AN EVALUATION OF ALIGNING SYSTEMS FOR HEALTH IN TEXAS

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

Comprehensive Report

August 2022

TEXAS HEALTH INSTITUTE

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EXECUTIVE SUMMARY

INTRODUCTION

Over the past decade, cross-sector alignment efforts to improve health and well-being in communities have gained increasing momentum. While these pioneering efforts to align public health, health care, and social service sectors hold great promise for driving systemic and sustainable change towards health equity, the fast pace at which they are rolling out limit the opportunity for shared learning, evidence-informed actions, and accountability.

Without a clear understanding of the current landscape and mechanisms of systems alignment efforts—including what works and what does not work across different contexts—we may find ourselves trapped in yet another cycle of well-intentioned, but siloed efforts that do not measurably move the needle on improving population health nor health equity.

Texas provides a unique and important learning ground to test and evaluate systems alignment efforts for achieving health equity, given the myriad of contexts that exist and the reality that demographically, Texas is where the nation will be in the near future. It is home to not only a large and growing urban and suburban population, but also at the center of border, rural, immigrant, migrant, and refugee health.

Texas also houses the world's largest medical center, serving as an incubator for health innovations. Its political landscape has further lent itself to a growing number of non-traditional cross-sector partnerships working to develop shared solutions to close longstanding health gaps.

Leveraging these dynamics, Texas Health Institute, with support from the Robert Wood Johnson Foundation (RWJF), conducted a first-of-its-kind evaluation of nearly two dozen cross-sector initiatives that are focused on improving the ability of Texans to lead healthier lives.

The Robert Wood Johnson Foundation recognizes that addressing complex, community-level barriers to population health requires collaborations between health care, public health, and social service sectors. Building on national research and evidence, RWJF's Aligning Systems for Health initiative produced a framework to guide successful, sustainable alignment for shared progress toward community health goals and health equity.

A Framework for Aligning Sectors Theory of Change

The purpose of this study was to conduct a realist evaluation of cross-sector alignment initiatives for population health and health equity across Texas with the objectives of:

1. Testing RWJF's Aligning Systems for Health Theory of Change across diverse contexts;

2. Translating research findings into actionable recommendations and blueprint for the Foundation and users leading or engaged in systems alignment across the nation; and

3. Developing a baseline portrait of Texas's landscape to guide ongoing and future cross-sector investments toward successfully and sustainably achieving equity.

A Framework for Aligning Sectors
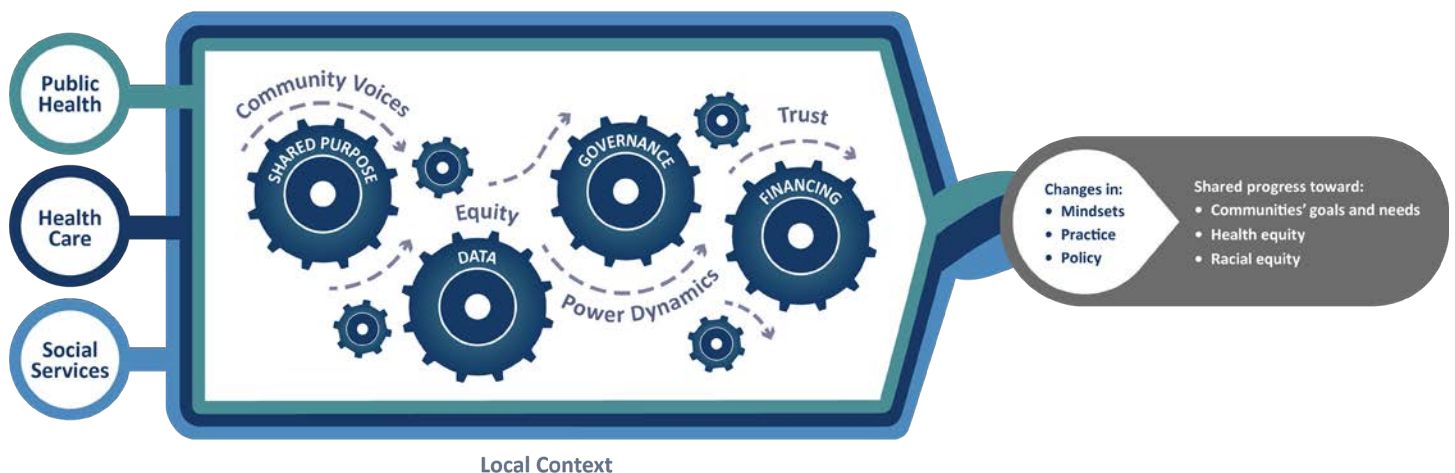
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DESIGN

For this evaluation, **a realist evaluation framework** was employed to better understand how, why, for whom, to what extent, and in what circumstances complex initiatives work. The realist evaluation framework seeks to identify how contextual factors trigger particular mechanisms and how this combination produces various outcomes.

Building on this framework, THI adopted a six-step process to collect and analyze data and information.

1. **Statewide steering committee** of two dozen experts representing diverse contexts and cross-sector efforts

2. **Environmental scan** of health equity focused cross-sector alignment efforts in Texas, with 44 initially identified efforts subsequently narrowed through a systematic process to include two dozen coalitions, of which 20 coalitions agreed to participate in the evaluation

3. **Key informant interviews** with twenty cross-sector alignment efforts selected for more in-depth evaluation

4. **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

5. **Community focus groups** in five selected communities to capture community perspective

6. **Synthesis of findings** utilizing a realist lens

KEY TAKEAWAYS

As more cross-sector alignment efforts emerge to tackle population health and equity related challenges, understanding how these initiatives function requires careful assessment of the conditions and circumstances that create the ideal environment for success and sustainability.

As evident, advancing cross-sector alignment efforts is a high resource endeavor requiring a substantial investment of time, resources, capacity, and finances. To that end, we identified the following four key takeaways to inform the ongoing work and implementation of cross-sector alignment efforts in Texas and beyond.

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, coalition leaders must invest in efforts that support building consensus, trust, relationships, and buy-in from both community members and partnering organizations.

As such, practitioners, community leaders, and funders engaging in cross-sector alignment efforts should take a strategic, phased approach to better support capacity and infrastructure activities. Additionally, funders providing initial or seed funding should work closely with individual collaboratives to "build bridges" to long-term sustainability.

BUILDING AND MAINTAINING TRUST WITH PARTNERS AND THE COMMUNITY IS FOUNDATIONAL

Both collaborative partners and community members agreed on the foundational role that trust plays in many programmatic, developmental, and community engagement activities leading to cross-sector alignment efforts. Trust among organizational partners follows a cyclical nature of taking risks, expectations, and vulnerability (trustor being dependent on the trustee).

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 trust with community members developed through positive history, demonstrating early wins and successes, and processes that build accountability.

Empowering community members through ongoing engagement (especially in places of decision-making), identifying community champions, and tailoring communication for the target community can be some starting points to build trust with community members.

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

While a majority of cross-sector alignment efforts indicated that health equity was an explicit, high priority for the coalition, 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. Incorporating equity principles in strategic vision, plans, and official agreements makes it both binding and helps partners hold themselves accountable. At the community-level, community programs and health care practitioners should develop a shared understanding of terminology, data, and history with community members and partnering organizations.

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.

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

Cross-sector alignment effort 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. Funding and intermediary organizations should consider establishing national and state "Communities of Practices" to facilitate learning and sharing of lessons, practices, and expertise for cross-sector efforts.

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. Aligning cross-sector collaboration in an efficient manner would result in increased scale, effective processes, sustainability, and ultimately systems change towards achieving health equity.

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, cross-sector alignment efforts reported many similar strategies and infrastructure processes to achieve the necessary conditions to facilitate alignment of public health, health care, and social service sectors. In closing, these findings provide a unique opportunity for researchers and practitioners to build on this framework and methodology to conduct large-scale statewide and national evaluations to understand how alignment efforts emerge, develop, and are sustained.

INTRODUCTION

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] Moreover, the health of Americans is on a decline, and health inequities remain deep and persistent.[2,3,4] 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] With growing understanding of these complex social determinants of health, numerous efforts have emerged over the past decade to work across multiple sectors to drive sustained improvements in health opportunities and outcomes.[5,6] These include initiatives that are applying frameworks such as Health in All Policies and Collective Impact among others.[7,8,9]

Efforts to align public health, health care, and social service sectors hold great promise for achieving health equity.[4] However, the accelerated pace at which these efforts are rolling out limit the opportunity for shared learning, evidence-informed actions, accountability, and community-wide impact.[5,10] Without a clear understanding of the current landscape and mechanisms of systems alignment—including what works and what does not work across different contexts, and why—we will find ourselves trapped in yet another cycle of well-intentioned, but siloed efforts that do not measurably move the needle on improving population health and health equity.

Texas provides a unique learning ground to evaluate systems alignment efforts for achieving health equity from a realist perspective given the breadth and scale of cross-collaborative efforts operating across myriad place, population, health, political and other contexts. Demographically, Texas is where the nation will be by 2050.[11,12] It is home to not only a large and growing racially and ethnically diverse urban and suburban population, but also sizable border, rural, and refugee communities.
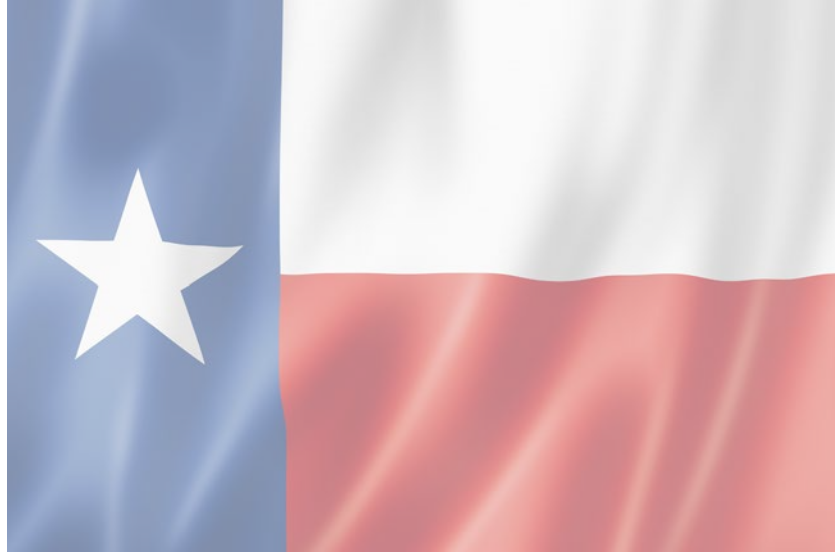
At the same time, the health of Texans has trailed the nation. Ranked 34th by *America's Health Rankings* in 1999, 2009, and 2019, Texans have witnessed few improvements in population health outcomes over time, with inequities only widening. Rates of obesity, diabetes, and other chronic conditions continue their upward trajectory. Life expectancy at birth varies by as much as 30 years across ZIP codes in the state. Whereas Texans in Hutto (near Austin) can expect to live to 97 years, those in a Fort Worth community have the same life expectancy (67 years) as people in other less industrialized countries.[13] Babies born to black mothers continue to face the highest infant mortality rate in the state, rates that also resemble the odds of infant survival in many developing countries.[14]

Texas's political landscape, including its staunch opposition to Medicaid expansion has further exacerbated health circumstances. Texas has the highest uninsured rate in the country (17.7%), leaving as many as 5 million people (equivalent to roughly the entire population of Minnesota or Colorado) without coverage.[15]

These demographic, health, political, and other contexts have fueled the creation of a number of non-traditional cross-sector partnerships working towards shared solutions to bridge deep and persistent health gaps across the state. These pioneering efforts range in scope, focus, and stage of implementation.

There has been limited concerted effort to evaluate their collective processes, funding mechanisms, progress, successes, sustainability, failures, and impact. What has worked, what has not worked, and why, are still questions looming across the state, despite more and more resources pouring into yet another wave of potentially short-term collaborative initiatives.

There is an urgent need to take stock of the current landscape and evaluate successes and failures, that in turn would provide guidance to existing and emerging initiatives on core components of successful, lasting systems alignment efforts for health in Texas and beyond.

STUDY RELEVANCE

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. This gap in research is due in large part to the following factors:

- Cross-sector alignment for population health and health equity is a developing field, and in many cases, initiatives are still in nascent or early phases of implementation.[16,17]

- Evaluations that do exist on cross-sector alignment efforts for health equity tend to be project- or initiative-specific.[18]

- Large multi-site evaluation studies are few, and where they do exist they tend to focus on Collective Impact generally, or more specifically on non-health sectors such as education, environment, and housing.[19,20]

- New approaches to evaluating complex, cross-sector interventions have not been fully realized in the United States. For example, the realist evaluation framework, offered as an alternative to experimental and quasi-experimental methods, is widely adopted in countries like the United Kingdom and Australia. However, researchers in the United States have been slow to adopt this promising approach.[21]

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. Research findings have been translated into practical guidance for the Foundation and a blueprint for the field on the web of conditions that enable successful, lasting cross-sector collaboration for health equity.

This project also provides a first-of-its-kind online toolbox documenting the specifics of what works, how, for whom, and under what circumstances, providing tools and strategic guidance to cross-sector leaders, funders, and stakeholders in Texas and nationwide to inform ongoing and future multi-sector initiatives and investments

ALIGNING SECTORS THEORY OF CHANGE

The Robert Wood Johnson Foundation (RWJF) recognizes that addressing complex, community-level barriers to population health requires collaborations between health care, public health, and social service sectors. Building on national research and evidence, RWJF's Aligning Systems for Health initiative produced a framework to guide successful, sustainable alignment for shared progress toward community health goals and health equity.

Cross-sector alignment efforts can be defined as a group of organizations across multiple-sectors formally collaborating to achieve a common goal. Throughout this report these entities will be referred to as cross-sector alignment efforts, coalitions, initiatives or collaboratives. The framework highlights core components or requisites for alignment such as:

- Shared purpose
- Governance
- Data
- Finance

The framework also recognizes **adaptive factors** that are unique to distinct communities that enhance or inhibit alignment including:

- Trust

- Community voice

- Power dynamics

- Equity

These core components and adaptive factors will be referenced throughout our report.

Figure 1: A Framework for Aligning Sectors Theory of Change

Local Context
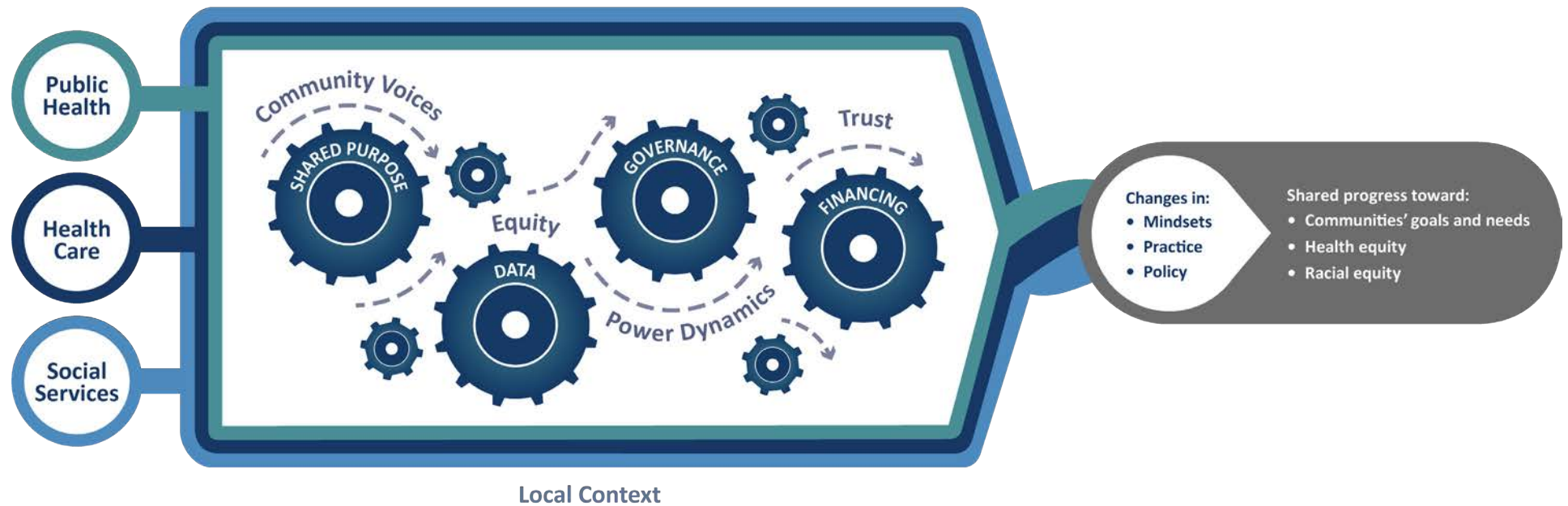
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STUDY PURPOSE AND DESIGN

STUDY QUESTIONS

The purpose of this study was to conduct a Realist evaluation of cross-sector alignment efforts for population health and health equity across Texas with the objectives of:

1 Testing RWJF's Aligning Systems for Health Theory of Change across diverse contexts;

2 Translating research findings into actionable recommendations and blueprint for the Foundation and users leading or engaged in systems alignment efforts across the nation; and

3 Developing a baseline portrait of Texas's landscape to guide ongoing and future cross-sector investments toward successfully and sustainably achieving equity.

