

AN EVALUATION OF ALIGNING SYSTEMS FOR HEALTH IN TEXAS

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WHAT WORKS, FOR WHOM, AND UNDER WHAT CIRCUMSTANCES FOR ADVANCING HEALTH EQUITY?



Blueprint Report

August 2022

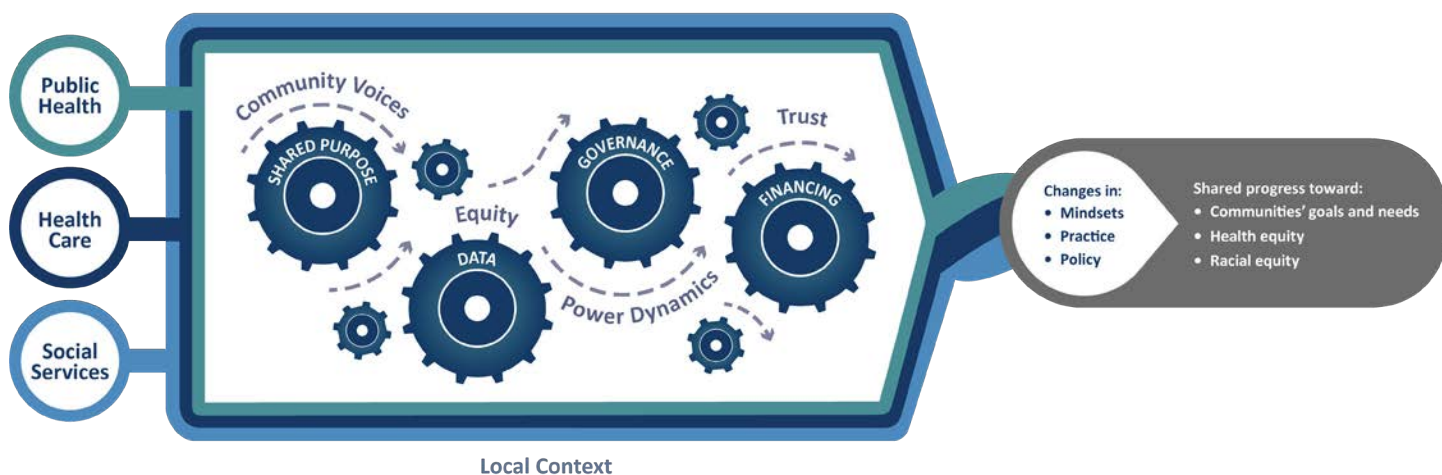


BACKGROUND

The United States spends more on health care than any other country, yet Americans live shorter lives and experience poorer health than people of other high-income countries.¹ Health inequities, like health itself, are shaped by more than just health care—they are produced by the conditions in which people are born, grow, live, work, and age.² Efforts to align public health, health care, and social service sectors hold great promise for achieving health equity. However, there remains little knowledge and evidence of what works for aligning sectors, under what circumstances, and how in order to improve community health and achieve health equity.

Robert Wood Johnson Foundation’s Framework for Aligning Sectors focuses on identifying, testing, and sharing what works to align health care, public health, and social services to better address the goals and needs of the people and communities they serve (Figure 1).³ Core components such as shared purpose, finance, data, and governance drive alignment while adaptive factors that are unique to each community such as trust, community voice, power dynamics, and equity enhance or inhibit it.

Figure 1: A Framework for Aligning Sectors Theory of Change



Texas provides a unique learning ground to evaluate cross-sector alignment efforts for achieving health equity given the breadth and scale of collaborative efforts operating across myriad place, population, health, political, and other contexts.

Demographically, Texas is where the nation will be by 2050.^{4,5} To our knowledge, a comprehensive, realist evaluation of the breadth of health and health equity-focused cross-sector alignment efforts does not currently exist nationally, nor for Texas.

