

# **Reducing Health Inequities:** Enablers and Barriers to Inter-sectoral Collaboration

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## Key Messages

Addressing systemic health disparities and their underlying social determinants are complex and challenging social and policy problems. One increasingly important direction that addresses the dynamic and inter-dependent nature of the social determinants of health has been through collaboration across different policy and program sectors.

This inter-sectoral collaboration can operate at the policy level - where different departments and agencies within a government or different levels of government coordinate or share responsibility for policy development and implementation.

At a community or local level, ISC can involve a wide range of senior and municipal government agencies, social service providers, foundations, business, community-based organizations and other stakeholders coming together. The focus of collaboration can range from improving service coordination, through community development and advocacy, to comprehensive community initiatives to address the structural foundations of health and other inequalities.

This research focussed more on community-based or local collaboration. Based upon extensive key informant interviews and a review of existing literature, this study identifies the enablers and barriers for inter-sectoral collaboration that can ameliorate the impact of health disparities and contribute to the policy and social changes needed to address their underlying social determinants.

These key success conditions are:

- a powerful shared vision of the problem to be addressed and what success would look like in solving it;
- strong relationships among partners, as well as the most effective mix of partners;
- leadership, both in advancing shared purposes and sustaining the collaboration; adequate, sustainable and flexible resources; and
- efficient structures and processes to do the work of collaboration.

## Introduction

Health disparities are pervasive and damaging, with a consistent gradient where poorer people, those in more precarious jobs, racialized communities, new immigrants and others facing systemic inequality and exclusion having poorer health. The roots of this inequitable health lie in deeper structures of social and economic inequality (CSDH, 2008). These social determinants of health and health disparities need to be addressed at various levels. High-level macro social and economic policy changes that reduce overall inequality are fundamental. At the same time, community level policy, programs, and investment to ameliorate the impact of health and related inequalities, to adapt national strategy to local conditions, to more effectively coordinate local services, and to leverage and integrate local community-based initiatives are also crucial.

The social determinants of health are complex, dynamic and inter-dependent. This means that the impact of any single government, policy lever, or program in isolation is necessarily limited. A key driver for multiple sectors to work together is the recognition that solving complex health and social problems is beyond the capacity of any one sector and beyond the realm of the health sector alone (CSDH, 2008; PHAC, 2007; Chomik, 2007; Health Canada, 1999).

Given the inter-dependent nature of social determinants, inter-sectoral collaboration and coordina-

tion are key (PHAC, 2007; Chomik, 2007; Health Canada, 1999). Part of this is within governments – so departments of finance, education, health and others need to coordinate their policies to most positively affect health and to minimize structured inequality – and part is across governments – where federal, provincial and local levels of government need to align their efforts. And at the local and community level, partnerships and collaborations among governments, service providers, community members and advocates, the private sector, and many other stakeholders, are local mechanisms to address complex social problems such as the determinants of health and health disparities.

Inter-sectoral collaboration has come to be seen as an essential part of comprehensive strategies to address health disparities and population health. However, further work is needed to understand the factors that support good collaboration and to build a case for inter-sectoral collaboration (ISC) as a best practice (Corbin, & Mittlemark, 2008). What kinds of inter-sectoral collaboration, and to what ends? What success conditions and enablers are needed to realize the potential of inter-sectoral collaboration? How can effective and responsive collaboration address complex social problems and contribute to reducing health disparities? That is the focus of this paper.

Through a series of key informant interviews and a review of relevant literature, this paper explores the enablers and barriers to collaboration across sectors to address the social determinants of health. The process of collaboration is complex and shaped by the context in which an issue of concern arises. A number of inter-dependent conditions were found to influence the outcome of collaborative efforts: the relationships among partners; shared vision; leadership; resources; structure; and process.

Conditions could either be enablers or barriers depending on the issue being addressed and the context. Good working relationships among partners and shared vision were seen as strong enablers to successful collaboration; while poor working relationships will limit the impact of any collaborations. Lack of resources and structural barriers, such as funding requirements, were seen as major obstacles to inter-sectoral action. Dedicated staff who performed an integration function, making the connections between people and organizations to coordinate program/service delivery and facilitate change, were also strong pre-conditions for effective inter-sectoral collaboration.

Addressing social determinants of health is critical to promoting equity and well being in populations. The research evidence and experiences of leaders and front-line practitioners in many settings builds a compelling case that collaborative and coordinated work across sectors is one vital direction.

In exploring inter-sectoral collaboration, several challenges became apparent. First, inter-sectoral collaboration is complex. Far from being linear, ISC is a dynamic unfolding of interrelated actions and processes that continually impact each other. Secondly, the focus and dynamics of collaborative efforts are very much driven by context and the specific social or community problems being addressed. Context gives rise to the questions that are asked and shapes the solutions being proposed (Roussos and Fawcett, 2000; PHAC, 2007). Because of the complexity and situation-specific nature of ISC, there is no script for a “right” approach. Enablers that support effective collaboration in one situation may be barriers in another. Nevertheless, lessons can be learned from those who work in diverse partnerships, and applied to other initiatives.