The primary hypothesis of this evaluation is that RWJF's Framework for Aligning Sectors will vary by context. This variation will impact core components, processes by which health equity is achieved, and the pathways by which sustainable change is made. Accordingly, this evaluation sought to answer the following questions:

1. What **core components** of RWJF's Theory of Change 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?

DATA COLLECTION AND ANALYSIS

To answer these research questions, THI adopted a six-step process to collect and analyze data and information. The following methods were employed to **validate** or **identify new insights to modify** RWJF's Theory of Change:

- **A statewide steering committee** consisting of 26 multi-sector experts, leaders, and community stakeholders was formed to guide and inform the evaluation framework, engage community stakeholders, and help sense-make the findings of the evaluation from a local reality lens. Steering committee members were convened in August 2020, May 2021, August 2021, and May 2022.

- **An environmental scan** of cross-sector initiatives in Texas was conducted, which identified 44 coalitions that were aligned across public health, health care, and social services with a health equity focus. This list was narrowed through a systematic process to include two dozen initiatives, of which 20 coalitions agreed to participate in the evaluation (Figure 2).

- **Key informant interviews** with backbone[i] leaders were conducted in Spring of 2021 to understand how alignment played out for each initiative across the core components. Interviews explored the context, history, partners, capacity, finances and resources, successes, metrics, and outcomes of the coalitions.

- **An online survey** was disseminated via *SurveyMonkey* to over 1,000 individuals representing public health, health care, and social service community organizations. A total of 16 initiatives participated in the online survey with 204 respondents completing the survey (18.9% response rate). The purpose of the online survey was to understand the context, history, strengths, challenges, and lessons learned about cross-sector collaboration from the partner perspective.

- **Community focus groups** were held across five communities with well-advanced cross-sector initiatives. The purpose of the focus groups was to understand the impact of cross-sector alignment from the community's perspective. A total of 15 focus groups with 136 participants were held across five community-based organizations. Following the focus groups, the five CBOs were engaged in a sense-making session to validate the findings.

- **Final data synthesis using realist evaluation theory** was employed to better understand how, why, for whom, to what extent, and in what circumstances complex initiatives work.

Data from the key informant interviews and the focus groups were coded and thematically analyzed. Online survey data were analyzed descriptively.

Figure 2: Diagram of Systemic Process to Select Final Cross-Sector Alignment Efforts

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5
Alignment across public health, health care, and social services plus health equity focus	Stratification by public health region representation	Number of sites allocated proportionally to number per region	Selection of mix of size, scope, age, and funding sources	Final Participants
n = 44	n = 44	n = 24	n = 24	n = 20
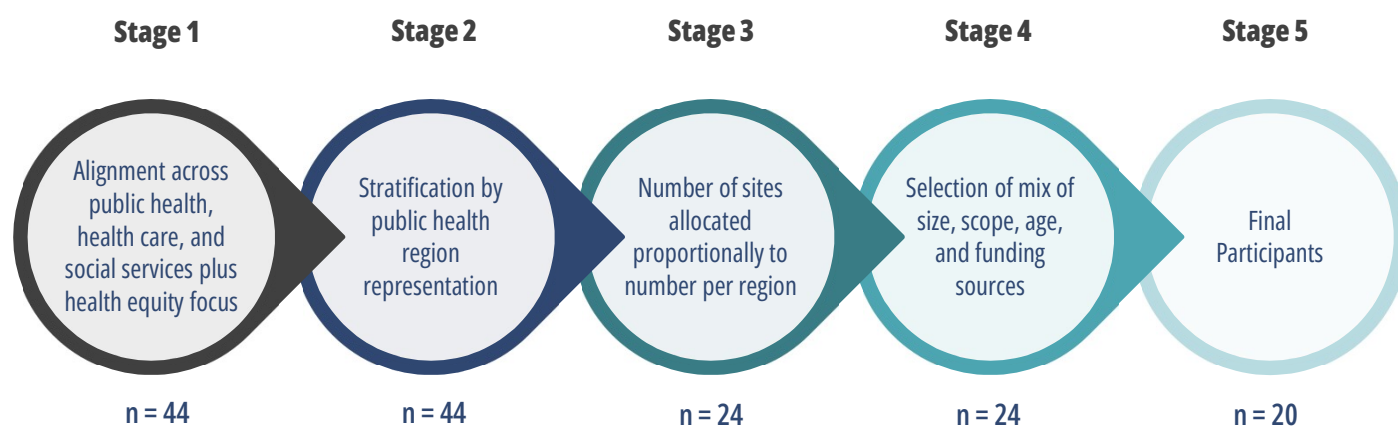
i   Backbone entities assumed the role or were identified to serve a leading role for the cross-sector alignment effort

REALIST EVALUATION FRAMEWORK

A realist evaluation seeks to better understand what works, in which circumstances, for whom, and how—rather than simply determining whether an intervention works. Specifically, a realist evaluation framework seeks to identify how contextual factors trigger particular mechanisms and how this combination produces various outcomes.

The realist approach is particularly helpful for understanding how complex social interventions and change processes work.[22] Core to a realist evaluation are factors called: contexts, mechanisms, and outcomes (CMOs).

- **"Contexts"** refers to the conditions or circumstances within which change occurs.[23] For example, geographic areas, historical context (collaborative history), political environments, or community-level dynamics may all be relevant contexts to consider.

- **"Mechanisms"** refers to the underlying causal influences that affect how and why an outcome occurs.[23] These factors may include organizational, inter-organizational, or community-level influences such as power-sharing dynamics, attitudes of trust or competition, social conditions, or perceptions of need. Such factors affect the extent and ways in which change occurs.

- **"Outcomes"** refers to the results of an activity, which are inherently influenced by the context and mechanisms.[23] Outcomes may include tangible resources, services, and products, or measurable changes in mindsets, policies, and practices. These changes may be short-term or long-term.

THI synthesized data collected through key informant interviews, a survey, and focus groups to determine the CMOs that influence cross-sector alignment efforts. CMO patterns were subdivided and mapped to various categories, including divisions by four core components, adaptive factors, and overall outcomes (as in RWJF's Framework for Aligning Sectors).

For the purpose of this evaluation, THI consulted with Dr. Geoff Wong, a UK-based expert on realist synthesis. Through ongoing engagement, Dr. Wong guided the processes in developing the CMO configurations and provided expertise on the overall synthesis.

OVERVIEW: TWENTY CROSS-SECTOR ALIGNMENT EFFORTS

The final twenty cross-sector alignment efforts included in the evaluation varied by geography, size, scope, and maturity. These sites were also representative of the 11 public health regions within Texas. Over half of the alignment efforts focused on addressing overall social determinants of health factors and three initiatives focused on improving mental health. Other areas of focus included chronic disease, homelessness, poverty, veterans' health, and food insecurity. More than half of the initiatives utilized either the collective impact and BUILD Health Challenge models.

Geographically, 12 alignment efforts spanned across city and county reach, five were neighborhood based, and three were regionally focused. Half were in nascent stages of establishment (i.e., between one to three years old as of 2020), five were between four to five years, and five were over six years old. The oldest initiative was established in 2003, whereas the newest initiatives were established in 2019.

Figure 3: Final Site Selection of Twenty Health Equity Focused Cross-Sector Alignment Efforts Across Texas

1. Panhandle Behavior Health Alliance

2. PCCI Connected Communities of Care
3. Advancing Community Partnerships to Increase Food Access in Southern Dallas (BUILD 3.0)

20. Priority Midland

4. Texarkana Homeless Coalition

5a. Collaborative Approaches to Well-Being- Morris County

19. El Paso Behavioral Health Consortium

5b. Collaborative Approaches to Well-Being- Nacogdoches County

18. Hope for Health Collaborative (BUILD 3.0)

6. Prosper Waco

16. Grow Healthy Together Pathway Community HUB
17. ReadyKid San Antonio

9. Healthy Living Matters
10. The Health Equity Collective
11. Greater Northside Health Collaborative (BUILD 2.0)
12. Maternal Upstream Management (BUILD 3.0)
13. Combined Arms Houston
14. MD Anderson's Be Well™ Baytown

5d. Collaborative Approaches to Well-Being- Victoria County

5e. Collaborative Approaches to Well-Being- Brooks County

7. Go Austin! Vamos Austin! (GAVA)
8. Healthy Williamson County
5c. Collaborative Approaches to Well-Being - Bastrop County

15. Brownsville Collaborative Action Board (CAB)

Note: Collaborative Approaches to Well-Being in Rural Texas spans across five counties as depicted on this map. For the purpose of this evaluation, the overall initiative was assessed.

FINDINGS

This section utilizes a realist lens to synthesize findings from the environmental scan, key informant interviews, surveys, and focus groups and seeks to answer the evaluation's five key research questions (see page 12). Findings are organized into three broad subsections aligning with RWJF's Framework for Aligning Sectors:

1. **Development of core components** to better understand the facilitators and barriers to alignment and interaction across the core elements of shared purpose, governance, data, and finance

2. **Adaptive factors** to describe the role that adaptive factors such as trust, equity, community voice, and power dynamics play in advancing effective alignment for the purposes of achieving better community health and advancing racial and health equity.

3. **Outcomes** to highlight progress toward and achievement of key short-, intermediate-, and long-term outcomes.

Each subsection includes examples of CMO configurations (CMOCs) supported by evidence with quotes and data discovered through the evaluation. The CMOCs provide context on what works, in which circumstances, for whom, and how certain processes and outcomes occurs. A complete list of CMOCs can be found in the Appendix section.

1. DEVELOPMENT OF CORE COMPONENTS

This section provides evaluation findings as they relate to the development of shared purpose, governance, data, and finance. Findings are presented by the dimensions listed below.

- **Why is it important:** definition of each component and its importance for alignment

- **How does it develop:** findings from the evaluation about the development of each component

- **What are the facilitators and inhibitors:** external and internal contextual factors facilitating or inhibiting the development of each component towards alignment, based on findings from key informant interviews, online surveys, and focus groups (not only on one single instrument)

This section is rounded out by a subsection describing the interaction among core components, exploring how shared purpose, governance, data, and finance interact with each other through the process of alignment.

Finally, this section highlights case examples of how core components have developed across the twenty cross-sector alignment efforts included in this evaluation.

A. SHARED PURPOSE

Why is it Important?

An agreed upon and well-defined purpose helps cross-sector alignment efforts maintain focus and drives coalition priorities, goals, and objectives.[24] Shared purpose plays a foundational role in the development of governance, data, and finance. For example, an established shared purpose informs decisions around governance, financing, or data sharing structures because it provides a blueprint for the collaborative's activities and objectives.[25] More importantly, ongoing communication of the *shared purpose* builds trust—a crucial component for alignment success—among coalition partners and community members.**[25]**,[26]

How does it develop?

Our study revealed that when a group of cross-sector leaders, advocates, and policymakers believed disparate actions were not enough to meet the needs of the community, they were more likely to take a concerted approach towards solutions. Over one-third (36.0%) of surveyed organizational partners indicated a desire to align efforts as the top facilitator of shared purpose.

C+M→O

When community leaders, policymakers, and decisionmakers can agree on a set of priority issues and its urgency (C) they are more likely to be able to articulate a shared purpose, mission, and vision (O) because differences have been resolved (dissolution of self-interest) (M).

"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

Identifying an urgent community need (27.4%) was indicated as another key factor in establishing a shared purpose by both coalition partners and key informants. This involved convening with partnering organizations and community members through initial meetings to identify needs. Partners also established a set of priorities through community needs assessments, publicly available data, townhalls, surveys, environmental scans, or key informant interviews.

In other cases, a shared purpose developed with the acquisition of seed funding as part of a grant such as the BUILD Health Challenge. While many cross-sector alignment efforts adopted certain frameworks (e.g., collective impact, accountable health communities model, BUILD) to move towards a shared purpose, others approached it with a broader desire to collaboratively improve population health.

"And so, there is a sense of urgency… and there is a local will to act and to provide the resources that are needed."

–Key Informant

All cross-sector alignment efforts recognized the importance for partners to agree upon a set of objectives and goals. Approximately 85.0% of survey respondents believed their organization's mission and vision aligned with the coalition's and over a half of respondents (53.6%) reported their organization contributed to the mission and vision of the coalition. This suggests that a majority of partnering organizations had a voice in the development of the priorities of the coalition and were in consensus.

The path to the development of a *shared purpose*, although similar in certain processes, vary across cross-sector alignment efforts. Conversations around shared purpose revealed the diverse processes and methods utilized by collaboratives to decide on a set of priorities and objectives. Below, we highlight examples from four different initiatives included in this evaluation.

SHARED PURPOSE IN ACTION

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.

Texarkana Homeless Coalition

Established 2010

The coalition spans Texas and Arkansas to create awareness and develop a community-wide commitment for individuals and families near or experiencing homelessness. The coalition is a member of HUD's Texas Balance of State Continuum of Care program, requiring that their goals align with the continuum of care around preventing and ending homelessness. The coalition's many partners across multiple sectors play integral parts.

Healthy Living Matters

Established 2011

The collaborative conducted a rigorous process of townhalls, surveys, key informant interviews, and policy scans to settle on 15 priorities initially. Representation from various sectors facilitated alignment towards the mission and vision. Once multi-sector partners recognized their individual roles and responsibilities in the collaborative, the coalition moved towards a formal shared purpose.

The Health Equity Collective

Established 2019

This recently established collaborative is focused on addressing the social determinants of health at a population level in the Greater Houston area. The collaborative began to develop a shared purpose by investigating data stemming from the Clinton Health Matters Initiative. The Health Equity Collective leadership went on a "listening tour" within the community to gauge interest among community members and to identify priority areas.

What are facilitators and inhibitors?

Findings from the key informant interviews and environmental scan confirmed that all coalitions, except one, successfully established a shared purpose.

In addition to the few factors discussed in the section above, several other contextual factors emerged as drivers of the development and maintenance of shared purpose.

- **Alignment of purpose with the needs of the community:** Cross-sector alignment efforts that involved the community in the development of the shared purpose had concrete priorities and were more likely to work towards them because community members felt a sense of ownership of the initiative as it was beneficial to them.

- **Ongoing communication of shared purpose:** Communication about a set of priorities and goals with partnering organizations and the community facilitates progress towards alignment. This evaluation revealed that ongoing communication from the beginning was necessary to clear ambiguities around the shared purpose among partners and community members.

C+M→O

Where there is open and consistent communication among collaborative members about a set of priorities and goals (C) the collaborative is more likely to progress towards a shared purpose (O) because all members are aware of the common needs and urgency (M).

"If things aren't being communicated, then we're not really making a difference. It starts with … having a collaboration, but being able to get the information to different groups and different agencies about what's available."

– Key Informant

- **Collaborative history among partners:** This study found that existing collaborative history among community partners facilitated the development of shared purpose. Collaborative history fosters trust allowing for better understanding between partners to work together.[27] More than one-third (36.0%) of organizational partners stated that a desire to expand their organizational network was the motivation behind joining the collaborative. This suggests that cross-sector alignment partners not only seek collaborative solutions to problems in the community but also the valuable partnerships that accompany it.

The key factor inhibiting progress towards a shared purpose:

- **Ambiguity on shared purpose:** Almost a quarter of survey respondents stated lack of clarity and consensus on priorities hindered progress towards a shared purpose—a particular challenge when coalitions had larger networks with many partners and competing priorities. One collaborative without a shared purpose dissolved due to competing priorities from partner organizations. The key informants from this coalition firmly recommended focusing on the most urgent and common priorities that all partners can agree on in developing cross-sector efforts.