As such, this evaluation sought to answer the following questions:

1. What core components of RWJF's Framework for Aligning Sectors are most commonly reflected across Texas's cross-sector alignment efforts for health equity? How have they developed and how do they vary by context? What additional core components are central to Texas's efforts, but not apparent in RWJF's model?
2. How is health equity defined, integrated, and measured across alignment efforts, and how does this vary by context?
3. What internal and external factors have enabled or inhibited Texas's systems alignment across the four core components? What adaptations were made in response to these factors? How do these factors vary by context?
4. How are Texas's alignment efforts measuring success over time? What are key structure, process, and outcome measures and how do they vary by context?
5. What short, intermediate, or long-term outcomes have been achieved?



METHODS



This evaluation sought to fill this research gap by conducting a realist evaluation of cross-sector alignment efforts for health equity, leveraging the wide range of initiatives in Texas to test RWJF's Theory of Change across diverse contexts. Realist evaluation is primarily designed to improve understanding about how and why different projects and programs work in different contexts.⁶ Specifically, a realist evaluation framework seeks to identify how contextual factors trigger particular mechanisms and how this combination produces various outcomes.

Core to a realist evaluation are factors called: contexts, mechanisms, and outcomes (CMOs).

- "Contexts" refers to the conditions or circumstances within which change occurs including historical contexts, political environments, or community-level dynamics.⁷
- "Mechanisms" refers to the underlying causal influences that affect how and why an outcome occurs such as attitudes, perceptions, social conditions, and power dynamics.⁷
- "Outcomes" refers to the results of an activity, which are inherently influenced by the context and mechanisms.⁷ These can be tangible services and programs or measurable changes in mindset, policies, and practices.

Building on this framework and guided by a Statewide Steering Committee of multisector experts, leaders, and community stakeholders, THI collected information and data for this evaluation through:

- An environmental scan of health equity-focused cross-sector alignment efforts in Texas
- Key informant interviews with backbone leaders of 20 cross-sector efforts
- An online survey completed by 204 leaders and staff from partnering public health, health care, social service, and community organizations involved in cross-sector efforts
- Community focus groups consisting of 136 participants across five selected communities with well-advanced cross-sector efforts

The purpose of this blueprint report is to provide guidance for practitioners, advocates, community leaders, and others to learn what works, under what circumstances, and how to build and sustain public health, health care, and social service sector alignment for health equity.

The first section highlights important findings from the evaluation related to the development of core components, adaptive factors, and outcomes. The second section discusses lessons learned and points for future consideration for practitioners, funders, and community leaders planning to engage in cross-sector alignment efforts.

FACTORS FOR ALIGNMENT



The Framework for Aligning Sectors recognizes that shared purpose, governance, data, and finance are necessary components to driving alignment and certain factors such as trust, equity, power dynamics, and community voice inhibit or enhance collaboratives based on specific communities. Through a realist perspective, this evaluation sought to understand the contextual factors impacting the

development and interaction of the core components and adaptive factors. These contextual conditions and circumstances ranged from the type of leadership in the development of governance structures to collaborative history in the establishment of a shared purpose and trust. Below we discuss essential factors and how they develop to drive effective and successful cross-sector alignment efforts.

SHARED PURPOSE

An agreed upon and well-defined purpose helps cross-sector collaborations maintain focus and drives coalition priorities, goals, and objectives.⁸ All cross-sector alignment efforts recognized the importance of a shared purpose and around 85% of alignment partners agreed their collaborative established a mission and vision with a set of priorities and goals.

The findings revealed that the main facilitators of developing a shared purpose were a desire to align efforts, collaborative history, and urgent need in the community. Cross-sector alignment efforts advanced toward developing a shared purpose when there was trust, a dissolution of self-interest, and buy-in from partnering organizations.

Ongoing communication of the shared purpose with partners and community members allowed cross-sector efforts to keep focus on priorities, while problems with ambiguity hindered progress.

Shared purpose played a foundational role in the development of governance, data, and finance as it informed and guided decisions around how each structure should progress based on goals and objectives.

“I’ll say the one thing I think is most important is dissolution of self-interest—so we are not there for ourselves. It is incredibly important.”

– Key Informant

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A desire to align efforts,
collaborative history, and urgent
community needs lead to the
development of shared purpose.

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SPOTLIGHT ON SHARED PURPOSE

Healthy Williamson County

Established 2013

The coalition uses a collective impact approach as a framework to set priorities and objectives to improve community needs. Healthy Williamson County convenes community members and partners to create conversations around their ***Community Health Improvement Plan***, released every three years. Coalition members agreed that meeting consistently to discuss urgent community needs and priorities helped establish and maintain their shared purpose.