## **SCOPE**

A literature review was conducted using key words: inter-sectoral collaboration, collaboration, social determinants of health, health disparities, and population health. The review highlighted research, guiding frameworks, and examples of inter-sectoral work. Web sites were scanned to identify relevant reports and initiatives including WHO Europe; WHO; Public Health Agency of Canada, Health Canada; NICE (National Institute for Health and Clinical Excellence), Health Nexus, Vibrant Commu-

ities, and selected LHINs, health units, community health centres, and regional health authorities.

ISC initiatives that were in progress or had been carried out were identified, with a focus on Ontario but also including national and international examples. Key informants were identified through known contacts within organizations and these individuals in turn identified other potential contacts. Selected individuals with a broad understanding of health systems issues were contacted to verify themes that emerged and better understand the context for ISC. Key informants represented a wide range of individuals from across the country and diverse settings such as regional health authorities; public health departments; and local community organizations, and their responses brought a depth and texture to the analysis.

A total of 23 interviews were conducted. Discussion centered on the purpose(s) of ISC, what conditions favoured success, what barriers got in the way, expected outcomes, and whether these were achieved. The key informants identified were involved in a specific project or area of work and were regarded as being key drivers of the ISC process. Their role and positions within organizations varied, as did the initiatives on which they were working, but all had a strong commitment to their issue.

The enablers and barriers described in the literature are quite consistent with findings from the key informant interviews. What sets the descriptions of key informants apart are the lived experiences of this work that move discussion beyond the abstract. The accounts of key informants convey shades of meaning to the particular conditions that impact inter-sectoral work and therefore bring a texture to the experiences that can inform future work.

## **Inter-sectoral Collaboration**

### **WHAT IS INTER-SECTORAL COLLABORATION? LEVEL 2**

The conditions that have an impact on health, in its broadest sense, lie beyond the provision of health care (CSDH, 2008; Chomik, 2007). Change at a national, provincial, regional, or local level therefore requires the involvement of multiple sectors to solve complex problems that are beyond the purview of any one sector (Health Canada, 1999). Inter-sectoral collaboration is one approach used to make change.

Described as both a tool and a process, inter-sectoral collaboration (ISC) is defined as:

A recognized relationship between part or parts of the health sector with part or parts of another sector which has been formed to take action on an issue to achieve health outcomes...in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone (WHO International Conference on Inter-sectoral Action for Health, 1997, p.3.).

While intuitively it makes sense to work in partnership to accomplish a particular goal, it is not easy to do. The culture of health care organizations and service provision, let alone funding and regulatory structures and policies sometimes thwart the best intentions to work collaboratively. Ways of working, cemented through professional socialization, organizational practices, and policies conspire to create an inherent resistance to collaboration despite calls to the contrary.

For the purposes of this paper, the definition of ISC also includes collaboration between health and non-health sectors, as well as between sectors within health. The focus is on collaborations involving the health system or addressing the social determinants of health broadly. Those who engage in ISC may describe it in different ways: collaborations, partnerships, coalitions and so on. However,

its defining feature is the involvement of disparate individuals and groups from different sectors coming together for a common purpose to address the foundations of population health.

Collaboration also takes place at different levels: coordination of services within a particular sphere or area, partnerships or joint projects or programs to address issues, building broad awareness of social problems and community mobilization, and addressing the roots of inequality through community development or policy advocacy. It is important to distinguish the level and focus of collaborative activity, although the life-cycle of particular collaborations may move through various levels.

While there is no definitive list of what sectors should be involved when individuals and groups decide to collaborate, there is a common understanding that it involves both horizontal and vertical collaboration:

- Horizontal collaboration occurs across sectors that are at the same level (Health Canada, 1999; PHAC, 2007) and includes:
  - between sectors within health (hospital, public health, community health centres, home care agencies, and a range of community agencies) that deliver programs and services, or
  - between health and non-health sectors (social services, education, post secondary education, housing, environmental groups, justice, libraries, business, transportation, and so on) or
  - across divisions, ministries, or departments within the government sector.
- Vertical collaboration occurs at different levels and includes:
  - between different levels of government: federal, provincial or municipal, or
  - related to geography (local, regional or provincial), or
  - within organizations (senior administrative levels to the level of service/program provision or direct care).

Horizontal collaboration is effective in bringing together diverse resources, expertise, and experience to solve complex issues whose solutions lay outside the capacity of any one sector (Chomik, 2007, PHAC, 2007; Health Canada, 1999). Its benefits lie in the potential to build capacity and maximize the use of combined resources (McLaren as cited in MacLean et al, 2010). Vertical collaboration is important when an issue involves both governmental and non-governmental partners and there is a need for broad consistent policy and sustained resources (MacLean et al 2010; Frankish et al, 2007; Health Canada, 1999). Both are considered important for success (PHAC, 2007; Health Canada, 1999). Change can also occur simultaneously on vertical and horizontal levels, thereby adding to the complexity of the process (Frankish et al, 2007).