B. GOVERNANCE

Why is it important?

Whereas shared purpose provides the foundational blueprint for cross-sector alignment efforts, governance offers the "means to steer the processes that influences decisions and actions."[28] Specifically for cross-sector efforts, the nature of leadership, power balance, and the establishment of clear roles and responsibilities among partners can largely influence the direction of outcomes and objectives towards alignment.[29,30]

In addition to providing a framework to steer coalition function, governance structure provides a bridge between the coalition and community members in aligning community needs with collaborative priorities.[30,31]

How does it develop?

Governance was the most varied of the four core components across cross-sector alignment efforts. It was often a **work in progress** even for the most mature coalitions. Approximately 46% of survey respondents stated their coalition had strong governance structures.

Contextually, the geography and scope of the cross sector effort influenced the development of the type of governing entities.

- **Neighborhood level** encompassed flexible, grassroots structures with representation from local community leaders because 1) resources were often tied to community organizations and 2) building trust with community members was key to collaborative sustainability

- **Regional, city, or county level** consisted of structures with elected officials to create an organized system of governance among a multitude of cross-sector partners.

- For **rural coalitions**, governance structures were often a part of a model as they developed from specific requirements tied to funding.

The data revealed four key elements of the governance structure present across cross-sector alignment efforts. The components discussed below appear in some form across all alignment efforts, but not all four were necessarily present.

Executive Committees: The majority of alignment efforts included in this evaluation were led by executive committees, advisory councils, or steering committees to provide strategic direction and increase collaborative opportunities. More mature coalitions typically went through formal processes in developing executive committees including holding elections, establishing policies, and implementing board dues for members.

Committee members often consisted of community leaders from hospitals, public offices, faith-based organizations, and other community-based organizations. The few efforts without an existing executive committee were often supported by a backbone entity to facilitate ongoing operations and efforts.

> *"... governance was key. I think, thankfully when [we] set up the structure of the executive committee, it gave us—I don't want to say more credibility—but it wasn't viewed as an initiative that came from one agency. I think sometimes that happens when you have folks from one agency leading an initiative, then people think it's based on their agenda."*
>
> *— Key Informant*

Backbone Organization: Most coalitions in this evaluation were supported by a backbone or lead organization to guide the initiative's efforts, convene member organizations, and uphold fiscal responsibilities. Backbone organizations varied across alignment efforts and included health districts, hospitals, reputable community-based organizations, and funding partners. We also identified a few efforts that had multiple backbone entities leading with shared power and responsibilities.

Workgroups: Executive committee members across coalitions led workgroups or leadership councils to address specific community-related issues and to help operationalize the work of the coalition. At times, workgroups served as a bridge to the community in engaging members and elevating community voices in decision making. For instance, workgroups for several alignment efforts were led by executive committee members who were leaders of organizations within the community. Other times, workgroups focused on various areas of coalition development and function (fundraising, awareness, etc.).

Dedicated Coalition Staff Members: Organizational partners and community members both agreed dedicated staff were necessary for collaborative success as they helped build trusted relationships across different partners and with the community. These individuals often served as champions of the alignment efforts and contributed to sustainability through community presence, promotion of programs and services offered by the alignment effort, and engaging various organizations at multiple levels.

> *"One of the things that has been very successful is hiring people from within this neighborhood because they're already trusted in the neighborhood. And I think that's made a huge difference for us and really let us jump ahead with our projects."*
>
> *— Key Informant*

SPOTLIGHT ON GOVERNANCE

The development of governance structures varies depending on contextual factors such as geography, maturity, and scope. Below we present four different governance structures discovered in this evaluation.

GOVERNANCE IN ACTION

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 workgroups meet monthly to review strategic plan implementation. Workgroup 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.

Grow Healthy Together Pathways Community HUB

Established 2018

A prescriptive governance structure—the Pathways Community HUB Model—dictates much of the HUB's development. The Bexar County Community Health Collaborative acts as the backbone leadership for all 80+ community partners along with a HUB advisory committee and a board of directors, who pay annual dues. Workgroups handle specific activities. Pathways HUB staff trains community health workers and their supervisors, care coordinators, and support team.

Collaborative Approaches to Well-Being in Rural Texas

Established 2018

Funded by the Hogg Foundation for Mental Health, five organizations were awarded three-year planning grants to develop community collaboratives to improve mental health and well-being in rural Texas counties. The five collaboratives selected governance structures, developed their vision, goals, objectives and set their priorities. A sixth organization was awarded to coordinate technical assistance and support during the planning process. In 2021, the foundation awarded five-year grants to the five collaboratives to implement their project.

ReadyKid San Antonio

Established 2015

While formal governance structures are still in the process of establishment, ReadyKid San Antonio consists of over 120 stakeholder organizations participating in meetings and convenings to provide direction to the coalition. Currently, the United Way of San Antonio serves as the backbone organization while leadership structures are refined. The coalition has adopted common language and ground rules for operations.

What are facilitators and inhibitors?

All cross-sector alignment efforts included in this study had some form of governance structure whether under development or fully established. Our findings show how and what enabled these governance efforts:

- **Leadership of backbone organization:** One-third of survey respondents (33.6%), as well as the majority of key informants, reported leadership of the backbone organization as the top facilitator of shared governance. Backbone structures provide ongoing support, coordination, and transparency of progress that cross-sector alignment efforts require to succeed.[25,30]

  Backbone entities with credibility in the community had **better access to resources and buy-in** from community members. The most effective backbone structures were described as **neutral facilitators that created safe spaces for collaboration.**

C+M→O

Cross-sector alignment efforts backed by an active, powerful backbone organization (C) are more likely to advance towards its intended priorities (O) because of the commitment and leadership abilities of the backbone entity (M).

"[What] really helped us to keep the ball rolling was that we had those trusted relationships and we continued to build on that trust.... [The collaborative] already had that convening power as a backbone organization in town."

– Key Informant

- **Agreement on shared purpose and values:** A clear shared purpose with a set of priorities and objectives helps cross-sector alignment efforts focus and move towards a common agenda. A common agenda is the basis for cross-sector alignment efforts in developing the necessary structures and functions to solve problems in the communities.[32] About 27% of respondents reported agreement on shared purpose as another key factor in the development of shared governance.

- **Designated roles and responsibilities:** Designated roles and responsibilities was identified as an important factor in building solid governance structures. Once an organization is knowledgeable about its role in the broader collaborative picture, it can contribute to the necessary resources to move towards alignment.[33] Similarly, when coalition members draw on the strengths of each other, they are able to address the needs of the community because of the broad array of skills and experiences available.

C+M→O

When the roles and responsibilities of collaborative members are clearly and explicitly set out (C) all members know what is expected of them (O) because of transparency (M).

"I think we have a shared vision and ultimate goal and that's the same. We understand each partner has their own strengths. We play a unique role to drive that mission forward and understand where we thrive and where we don't necessarily have the resources and capacity."

– Key Informant

- **Trust among collaborative partners:** The majority of cross-sector alignment efforts also identified trust as a top factor in the development of governance structures. Trust among collaborative partners was identified as critical to establishing governance. Trust plays an underlying role in power dynamics including establishing accountability and transparency between partners.[31] The role of trust between cross-sector partners will be explored later in the trust section.

- **Shared power and leadership:** Sharing power and leadership helps collaborating organizations move towards a common agenda and avoid competition. While each entity may contribute to the coalition differently, leveraging their own strengths and assets, shared power means all partners are held accountable in driving priorities and objectives of the collaborative and have equal voice and vote in decision-making.[34]

In addition to facilitators, our study also identified key inhibitors of governance structures and function.

- **Varying perspectives on success:** One of five (20.7%) collaborative partners identified varying perspectives on what constitutes success as the top barrier to establishing governance structures. Varying perspectives and problems with ambiguity can result in a lack of focus and disrupt programmatic processes.[34,35] This study showed that collaborative partners should agree on the priorities, objectives and measurements to successfully move towards alignment.

- **Limited capacity:** Cross-sector alignment partners and key informants also identified limited capacity, including limited staffing and resources, as inhibiting the formation of shared governance. Without the necessary funding and resources, it becomes a challenge to designate roles and responsibilities to carry out required tasks. Limited capacity becomes a barrier in retaining dedicated leadership.[36]

- **Competition among partnering organizations:** Competition among collaborative partners was identified as another factor disrupting progress towards the development of governance structures. Without the complete dissolution of self-interest, partners make decisions favorable to their individual organizations.[37] This results in power imbalances as organizations with the most resources influence the direction of the alignment effort.[38]

- **Change in collaborative leadership:** Both coalition partners and community members agreed that a change in collaborative leadership can inhibit alignment progress. When there was turnover in leadership, collaborative activities suffered both internally and with community members. It led to loss of key connections to community members as well as unexpected change in the priorities and objectives.[36,39]

C. SHARED DATA

Why is it important?

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

Shared data and metrics are the processes or outcomes measures or data needed to carry out operations among cross-sector alignment efforts.[40,41]

Data sharing can range from co-developed CHNAs and community reports at the rudimentary level to complex interoperable systems of social, economic, and health data shared by cross-sector partners. For cross-sector efforts, it is critical to establish such a system because shared data ultimately informs the development of a shared purpose, its ability to successfully apply for funding, and the ways in which the effort can be held accountable by member organizations and the community.[41]

How does it develop?

Findings from our survey revealed that many coalitions struggle to establish shared data systems and processes. Only 31.6% of survey respondents indicated that their cross-sector alignment had a strongly established shared data system, making shared data the second least established core area after sustainable finance. However, most sites have made at least some progress in this direction.

Key informants and focus group participants described that **sharing recent, community-level data between organizations helped their cross-sector alignment effort formulate a shared purpose and develop priorities for action steps**. For example, many coalitions used publicly available data (e.g., Census data), medical record data, or data collected from community needs assessments to identify priority populations and areas of focus (e.g., homelessness, food access, maternal health, etc.). In this way, data-sharing enabled organizations to collectively identify and formulate a shared purpose.

In many cases, once data was leveraged to develop a shared purpose, coalitions also recognized the need for continued data-sharing as a means of measuring progress towards goals, transparency, and holding itself accountable to funders and community members.

"[The coalition] released their very first needs assessment, and they found great value in it. Not only were they saving money and conducting a collaborative needs assessment, they were also able to do something that was very comprehensive. And it was a shared document. It was a way that it could really be seen as a true community document instead of an independent document."

– Key Informant

SPOTLIGHT ON SHARED DATA

Shared data provides a means to effectively establish priorities, monitor progress, and develop structures for transparency and accountability. Following are examples of data systems at various levels of development.

SHARED DATA IN ACTION

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.

PCCI Connected Communities of Care

Established 2017

For PCCI Connected Communities of Care, shared data was the strongest from the four core components. A web-based technology platform (IRIS) provides the essential infrastructure to enhance referrals and communication between organizations (cloud-based, geo-mapping, referral generating). This gives health care organizations more capacity for data sharing and tracking. The collaborative indicated that although the data sharing capability was resourceful, issues of interoperability still exist.

Healthy Williamson County

Established 2013

Healthy Williamson County defines shared measurement as providing meaningful feedback to the community and partners. *The Healthy Williamson County* website provides unbiased, up-to-date data, local resources, and high-quality, accurate information in an accessible, user-friendly location for community members, stakeholders, and government officials. Data is continuously updated to ensure accuracy.

Brownsville Collaborative Action Board (CAB)

Established 2003

The Brownsville CAB designated the role of data manager to UT School of Public Health. University partners lead data-sharing efforts regarding epidemiological trends and outcomes. Partners also have a centralized database to share clinical data where health information exchange—HIE—facilitates the process.

What are facilitators and inhibitors?

Our findings identified the following contextual factors that appeared to be commonly linked to this component.

- **Desire to align common efforts:** A desire to align common efforts was reported as a primary facilitator for sharing data. In many cases, historically within the same community, organizations independently conducted needs assessments and reviewed available data to prioritize and address the community needs through siloed efforts. Over time, however, many of these same organizations recognized the opportunity to share resources and data to guide collective action toward commons goals and a shared purpose.

  Upon establishing a shared purpose, the organizations collaboratively identified or collected data that could be used to best align their respective efforts. An established sense of shared purpose can motivate partners to develop shared data processes to further align efforts and formulate a means of measuring collective work.[42] Shared data can also validate and give relevance to the experiences of individual organizations.

- **Buy-in among partnering organizations:** Motivation and buy-in among partnering organizations was identified as another key factor that facilitated progress towards shared data. The development of data-sharing systems can be time-consuming, costly, and complicated. Consequently, having buy-in of all participating organizations is critical for the successful development of a shared data system.[43]

  When coalitions can effectively leverage collective buy-in of partners to establish a shared data system, the benefits can be powerful. Having collective data can facilitate funding opportunities, generate community-level and interorganizational trust, and help the coalition identify new opportunities.[42,43] The benefits of the shared data system can lead to increased motivation from partners, creating a cyclical process where partner buy-in is both the cause and the effect of shared data systems.

"We were all measuring different things. And we had to really figure out what we wanted to measure together and what we could impact together. And that took a minute... But once we did, it was really amazing when we were all able to pour into this one system... that was able to show us where we needed... to increase our work and where we were making significant improvements in the neighborhood."

– Key Informant

"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

Key factors that inhibit progress towards shared data:

- **Limited capacity and resources:**
  Limited capacity was reported by 20.1% of survey respondents as well as the majority of key informants as a primary reason that shared data systems are not fully developed. In many cases, funding designated for data capacity and infrastructure is difficult for cross-sector alignment efforts to acquire. Member organizations often have limited data systems themselves, largely due to lack of funding or limited staff capacity and expertise.[16] The ability to combine data systems or develop an inter-organizational system is therefore even more challenging.

- **Barriers to interoperability:** While some entities, such as hospitals, may have sophisticated data systems, organizations face significant challenges to sharing data, particularly barriers to interoperability. For example, organizations must have compatible software and hardware, which can be cost-prohibitive for smaller, grassroots entities and operationally burdensome for larger systems to overhaul and transition. Additionally, sharing individual-level data often requires legal agreements due to HIPAA, which can be time intensive or even deal-breakers for some organizational leaders.[43]

"Data sharing or even collecting updates is hard, [especially] if there are different partners because of MOUs and there is no agreements that we have for those things. So it just makes it difficult."

– Key Informant

- **Analysis and interpretation barriers:** Some coalitions may struggle to agree upon data analysis priorities, largely due to differences between the goals and disciplines of the respective organizations. Analysis and interpretation barriers were indicated as another inhibitor for shared data. For example, health care delivery organizations may differ from social service organizations in how they each measure or interpret health outcome data.

Overall, our findings suggest data-sharing is less likely to happen if there are no explicitly agreed upon data-sharing processes between organizations. The lack of well-defined, formal data-sharing agreements can erode inter-organizational trust.

Furthermore, in the absence of formal processes or agreements, coalitions can face ambiguity about who in the coalition is responsible for data collection, management, and dissemination. This suggests an important first step for coalitions is establishing formal data-sharing agreements, especially ones that democratize the process and allow for all organizations to have equal input and ownership of data**.**

C+M→O

Where there are no explicit agreements and processes for data sharing for collaborating partners (C) data sharing becomes difficult to facilitate (O) because of concerns about accountability and limited capacity.

D. FINANCE AND SUSTAINABILITY

Why is it Important?

It is no surprise that all cross-sector alignments in this study recognized the importance of sustainable financing. 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 many alignments arise from seed funding, the path to sustainable financing can prove to be a challenge.[24]

How does it develop?

Only a quarter of participants indicated that their coalition had greatly established financing systems. Sustainable financing was the most underdeveloped core component among cross-sector alignment efforts. It was also the core area that most directly influenced the extent to which an alignment effort could advance other areas.

At the same time, around 21% of survey respondants were unaware of the financial structures of their coalition. This implies that decisions about financing may be concentrated among only a few leaders and/or that conversations around finance are less common compared to the other core areas.

When coalition members have ambiguity or uncertainty about financing structures, it can inhibit progress towards sustainability. Similarly, our study found that coalitions with dedicated staff are more likely to have sustainable funding, possibly because staff members who are employed by the coalition can more effectively focus on identifying funding.

In comparison, coalitions that rely on the voluntary labor of leaders often compete for funding for their own organizations. Notably, our study did not determine whether the staff are a cause of sustainability; it is possible that sustainability precedes staffing.