GOVERNANCE

Governance provides the “means to steer the processes that influence decisions and actions.”⁹ While 46% of survey respondents indicated their cross-sector effort had strong governance structures, it was often a work in progress even for the most mature efforts.

Our evaluation identified a number of important facilitators for strong, shared governance including:

- The leadership of a backbone organization in convening and coordinating alignment
- Shared agreement on priorities among partners
- Clear roles and responsibilities
- Equality in partner voice

All factors were integral to balancing and sharing power across different organizations and with community partners.

At the same time, there were several factors that inhibited the development of effective governance structures. This included:

- Varying perspectives on what constitutes success
- Limited capacity
- Competition between organizations
- Change in leadership

Governance structures often developed following the establishment of a shared purpose and served to drive priorities and objectives. The complex relationship between governance and finance structures revealed that while finances may not directly influence the development of governance structures, governance likely influences finance and long-term sustainability.



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**Effective leadership, explicit
roles, and agreement on priorities
facilitate strong governance
structures.**
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SPOTLIGHT ON GOVERNANCE

Panhandle Behavioral Health Alliance

Established 2016

A small leadership team is responsible for guiding operations and collaboration. Officers serve one-year terms with explicit roles and responsibilities. Four work groups meet monthly to review strategic plan implementation. Work group co-chairs report updates to leadership team, who produces a publicly available monthly newsletter. The regional United Way serves as the funding backbone partner. Members pay a fee to join the collaborative.



SHARED DATA

Successfully addressing complex social issues requires the ability to measure community-level needs and outcomes, track changes over time, and share this information between partner organizations and with the community.

Data sharing ranged from shared Community Health Needs Assessments (CHNAs) and community reports at the rudimentary level to complex interoperable systems of social, economic, and health data shared by cross-sector partners.

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Shared data systems emerge from the need to set goals, share progress, and be accountable to the community.

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Our findings revealed that many cross-sector efforts struggled to develop shared data systems and processes with only around 32% of partners indicating their effort had well-developed shared data systems. Nearly 45% of partners reported the primary factor for developing shared data systems was a desire to align common efforts.

Once data was leveraged to develop a shared purpose, cross-sector efforts recognized the need for continued data-sharing as a means of measuring progress towards goals, transparency, and accountability to funders and community members.

“We've really worked hard to develop data collection tools that make the results meaningful. And one of the things that [we've] been able to do is communicate those results... to all of our stakeholders. Hopefully every time we present the data, it adds another layer, if you will, of understanding to our work.”

– Key Informant

SPOTLIGHT ON SHARED DATA

Prosper Waco

Established 2014

Prosper Waco makes shared measurement a focus and priority. By adopting the Results-Based Accountability Principles, the group has common language for the community's cross-sector data sharing agreement. Staff actively track progress for each goal: education, health, and financial security. The **Waco Round Table dashboard** outlines every indicator tracked in relation to desired results with publicly available data.

Barriers to interoperability, limited capacity, and disagreement on interpretation of data were indicated as primary inhibitors of shared data systems. Our findings further revealed data-sharing is less likely to happen if there are no explicitly agreed upon data-

sharing processes between organizations. Coalitions may benefit from establishing formal data-sharing agreements, especially ones that democratize the process and allow for all organizations to have equal input and ownership of data.

FINANCING AND SUSTAINABILITY

Financial stability and sustainability directly affect the extent to which a coalition can achieve its objectives, expand its reach, and maintain operations over time. While “seed” funding most directly influenced the advancement of shared purpose, governance, and data, financial sustainability was the most under-developed across cross-sector alignment efforts.

Only a quarter of partners indicated their cross-sector effort had a greatly established financing system. Notably, nearly 21% of partners reported they were not knowledgeable of their cross-sector effort’s financial structures and processes, suggesting that

decisions about financing may only be concentrated among a few leaders.