For the purposes of clarity, ISC should be distinguished from initiatives in which multiple sectors reside in the same geographic location but may not necessarily collaborate on specific issues. It should also be distinguished from multi-disciplinary or inter-professional care (IPC) in which different professions collaborate to deliver service to clients, although many of the issues in ISC and IPC are similar.

Several key informants made reference to integrated care, in which the work of different sectors is coordinated to streamline program and service delivery and avoid duplication. Integration is a complex process of connecting the work of various partners, programs and policies and linking individuals with programs/services to achieve the best quality services for people (MacLean et al, 2010). It is arguably a required process for successful ISC focussing on service delivery.

#### **WHAT IS THE PURPOSE OF INTER-SECTORAL COLLABORATION?**

Inter-sectoral collaboration is not a new concept. What has shifted is a growing realization of the

importance of ISC to address complex issues such as health, inequalities and the determinants of health (PHAC, 2007; Health Canada, 1999). The multi-sectoral and cross jurisdictional European Determine Project (2010) is a prime example of how ISC has advanced the social determinants of health.

In spite of strong support for ISC as a preferred approach in improving population health and addressing inequities, there is merit in examining assumptions that underlie the call for such collaboration. What are the different factors and pathways to change that have to be affected for ISC to be effective?<sup>1</sup> Which interventions best reach those individuals and communities that dwell in disadvantage and what differences do programs make? What factors get in the way of programs being successful?<sup>2</sup>

ISC is a process or approach and therefore not an end in itself. Key informants described it as a partnership that worked to improve access and well-being in order to assist those who experience disparity in their daily lives. That view was predicated on the belief that there needed to be a clear, concrete change in response to a specific problem *and* that this problem could be solved through collaboration.

Health disparities that result from “preventable, avoidable and systemic conditions and policies” require solutions geared to changing those conditions (Hofrichter, 2005, p.22). Key informants by and large believed that ISC could address the structural foundations of inequities. Moreover, many believed ISC to be a necessary approach to working for social change because acting alone was not sufficient.

## Lessons Learned Through Inter-sectoral Collaboration

This section analyzes enablers and barriers to successful collaboration. “Lessons learned” refers to the conditions for success to achieve the desired outcome. The literature describes these conditions in some detail, and the accounts of key informants shed additional insight into the ways enablers and barriers intersect in front-line work.

To discuss conditions for success as discrete entities would be misleading. Any given condition can be both an enabler and a barrier. If resources (human, financial, material) are available to a partnership, they become an enabler to successful collaboration. Lack of access to such resources or an excessive administrative and regulatory burden from funders can be barriers (Eakin, 2007). Moreover, all conditions (enablers and barriers) are not created equal. Some are more critical than others and are powerful determinants of the success or failure of collaboration. Others can be modified and may not necessarily need to be in place from the outset. Conditions impact each other to varying degrees in different ways and are more prominent at different times in the process of collaboration.

**Conditions for successful collaboration** rest on a clear understanding of the **problem**, which in turn points to the likely **outcome**. The process is a dynamic one that has the potential to strengthen each partner’s ability to contribute and take action (Corbin, J. & Mittelmark, M. 2007).

### DEFINING THE PROBLEM

What brought people or sectors together was a shared concern or issue. It may not have been experienced in the same way, but there was a clear and common understanding that something needed to change and the status quo could not continue. For example:

- Immigrants having difficulty accessing services

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<sup>1</sup> In realist evaluation terms: what is the underlying ‘theory of change’ for inter-sectoral collaboration?

<sup>2</sup> Pawson and Sridharan (2010) identify a number of questions in theory driven approaches in evaluating public health programs.

- High crime rate in a community
- Making a community a better place to live for those who experience poverty
- Improving health outcomes for those living with a chronic illness
- Addressing the needs of the homeless and under housed.

A problem that could be easily described and understood contributes to successful collaboration and resolution of the concern. The shared interest in an issue made consensus possible in deciding on the approaches to take (Roussos and Fawcet, 2000). Sometimes there was a sense of urgency to act, but at minimum, there was an issue that brought the group together. What favoured effective collaboration was not only the belief that change was possible, but also an ability to articulate that change in language understood by everyone.

Neighbourhood Action Partnerships were set up in Toronto to coordinate municipal and related investments at the neighbourhood level and work with residents to address the needs of neighbourhoods in a timely way. Residents in one neighbourhood were concerned for their safety and the rate of crime. Community meetings were held to hear the residents' concerns and ideas as to what should be done. One of the recommendations was to make repairs to apartment dwellings so that doors could be locked and the property improved. This measure required various sectors coming together to improve the neighbourhood and make it a safer place. One of the principles guiding the work was that community safety contributed to community well-being.