C+M→O

When a cross-sector alignment effort has dedicated staff members (C), it is more likely to have sustainability (O) because the staff is able to build partnerships and direct resources as necessary for the benefit of the collaborative (M).

"You know, our coalition is ongoing because we at least have one dedicated staff member so it's not going away based on a funding source. And so, at least we're pretty sustainable from that aspect."

– Key Informant

SPOTLIGHT ON FINANCING AND SUSTAINABILITY

Financial sustainability ultimately decides the fate of cross-sector alignment efforts as it influences the development and maintenance of the other structures and factors. Following are four examples of finance structures of cross-sector efforts in Texas.

FINANCING AND SUSTAINABILITY IN ACTION

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.

Healthy Living Matters

Established 2011

Created through the Houston Endowment Funds, the initial planning ran from November 2011 to January 2014. The Houston Endowment continues to fund part of the sustainability, but the Harris County Public Health department provides funding and staff as the collaborative demonstrates success. HLM strategically plans its financial and sustainability models in increments of ten years.

MD Anderson's Be Well Baytown

Established 2017

The UT MD Anderson Cancer Center is responsible for this initiative, made possible by an investment from ExxonMobil to MD Anderson's Moon Shots Program to benefit a Houston-area community. MD Anderson's Be Well Communities' Team supports collaborating organizations, leads a community action plan, and created a sustainability plan to transition the initiative to the community. Successful interventions by the collaborative have been integrated into organizations strategic plan or support by a governmental agency.

El Paso Behavioral Health Consortium

Established 2014

In 2017, state and federal legislation led to funding opportunities benefiting El Paso County. Additionally, the Health Foundation and the Empower Change Backbone continue to lead and facilitate the consortium to increase the number of multi-institutional partnerships in the region. Grants are currently the primary funding source, but the consortium recognizes need for reimbursement models for long-term sustainability.

What are facilitators and inhibitors?

Through the survey and key informant interviews, our study sought to understand the key inhibitors and facilitators to sustainability. The following are the top facilitators to developing financial sustainability:

- **Availability of ongoing funds:** When cross-sector alignment efforts have dedicated funders to support operations, the alignment can work towards its priorities and objectives rather than dedicate time to finding funds. Almost 30% of collaborative partners indicated that the availability of on-going and long-term funds facilitated financial sustainability. Majority of the cross-sector alignments began with some sort of seed or grant funding lasting three to four years.

Currently, the most common form of funding is through grants and donations (about 35% of partner organizations indicated this). Other forms of funding mechanisms include leveraging funds from member organizations, sharing staff time, and through partnerships with the community.

"So we're looking into a lot of different funding sources, we have some very generous local foundations that have supported us. For over a decade, and as we've grown they've allowed us to ask for greater amounts of money each year. And so they've been able and willing to grow with us."

– Key Informant

- **Demonstrated progress and success:** About 24.4% of alignment partners and the majority of key informants reported demonstrated progress and success as another factor contributing to sustainability of alignments. Successful alignments should be able to justify their existence to both funders and community members, and as such performance measurement and transparent reporting of progress and outcomes are critical undertakings.

The following are key factors that inhibit progress towards financial sustainability:

- **Limited funding:** Nearly 40% of alignment partners indicated limited funding as a barrier to financial sustainability. Often times grant funding has stipulations and restrictions on how the dollars can be spent, with burdensome reporting and requirements. These parameters can act as critical limitations for coalitions, requiring them to adapt their priorities to funds rather than apply funding to the exact needs of the community. This problem may be most common for cross-sector coalitions that have a mix of organizations with varying financial structures or legal statuses (e.g., 501c3 and for-profit organizations).

C+M→O

When a collaborative has access to unrestricted financial resources (C) it can better focus on its priorities and goals (O) because funding for collaborative operations is already in place (M).

"What is more difficult is when the initiative and the funding comes top-down with a predefined set of tactics.... It's more difficult, because we have to do a bunch of translation of priorities [to fit the funding]."

– Key Informant

- **Competition:** In circumstances where grant funding is limited, competition for funds is nearly inevitable. Competition for funding was indicated as another top factor inhibiting sustainability. This was common in rural areas, where resources are sparser. Additionally, competition can be more frequent in contexts where larger organizations may have an advantage over smaller, grassroot organizations and therefore do not pursue funding together. Competition can be mitigated when organizations have a strong sense of trust with each other, a history of working together, formally established financial agreements, and dedicated roles and responsibilities

- **Staff and leadership turnover:** Alignment partners and key informants from backbone organizations reported that turnover within individual organizations can inhibit progress in all core areas—shared purpose, data, governance, and finance. Regarding finance, turnover can disrupt relational progress among partners and jeopardize inter-organizational financial agreements.

E. INTERACTION AMONG CORE COMPONENTS

Our findings revealed how each of the core components interacted and influenced each other over time. With respect to time, the development of shared purpose often occurred early in alignment and preceded the establishment of the other components. Shared finance and data systems were often present throughout the alignment process over time in various forms after the establishment of a shared purpose. Governance structures most often influenced the direction of the other components.

Below we present the various interactions revealed in this evaluation between shared purpose, governance, data, and finance towards alignment.

Shared Purpose and Governance: Our findings suggest that having a shared purpose is foundational to establishing governance structures, including explicit roles and responsibilities for individual organizations. Moreso, the backbone organization played a critical role in the development and maintenance of the shared purpose. As such:

C+M→O

When coalitions are supported by an active, credible backbone organization (C), the coalition is more likely to progress towards its objectives and goals (O) because of the organization's ability to move things forward (M).

"We got everybody together.... We hosted and a number of other meetings... and we really designed our mission, vision, purpose, and strategic objectives as a community."

– Key Informant

Shared Purpose and Data*:* Data most often accompanied the development of a shared purpose as coalitions shared data to collaboratively identify gaps, urgent needs, and develop mutual priorities. The establishment of shared data systems led to maturation and strengthening of shared purpose. When coalitions had shared access to data that measured their collective impact, it allowed the members to refine their collective purpose, acquire funding to continue their work, and strengthen trust within the community and with each other.

Shared Purpose and Finance: Establishing shared priorities and objectives was closely related to the availability and allocation of funds as well as the development of sustainable financial structures. Seed funding, in certain cases, catalyzed the process of coalition development (through grants, etc.). In these cases, funding greatly influenced the shared purpose of a coalition, due to requirements determined by the funding source.

> *"They are doing that work of giving them the funding, but also one of the things that we've tried to do as we built the common agenda is to help them to start thinking about how are they going to sustain themselves, and how will they get additional funding and support as they implement this work."*
>
> *– Key Informant*

Governance and Finance: Governing bodies were often responsible for directing finances towards the necessary operations and activities of alignment efforts. Our findings revealed that only around 7% of coalition partners indicated "limited funding" as an inhibitor and only around 3% indicated "availability of funding" as a facilitator of governance structures. This shows the possibility that finances do not directly influence the development of governance structures. However, governance structures can largely influence financial sustainability. In most cases, governance structures preceded financial sustainability. Other cross-sector alignments were initiated by seed or grant funding that required an entity (often the backbone organization) to manage funds.

Governance and Data: Our findings revealed that to manage interorganizational shared data systems, governing bodies were often established within efforts. These entities were responsible for developing data sharing policies, MOUs, and overall processes. The formalization of data sharing processes was especially critical when working with hospital systems as privacy and protection laws come into play. Academic institutions and hospital systems were often tasked with data management roles as they are often perceived to have or demonstrated capacity to support this function.

Data and Finance: Although there is no clear pattern that suggests which element develops first— finance structures or data-sharing structures—it is clear that these two areas are mutually reinforcing. Often, coalitions relied on shared data to demonstrate impact of their work to each other, community members, and funders. This then led to increased funding opportunities. Conversely, having sustainable funding processes could help coalitions establish or expand their infrastructure and capacity for data-sharing. Coalitions that were more financially sustainable typically had more robust data-sharing systems, although our findings cannot determine whether this link is causal.

"I think the enabler for us, besides function and funding, has been just the sheer willingness of these organizations to put aside their competitive differences and to really risk doing this work without any promise of financial gain."

– Key Informant

2. ADAPTIVE FACTORS

This section describes key findings on adaptive factors critical for advancing effective alignment toward community health and racial and health equity. These factors include trust, equity, community voice, and power dynamics. Findings are organized by and explore the following dimensions of each adaptive factor:

- **Why is it important:** definition of factor and relevance of factor towards alignment

- **How it facilitates or inhibits alignment:** findings from evaluation about how each adaptive factor facilitates or hinders alignment

This section also highlights case examples of how trust, power dynamics, equity, and community voice are reflected across the various cross-sector alignment efforts included in this evaluation.

A. TRUST

Why is it important?

Trust is depicted as the "lubricant and glue" that facilitates and holds cross-sector alignment efforts together.[44] The fundamental success of cross-sector alignment is largely dependent on how trust is built and sustained from even before the inception of most efforts.[31,44] Creating partnerships and building networks require a certain amount of trust to already exist before collaborative work can begin.

Although trust is critical, the building and maintenance of trust comes with its own complexities related to the dynamic nature of trust. Between member organizations these can stem from competition among partners, power differentials, and accountability among others.[31]

In regards to trust between organizations and community members, it can emerge from past history, expectations, and transparency. Trust is reciprocal. Trust is a multi-dimensional factor that requires time and effort for understanding, building, and sustaining.[25,27] In the next few sections, we examine trust from the findings of this evaluation from two levels—between collaborative partners and between cross-sector alignment efforts and community members.

How does it facilitate or inhibit alignment?

Trust Among Cross-Sector Alignment Partners

Motivation and Buy-in

From the onset, trust is fundamental to motivating and gaining buy-in from partnering organizations. Organizational partners must have enough trust to believe that the benefit of collective action will be greater than their own individual actions to solve the necessary problem in the community.[25] This evaluation found that mutual trust existed due to collaborative history among partners across alignment efforts. While history helps, key informants indicated that building buy-in still takes time and effort as it is an investment (financial, capacity, time, etc.) from the perspective of partners.

For example, one such cross-sector alignment site in this study credited their initial Community Health Needs Assessment (CHNA) process contributing to buy-in among partners. The initiative reported that consistent communication and convenings around the CHNA process led partners to truly understand the urgent needs of the community and to develop the willingness to be a part of the shared solution.

Partners must recognize the benefit of alignment within the community to truly invest and trust other collaborative organizations.

Furthermore, the data showed that the key to building trust and motivation among partners lies with the leadership. We found that when designated leadership staff dedicated time to building relationships between alignment partners, members had greater awareness of the motivations, reliability and abilities of each other. This process allowed for members to understand each other better. Knowledge of each other's motives led to the trust to move forward.

"And I think that for those counties that have, that took the time to really not do any work, but just build those strong trusting relationships, people felt like they were there and they have just skyrocketed."

– Key Informant

Partner Engagement

Fruitful trust among partners often required ongoing processes of engagement at multiple levels of an organization. The data found coalitions that took the time to create awareness through frequent meetings, progress updates, early wins, and sharing of resources with organizational partners were the most successful in maintaining trust.

Key informants and partners both shared that keeping organizational partners engaged and soliciting their feedback regularly created an environment of "openness" thus leading to deeper trust. Engaged partners contributed to collaborative action by providing knowledge, resources, leadership, and institutional structure. Frequent collaborations and engagement cultivated trust.[25]

"You've got to go meet people where they are, listen to them, understand what they're doing, what their barriers are, and how best can you identify that synergy among the partners that gives them the value to come and participate ... and make changes.... And I think that it's a lot of work, and it's a lot of what I would call peacemaking. You've got to be strategic in the way you are listening and saying."

– Key Informant

Trust Between Cross-Sector Alignment and Community Members

Demonstrating Progress

Building trust within the community is contingent upon whether the community can depend on the collaborative, if promises are kept, and expectations are clear. When promises are kept, community members can have faith and confidence in the collaborative.[27,45] Partnering organizations and community members both indicated that sharing **early wins and successes with community members helped build** this form of trust. As such:

C+M→O

When cross-sector alignment efforts can achieve and show early wins and successes (C) there is greater buy-in and trust from community members for the initiative (O) because the coalition is able to demonstrate that it can keep its promises (M).

Focus group participants consisting of community members indicated that when partnering organizations shared information, resources, programs, and provided training, that helped build trust with the partner organization and the overall collaborative.

"We want to be held accountable to the community. At least once a year, we would convene and report to the community the progress being made based on the report that we had. And so every year we were to show: where are we, where are we going, and what's next to be done. And we have done that consistently with a progress summit every year."

– Key Informant

C+M→O

When a coalition demonstrates it is committed to improving what is important to the community (C), community members have greater confidence in the motivations and abilities of the coalition (O) because they see it acting on the benefit of the community (M).

> *"I think what would build trust is to say that you are proposing a project and ensure that it is completed quickly. Then, people would say this collaboration is working. The community will become engaged. They would see that you are doing something for them, and they would support you. That is how you build trust, because sometimes people say they will do something, time passes, but nothing gets done."*
>
> *– Community Member*

Accountability and Transparency

Accountability and transparency with community members was essential to developing trust and sustainability in successful alignments. Almost half (47.3%) of organizational partners indicated that their organization holds the cross-sector alignment accountable to the community. Examples of activities contributing to accountability and transparency included sharing of regular and frequent data reports with the community, holding workgroups accountable to their promises within the community, promoting milestones through social media, and conducting surveys with community members.

For many alignment efforts, accountability to the community also depended largely on the types of leaders that sit on executive boards. Thus:

C+M→O

When a coalition's leadership consists of individuals with power in the community (C) the collaborative has higher expectations of accountability to the community (O) because these individuals have a reputation (self-interest) in the community (M).

> *"Well, you know, I mentioned our board you know before. It's so great to have all these high-powered people on your board, but, boy, do they have high expectations, a part of our accountability comes from the investment of our board members."*
>
> *– Key informant*

Accountability and transparency to the community is key to sustainability as it justifies the existence of the alignment and helps build trust.

Similar to collaborative history among partners, past history with partnering organizations can impact the trust with community members. As such:

C+M→O

When there is positive engagement with partnering organizations (C), community members are more likely to be invested in alignment efforts (O) because of existing mutual trust (M).

"You have to walk humbly in, and you also have to take blowback from people who are angry because they've been the object of a bazillion university studies and a ton of grant projects. They have come and gone and there's been no long term relationship."

– Key informant

Community members expressed that alignment partners could maintain trust by providing continued support through resources, programs, and delivery of services. We found that when there was negative experience with partnering organizations, motivation and buy-in suffered. Many key informants, coalition partners, and community members were in consensus that there existed a fundamental distrust of public health organizations by community members. They expressed that often organizations failed to keep their promises to the community and that the benefit was generally one-sided.

SPOTLIGHT ON TRUST

Greater Northside Health Collaborative (BUILD 2.0)

Established 2017

This coalition approaches trust building and accountability with the community by sharing annual reports and soliciting feedback on improvements. By sharing the Quality-of-Life Agreement assessment, the coalition showcases its progress on programs implemented in the community. The coalition credits over 1,000 partnerships and "deep relationships with elected officials" for sustaining trust with community members.

Advancing Community Partnerships to Increase Food Access in Southern Dallas

Established 2019

To garner trust from the community, this coalition is working to "do exactly what they say they were going to do." This BUILD coalition helps the community feel involved and heard by connecting residents to organizational leaders and hiring community members to staff the coalition. By sharing milestones and progress on local newspapers, the coalition holds itself accountable to the community.

B. POWER DYNAMICS

Why is it important?

Power dynamics in cross-sector collaboration are complex and evident in most interactions during alignment. Power generally refers to the influence that one individual, organization, or group has over another. It can stem from hierarchical positions, credibility, or control over resources when considering cross-sector alignment.[27] Power imbalances are often common in collaborative work and can create distrust and weak commitment from partnering organizations.[27,46]

Imbalances in power are also evident when organizations and cross-sector alignment efforts work with various communities. The complexities of power dynamics are often reflected in interactions between community members and cross-sector alignment efforts during community engagement.[47] Cross-sector alignment efforts must recognize and address power dynamics for successful alignment to occur. As conflict is expected for alignment efforts, partners and leaders must learn to use resources and strategize to share power and manage conflicts effectively.[44]

The section below discusses inter-organizational power dynamics as evident in the evaluation. Power dynamics between cross-sector alignment efforts and the community is discussed in the *Community Voice* section of this report.

How does it facilitate or inhibit alignment?