Top factors contributing to overall sustainability included dedicated coalition staff, availability of long-term funding, and demonstrating progress and success. Currently, the majority of the cross-sector alignment efforts are funded through grants or donations, which started with some sort of seed funding. Demonstrating success and progress allows efforts to justify their existence to both funders and community members. In terms of inhibitors: limited funding, competition, and staff turnover created barriers to sustainability.



Demonstrating success, dedicated staffing, and long-term funding advance alignment sustainability.

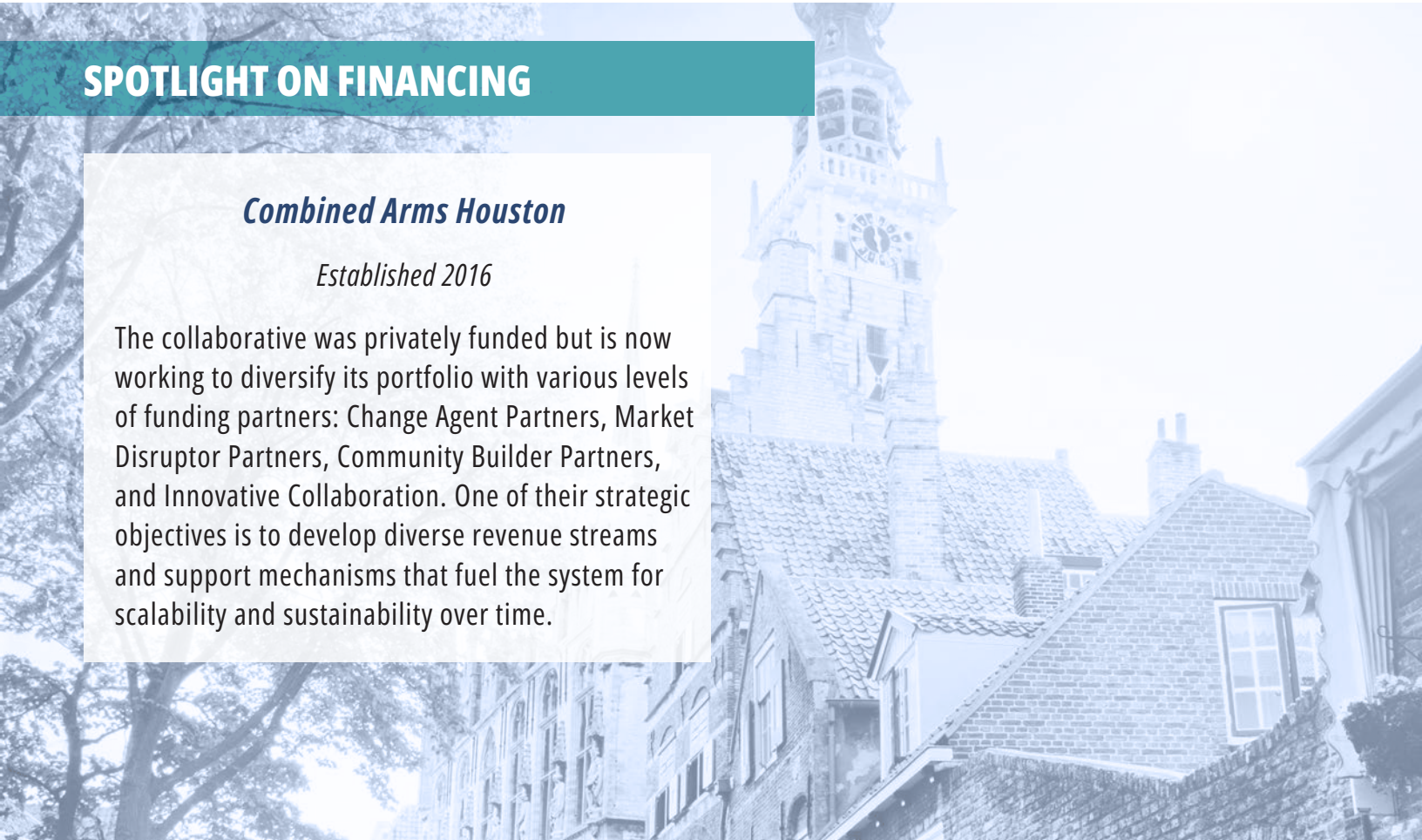


SPOTLIGHT ON FINANCING

Combined Arms Houston

Established 2016

The collaborative was privately funded but is now working to diversify its portfolio with various levels of funding partners: Change Agent Partners, Market Disruptor Partners, Community Builder Partners, and Innovative Collaboration. One of their strategic objectives is to develop diverse revenue streams and support mechanisms that fuel the system for scalability and sustainability over time.