#### **UNDERSTANDING THE CONTEXT AND NAMING THE CONCERN**

How a particular concern was tackled depended on its **context**. This is critical because the conditions that give rise to collaboration determine how an issue is framed, which people come together and why, and what solutions are considered and implemented (PHAC, 2007). Context shapes both the purposes and the ongoing work of collaboration.

*The London InterCommunity Health Centre provides a range of programs and services to individuals and families in the London Ontario community including refugees and newcomers from diverse backgrounds who live with diabetes. The Centre has implemented a number of successful approaches in working with the local community that help people take greater control over their health and which take into account individuals' life experiences and the particular challenges people face such as health literacy, low income, and language barriers.*

*One such approach has been to hold monthly meetings where people congregate, such as temples, mosques, and community centres. While the meetings are intended to help people manage their diabetes more effectively, they also function as a support group to address a range of broad health issues. The success of the groups is built on creating a safe place for individuals to raise issues of concern and secure the necessary help to manage their lives. The involvement of a mental health specialist and community worker, for example, has helped individuals meet their immediate health needs, build capacity to deal with day to day life concerns, and help people navigate the system.*

Context speaks to the unique circumstances that surround an event or situation. A common concern that brings various sectors together is difficulty in accessing services. How the issue is addressed can vary depending where the issue is occurring (e.g. remote northern areas versus high density urban communities); urgency (access to emergency services or wait times versus the longer-term impact of chronic conditions); cultural background of the population; literacy level; and population demographics, to name only a few. Some differences in context are not always readily apparent. Rural experiences in southern Ontario, for example, are different from those in the north. Severe weather, a local disease outbreak, or unexpected lay offs can all affect the local context for a problem and ultimately the ways sectors work together.

Understanding the context also helps in accurately naming the problem and its root causes. For example, problems seen as related to inadequate service delivery may really be rooted in the financial structures that shape service delivery. While there may be an ethical obligation to address the “real” issues, such work is not without risk for service providers if it means challenging the status quo and funders.

Contributing to challenges in mobilizing for action are the terms used in naming an issue. The language of health, even in its broadest terms of overall well-being, is not part of the lexicon of non-health institutions such as other government ministries, education, business, justice or social services, nor is it the language of many community members.

And yet, how an issue is described will determine who decides to participate in collaborative efforts, the ability to secure resources, and accountability to the broader community (Chomik, 2007). The success in comprehensive school health, for example, has hinged on making the link between health and learning, and describing outcomes in terms of learning.

#### **CONDITIONS FOR SUCCESS: ENABLERS AND BARRIERS**

Key enablers and barriers are interdependent. For example, strong working relationships foster a sense of trust, and are supported by a transparent process and structures that facilitate communication. A transparent process for the work of the collaboration builds trust among its members, contributes to a clear vision, and supports the emergence of leaders.

Some enablers and barriers are more important than others. The context for an issue, which is dynamic and evolving, plays a role in how such enablers and barriers are perceived. Some conditions, such as resources, are so critical that it would be difficult to sustain a successful collaboration without them from the outset. Others, such as leadership, may be important, but can emerge and change as the collaboration grows and develops. All are interconnected and modifiable to some degree (Roussos and Fawcett, 2000).

The crucial enablers and barriers to ISC are:

- Relationships Among Partners;
- Shared Vision;
- Leadership;
- Resources;
- Structure;
- Process.

Each will now be analyzed.

#### **RELATIONSHIPS AMONG PARTNERS**

Successful ISC relies on individual partners knowing and trusting each other. Trust at a personal level was seen as the most important component of successful collaboration. It relies on the capacity to listen to what the other is saying.

Successful working relationships were:

- Characterized by trust and mutual respect;
- Inclusive of all participants -- everyone has an equal say in the decision-making and all contributions were valued;
- Reflective of clear and unambiguous communication;
- Transparent and clear -- issues were dealt with in a direct, fair, and timely manner;
- Reflective of a common and accessible language among the partners;
- Supported by a clearly articulated vision;
- Enabled by effective leadership that ensures the various partners participate on an equitable footing;
- Characterized by clarity around roles and responsibilities.

Establishing positive working relationships is a necessary investment. The development of relationships cannot be rushed, as partners need to be able to get to know each other as people. Without it, navigating the inevitable bumps and challenges along the way becomes more difficult.

For example, trust makes it possible to focus on the greater good and share accountability even though some agencies were clearly more powerful and better resourced than others. Trust, accompanied by a fair and transparent process, helped different sectors acknowledge duplication of service and take action to avoid this. It also helped sectors work within the system to get things done.

Communities, in which partners knew each other or had a positive history of working together, gelled as a group, and were able to focus on the task at hand right away. In some larger inter-sectoral collaborations (more than 20 people), a core group was formed that could exercise leadership and make decisions. Even if members were added or left for a period of time, the strong working relationships of the core group could carry the work forward.

Successful collaborations require the right people at the table. Partners often knew what agencies or groups should be at the table. What was just as important, however, was having the right person from a sector or agency - an individual with credibility and the authority to make decisions.

