to be relevant in terms of their potential influence on health, well-being, and health equity. Re-thinking organizational mission in terms of how to leverage an organization’s entire assets to support health was presented as a bold and effective approach to the cultural change required to institutionalize cross-sector collaboration to support health, well-being, or health equity goals. Participants identified specific visioning undertakings such as: adopting a culture of health; internal assessments of how core activities and functions of an organization could support health, well-being, or health equity goals; implementing re-visioning at an organizational level rather than relying on one unit of the organization to support the re-imaged purpose; identifying areas of alignment between health, well-being, health equity and the current work of the organization; identifying new opportunities; setting audacious goals for organizational change; and embracing a culture of continuous change and improvement. Engaging the leadership of partner organizations was identified as critical to embarking on a visioning process. Engaging leadership ensures organizational buy-in that is necessary for the type of transformative re-imaging described.

Visioning is also a process that benefits communities wanting to address well-being, health, and health inequities. In one example, a panelist noted how their community moved toward a culture of change by looking within and transforming its perspectives on what was possible in terms of achieving well-being and health. By finding the reason for change from within, a community could embark on a journey of unprecedented transformation characterized

by constant evolution for better outcomes. However, some panelists noted that many communities that need to address disadvantages and inequities require support and empowerment to build this capacity for change, and attain a necessary state of “readiness.” While readiness may happen naturally for some, many communities would need to be supported and enabled to embrace a culture of change and improvement.

Common language, common goals and targeted efforts are key ingredients for successfully recruiting and retaining partners in a cross-sector collaboration. Participants felt that to take advantage of the opportunity for cross-sector collaboration, organizations needed to find the alignment of their work with the work of potential partner sectors and organizations. This also relates to creating a “new normal” that allows organizations to see themselves in the work of other sectors and organizations, and vice versa. Participants underscored the importance of narrative construction as key to breaking down language barriers that exist between sectors. They underscored the importance of harmonizing how we talk about health, well-being, and health equity across sectors.

In seeking partners, adopting a transdisciplinary approach and identifying partners beyond the usual suspects was highly recommended. Participants noted that securing trusting relationships with new and especially non-traditional partners requires that the organizations seeking the partnerships actively learn each other’s business language and culture. Accordingly, the engagement process ought to include learning and open conversations about each partner’s values and cultures to identify areas of synergy. Working collaboratively with partners to reframe how all partners talk about health, well-being, and health equity using a co-learning strategy was also mentioned as critical to the success of cross-sector collaborations. Roundtable participants emphasized the importance of approaching partners with humility, investing in discovering what partners valued, and identifying mutual interests and win/win opportunities. In one example, a panelist noted that their community found the most strength in what they lacked knowledge about, which in turn fostered a culture of learning that has enabled them to learn about and tap into new opportunities.

Setting common smart overarching goals and targets in specific work areas was also recommended to allow people appreciate the destination and the journey, and to secure and sustain engagement. Setting goals that impact people and places was viewed as necessary to make anticipated change relatable and measurable. These types of goals help connect the contribution of individual partners to a shared vision of transformation. Within this context, data emerged as a critical resource for partnerships at all stages. A panelist noted that data was so important because only what was measured and tracked got done. By defining measures of progress, each collaborative is better positioned to plan for and adapt its work in a timely manner to ensure success. Given that data highlights progress and opportunities for improvement, it is also a momentum builder, and can incentivize partners to increase their engagement in the work of a collaborative. To further illustrate the value of shared goals and data, one participant noted that their federal collaborative focused its efforts by asking questions about: the scope and scale of the problem to be solved, how the scope and scale of the solutions matched those of the target problem, and if individual partners could see each other’s work as their own. This approach elicited a sense of community across partners, and helped them identify and eliminate barriers to progress early in the process.

Investment in infrastructure and capacity building is essential. Participants stressed the importance of investing in creating the infrastructure for change at the community level. Community representatives noted that the practice of not funding the backbone structure for a collaborative was common and antithetical to progress. They detailed critical uses of resources such as hiring a manager, developing training, coordinating programming, planning, data collection, and assessment as highly valuable tasks that required the full-time attention of paid personnel. The same concern was expressed for backbone organizations operated by partner organizations in a collaboration. Lack of dedicated funding to support operations was noted as a critical limiting factor in the ability of such collaborative entities to do what was required to run efficiently and deliver on goals.