TRUST AND POWER DYNAMICS

Trust is often depicted as the “lubricant and glue” that facilitates and holds cross-sector alignment efforts together.⁹ Maintaining and creating trust means balancing power between organizations and with community members. Power imbalances are often common in collaborative work and can create distrust and weak commitment from partnering organizations.^{10,11}

“It does begin with your relationships and trust, building on that, nurturing those relationships, nurturing that trust at multiple levels within the organization. That was key for us. Continued communication and engagement.”

– Key Informant

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Ongoing empowerment, positive history, and keeping promises lead to trust building and power sharing with the community.

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We found that when partnering organizations and community members were able to influence the outcomes and impact of the effort, they were more likely to support it because they believed their contributions were valued and the coalition was invested in their benefit. Equal voice in decision-making and ongoing processes of engagement were indicated as keys to building trust and power with both community members and partners.

Prior positive history with both community members and partnering organizations contributed to maintaining trust and facilitated alignment activities. Moreover, when coalitions were able to demonstrate early successes and show they could keep their promises to the community, there was greater buy-in and trust from community members, thus resulting in more support for alignment activities.





SPOTLIGHT ON TRUST AND POWER DYNAMICS

El Paso Behavioral Health Consortium

Established 2014

The collaborative's governance is comprised of area-specific leadership teams (e.g., child and family, justice, and integration) responsible for guiding operations and collaboration. Leadership team officers serve at the leadership team members' discretion with explicit roles and responsibilities. The allocation of roles and responsibilities helps divert competition among partners and provides grounds for trusting relationships. Task forces and work groups meet monthly to review strategic plan implementation.

COMMUNITY VOICE AND EQUITY

The origin of most cross-sector alignment efforts centers around addressing and fulfilling the needs of a community and its members. Incorporating community voice through active engagement is essential to achieving targeted outcomes and equity.¹² Additionally, having a shared understanding of the root causes of the health and social needs of a community enables coalitions to address factors and policies that create these needs and issues.¹³

“But I think right now at the end, our commitment is to really work with residents to elevate their voice and in many ways remind them that they have the power to make change as we did.”

– Organizational Partner

Almost two-thirds of partnering organizations indicated that health equity was an explicit, high priority for the collaborative. The majority of cross-sector alignment effort activities related to health equity involved elevating community voice. Almost 70% of organizational partners indicated that their cross-sector effort was working to advance health equity through active community engagement, and around 56% reported operationalizing health equity through community-centered interventions.

Examples of such activities included involving historically marginalized communities in places of decision-making, creating access to health care and resources, and combining disaggregated data with lived experiences to tailor interventions.

At the same time, our evaluation found the need for continued work and improvements in community engagement and empowerment. Many community members expressed limited awareness of services and

programs provided by coalitions. Others expressed they were unheard by leadership and wished to provide feedback about the “true” needs of the community.

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Community voice is central to advancing equity in cross-sector alignment planning and practice.

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SPOTLIGHT ON COMMUNITY VOICE

Go Austin! Vamos Austin! (GAVA)

Established 2012

Located in Central Texas, this coalition takes a grassroots approach to “building community power for health equity in neighborhoods.” The coalition’s engagement model involves identifying resident leaders and building leadership structures within the community. GAVA’s Advisory Council also consists of community residents and leaders driving action. To further incorporate community voice, the coalition hires residents from the local community to run coalition operations.

OUTCOMES AND MEASURES OF SUCCESS

A shared vision for outcomes and measures of progress among cross-sector partners is critical for collaboration and accountability.¹⁴ In achieving outcomes and goals, cross-sector alignment efforts must adapt to forge new partnerships, incorporate new systems, and serve new population groups.¹⁵

Our findings suggest that there are multiple dimensions at which change occurs: practice-, policy-, and mindset- levels, as well as the levels of coalitions, inter-organizational, organizational, and community.