Individuals, who place their own interests above those of the group, even though they may say they are committed to the shared vision, can jeopardize not only the partnership, but also the outcome. If a resident from a community did not represent the interests of his or her group or a staff person consistently put agency goals first, it was difficult for the collaboration to work effectively. Conflicting mandates of various sectors or agencies had the potential to interfere with the work of the collaboration. Strong working relationships made it possible to work through the differences to address the “big picture.”

A challenge in forging strong relationships was the variation in understanding of an issue among the partners. Those with a long history of working as part of the inter-sectoral collaboration or those most affected by an issue had a depth of understanding that not everyone may have embraced to the same extent. A clear vision was essential in transcending this.

The language of health is both a key driver in supporting working relationships and group function as well as a barrier. People speak in terms of a particular need (my foot hurts; I am always tired; the landlord does not take care of this place). In contrast, the language of professionals tends to com-

partmentalize issues by program or disease. The same words may even have different meanings to different people. Successful partners consciously avoid jargon and use the language that community members use to describe problems, listening and confirming what was heard. This went far in strengthening ties within the collaboration.

Good relationships could also be supported or thwarted by the organizing structures, policies and legislation at the provincial or national level. Limited funding, unrealistic and arduous reporting requirements, and tight fiscal year time lines could test the best working relationships and divert energy away from the group's purpose.

*Various sectors are involved in the Homelessness Initiative in Nipissing District, Ontario through the No Wrong Door service delivery model. Partners were suddenly faced with finding lodging for fourteen highly vulnerable residents following closure of a rooming house because of fire and building code violations. All partners committed to finding a solution and through discussion and negotiation, the partners found accommodation for all residents. The success in doing so in such a short time frame resulted from strong working relationships and a sense of trust among the partners.*

#### **SHARED VISION**

It is not enough to simply bring together, or even to have partners work well together. Collaborations with a clear vision - a common and clear understanding of the issue and how to solve it -- were more likely to be successful in meeting their goals. The vision is the anchor for the work of the collaboration, one that focuses activities but allows room for creative possibilities, especially if external conditions change. New rules may be enacted regarding funding, unemployment rises, a crisis develops and so on, but the vision keeps the group on track by minimizing distractions and acting as a reminder of why the group came together (Fawcett et al, 2010).

The impact of a coherent and inspiring vision can be very concrete and practical. Some collaborations used the vision statement as a tool to decide future directions, reviewing it periodically to make sure it was still relevant. Reviewing the vision can help the collaboration take into account any external changes or emerging issues and take action if necessary (Rousso & Fawcett, 2000). Partners "owned" the vision through a shared language that was understood by all in the collaboration. Several collaborations went further by developing a set of principles from the vision that set parameters for the work of the group. These were referred to when making a decision regarding a course of action.

*The East Scarborough Store Front engaged in a strategic planning process in 2008 in which 60% of participants were residents and the remainder representatives from various service sectors. A vision statement was developed that reflected what the group wanted to accomplish. When a decision needed to be made regarding a potentially new direction for the agency, the group used the vision statement to ensure their decision was consistent with what they wanted for their community.*

*The Community Navigation and Access Program, funded through the Toronto Central LHIN, is a cross sectoral collaboration of more than 30 community support agencies working to create a standardized intake and referral system. The group developed a set of principles to guide their work based on the shared goal of meeting the needs of older persons more effectively. The principles were a tool in decision-making and when clarification was needed to determine a course of action.*

The vision brings the partners together - no small feat given often multiple mandates and organizational cultures of the different groups. Strong leadership was needed to communicate the vision, particularly with those at higher levels (e.g. regional or provincial) or when seeking funding. Leadership was also needed to frame the vision from the perspective of the various sectors based on an understanding of how each sector needed to describe the desired change (fewer break ins in a neighbourhood; a safe place for children to play; housing in good condition). Leadership, therefore, emerged as another condition for successful collaboration.

### **LEADERSHIP**

Leadership develops out of trust among partners and in turn fosters trust and good working relationships. The collaboration needs to know it can count on the person representing their best interests and put the common good before personal gain. Effective leadership requires excellent communication. Key informants described leadership as essential and closely tied to strong working relationships and a transparent process for working together.

Leadership can be exercised through formal authority by virtue of position, such as a mayor, cabinet minister or community leader of a citizen's group. Several key informants referred to the importance of a champion in government (be it at the municipal, provincial, or federal level) in ensuring an issue remained a priority. At the same time, leadership can be informal and includes those who exercise influence because they act in the best interests of the community and the greater good. Leaders inspire the group and keep the momentum going (Fawcett et al, 2010).