Participants also recommended leveraging community assets and capacity by adopting assets-based approaches rather than a deficit approach to addressing disadvantage and inequities through the work of a collaborative. They also recommended the development of sustainable funding as part of the plan for any collaborative that is required to convene partners, facilitate the necessary learning to foster collaboration, and establish new relationships. They noted that strengthening the capacity of communities to create a healthy future also ensured that the change process was sustainable in the long term. Participants identified tools to strengthen communities' capacities such as data, leadership training, advocacy training, and education about issues that affect them. Other forms of capacity could also be provided to communities on an as needed basis to support their change processes. These capacities include grant writing assistance, needs assessments, community asset mapping, and funding to convene collaborators/establish partnerships.

Explore new ways to do business. Organizational culture can present barriers to cross-sector collaboration and resource alignment. A panelist noted that this understanding necessitates asking why those barriers exist and whether they can be removed. Some participants expressed success at overcoming these institutional barriers by re-examining existing norms within the context of more recent policy. One panelist described how norms sometimes reflected historical policies and decisions that may have lost relevance or applicability given policy changes over the years. Not creating the space to re-examine these policies within the context of a current need could mean a missed opportunity for success.

Innovation around models for cross-program interaction was highly recommended as some participants expressed concern that current administrative barriers exist because existing programs were created without the expectation for significant interactions of this nature. Given what is currently known about the true interdependencies between programs and the issues they seek to address, it is imperative to re-examine these policies and procedures within the context of what is legally permissible. Participants further expressed the need for a learning community within the federal sector to facilitate co-learning and spread innovation. Finally, strict observance of existing policies was identified as a cultural factor that may prevent government employees from exploring innovative approaches. One panelist recommended that per their experience, developing internal policies and practice guidelines on cross-sector collaboration and resource alignment for programs was an effective way to overcome this type of concern.

Lastly, participants suggested that funders across all sectors in general need to re-think what kinds of activities are traditionally funded, and how to fund projects to improve health, well-being, and health equity in communities. Some expressed the concern that many funders

were unwilling to pay for capacity such as the services of a manager to oversee the day to day activities of a collaborative body. As mentioned earlier, participants opined that many collaborative bodies are bound to fall short of expectations without the paid services of a manager to run the daily affairs of the collective.

In addition to the key recommendations discussed above, participants shared additional areas of need based on their experiences, and offered potential solutions to those needs (Table 1). While some of the information provided in the table refers only to the federal sector, almost every recommended action is applicable to states and localities.

Table 1: Additional Needs and Recommended Actions to Support Cross-Sector Collaboration to Promote Health, Well-being, and Address Health Inequities

| Need | Recommended Actions |
|---|--|
| Funding infrastructure and requirements | <ul style="list-style-type: none"> Consider multi-year, longitudinal funding structures to match the duration typical for activities that promote health, well-being, and improve health inequities. |
| | <ul style="list-style-type: none"> Add an explicit health equity requirement in grant funding opportunity announcements. |
| Information access | <ul style="list-style-type: none"> Improve data sharing between federal data systems, and facilitate the process of data integration between all levels of government. |
| | <ul style="list-style-type: none"> Develop a standard set of national measures to track progress on health equity. |
| | <ul style="list-style-type: none"> Consolidate federal tools and data to increase access and utility for communities. |
| | <ul style="list-style-type: none"> Map the alignment of all federal programs to health, well-being, and health equity, and make the information publicly available. |
| | <ul style="list-style-type: none"> Create a publicly available inventory of federal investments to promote health, well-being, and health equity. |
| | <ul style="list-style-type: none"> Create a national clearinghouse for data and tools as well as pertinent information about federal programs to increase visibility and access. |
| Cross-sector collaboration at the local level | <ul style="list-style-type: none"> Leverage leadership and convening power at the state level to promote and facilitate cross-sector collaboration at the local level, and increase resource and program coordination across sectors. |

CONCLUSION

The proliferation of cross-sector initiatives in the United States signals increasing recognition of the interdependencies between the work of different sectors, and the potential for more success with achieving individual mandates through deliberate interaction. With calls for greater dependence on the collaboration model, it becomes imperative that we understand how to successfully leverage these interdependencies to eliminate disadvantage and health inequities, and create conditions supportive of health and well-being. Indeed, diverse coalitions formed around a common agenda ideally should be cooperative and synergistic working alliances that add value by: maximizing the power of individuals and groups through joint action on an issue, minimizing duplication of effort and services, and mobilizing additional talents, resources and approaches to influence an issue than any single organization could achieve alone (Butterfoss, Goodman, & Wandersman, 1993). However, these benefits are only accessible given the right conditions and can be difficult to achieve. The experience-informed perspectives of panelists and participants at the Roundtable offered practical insights into real and potential challenges associated with partnering across sectors for health and health equity, and strategies to overcome these challenges. While the participants highlighted and affirmed some helpful strategies already known to the practice community such as the need for a funded backbone structure and investment in capacity building, they also offered new insights into what is required to improve collaboration. For example, they expressed the need for centralized and publicly accessible information about federal program activities that address health, well-being, and health inequities. This new information can be extremely valuable to potential partners at many levels including communities. Such information can help identify what resources are available, which federal partners manage such resources, and therefore, the best opportunities for interaction between and with federal programs. Access to this information will likely increase knowledge, access to, and utilization of resources already earmarked to solve problems in communities.