Four key themes emerged around how power dynamics play out between partnering organizations. First, the role of power dynamics often came up in conversation when considering the unique roles and responsibilities of the partners of each collaborative. Many partners agreed that formalizing and designating roles and responsibilities through tools such as MOUs facilitated power sharing. When roles are clear and explicit, each organization understands what is expected. The role of the backbone entity was often assumed by larger organizations for reasons such as leadership capability, reputation, credibility, resources, and capacity in the early stages of development.

Second, many key informants emphasized the value of diversity and inclusivity of different partnering organizations, leaders, and members. Diverse perspectives and lived experiences provide insights into solving complex issues and problems that a narrower outlook might miss.[25]

Diversity also brings varying levels of influence across different sectors—crucial for driving systemic change. While diversity was identified as important, it was often an area of ongoing work and improvement.

> *"There is an incredibly diverse team and by diverse meaning every aspect of the definition that team exists within the group. And so, you have the [diverse] perspectives."*
>
> *– Key Informant*

Third, cross-sector alignment efforts identified the importance of creating neutral and safe spaces, where all partners had equal voice and power at the table, as a crucial factor in advancing cross-sector efforts. Imbalances in power can occur when organizations

with more resources, capacity, and credibility steer the coalition in their favor. Shared power allows for organizations that are not on equal footing in terms of resources and capacity to have a voice in the decisions of the coalition.

In fact, key informants from backbone organizations indicated that their alignment was making it a priority for all members to have a shared voice and shared power at the table. Coalition members agreed that to create this safe space, organizations must be willing to leave their individual agendas at the door.

Finally, active and ongoing engagement of organizational members was indicated as instrumental to balancing power. The level of engagement of partners can make the difference between whether a cross-sector alignment is taken seriously.[27]

SPOTLIGHT ON POWER DYNAMICS

El Paso Behavioral Health Consortium

Established 2014

With a small leadership team responsible for guiding operations and collaboration, officers serve one-year terms with explicit roles and responsibilities. The allocation of roles and responsibilities helps divert competition among partners and provides grounds for trusting relationships. Four workgroups meet monthly to review strategic plan implementation. The coalition focuses on "building partner synergy" by keeping an open and ongoing channel of listening and learning from each other. This synergy and trust drives partners to take action and drive change within the community.

C+M→O

When organizational members are actively and continually engaged by cross-sector alignments (C) there is increased confidence in the abilities of the collaborative (O) because the collaborative is seen as authentic.

"[Coalition] being an asset is important. Consistency is important... [Establishing] a relationship with [the community] is [important] because that is what creates trust. [Coalition coordinator] has done that [by] building those relationships, letting [community members] know of resources, and being available for questions, concerns, and comments."

– Organizational partner

However, the evaluation found that:

C+M→O

When a coalition has limited resources and human power to continually engage its members toward shared goals and objectives (C) commitment to the effort may suffer (O) because other priorities of the members will take place.

"CBOs have their hands full caring for indigent populations. They have very little funding. Being part of a network and completing requirements for data reporting and follow up, emails, communications is not high on their priority list, unless it's instilled upon them."

– Key Informant

More importantly, key informants indicated that through partner engagement, members can be in a position to influence cross-sector alignment. As such:

C+M→O

When organizational members can see they are able to influence outcomes and impact (C) they are more likely to engage and support the alignment (O) because they believe their contributions are valued and respected (M).

"We talk about the Community Health Improvement Plan (CHIP) in most of our meetings. [Partners] were very bought into that process, and we communicated that process pretty well because people aren't surprised when they hear about it. They want to be part of it. They want to share what they think are the top priorities so that we include it. They want to be part of the solution."

– Key Informant

C. COMMUNITY VOICE

Why is it important?

The origin of most cross-sector alignment efforts centers around addressing and fulfilling the needs and issues of a community and its members. Elevating community voice means residents have a say in and make the decisions that impact their health and well-being.

Incorporating community voice through active, authentic, and ongoing engagement is essential to achieving targeted outcomes and equity.[47] Community engagement occurs along a continuum through various methods ranging from information exchange to active collaboration and sharing of power with community residents.[48,49]

As capturing community voice and lived experiences is a priority for many cross-sector alignment efforts, leadership should work with partners and communities to co-design long-term plans for authentic and effective community engagement and empowerment in decision-making. To truly uplift community voice, strategies should be guided by the community.

How does it facilitate or inhibit alignment?

Actively engaging community residents means employing ongoing and consistent processes of communication, sharing information, and soliciting feedback. However, active community engagement goes beyond just information exchange and involves power sharing with community members. Almost 60.0% of collaborative partners indicated their coalitions were involved in trust building and community engagement activities.

Examples of community engagement included hiring dedicated staff to work with community members, being present at community events such as health fairs, being transparent about progress by sharing annual reports with the community, and providing training to community members to better advocate for themselves.

Other cross-sector alignment efforts shifted their focus to capturing the perspective of historically marginalized population groups by inviting them to be a part of larger conversations through townhalls, focus groups, working groups, and boards. Several efforts stated they were trying to be "good stewards of community voice by listening, engaging, and empowering."

Power sharing between community members and cross-sector alignment efforts require engaging the community in places of decision-making and allowing community members to guide and design solutions. Shifting the power to the community aligns the needs of the community with goals and objectives of the cross-sector efforts.[50]

Many efforts indicated they were utilizing their workgroups to involve community members in their decision-making processes. This way decisions presented to the board by workgroups are representative of the community's perspective.

Another example of empowering the community was through equitable and inclusive hiring practices.

A handful of coalitions indicated hiring staff members from the community and specific geographical locations as the beneficiaries of efforts. Listening to the community requires trust and knowing the intended beneficiaries. The process is more organic when leadership and staff share the same background and experience as community residents.[50]

SPOTLIGHT ON COMMUNITY VOICE

Go Austin! Vamos Austin! (GAVA)

Established 2012

Located in the heart of 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, building leadership structures, and weaving networks among community partners. Teams of neighbors drive health solutions from sliding-scale produce delivery programs to advocacy campaigns for more equitable infrastructure in the built-in environment. To further incorporate community voice, the coalition hires residents from the local community to run organizing operations.

"There's not that many community voices involved in these workgroups and different types of meeting spaces. There are a lot more professional voices, but it's really important to have the community members ... because we could be totally off the mark of what they think is important."

– Organizational Partner

C+M→O

When coalitions do not involve community members in places of decision-making (C), the coalition can fail to address the needs of the community (O), because the coalition may not have a clear understanding of the community (M).

Furthermore, this evaluation revealed that when individual organizations within cross-sector alignment efforts consistently engaged community members, there was greater awareness of the effort. As such:

C+M→O

When alignment organizations have consistent processes of engagement, data sharing , and ease of access to resources and programs (C), community members are aware (O) and are more likely to trust the organization (O) because of the credibility and transparency the organization offers (M).

"I think being consistent helps. I think being consistent is very important in building trust in people wanting to come back or referring other people."

– Community Member

At the same time, the data showed opportunities for improvement to truly capturing community voice. Some community participants from focus group interviews reported they were not aware of the collaborative and its initiatives. This lack of knowledge about the alignment efforts served as a barrier in being able to provide feedback about services, programs, and needs.

Partnering organizations also recognized the need to incorporate community voice into community practice. As such:

C+M→O

When a cross-sector alignment effort does not promote or communicate its work effectively (C), then there is a lack of awareness (O) because the community does not have knowledge of services, programs, and resources associated with the effort (M).

"I do think the community is aware that we are blessed to have extraordinary connections and connectedness.... They know people can get them connected to resources... I don't think they know that it's because of a coalition and a really concerted effort by a bunch of people that have been working together for a long time."

– Community Member

D. EQUITY

Why is it important?

Many communities face numerous population health challenges and inequities in health outcomes by characteristics such as race or ethnicity and socioeconomic status as a result of longstanding structural barriers in the United States. To improve population health and address these barriers, cross-sector alignment efforts must incorporate principles of equity to all its goals and priorities.[51]

According to the definition of Urban Strategies Council: "Equity is fairness and justice achieved through systematically assessing disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions."[50] Health equity is the ability for individuals to live their healthiest life possible in a community.

A shared understanding of the root causes and of the health and social needs of a community enables coalitions to address factors and policies that create these structural barriers.[51] For the purposes of our evaluation, we focused explicitly on health equity and relied on RWJF and Paula Braveman's definition: "Health equity means everyone has a fair and just opportunity to be as healthy as possible."[52]

How does it facilitate or inhibit alignment?

Health equity was a clear focus for more than half of the cross-sector alignment efforts in this evaluation. Over 64% of collaborative partners indicated that health equity was an explicit, high priority for the effort and around 70% reported that it was an explicit goal for their individual organizations. Furthermore, almost 83% of partners indicated that their organizational definition of equity aligned with that of the cross-sector alignment effort. Such that:

C+M→O

When individual organizations agree that addressing health equity is important (C), it is easier for the cross-sector alignment effort to advance equity (O) because each organization is committed to it (M).

"All of the organizations that are a part of the collaborative believe in health equity and believe in equity. Let's just start with that word— equity. It is one of the values of a lot of the organizations."

– Key informant

Defining Health Equity

While a majority of cross-sector alignment efforts in this evaluation have yet to establish a formal definition of what health equity means to them, more than two-thirds of collaborative partners surveyed provided their definition of health equity. Generally, definitions of health equity emphasized creating opportunities for individuals through access across the various social determinants of health, or SDOH.

Of note, many organizations conflated equality with equity suggesting the need for conversations and training around the true meaning of equity (Figure 4). Less than 5% of the definitions described or identified a population of interest.

Figure 4: Top four themes across organizational definition of health equity
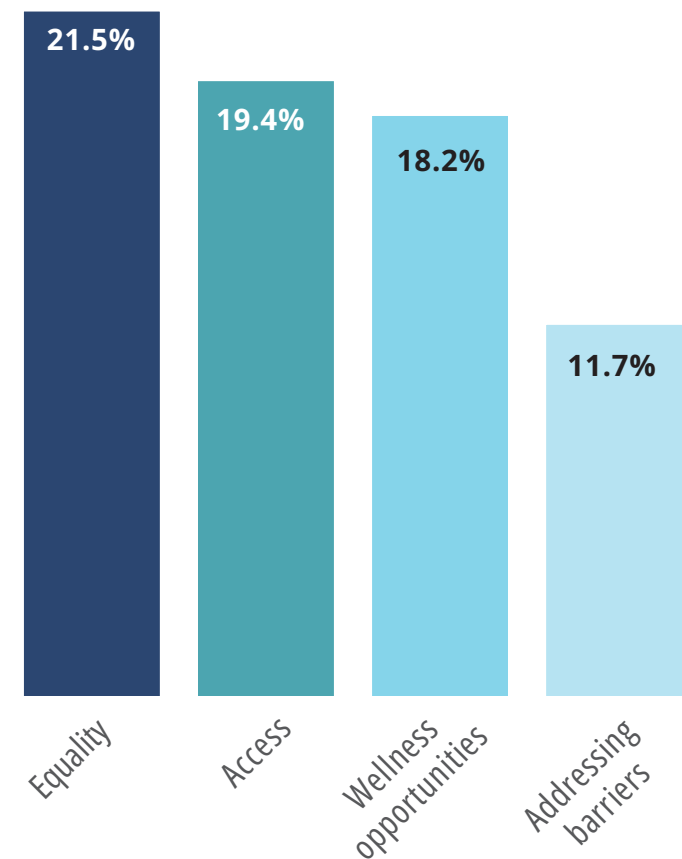
Operationalizing Health Equity

Institutional

Most cross-sector initiatives in this evaluation embedded health equity concepts within their shared purpose, mission, and vision. Almost 76% of organizational partners indicated that health equity was a part of their priorities, goals, and objectives. As such:

C+M→O

When coalitions formalize health equity in their mission, vision, and shared purpose (C) they are more likely to work towards aligned interventions and solutions for health equity (O) because they are obliged to deliver on it (it is binding) (M).

"But 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

"So it's really important to start it by saying that health equity actually is, is embedded in the institution's scientific impact, vision, and so we think about the work that is led specifically, it really has to do with dealing with a fundamental issues of access."

– Key Informant

Alignment partners indicated that health equity was most operationalized across shared purpose (72.3%), followed by governance structures (55.7%). Examples of equity operationalized across governance structures include diversification of boards and inclusion of community members in workgroups. Principles and actions for health equity were far less operationalized across data and measurement systems (42.5%) and finance structures (34.8%) according to partners (Figure 5).

Figure 5: Percentage of Coalition Partners Who Say Health Equity Has Been Operationalized "To a Great Extent" Across Core Components

- 72.3% — Shared purpose, vision, and concept
- 55.7% — Governance and leadership
- 42.5% — Data and measurement
- 34.8% — Financing
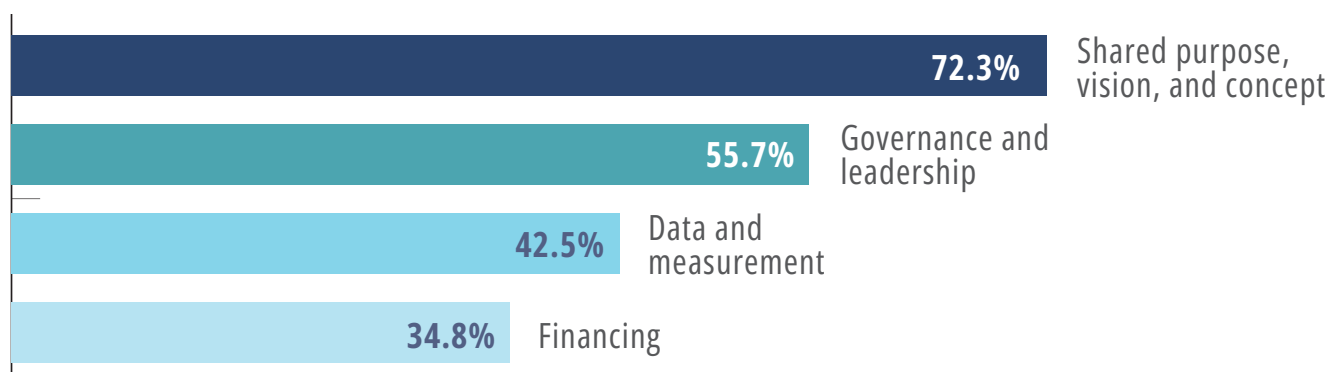
Community

The work of advancing health equity is inextricably linked with centering and elevating the voice and role of communities in cross-sector alignment work. Actions such as uplifting community voice in decision-making, fostering relationships with diverse community members, capturing lived experiences of vulnerable population groups, and delivering services and programs to historically marginalized communities.

Almost 70% of organizational partners indicated that health equity was operationalized in community engagement, and around 56% reported that it was operationalized across community interventions.

C+M→O

When coalition leaders and members take the time to recognize the needs of historically marginalized communities (C), the alignment is more likely to address health equity issues (O) because they are willing to use their powers to elevate these issues (M).

> *"Yes, we have seen that this community's infrastructure needs to improve, but when we asked about it, we are told no funds were available. That is the same response as always."*
>
> *– Community member*

Key informants identified a range of strategies for integrating health equity into community-level interventions. For example, some initiatives address gaps in health-related social needs and social determinants of health (e.g., food and housing security) for specific racial, ethnic and other groups. Others are creating safe spaces for the engagement of community members to co-design interventions. Furthermore, some initiatives are working to improve

Measuring Health Equity

Our findings revealed while most alignments do not have systems for measuring equity, several cross-sector alignment efforts have incorporated equity into their data and measurements systems. Using disaggregated data to address needs for specific population groups was identified as the most common way of integrating equity into practice.

This was especially true in the initial phases of alignment development. Many cross-sector alignment efforts either went through a process of conducting community needs assessments or identified urgent issues through secondary community data from "an equity lens" focusing on specific populations groups or geographical locations.

health outcomes in marginalized groups by partnering with CBOs serving these specific communities.

However, many focus group participants indicated they feel invisible and unheard despite engagement efforts. A handful of community members voiced they feel unrepresented in places of decision-making and wished to share their thoughts and opinions with leaders and policy makers. This suggests a continued disconnect between the needs of community members and alignment priorities.

> *"The leaders in our district never come and visit us or the communities that are low income. They tend to only pay attention to the newer communities."*
>
> *– Community member*

C+M→O

When coalition members integrate equity by developing systems to collect, measure and share disaggregated data (C) they are more likely to demonstrate work towards health equity, racial equity, and community goals (O) because of the coalition's ability to effectively monitor progress (M).