Leadership exists at different levels. Governments can exercise leadership through the coordination of policy and establishing structures that build on local successes to sustain broader change. At a local level where collaboration is more horizontal, leadership occurs when a lead agency takes a role in coordinating partnership activities (administrative role) or it is shared with a citizen representative. It can also emerge from within the group, particularly when a citizen becomes a champion. When collaborations are heavily weighted with staff it can be difficult for community members to take a lead, but those who do speak on behalf of other residents are powerful role models and can inspire others to act (Roussos & Fawcett, 2000).

Beyond the collaboration, it is also crucial that partners exercising leadership within their home sectors. In other words, inter-sectoral collaboration needs champions or leaders who communicate the issue in language understood by their respective sectors and which is congruent with organizational mandates (PHAC, 2007). By bringing along their own organizations and sectors, partners can build a broader base of support for the necessary policy or program changes.

### **RESOURCES**

Inter-sectoral collaboration depends on sufficient and sustained resources (human, financial, material) in order to carry out the necessary work (PHAC, 2007; Health Canada 1999; Chomik, 2007; Determine, 2010). A collaboration simply cannot do the work of solving complex problems without resources.

Resources can be funding for an initiative or in kind supports such as meeting space, access to technology, or expertise.

The challenge for inter-sectoral collaborations is to both access funding and retain it. People's needs, usually multiple and complex, are rarely directly aligned with an agency's budget language, program structures or departments' accountability requirements. Budgets are usually tied to government or funding agency objectives that are set within a given fiscal year, not long-term change or broad quality of life indicators for a local community.

Ironically, budgetary processes and rules may result in isolating groups rather than bringing them together (Hofrichter, 2005). Policy makers say they want to promote health, but for a variety of reasons focus energy and resources on initiatives and organizations (e.g. hospitals) that deal with illness and treatment, referred to as the "the wanting/doing gap" (GermAnn & Ardiles, 2009). The structures of funding and financial reporting do not favour groups securing collective or pooled funding, even though governments and funding agencies say they support groups that work together. Several key informants emphasized these constraints.

The work involved in securing funding is a major challenge. The processes are complicated and not always clear. Sometimes funding agencies place restrictions on how the funds will be used or want specific outcomes tied to the funding. Moreover, some funding agencies do not understand the lead agency role in a collaborative relationship. This may jeopardize that agency's ability to obtain future funding for projects not related to the collaboration/partnership, as the funder may believe it has already awarded ample money to that lead agency.

These challenges are not insurmountable, but they do require more long-term and flexible funding models and – far more frequently -- creative approaches in working around the "rules". One approach is for a lead agency to accept funding on behalf of a group and set up agreements with other sectors to share the funds. Sometimes funding must be sought from multiple sources to support the work.

It is well known that the playing field is not equal in being able to access resources. Smaller agencies and less powerful sectors can be disadvantaged in accessing needed resources. Working as a collaborative brings several benefits in this regard:

- Smaller agencies are aligned with larger more established organizations with the needed infrastructure to access resources as a collective.
- The capacity of the group to work together to access and use resources brings smaller and less powerful sectors into contact with decision makers that may prove helpful in developing a profile with funders.
- Funding bodies often prefer to fund collaborative initiatives to avoid duplication of services.
- Sharing of resources can enable each of the partners to leverage the resources they have.
- Smaller agencies can access a wider range of resources, such as information, human resources, funding, or materials. Synthesizing and using research findings for example, is often beyond the capacity of many groups. (Jewell & Bero, 2008). For the collaboration to work, access to the resources must be available to everyone in the collaboration.
- Opening the door to multiple sources of funding for a single initiative that may be complex to navigate, may provide more opportunities and avoid reliance on one funding source.
- Access to resources, especially financial resources create accountability through the required reporting mechanisms and this contributes to transparency in the work among sectors (Corbin & Mittelmark, 2008).

However, challenges do exist:

- Larger organizations have more - greater infrastructure, greater capacity to adjust to change in the funding environment, better access to decision-makers - than small grass roots organizations and smaller sectors. It is incumbent on the larger and more powerful groups to share decision-making and resources to the extent possible. Some do but not all.
- Larger organizations tend to be the lead agency for administering funding and therefore strengthen their more powerful status within the group.

*Public health within the Saskatoon Health Region has worked with other local human service organizations to develop a web based community information system. It will bring together data, research, and local initiatives to assist partners in planning and inform decision-making. Partners, who otherwise may not be able to access reliable data, will now be able to do so.*

Government is seen as having a measure of responsibility in assuring some degree of equity in the distribution of resources (Frankish, Veenstra & Moulton, 1999). In vertical collaborations, the farther away a person is from the day to day work on a particular issue, the more difficult it is to champion, and this can have consequences for funding. Nonetheless, persons at senior administrative levels who are passionate about an issue, grasp its complexities, and advocate for policy change, make a huge difference in contributing to lasting change.

#### **STRUCTURE**

Structures refer to the institutions, legislation, policies, and mechanisms that determine how work is carried out. It also includes the organizations or institutions that fund and legitimize the work of sectors to address population health. It may refer to the architecture of a structure that houses multiple sectors. For example, well designed structures can facilitate integration of services and strengthen communication among partners.