The most common examples of short-term outcomes identified by cross-sector efforts were:

- **Coalition-level progress:** associated with the development of core components and adaptive factors
- **Inter-organizational progress:** e.g., trust building, new relationships, and shared progress
- **Organizational-level progress:** e.g., improvements in capacity and skills due to collaborative efforts
- **Community-level progress:** e.g., new partnerships with community leaders, organizations and members

SPOTLIGHT ON OUTCOMES AND MEASURES OF SUCCESS

MD Anderson's Be Well Baytown

Established 2017

Be Well Baytown works with the MD Anderson Impact Evaluation Core and RTI International to evaluate the coalition on a 25-point scale across three levels of impact (programmatic, collective, and community). All collaborating organizations have key objectives they try to achieve with the help of the coalition. Ultimately, the goal is for each community to achieve objectives and move towards community-led sustainability. Major accomplishments for the coalition include establishing a food access system that delivered more than 4 million pounds of food and directly impacting more than 80% of the community.



The development of coordinated systems, demonstrated progress, and effective partner synergy were indicated as intermediary progress in the continuum of outcomes to align sectors. Long-term outcomes identified included:

- **Improvements across intervention level outcomes:** e.g., changes in ED visits or service utilization
- **New policies, systems and mindset changes:** e.g., new or local policies and systems change as a direct result of the work
- **Population health outcomes:** improved health outcomes and conditions in the community

The top three long-term outcomes identified by partnering organizations across coalitions were shared progress towards community goals, shared progress toward health equity, and changes in mindsets. While the vast majority of alignment efforts had yet to establish measures of success, those that had established performance indicators typically monitored progress of health impact across programmatic-, community-, and population-levels.

“Achievement and improvement builds more success which builds more dedication, participation, and commitment to the purpose. The willingness to share data and all of these other things [mentioned above] was our achievement.”

– Key Informant

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**Partnerships, early wins, funding,
and coordinated systems yield
long-term progress in shared goals,
equity, and changes in mindset.**

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LESSONS LEARNED AND FUTURE CONSIDERATIONS



Advancing cross-sector alignment is a high resource endeavor requiring a substantial investment of time, resource, capacity, and finances. While our evaluation sought to understand what conditions, how, and for whom cross-sector alignments develop, advance, and are sustained, we also discovered how the social and behavioral elements of community members, leaders, and partners can influence progress.

As such, advancing meaningful, impactful, and sustainable cross-sector alignment efforts will require collective learning of best practices, strategies, and lessons. Four key takeaways from our evaluation can provide important guidance to community and multisector leaders, practitioners, and funders leading and implementing cross-sector alignment initiatives to advance health equity in their communities.

CROSS-SECTOR ALIGNMENT FOR HEALTH EQUITY IS A LONG-TERM AND BIDIRECTIONAL UNDERTAKING



This evaluation reinforced the reality that aligning systems across health care, public health, and social services is not a one-time project, but a long-term undertaking that requires time, investment, and resources at multiple levels.

Even prior to infrastructure development, cross-sector effort leaders must invest in building consensus, trust, and relationships, as well as gaining buy-in from both community members and partnering organizations. Then throughout the process of alignment, shared purpose, governance, data, and finance structures continuously evolve and influence one another and

are also influenced by community voice, trust, equity, and power dynamics. Finally, as set outcomes and objectives are achieved, these in turn influence the core components and factors in a bidirectional pattern (feedback loop).

As the process of alignment is a long-term endeavor, community leaders hoping to engage in

this collaborative work should consider a phased approach. Taking a strategic, phased approach to alignment allows both practitioners and funders to understand the stage (or stages) of development they have the capability to support.^{16,17} Additionally, funders who provide initial or seed funding should work closely with individual alignment efforts to “build bridges” to long-term sustainability.^{16,18,19}



“It is the investment of the [coalition] partners [that ensures] we are learning from the data and we are collecting together to better inform policy and process. [The outcome] is the eventual return on that investment and additional funding for gaps in service.”