"Part of our plan was to have conversations around disaggregated data in each of the indicator areas. What is the data telling us about our community and how do we need to refine or adjust the strategies that we developed back in 2017 to address equity and to address new areas of the community where things may have changed?"

– Key informant

Some coalitions developed systems of monitoring and tracking health outcomes for different populations groups through online data platforms. Several collaboratives created online data tools designed to provide information at a geographical level across various social determinants of health indicators by race and ethnicity.

Another collaborative created "Health Equity Zones" based on vulnerability data to identify geographical areas with high disparities. Once these areas were identified, the coalition administered health equity surveys to tailor interventions based on the needs of the community.

SPOTLIGHT ON EQUITY

Maternal Upstream Management (BUILD 3.0)

Established 2019

The coalition takes an equity focus to maternal and newborn health by increasing access to quality, affordable, early prenatal care, family planning, and parenting skills. MUM utilizes disaggregated data to identify and address risk factors in priority population groups. The coalition adopted a grassroots structure giving residents of the Alief Super Neighborhood[ii] in Houston voice in their health and well-being.

Hope for Health Collaborative (BUILD 3.0)

Established 2019

In seeking to co-design and revitalize the Doyle Community (Kerrville, TX), a historically isolated and segregated African-American and Hispanic neighborhood, the coalition works on issues related to "systemic racism, lack of health access, and poverty" with an emphasis on prevention by working with the community. Key informants indicated that community voice gives the coalition a "commonality of purpose".

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ii   As defined by the City of Houston

"[Community voice] is very
foundational. The reason why we
are assessing and identifying risk
in sharing the data is to expose
those things. I think the voice of
our residents who we are capturing
can represent themselves. We are
encouraging them to have a voice
in the process."

– Key Informant

3. OUTCOMES

This section describes evaluation findings on short-term, intermediate, and long-term outcomes as well as on measures of success with an example case highlighted. The following questions are explored:

- **What short, intermediate, or long-term outcomes have been achieved?**

- **How are Texas's alignment initiatives measuring success over time?**

A. SHARED OUTCOMES

To improve and further the health and well-being of communities, a shared vision for outcomes and measures of progress among cross-sector partners are critical to guide the work, hold partners accountable, and build justification for the development of alignment efforts.[53] The growth and evolution of cross-sector efforts is largely dependent on achievable and attainable outcomes and measures of success.[54] Advancing alignment means assessing achievements, outcomes, and goals at various stages of development.

What short, intermediate, or long-term outcomes have been achieved?

Short-Term Outcomes

Short-term outcomes were often described by key informants and coalition partners as "tangible in nature." While the Aligning Sectors Framework posits changes in practice, policy, and mindset as short-term outcomes, in practice, our findings suggest that there are additional levels at which changes occur. The existing framework may not capture the nuanced ways and areas in which change occurs. The examples we propose below of short-term, process outcomes, occur at the coalition, interorganizational, organizational, and community levels:

- **Coalition level progress and achievements associated with the development of core components and adaptive factors:** Processes leading to the development of shared purpose, governance, data, and finance as well as the establishment of trust, power dynamic, community voice, and equity were identified as short-term outcomes. This encompassed formalizing and streamlining procedures for charters, MOUs, and data sharing that led to the development of shared infrastructure. Attainment of seed funding through grants, donors, and foundations for the development of various infrastructure and operations was another such example.

- **Inter-organizational progress:** Forging new relationships, trust building, and effective collaborations between partnering organizations on shared goals were also reported as short-term outcomes. For instance, creating partnerships with powerful entities with resources and capacity in the community proved effective to overall alignment efforts. The process of cyclical trust building and maintenance in the short-term led to long-term partnership effectiveness and power balance among collaborating organizations.

- **Organizational progress:** Improvements in processes of internal organizational capacity, skills, and influence were also conveyed as short-term outcomes. One such example was the expansion of organizational membership due to buy-in of the effort's cause and purpose. Almost 41% of coalition partners indicated their coalition had growing engagement of members and almost half stated that their coalition had maintained member engagement. Another example of short-term progress was organizational advancement towards equity through the diversification of leaders in places of decision-making.

- **Community level progress:** Processes leading to the development of aligned services, programs, and resources facilitating partnerships, trust, transparency, and accountability at the community level proved to be short-term progress. The development of data platforms and websites led to effective monitoring of progress and establishment of transparency and accountability structures with community members.

"But we knew that in order to really make an impact kind of upstream, we needed to have bigger partners who could actually change the way we approached health and safety in our neighborhoods. We needed to change the system and not just what happened at the neighborhood level but really the system that impacted what was happening."

– Key Informant

Intermediate Outcomes

Intermediate outcomes were changes and developments that occurred at a systems level once more short-term outcomes were achieved. Top intermediate outcomes found in this evaluation included:

- **Demonstrating progress through early successes and wins:** Early success in the continuum of aligning systems justified the existence of the effort to the community, funders, and partners and helped facilitate buy-in for the effort.

- **Establishing coordinated systems (referral/resource networks) between partnering organizations:** Expansion of coordinated systems allowed for the alignment of resources, programs, and services for community members.

- **Facilitating partner "synergy":** Partnership effectiveness required cultivation and maintenance through negotiations, dialogue, trust building, and conflict management.

"So we looked at that helpful synergy and said we want to understand how these groups are coming together. What are their needs? What are they seeing that we need to focus on? Align that with what we are seeing as the benchmark data and then look at the strategy for us to work together."

– Key Informant

Long-Term Outcomes

Shared progress across priorities, health equity, and shifts in attitudes and perception were recognized as long-term outcomes. As with short-term outcomes, our findings suggest there are additional dimensions of outcomes that the existing framework may not capture. While long-term outcomes occur in shared progress across community goals, health equity, and racial equity, they also occur at multiple levels.

- **Intervention level outcomes:** Examples of intervention outcomes encompassed number of clients referred to certain programs, changes in emergency department visits, rates of services utilized, and number of service centers/programs established to address various SDOH across certain population groups.

- **Policy, systems and mindset changes:** These types of outcomes included new local policies such as environment policies related to smoking, healthy eating habits, lead abatement or other systemic changes that were a direct result of cross-sector alignment efforts. Almost 63% of coalition partners reported seeing a change in mindset due to their alignment effort in the community. Key informants reported how mindset changes often led to adaptation of new local policies and established the alignment effort as a leader in the community on certain topics.

- **Population health outcomes:**
Improvements to health outcomes and conditions for health in the community as well as progress toward health equity were indicated as top population health outcomes. The majority of alignment efforts monitored outcomes across various population groups and geographical locations (vulnerable areas). Coalition partners indicated shared progress towards community goals (79.6%) and shared progress towards health equity (65.8%) as the top two long-term achievements for their cross-sector alignment efforts. Partners acknowledged that continued commitment of coalition leaders and the ability to sustain coalition through conflict management, communication, and engagement as top facilitators of these two long-term outcomes.

> *"When we disaggregate that data, we see that Latin X and Black young women have rates that are almost double and triple than their white counterparts. So we're looking at community-based conversations to begin dialogue to work on projects and efforts. We're also focusing a lot on Black maternal mortality, pulling those stories from women with lived experience."*
>
> *– Key Informant*

B. MEASURES OF SUCCESS

How are Texas's alignment initiatives measuring success over time?

Though a handful of alignment efforts established measures of success, the majority indicated being in the process of developing shared systems of measurement. Ambiguity around agreement on success and data tracking methods proved to be barriers in developing progress measures. Contextually, geographic reach, size, and maturity of alignment efforts influenced how measures of success were set up.

For instance, cross-sector alignment efforts located in rural areas struggled with establishing measures due to a lack of coordination while efforts in more urban areas had the necessary resources and capacity to develop shared systems. Building on cross-sector alignment efforts with established performance measurement, the following are examples of measures of success:

- **Programmatic measures** monitoring processes such as program efficacy, capacity, and engagement of members; other programmatic measures included assessing return on investment and economic analysis of the impact of efforts

- **Community impact measures** such as resources, trainings, and programs offered, number of clients reached or referred, and coordinated systems established

- **Population health measures** such as periodically tracking health, socioeconomic, and environmental outcomes achieved due to the direct impact of the effort

While measurements were not strictly developed, many cross-sector alignment efforts identified examples such as establishment of new policies, shift in culture, willingness of community members to share data and lived experience, shared value systems, and completion of grant requirements or funds as other measures of success.

"I think the initiative has made space for the community to get involved in solving some of their own issues. It has strengthened the community with a deeper sense of self…. So I think it's huge how this initiative has changed the mindset, the outlook, and the involvement of the community itself. I don't know if that is tangible, but that's reality."

– Key Informant

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 measure and evaluate the coalition on a 25-point scale and looks across three different 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.

"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

4. LIMITATIONS

This study had several limitations.

First, given the disruption of the COVID-19 pandemic, communicating and coordinating with alignment efforts proved to be a challenge. While this report includes findings across all twenty cross-sector alignment efforts in one form or another, several partners did not have the opportunity to participate in the online survey.

Second, as the Framework for Aligning Sectors is still a theory in progress, concepts and terminology associated with the framework may still be unfamiliar to coalition leaders, members, and beneficiaries. We believe this may have resulted in misinterpretation of certain terms and concepts in the data collection process (especially around health equity terminology).

Third, this study captured limited pure community resident voice. While focus groups were initially designed to include only community members, partnering organizations recruited a mixture of both community members and organizational staff including providers, managers, and coordinators.

This shows that beneficiaries of these cross-sector alignment efforts were not necessarily just community residents but organizational leaders and staff. Finally, assessing true community impact proved to be a challenge as many community residents were not familiar with the individual coalition but only the partnering organizations. Nevertheless, this study represents an important first step in understanding how cross-sector alignment efforts across Texas function to address health inequities.

KEY TAKEAWAYS

This evaluation is a first of its kind, mixed-methods study of nearly two dozen cross-sector alignment efforts across the state of Texas. It reflects on core foundational elements of successful alignment toward the goal of population health and health equity across different contexts, while identifying key lessons learned, ongoing challenges, and opportunities for further learning and improvement. Following are four key takeaways to inform the ongoing work and implementation of cross-sector alignment efforts in Texas and beyond:

1. Cross-sector alignment for health equity is a long-term and bidirectional undertaking

2. Building and maintaining trust with partners and the community is foundational

3. Centering equity in alignment structure is necessary to achieve equity in outcomes

4. Cross-sector efforts will benefit from national and state "Communities of Practice" and infrastructure support

As more cross-sector efforts emerge to tackle population health and equity related challenges, understanding how these initiatives function requires careful assessment of the conditions and circumstances that create the ideal environment for success and sustainability.

First, this evaluation offers a unique perspective through a realist framework of what works and what does not work across different contexts, and why. While general theories of cross-sector alignment efforts have been proposed, until now questions remained regarding how and why these collaborations between multi-sector entities can be achieved in complex yet adaptive environments.

The findings of this evaluation offer greater insight on how complex interactions between shared purpose, finance, governance, and data structures as well as trust, equity, power dynamics, and community voice can lead to the success and failures of alignment efforts. The realist perspective highlights

- Contextual factors (underlying drivers), such as collaborative history, dynamics, and a desire to align,

- Mechanisms (what triggers contextual factors), such as attitudes and dissolution of self-interest, and

- Outcomes achieved such as shared infrastructure, progress, and equity.

Second, until now most evaluations on cross-sector alignment efforts have focused only on specific initiatives or projects and mostly on non-health related efforts such as education or environment. This evaluation examines across twenty health equity focused cross-sector alignment efforts that are diverse geographically, demographically, by size, scope, and maturity.

Third, to the extent of our knowledge, no such large-scale evaluation of cross-sector alignment efforts exist in Texas. Texas served as a unique learning ground to evaluate alignment efforts given the breadth and scale of a myriad of cross-sector alignment efforts that exist varied by place, population, health, political, and other contexts.

The results of this evaluation can offer guidance and lessons for practitioners, community leaders, and funders both in Texas and nationwide hoping to successfully align public health, health care, and social service sectors in a prescriptive manner. Moreso, demographically, as Texas is where the nation will be by 2050, the findings from this evaluation lays the foundation for future research and assessment of large-scale, multi-regional and national cross-sector alignment efforts.

Advancing cross-sector alignment is a high resource endeavor requiring a substantial investment of time, resources, 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 gained insight into the social elements of developing cross-sector alignment efforts. As such, we understand that advancing cross-sector alignment efforts will require a culture of shared learning and understanding of best practices, strategies, and lessons.

KEY TAKEAWAY ONE

*Cross-sector alignment for health equity is a
long-term and bidirectional undertaking*

What we learned

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. Regardless of how mature initiatives are, agreement on priorities, mutual trust, and buy-in from community members and partners were identified as key for the development of collaborative infrastructure i.e., shared purpose, governance, data, and finance.

These factors highlight how the process of aligning sectors is bidirectional and iterative in nature.[55,56] Even prior to infrastructure development, coalition leaders must invest effort in building consensus, trust, relationships, and buy-in from both community members and partnering organizations. These endeavors often entail long periods of time and commitment on the part of collaborating organizations and coalition leadership.[44,57]

Throughout the process of alignment, shared purpose, governance, data, and finance structures continuously evolve and influence one another facilitated or inhibited by adaptive factors. For instance, we found that shared purpose guided the formation of governance, finance, and data structures.[44] With changing goals, priorities, and partners, governance, finance, and data structures also evolved. For instance, some cross-sector efforts

formalized processes for membership after undergoing expansion of partner networks. Other efforts amended governance structures to define explicit roles to manage finances when coalitions expanded from a single funding source to multiple funding sources.

At the same time, the evaluation revealed that while these various components and factors interact to lead to short-term and long-term outcomes, the outcomes bidirectionally influence the core components and adaptive factors in a feedback loop.[58] For instance, initial funding was often tied to longer-term financial sustainability for most cross-sector alignment efforts.[16] Coalitions sustained through grants could acquire long-term financing by successfully demonstrating early progress (short-term outcome).

Another example is how changes in mindset (an outcome) among community members could also influence sustainability. Several key informants indicated a shift in mindset from community members regarding progress towards equity due to the coalition's ability to keep its promises to the community. This consequentially created more support and buy-in from community leaders for the effort thus attracting community resources. This bidirectional pattern shows that the interaction of each component with various outcomes can result in diverse alignment pathways.

Points for future consideration

As the process of alignment is a long-term endeavor, community leaders, funders, and practitioners hoping to engage in cross-sector alignment efforts should consider strategic planning in a phased approach. Building on findings from this evaluation, THI proposes the following stages of development for aligning systems across health care, public health, and social services for consideration (Figure 6).

Taking a phased approach to alignment allows both practitioners and funders to understand the stage (or stages) of development they have the capability to support.[55,59] Investing in capacity building (governance, data systems, finance, and shared purpose) is just as crucial to successful alignment as programmatic impact.[56]

Another example for consideration of a phased approach to collaborative work is ReThink Health's ***Pathway for Transforming Regional Health***. This model lays out a framework for cross-sector alignment efforts targeting to transform regional health through its five phases of development. ReTHINK Health also designed a topography of potential financing structures for population health initiatives to assist funders and backbone organizations identify necessary funding based on stages of development.[60]

Figure 6: Stages of Alignment Development

Phase	Definition
Initial	Community leaders, policymakers, and individuals with collaborative history begin collaboration around a need in the community and develop a clear set of objectives.
Development	Coalitions have set up shared structures, functions, and are either seeking funding or creating plans for funds already attained.
Established	Coalitions have developed shared structures to their best abilities and identified solutions to present sustainability with partners (they are able to keep operations running through grants, funders, community resources, capacity, etc.).
Sustained	Coalitions have found solutions to long-term sustainability for funding, capacity, and resources through means such as reimbursement models or community-based financing. Sustainability also means geographical expansion.

In considering sustainability, cross-sector alignments require long-term investment from funders to achieve measurable outcomes and justifiable solutions.[56,61]

Most efforts in this evaluation received "seed" or grant funding for present collaborative operations lasting 3-4 years without much long-term deliberation. Funders and leaders should consider working closely with individual cross-sector alignment efforts to "build bridges" to long -term sustainability.[16,61,62]

One example of this from the evaluation was the Hogg Foundation for Mental Health's commitment to long-term investment as a funding partner for the Collaborative Approaches to Well-Being in Rural Communities initiative. Grant partners aim to achieve systemic community change by creating community conditions conducive to good mental health and well-being.