One promising collaborative direction are **hub models** for delivering care: based on the assumption that individuals have multiple needs that could be addressed by any number of providers or programs and that grouping them together is both efficient and better service. Hub structures were seen as working in the best interests of clients because the task of navigating care and linking with a particular provider resided with staff rather than the client. Often people were unsure where to go for help. For this reason a hub structure fit well. Schools are a common hub setting that meet the needs of children and their families and provide opportunity for multiple partnerships.

One benefit of the hub structure was that there were dedicated staff (intake) that understood the language of the client and could ask specific questions to connect the client to the needed program or coordinate multiple services to provide better access to care. It was the role of staff to navigate and link on clients' behalf. Community members are not alone in not knowing what services are available. Many agencies also have difficulty knowing where to refer clients, underscoring the need for an integration function.

*The East End Store Front is a hub centre that supports a quality of life for the residents of the neighbourhood through a range of programs and services of multiple agencies targeted to the needs of the community. The Storefront has dedicated staff whose main role is to integrate access to services by linking various agencies and groups who could benefit from working together and assisting clients to access a range of services.*

The importance of resources to successful collaborations has been discussed. However, the *way* funding is provided can be as important as the amount. Funding practices that reflect organizational or government priorities may not be congruent with the needs of communities.

- With multiple funders, there are often multiple accountabilities that can be complex and cumbersome.
- Funding often depends on demonstrating concrete outcomes within a short time frame. The work of inter-sectoral partnerships is more difficult to measure and needs to be carried out over the long-term. In addressing health inequities, indicators of well-being may not be easily demonstrated or described in the way funding agencies want to see (Hofrichter, 2005).
- Access to resources depends on the funding agency having a sound understanding of the issue and why it is important. If the funder is not connected to the work being carried out in some way, then the risk of losing that funding is greater.
- If government priorities change, then the ability to sustain funding may be challenged if there is no clear link to government funding priorities or a strong champion within government.

The delivery of services tends to be organized around programs, but people's needs do not necessarily fit within program categories. A principal challenge identified by key informants was that funding structures lacked flexibility and could not always accommodate a request to pool resources. Although governments and funding agencies prefer to fund sectors as a partnership, the process to access funds is inherently competitive and favours silos rather than true inter-sectoral collaboration.

#### **PROCESS**

Process was described as central to the success of inter-sectoral collaboration and is closely tied to strong working relationships. It is threaded through all aspects of inter-sectoral work and reflects the way a collaboration carries out both task and maintenance functions to solve a problem (Determine, 2010, Roussos & Fawcett, 2000). It allows relationships and trust to grow and enables leaders to emerge. Process is one of the means to achieve successful outcomes, rather than an end in itself. However, it was seen as critical to creating energy and momentum in the work of the collaboration.

Attending to process means that people's concerns are taken seriously and there are structures in place for people's voices to be heard. This does not mean that consensus needs to be achieved on all issues. In fact key informants observed that there could be agreement to disagree as long as the principles guiding the collaboration are followed.

Two strategies characterized effective process: integration and community engagement.

**Integration** involves making the connections between people and organizations to coordinate program delivery and facilitate change without duplicating services. It is central to the work of regional bodies and provincial ministries (vertical collaboration) and between service sectors at the same level (horizontal).

Integration can be labour intensive and complex, but successful outcomes are more likely if there is dedicated staff who make connections between people and resources. Integration is separate from the work of delivering services and programs. It is simply not realistic for those directly involved in delivering programs to also integrate a range of services on an ongoing basis. Others are needed who have the big picture and see the potential synergy of connecting individuals with particular agencies or ensuring groups and agencies talk with each other.

Integration is a complex process whose importance is often understated. Its benefits lie in leveraging

opportunities and identifying gaps. It requires an in-depth understanding of what various sectors do and the context for the work being carried out. Key informants referred to this as “connecting the dots.” Integration can also be described as a more complex and higher order method of collaboration, relative to information sharing or cooperation (WHO, 2010).

**Community engagement** at the local level was also an essential strategy. Collaborations were more likely to be successful if they engaged citizens as full participants and ensured their concerns were being heard, especially if those affected most by an issue were included early on. Key informants also noted that community engagement could guide their participation in the collaboration.

Attending to process can be time consuming and a challenge when external conditions such as funding deadlines and reporting requirements limit the time available to communicate and organize effectively. As important as process is, however, it needs to go beyond coordination and communication functions to demonstrate visible outcomes in order to retain interest and commitment to the work of the collaboration (Geneau, Legowski, & Stachenko, 2009).

*The Southeast Ottawa Community Health Centre took a leadership role in working with various sectors through the strategy No Community Left Behind. The program was highly successful in building a sense of community and quality of life for the residents that included a safer community. Another outcome was an initiative with the University of Ottawa, PhotoVoice, in which youth took pictures of their communities. That success along with opportunities for youth to meet forged strong links between youth and provided a support network for young people in the area.*

## **OUTCOMES**

Inter-sectoral collaboration is tied to solving or addressing a particular concern of importance to a community or group. As such, it is essential there is early success that is observable and celebrated. Broader issues are harder to sustain support for over time and secure funding because of the difficulties in demonstrating results. Early successes strengthen partners’ commitment to carry the work forward.