- Key Informant

BUILDING AND MAINTAINING TRUST WITH PARTNERS AND THE COMMUNITY IS FOUNDATIONAL

Clear consensus among both collaborative partners and community members revealed that trust played a foundational role in many programmatic and developmental activities leading to cross-sector alignment. Trust between community and collaborative partners can impact the extent of mutual buy-in, engagement, the development of core components, and progress towards equity and intended outcomes. As such, the development of trust is a priority, yet also a challenge.

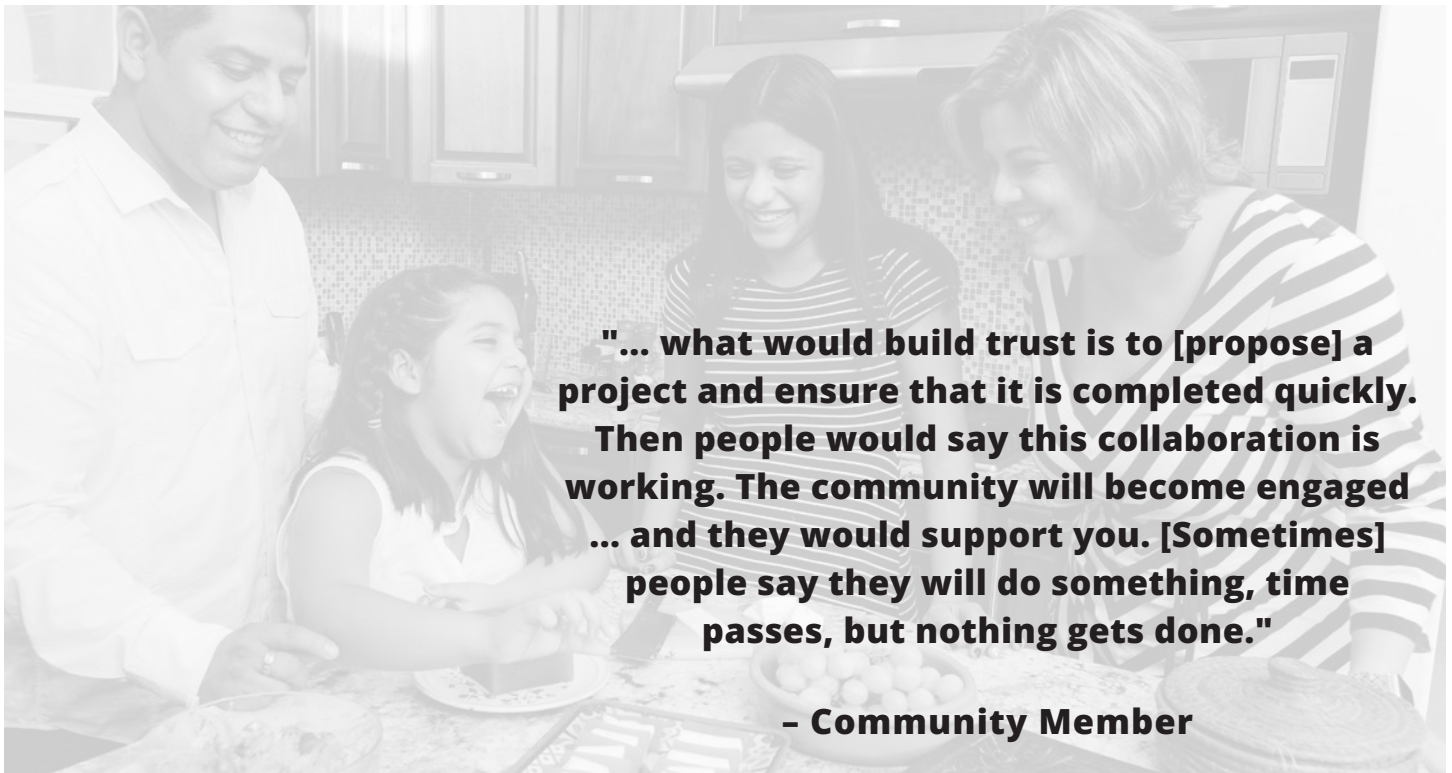
Trust among organizational partners follows a cyclical nature of taking risks, meeting expectations, and growing in vulnerability (the trustor being dependent on the trustee).¹⁹ The ongoing process of nurturing trust should be a priority for organizations looking to engage in cross-sector collaboration. As collaborative history and early wins facilitate trust, coalitions should work to leverage existing relationships with partners and set realistic intermediate goals that can be achieved.