To support this initiative, the foundation provides not only funding to these five rural Texas communities, but also shared learning opportunities, technical assistance, access to an external evaluation and learning team, and other consultation as requested by each of the grant partners.

In addition, the foundation leverages internal assets (e.g., Executive Office, Communications, Policy, Strategic Learning and Evaluation) to provide expert consultation as requested.

"It is the investment of those partners in ensuring that families are served and that we are learning from the data and we are collecting together to better inform policy and process that the eventual return on that investment is additional funding for gaps in service. Those areas where we are most needed in and that the resources are directed and guided in those areas that we know where we're missing the mark."

– Key Informant

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. The function of trust in motivation and buy-in, building collaborative capacity, community engagement and empowerment, the development of the core components, equity, and in achieving the desired outcomes for cross-sector alignment efforts can be both a priority and challenge.

This challenge often stems from a lack of understanding of how trust is built and maintained and how alignment efforts function. The multi-dimensional nature of trust requires careful assessment of the conditions under which trust develops for integral coalition stakeholders—i.e, organizational partners, community members, and funders.[31,63]

Trust with Organizational Partners

What we learned

Trust among organizational partners followed a cyclical nature of taking risks, expectations, and vulnerability (trustor being dependent on the trustee).[63] The continuous process of nurturing trust should be a priority for organizations looking to engage in cross-sector collaboration. The cyclical trust-building loop model posits that partners will enter into a collaboration either by having expectations of the future due to history or by having enough trust to take a risk to initiate collaboration (Figure 7).

The majority of cross-sector alignment efforts in this evaluation had collaborative history with partners allowing for motivation and buy-in due to the existing trust. As more is accomplished by collaborations (early wins and successes), trust will be reinforced among partners. At the same time, if collaborative activities fail, trust will be reduced; in addition, the risk tolerance of each individual partner can decrease.[27,63]

Figure 7: Cyclical Trust-Building Loop
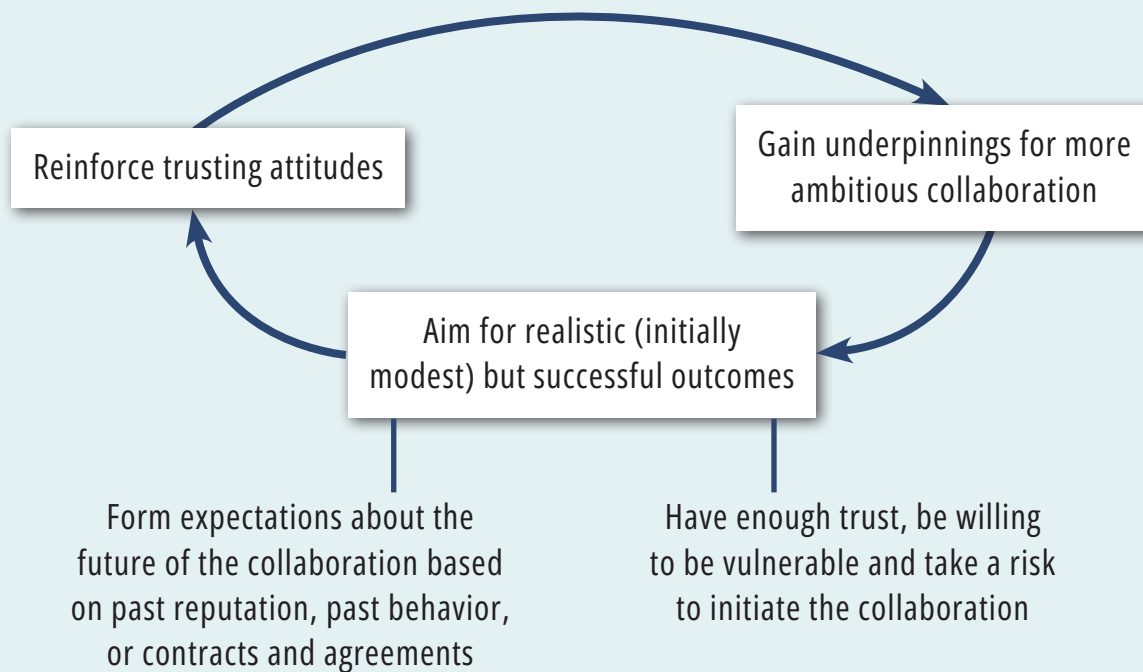
Note: This model shows the cyclical process of trust building among organizational partners in a collaborative. From "Nurturing Collaborative Relations: Building Trust in Interorganizational Collaboration," by S. Vangen and Chris Huxam, 2003, The Journal of Applied Behavioral Science, 39(1), p. 12.

Points for future consideration

The cyclical nature of trust building shows that collaborative history and early wins facilitate trust among collaborative members.

- **Engage in cross-sector alignment efforts** by leveraging existing relationships as an efficient and effective way to deepen trust.[42,64] Existing partnerships can serve as a credible entry point for many partners hoping to engage in collaborative efforts.[27]

- **Set realistic short and intermediate goals** to achieve successful early wins and to build and maintain trust. Achieving short-term outcomes builds accountability and reassurance for partners.[44,65]

- **Assess and balance power dynamics** between partners through transparent discussion of roles and establishment of MOUs to set expectations. Imbalance of power can be a major barrier to efforts of building trust between organizations.[33]

"But what made [collaboration] possible was people's willingness in other organizations to take some risks to create some new avenues of work, some programs, and adaptations."

– Key Informant

Trust with Community Members

What we learned

About 60% of collaborative partners indicated their organization was involved in trust building and community engagement activities with the community. Our findings revealed that trust with community members often developed from prior history with cross-sector alignment efforts: demonstrating early wins and success or through accountability and transparency.

Examples of community engagement activities included involving community members in regular convenings, developing workgroups composed of community residents, and providing services through collaborative partners in the community. The vast majority of cross-sector alignment efforts established structures for accountability and transparency including the data platforms showing performance measures, annual reports, and community meetings to discuss progress.

At the same time, many focus group interviewees revealed the lack of awareness of alignment efforts in their communities. Other participants indicated they often felt invisible and unheard by cross-sector alignment efforts and community-based organizations. This evaluation revealed that gaps still existed when considering long-term strategies for engaging and empowering community members.[47]

Building trust with community members requires organizations to take an active approach to empowering community members and elevating community voice in places of decision making to meet the community where they are and to bring the community to where they wish to go. Collaborative members can build and sustain trust by seeking strategic approaches to better equip community members to partake in collaborative activities and operations.[47]

Points for Future Consideration

The strategies below can serve as a starting point for cross-sector alignment efforts.

- **Empower community members for meaningful and sustainable change through ongoing processes of engagement.** Attentive listening and continuous communication help establish trust with community members and provide an entry point in understanding the needs of the community.[25,50] Developing strategies for external communication through social media, news outlets, reports, and being present at various events in the community raises awareness of collaborative activities, services, and programs.[66] More importantly, practitioners should focus on

regularly convening community members to revisit collaborative goals, priorities, and shared purpose. Actively involving community members to set and work towards desired goals shifts the narrative to empowering members to lead efforts.[50]

- **Identify community champions that can facilitate the work of the collaborative through advocacy,** especially in rural communities where trust is harder to build due to a history of partners not keeping their promises. Champions who are community members can develop effective strategies to improve community buy-in.[42,67]

- **Tailor communication for the target community** to help members see the value and benefit of the initiative, such as by creating linguistically and culturally appropriate materials and providing training to enhance skills to join collaborations.[42,47]

- **Engage community members in places of decision making.** Include diverse community members on boards, workgroups, and staff so their perspective and expertise can guide planning, implementation, and evaluation. Hiring from the community of interest allows for recognition of the talent of the community and the importance of local relationships. Nurturing inclusivity in places of decision making helps balance power between collaborative leaders and community members.[47]

- **Build specific requirements into grants to involve community members and leaders to help support community empowerment.**[32] These requirements can inform front-end sustainability and long-term planning with cross-sector alignment efforts.

"... what would build trust is to [propose] a project and ensure that it is completed quickly. Then people would say this collaboration is working. The community will become engaged ... and they would support you. [Sometimes] people say they will do something, time passes, but nothing gets done."

– Community Member

KEY TAKEAWAY THREE

Centering equity in alignment structure is necessary to achieve equity in outcomes

What we learned

Our findings revealed an unclear story when considering the integration of health equity into alignment practices, principles, and approaches. Nearly 64% of collaborative partners indicated that health equity was an explicit, high priority for the coalition. Moreover, the integration of health equity was most often discussed in context of elevating community voice, specifically for historically marginalized population groups.

A few cross-sector alignment efforts discussed operationalizing equity through staff training, creating equity zones to focus on priority populations, and creating web-based platforms to capture health disparities. At the same time, the vast majority of cross-sector alignment efforts in this evaluation had yet to establish definitions, language, and shared measurements and understanding around equity.

> *"All of the organizations that are a part of the collaborative believe in health equity...but we haven't really expressed that and verbalized it in a way that... officialized it."*
>
> *– Key Informant*

Points for Future Consideration

Centering equity in coalition infrastructure

Cross-sector alignment 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. Centering equity means taking the necessary steps to focus collaborative actions around communities with a history of structural inequity.

To meet goals of equitable access and outcomes, an equity lens must be applied to all components of the collaborative and not just as an "add on." Embedding equity involves applying it to structural, cultural, operational practices, and including all stakeholder groups.[68]

The **Stanford Social Innovation Review** provides five key strategies for centering equity in collective impact initiatives:

- Ground efforts in data, context, and target solutions

- Focus on systems change, in addition to programs and services

- Shift power within the collaborative

- Listen and act with the community

- Build equity leadership and accountability

A starting point for centering equity can be explicitly addressing issues of social and structural injustice in the collaborative's mission and vision.[69] Almost 76% of collaborative partners indicated that health equity was embedded in their collaborative's shared purpose, mission, and vision.

When cross-sector alignment efforts actively incorporate equity principles in their charters, MOUs, and other official documents encompassing the shared purpose, they are more likely to work towards these solutions. They are obliged to deliver on this as it becomes binding.[50,69]

Other such examples of infrastructure integration of equity includes diverse representation on governing boards and places of decision-making, creating shared data measurements focused on disaggregated data, and identifying financial means and strategies focused on addressing social and structural injustice.[50]

Resources and tools such as the *Racial Equity Toolkit* by the Government Alliance on Race and Equity and CDC's *Practitioner's Guide for Advancing Health Equity* provide strategies for centering equity in structural development and capacity building for cross-sector alignment efforts. Both tools provide step-by-step guidance for coalition members.

Centering equity in community engagement

In community practice and involvement, applying an equity lens should focus on a systems level approach of elevating community voice.[50] Several cross-sector initiatives mentioned community engagement in a broader sense of engaging historically marginalized communities. Almost 70% of collaborative partners indicated that health equity was operationalized in community engagement. However, more specific examples of incorporating community voice into practice from a systems level was unclear.

Many times, alignment efforts delve into community work without knowledge of the historical context of the community and certain population groups. Practitioners can begin the process of incorporating equity into community practice by developing a shared understanding of terminology, data, and history with community members and partnering organizations.

For example, RWJF's *A New Way to Talk about Social Determinants of Health* guide provides best practices and lessons to talk about the concept of the social determinants of health with various audiences. CDC's *Health Equity Guidance for Inclusive Communication* helps public health professionals and communicators ensure that their communication strategies adapt to specific cultural, linguistic, and historical situation of various populations groups. Agreed upon language can create deeper understanding of the history of inequities.[50,70] Without knowing the history of the community and its members, work around equity becomes a challenge. More so, by combining lived experiences of the community members with disaggregated data, cross-sector alignment efforts can unravel the true stories that lead to the various conditions and circumstances in different communities.

Furthermore, elevating community voice encompasses taking the time to listen and act with the community. Building trust with the community members, especially those historically marginalized, is an essential and ongoing process.[47] Leaders and practitioners should seek to include these community members at the table to include their diverse perspectives. Rather than solving problems for the beneficiaries of the initiatives, leaders should approach the beneficiaries (most often community members) as assets and partners in collaboratively developing community-based, community-led solutions.[50]

"But I think more than anything [the key to success] is being community organizers. Being an organizer, understanding what that means, the principles of organizing, and also really the principles of anti-racist organizing, in particular is [key]. Learn from history, share culture, understand how systems of oppression become internalized and how that manifests. Understand the difference between public relationships and private relationships. What is the common self-interest that holds us together? What are the private and personal self-interests that underpin that so that you can navigate accordingly."

– Key Informant

KEY TAKEAWAY FOUR

Cross-sector initiatives will benefit from national and state "Communities of Practice" and infrastructure support

What we learned

Interviews with key informants across alignment efforts revealed the individual approaches (i.e., models, frameworks, and practices) that leaders and partners utilized to establish each initiative.

While many strategies, practices, and lessons are unique to individual cross-sector alignment efforts, others were similar in nature across efforts regardless of geography, demography, or maturity.

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 alignment efforts.

Points for Consideration

Funding and intermediary organizations should consider establishing national and state "Communities of Practices" to facilitate learning and sharing of lessons, practices, and expertise for cross-sector efforts. A Community of Practice (CoP) is a group of individuals with a common interest or topic engaging in regular processes of collective learning to improve the field of interest.[71]

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.[56]

The Health Care Payment Learning and Action Network (HCPLAN) launched by the Centers for Medicare & Medicaid Services is an example of a CoP dedicated to support the health system's adoption of alternate payment models. HCPLAN consists of a group of public and private health care leaders to provide thought leadership, strategic direction, and ongoing support. It provides an opportunity for organizations, payers, and stakeholders to hold dialogue in shaping the health care system.[72]

As more and more alignment efforts emerge, the need for support, guidance, and resources for funding and capacity building will increase. Through CoPs, intermediaries could provide:[72]
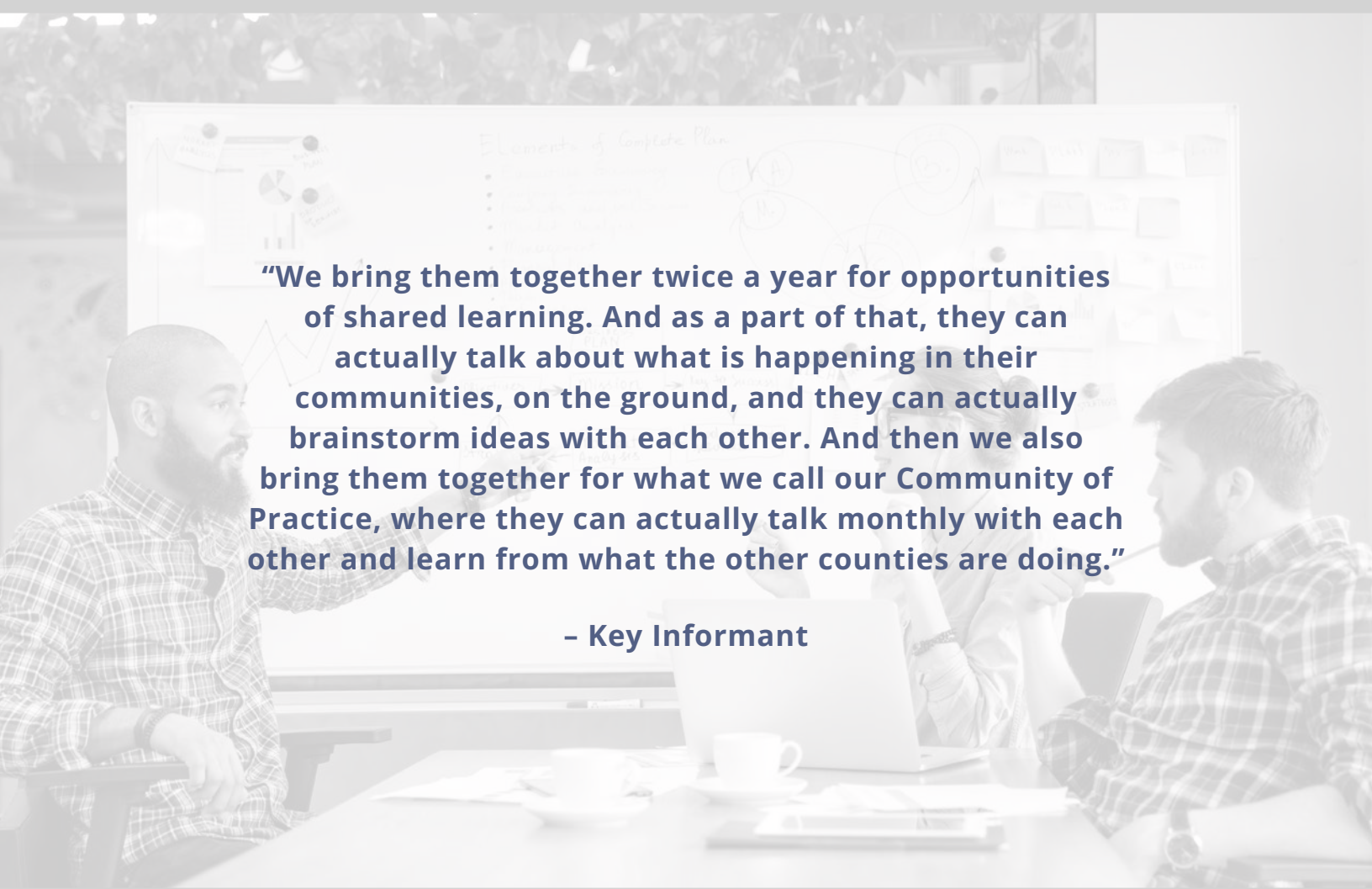
- Training and technical assistance to assess needs and provide ongoing support to individual sites

- 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

To our knowledge, as no such CoP currently exists in Texas to drive alignment towards achieving health equity, there is an opportunity for funders, intermediaries, leaders, communities, and coalitions to establish a coordinated system and network for learning and exchanging ideas.