It is important to differentiate the different levels of outcomes that initiatives are expected to achieve. Some, such as service provision, are targeted at the local or neighbourhood level. Others, such as community mobilization or policy advocacy, aim for change at a higher level in order to impact government decisions. The complexity of social problems requires that multiple actions or initiatives should strategically target multiple levels of outcomes for maximum effect, recognizing the interdependence of factors (Wellesley Institute, 2010).

As mentioned earlier, the way a problem is framed will largely determine its focus. Partners need to be able to describe what they want to see as different. Stories were one strategy used to do this, particularly among members of the community. Moreover, successful collaborations recognized that various sectors described success in different ways.

For example in looking at ways to build a better neighbourhood, various points of view need to be acknowledged and supported. Residents want drug dealers to leave a neighbourhood so children can play safely. Local merchants push for employment opportunities so business will thrive. Police are concerned about vandalism. Health professionals want to see fewer emergency room visits. Teachers want children to be able to focus on learning. All stakeholders have an investment in change, but see the necessary change in different terms.

Key informants found that because multiple influences were at play, action in one area could be leveraged to impact the outcome in others. Synergy refers to the “interaction of two or more interventions, such that their combined effect is greater than the sum of their individual effects” (Edwards, McLean, & Estable, 2006 as cited in MacLean, et al, 2010, p.2). The synergy created through the work of inter-sectoral collaborations sometimes had unexpected outcomes. For example, creating opportunities for dialogue between residents to address one problem opened up possibilities for addressing other issues. If such outcomes were positive, they became a powerful motivator to continued collaboration.

Everyone agrees on the need to see results. The question is really the kind of outcome being sought. Health disparities within populations require considerable time to change and interventions simply may not be able to produce observable and quantifiable results in the short term. Building trust with immigrant communities, fostering good relationships between police and youth, convincing landlords to do the needed repairs are all important and valued by the community, but these outcomes do not necessarily align with priorities of funding agencies.

For this reason, naming the desired outcome may require the same resolve as naming the problem. Organizations are funded to work within their mandate. Sometimes there may not be the appetite among policy makers to look beyond program delivery to recommend fundamental change to the system. When inequality is entrenched within institutions, in what Hofrichter (2005, p.21) refers to as the “structure of disadvantage”, it can limit the capacity to truly engage and focus on the real issues.

Structures such as feedback loops that provide for two-way exchange of information between sectors and reporting requirements accompanied by a fair transparent process are more likely to lead to successful outcomes.

Some key informants argued that action at the local level did result in improved quality of life, but

*The plan Overcoming Poverty Together (2009) was created through a partnership of various sectors with citizens to reduce poverty in New Brunswick. Accountability for the plan was built in through the Economic and Social Inclusion Act which provided for the establishment of a Board with citizen representation that reports to Cabinet and local networks that work on initiatives that meet the needs of local communities. Support is provided to the networks to help them succeed in meeting local needs. Dialogue and exchange between the Board and local networks ensured the work aligned with the provincial plan.*

the impact could have been leveraged through broader policy change accompanied by stable long-term funding. The need to connect the various local collaborations into something larger was seen as important in addressing the determinants of health.

## Conclusion

Reducing health inequities is both a moral and ethical imperative (CSDH, 2008) and complex policy issue. This paper explored the enablers and barriers to successful inter-sectoral collaboration as one critical way in which the social determinants of health can be addressed. Extraordinary examples of ISC are being carried out, but their successes need to be replicated more broadly and opportunities leveraged.

Successful community collaborations at the local level are important, but broad scale policy change is needed at a systems level. Many successful community collaborations have realized that they need to do more than simply coordinate their services. In order to create fundamental change they also need to be engaged in community capacity building, mobilization, and policy advocacy (Wellesley

Institute, 2010). Many key informants recognized the need for policy advocacy, but were hampered by restrictive funding arrangements, organizational mandates that limited action in some areas, and a need to direct full attention to their communities.

The message from key informants is that reducing disparities is very difficult to achieve by acting alone. Success hinges on conditions being in place to enable collaboration across sectors to bring about change - change that is legitimized and cemented through policy. In the end, it is engaged communities, supported by champions and political will, that drive change -- inter-sectoral collaboration is one crucial catalyst towards that end.

Working with multiple sectors requires considerable investment in time and resources and commitment to reducing disparities. The task for those involved in inter-sectoral collaboration is to be passionate about making a difference and address issues as members of the community see them. The task for policy makers is to remove the barriers and create incentives that will strengthen the capacity of inter-sectoral collaboration to do its work (Fawcett et al, 2010; PHAC, 2007).

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