Our findings revealed that trust with community members was often developed through prior positive history between the community and participating organizations, through demonstrating early wins, and through accountability and transparency. Some starting points for developing trust with community members have included:

- Empowering community members through ongoing engagement, especially in decision-making

- Identifying community leaders and champions
- Tailoring communication for the target community

Funders can advance this process by building grant requirements to specifically involve community leaders and members.



CENTERING EQUITY IN ALIGNMENT STRUCTURE IS NECESSARY TO ACHIEVE EQUITY IN OUTCOMES

While a majority of collaborative partners indicated that health equity was an explicit, high priority for their cross-sector effort, many had yet to establish definitions, language, and shared measurements around equity. Cross-sector alignment efforts should work to formalize principles, common language, measurements, and training across partners to center equity in the alignment's actions to achieve equity in outcomes.

A starting point for centering equity is to explicitly identify issues of social and structural injustice in the collaborative's mission and vision.²⁰ Incorporating equity principles in the strategic vision, plans, and official agreements makes equity both a binding goal and helps partners hold themselves accountable to it.^{20,21}

Other such examples for centering equity in cross-sector work include: diverse representation in places of decision-making, creating shared data systems with disaggregated data, and identifying financial means and strategies focused on addressing social and structural injustice.²¹

At the community-level, community programs and health care practitioners can incorporate equity into

their work by developing a shared understanding of terminology, data, and history with community members and partnering organizations. Furthermore, elevating community voice encompasses taking the time to listen and act with the community. Rather than solving problems for the beneficiaries of the initiatives, leaders should approach the beneficiaries (most often community members) as assets and partners in co-designing community-based, community-led solutions.²¹



“We really wanted to make health equity in the forefront—or actually go through all of our top five health priorities so it’s not necessarily a top priority, but it transcends all of them.”

– Key Informant

CROSS-SECTOR ALIGNMENT EFFORTS WILL BENEFIT FROM NATIONAL AND STATE “COMMUNITIES OF PRACTICE” AND INFRASTRUCTURE SUPPORT

Coalition partners voiced the need for guidance, exchange of information, collective learning, and access to resources to assist them through the process of aligning cross-sector efforts. As the national coordinating center for RWJF’s Aligning Systems Initiatives, Georgia Health Policy Center has the opportunity to leverage its existing capacity and portfolio to establish itself as a formal “Community of Practice” (CoP).

The CoP would strive to bring together a diverse community of cross-sector collaborative leaders, policymakers, practitioners, funders, community members, and other various stakeholders at both the national and state level to share and exchange ideas for improvement and implementation as well as provide infrastructure support.

Through CoPs, intermediaries could provide:²²

- Training and technical assistance to assess needs and provide ongoing support to individual sites
- Convenings that connect stakeholders nationally and at a state level
- Web-based tools and platforms to create an online community for exchanging ideas, identifying resources, and networking
- Spotlights on various initiatives and designated sites to increase visibility of cross-sector alignment efforts

By connecting networks of organizations with similar interests and common agendas, funders and intermediaries can broker new relationships leading to further align efforts. Aligning cross-sector collaborations in an efficient manner would result in increased scale, effective processes, sustainability, and ultimately systems change toward achieving health equity.²³



“We bring them together twice a year for opportunities of shared learning. And as a part of that, they can actually talk about what is happening in their communities, on the ground, and they can actually brainstorm ideas with each other. And then we also bring them together for what we call our Community of Practice, where they can actually talk monthly with each other and learn from what the other counties are doing.”

– Key Informant

CONCLUSION



Our study revealed how twenty cross-sector alignment efforts are taking a concerted approach to address health inequities in various communities across Texas. While the path to alignment varies by context and over time, many cross-sector alignments indicated similar strategies and infrastructure to achieve the necessary conditions to facilitate alignment of public health, health care, and social service sectors. These findings show the need for improvements in how leaders fund, build, and collectively move towards systemic changes to advance cross-sector alignment efforts in Texas and nationally.



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