Moving forward, the FIHET will leverage these recommendations to support its mission and work. More importantly, we anticipate that these perspectives will support the work of numerous other coalitions at all levels working to manage the large mandate of addressing complex social problems, and therefore support the advancement of the health equity field of practice.

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DISCLAIMER

The views expressed in this article do not reflect the views or official policy of the US Environmental Protection Agency.

REFERENCES

- Beadle, M. R., & Graham, G. N. (2011). Collective action to end health disparities. *Am J Public Health, 101 Suppl 1*, S16-18.
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep, 129 Suppl 2*, 19-31.
- Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1993). Community coalitions for prevention and health promotion. *Health Educ Res, 8*(3), 315-330.
- CDC. (1986). Perspectives in Disease Prevention and Health Promotion Report of the Secretary's Task Force on Black and Minority Health. *Morbidity and Mortality Weekly Report, 35*(8), 109-112.
- CEA. (2014). *The War on Poverty 50 Years Later: A Progress Report*. Washington, DC: The White House Council of Economic Advisers
- CSDH. (2008). *Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Final Report of the Commission on the Social Determinants of Health*. Geneva: Committee on the Social Determinants of Health (CSDH), World Health Organization.
- Exec. Order No. 12898. (February 16, 1994). Federal Actions To Address Environmental Justice in Minority Populations and Low-Income Populations *Fed. Reg.* (Vol. 59).
- Exec. Order No. 13748. (November 16, 2016). Establishing a Community Solutions Council *Fed. Reg.* (Vol. 81, pp. 83619-83622).
- Graham, H. (2004). Social Determinants and Their Unequal Distribution: Clarifying Policy Understandings. *The Milbank Quarterly, 82*(1), 101-124.
- House Budget Committee Majority Staff. (2014). *The War on Poverty: 50 Years Later. A House Budget Committee Report*. Washington, DC: United States House of Representatives, House Budget Committee.
- HUD. (2016). Promise Zones. Retrieved from https://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/economicdevelopment/programs/pz/overview
- Office of the Surgeon General. (2016). National Prevention Council. Retrieved from <https://www.surgeongeneral.gov/priorities/prevention/about/>
- Oliveira, V., Tiehen, L., & Ver Ploeg, M. (2014). USDA's Food Assistance Programs: Legacies of the War on Poverty. Retrieved from <https://www.ers.usda.gov/amber-waves/2014/januaryfebruary/usda-s-food-assistance-programs-legacies-of-the-war-on-poverty/>
- OMH. (2011). *National Stakeholder Strategy for Achieving Health Equity*. Rockville, MD: Office of Minority Health, US Department of Health and Human Services
- OMH. (2016). Federal Interagency Health Equity Team (FIHET). Retrieved from <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=36>
- Rumsfeld, D. (1970). *The Mission of the Community Action Agency*. (No. 6320-1). Washington, DC: Office of Economic Opportunity, Executive Office of the President, The White House.
- Schochet, P. Z., Burghardt, J., & McConnell, S. (2008). Does Job Corps Work? Impact Findings from the National Job Corps Study. *American Economic Review, 98*(5), 1864-1886.

- Solar, O., & Irwin, A. (2010). *A Conceptual Framework for Action on the Social Determinants of Health. Social Determinants of Health Discussion Paper 2 (Policy and Practice)*. Geneva: World Health Organization
- The White House. (2014). Fact Sheet: President Obama's Promise Zones Initiative. Retrieved from <https://www.whitehouse.gov/the-press-office/2014/01/08/fact-sheet-president-obama-s-promise-zones-initiative>
- US Department of Education. (2016). Promise Neighborhoods. Retrieved from <http://www2.ed.gov/programs/promiseneighborhoods/index.html>
- USEPA. (2016). Federal Interagency Working Group on Environmental Justice (EJ IWG). Retrieved from <https://www.epa.gov/environmentaljustice/federal-interagency-working-group-environmental-justice-ej-iwg>
- Zuckerman, D., Duncan, V., & Parker, K. (2015). *Cross-Sector Collaboration and Resource Alignment Strategies to Achieve Health Equity. A Report Prepared for the Federal Interagency Health Equity Team* (Unpublished). Rockville, MD: Office of Minority Health