Through education, consultation, and strategic financing, this "statewide ecosystem" can help advance a concerted approach towards health equity.[73] Similarly, at a national level, Georgia Health Policy Center could consider leveraging its existing capacity as the national coordinating center for the RWJF's Aligning Systems for Health Initiative to assume the role of a formal CoP.

By working through Communities of Practice, coalitions can learn how to progress towards alignment based on evidence-based practice and research. Following a framework as the Aligning Systems Theory of Change model and guidance through best practices and lessons learned from existing initiatives, newer initiatives could eliminate the unnecessary investment of time, resources, and efforts due to trial and error.

If alignment efforts could move towards alignment in an efficient manner, it would result in increased scale, effective processes, sustainability, and ultimately systems change to achieving health equity.[74]

"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.

First, while each cross-sector alignment is distinct, the findings revealed how the development of shared purpose, governance, finance, and data sharing structures follow similar trajectories.

Second, the study revealed that factors such as trust, community voice, equity, and power dynamics created conditions and environments that either facilitated or inhibited progress towards successful alignment. Key informants, partnering organizations, and community members all agreed about the pivotal role trust plays in fostering relationships and forging partnerships to advance efforts. Equity and community voice create an almost checks-and-balance system to ensure coalition priorities align with the needs of the community.

Finally, inception, development, and sustainability of cross-sector alignment efforts point to the fact that aligning systems across public health, health care, and social services is a long-term endeavor that requires time, investment, and effort at multiple levels.

This study provides a unique opportunity for researchers and practitioners to build on this framework and methodology to conduct large-scale statewide and national evaluations to understand how alignment efforts emerge, develop, and are sustained.

APPENDIX

The following table consists of a complete list of proposed Context, Mechanism, and Outcome Configurations (CMOC) synthesized from a realist perspective. Configurations were developed using findings from the key informant interviews, online survey for coalition partners, and focus group interviews. CMOCs were grouped into various categories to be analyzed further.

Table 1: Complete List of Context, Mechanism, and Outcomes Configurations

SHARED PURPOSE

Context	Mechanism	Outcome
CMOCA1: When community leaders, policymakers, and decision makers can agree on a set of priority issues and its urgency (C) they are more likely to be able to articulate a shared purpose, mission, and vision (O) because differences have been resolved (M).		
Urgency of needs	Dissolution of self-interest	Shared purpose
CMOCA2: When community leaders, policymakers, and decision makers can agree on a set of priority issues and urgencies, (C) they are more likely to be able to articulate a shared purpose, mission, and vision (O) because they believe it is worth their personal investment (M).		
Urgency of needs	Worth personal investment	Shared purpose
CMOCA3: When coalition partners have collaborative history (C) it is easier for a coalition to move towards shared priorities and goals (O) and aligned interventions (O) because of the existing trust (M).		
Collaborative history	Existing initial trust	1) Shared Purpose 2) Aligned interventions and solutions
CMOCA4: When providers, policy makers, and decision makers believe that individual action is insufficient for solving an issue (C) they are more likely to form a coalition and establish common goals (O) because they believe this is the best way to engage the community (M).		

Context	Mechanism	Outcome
Desire to align efforts	Community engagement	Shared purpose

CMOCA5: When there is open and ongoing communication among coalition members about a set of priorities and goals (C) the collaborative is more likely to progress towards a shared purpose (O) because all members are aware of the common needs and priorities (M).

Context	Mechanism	Outcome
Ongoing communication	Awareness of priorities	Shared purpose

CMOCA6: When coalition members spend time to clarify each other's understanding of the problem that needs to be addressed (C), it enhances the coalition's ability to work towards a shared purpose (O) because members can agree on shared goals, priorities, and plans despite representing different sectors (M).

Context	Mechanism	Outcome
Clarified urgent needs	Agreement on priorities	Shared purpose

CMOCA7: When community members are actively involved in directing and delivering the purpose (C) the coalition is more likely to advance towards long-term community goals (O) because community members have ownership of the priorities (M).

Context	Mechanism	Outcome
Involvement of community in shared purpose	Ownership	Demonstrated progress towards community goals

GOVERNANCE

Context	Mechanism	Outcome

CMOCB1: When coalition members are willing to draw on the strengths of each partner (C) the coalition is better able to address the needs of the community (O) because they have a broader set of skills available to them (M).

Context	Mechanism	Outcome
Willingness to draw on strengths	Variety of skills	Demonstrated progress towards community goals

CMOCB2: When the roles and responsibilities of collaborative members is clearly and explicitly set out (C) all members know what is expected of them (O) because of transparency (M).

Context	Mechanism	Outcome
Clarity of roles	Transparency	Enhanced expectations (Facilitated governance)

Context	Mechanism	Outcome

CMOCB3: Cross-sector alignment efforts backed by an active, powerful backbone organization (C) are more likely to advance towards its intended priorities (O) because of the organization's commitment and ability to move things forward (M).

Strong leadership	Commitment and capability	Progress towards goals

CMOCB4: When a coalition is supported by those with power in the community (C), the coalition is more likely to prosper and persist (O), because it is given the means to do so (e.g., resources).

Strong leadership	Enhanced capacity/resources	Sustainability

CMOCB5: When there is shared power and leadership among coalition partners (C), coalitions are more likely to have well-developed governance structures (O) because partners can avoid competition and work towards a common agenda (M).

Shared power	Decreased competition	Facilitated governance

CMOCB6: When a coalition's leadership consists of individuals with power in the community (C), the coalition is more likely to be held accountable to the community (O) because these individuals have a reputation (self-interest) in the community to uphold (M).

Strong leadership	Self-Interest	Accountability

CMOCB7: When a coalition fails to focus on a set of priorities and objectives (C) the coalition faces challenges to creating a governance structure (O) because of problems with ambiguity (M) and varying perspectives of partners (M).

Lack of shared purpose	1) Problems with ambiguity 2) Varying perspectives	Lack of governance structures

CMOCB8: Coalitions spanning across neighborhood levels (C) have governance structures that are more grassroots (O) because trust with community residents is key to the success of the coalition.

Local coalitions	Community trust	Grassroots governance

CMOCB9: Coalitions spanning across city or county level (C) have more formal, structured governance with elected officials and explicit roles (O) to create a system for a large network of partners (M).

Regional coalitions	Large network of partners	Structured governance

Context	Mechanism	Outcome

CMOCB10: When formal agreements existed between coalition partners (C), they were able to effectively collaborate (O) because partners could trust each other to follow through on activities (M).

Formal agreements	Increased trust and accountability	Effective partner synergy

SHARED DATA

Context	Mechanism	Outcome

CMOCC1: Where there are no explicit agreements and processes for data sharing for collaborating partners (C) data sharing becomes difficult to facilitate (O) because of concerns about accountability and limited capacity (M).

Lack of formal agreements	Limited accountability and capacity	Challenges to shared data

CMOCC2: When community leaders, policymakers, and decision makers believe that collaboration is needed to solve a problem (C) they are more likely to establish shared systems of data to monitor progress (O) to create motivation and buy-in for the effort (M).

Desire to align efforts	Buy-in from partners	Shared data

CMOCC3: Coalitions with limited capacity and resources (C) face more challenges in developing shared data systems (O) because they do not have the necessary roles to facilitate the process (M).

Limited capacity	Lack of roles	Challenges to shared data

CMOCC4: When there are data sharing systems in place (C) the coalition can be held accountable to the community (O) because of the capability to effectively monitor and be transparent about progress (M).

Shared data	Effective monitoring and transparency of progress	Accountability structures

CMOCC5: When there are data sharing systems in place (C), the coalition is better able to change mindsets and move towards progress (O) by maintaining and sustaining collaboration, engagement, and trust.

Shared data	Maintain collaboration, engagement, and trust	Change in mindset and practice

FINANCE AND SUSTAINABILITY

Context	Mechanism	Outcome

CMOCD1: When a coalition has available funding through dedicated funders (C), the coalition is more likely to progress towards sustainability (O), because of the ongoing resource and capacity it has available (M).

Dedicated funders	Resources and capacity	Finance and sustainability

CMOCD2: When a coalition engages in projects and activities that are essential to the community (C), the coalition will have more opportunities for financing and sustainability (O) because the community believes it is worth their investment (M) and the coalition has access to resources from the community (M).

Engage in needs of the community	1) Community buy-In 2) Resources	Finance and sustainability

CMOCD3: When a collaborative has access to unrestricted financial resources (C) it can better focus on its priorities and goals (O) because funding for collaborative operations is already in place (M).

Unrestricted funding	Finances for operation	Focus on shared purpose

CMOCD4: When a cross-sector alignment effort has dedicated staff members (C), it is more likely to have sustainability (O) because the staff is able to build partnerships and direct resources as necessary for the benefit of the collaborative (M).

Dedicated staff	Commitment to partnership and resources	Sustainability

CMOCD5: When there is strong collaboration and partnership in a coalition (C), the coalition is better able to sustain itself (O) because of the trust and engagement between partners which contributes to progress (M).

Strong partnership	Increased trust	Sustainability

TRUST, POWER DYNAMIC, AND COMMUNITY VOICE

Context	Mechanism	Outcome

CMOCE1: When a coalition demonstrates it is committed to improving what is important to the community (C), community members have greater confidence in the motivations and abilities of the coalition (O) because they see it acting on the benefit of the community (M).

Demonstrate commitment	Benefit of community	Community confidence in coalition

CMOCE2: When coalitions can achieve and show early wins and successes (C), there is greater buy-in from community members and progress towards sustainability (O) because the coalition is able to demonstrate that it can keep its promises (build community trust) (M).

Early wins and success	Increased trust	1) Community buy-in 2) Sustainability

CMOCE3: When community members have a history of positive engagement with a coalition (C), community members are more likely to be invested in aligning efforts (O) because of the existing mutual trust (M).

Positive History	Existing trust	Increased community buy-in

CMOCE4: When organizational members can see they are able to influence outcomes and impact (C) they are more likely to engage and support the alignment (O) because they believe their contributions are valued and respected (M).

Members involved in coalition activities	Increased value and respect	Community buy-in

CMOCE5: When organizational members are actively and continually engaged by cross-sector alignments (C) there is increased confidence in the abilities of the collaborative (O) because the collaborative is seen as authentic (M).

Partners engaged	Increased coalition authenticity	Greater confidence in coalition

CMOCE6: When a coalition has limited resources and human power to continually engage its members toward shared goals and objectives (C) commitment to the effort may suffer (O) because other priorities of the members will take place (M).

Limited resource and capacity	Focus on other priorities	Decreased commitment to coalition

Context	Mechanism	Outcome

CMOCE7: When coalitions do not involve community members in places of decision-making (C), the coalition can fail to address the needs of the community (O), because the coalition may not have a clear understanding of the community (M).

Less engagement of community	Lack of understanding of community	Failure to address community needs

CMOCE8: When alignment organizations have consistent processes of engagement, data sharing, and ease of access to resources and programs (C), community members are aware (O) and are more likely to trust the organization (O) because of the credibility and transparency the organization offers (M).

Ongoing processes of engagement	Credibility and transparency	Awareness and trust of coalition

CMOCE9: When coalition leadership dedicate time to building relationships between coalition partners (C), members have greater awareness of the motivations, reliability and abilities of each other (O) because they know each other better (M).

Leadership committed to building relationships	Increased understanding	Increased awareness and reliability of partners

CMOCE10: When coalitions show they value and embrace the community voice (C), there is a willingness to share information and/or cooperate with the coalition's members (O), because they believe they have influence and power (M).

Value community voice	Increased community power	Willingness to share information

CMOCE11: When community members recognize a coalition partner as being reputable (C), community members feel confident in trusting the coalition (O), because of the credibility the partner brings (M).

Reputable partner	Credibility	Increased trust in coalition

Context	Mechanism	Outcome

CMOCE12: When a cross-sector alignment effort does not promote or communicate its work effectively (C), then there is a lack of awareness of the effort (O) because the community does not have knowledge of services, programs, and resources associated with the effort (M).

Fail to promote coalition	Decreased knowledge of services and programs	Decreased awareness of coalition

CMOCE13: When coalitions create neutral spaces for conversations (C), partners have "enhanced" relationships and are better able to collaborate (O) because all coalition members have an equal voice to discuss their concerns (M).

Neutral space	Equal voice	Enhanced collaboration

CMOCE14: When coalitions establish accountability structures with the community (C), community members are more likely to trust the coalition (O) because the coalition is transparent about its actions (M).

Accountability structures	Transparency	Enhanced trust

HEALTH EQUITY

Context	Mechanism	Outcome

CMOCF1: When individual organizations agree that addressing health equity is important (C), it is easier for the cross-sector alignment effort to advance equity (O) because each organization is committed to it (M).

Agree on health equity	Commitment to health equity	Operationalize equity

CMOCF2: When coalitions formalize health equity within their mission, vision, and shared purpose (C) they are more likely to work towards aligned interventions and solutions for health equity (O) because they are obliged to deliver on it (it is binding) (M).

Formalize equity in shared purpose	Obligation to deliver	Aligned interventions and solutions for health equity

Context	Mechanism	Outcome

CMOCF3: When coalition leaders and members take the time to recognize the needs of historically marginalized communities (C), the alignment is more likely to address racial and health equity issues (O) because they are willing to use their powers to elevate these issues (M).

Recognize voice of marginalized communities	Use power to elevate voice	Address issues of racial and health equity issues

CMOCF4: When coalition members integrate equity by developing systems to collect, measure and share disaggregated data (C) they are more likely to demonstrate work towards health equity, racial equity, and community goals (O) because of the coalition's ability to effectively monitor progress (M).

Equity in data collection	Effectively monitor progress	Progress towards racial equity, health equity, and goals

GENERAL OUTCOMES AND MEASURES OF SUCCESS

Context	Mechanism	Outcome

CMOCG1: When communities are located in geographically large (and rural) areas (C), alignment between sectors is harder to achieve (O) and challenges to establishing measures of success exist (O) because it becomes difficult to share resources, communicate, and collaborate in a timely manner (M).

Lesser geographical proximity	Decreased communication and collaboration	1) Challenges to alignment 2) Challenges to measuring success

CMOCG2: When coalitions are composed of diverse community members and organizations (O) alignment is easier to achieve (O) because it allows for shared problem-solving, pooling of resources, collaboration, and diverse perspective on how to move the initiative forward (M).

Diverse community members	Diverse perspective and shared problem-solving	Aligned interventions and solutions

CMOCG3: When coalition members have effective partnerships and networks (C) accessibility to resources and programs is increased for community members (O) because community members are made aware of various resources due to open communication between organizations (M).

Effective coordinated systems	Awareness of resources	Increased accessibility to resources

Context	Mechanism	Outcome

CMOCG4: When coalitions engage in consistent processes of sharing data, progress, and purpose with community members (C), aligned interventions and solutions are easier to achieve (O) because community members are made aware of resources (M) and it creates opportunities for networking (M).

Ongoing information sharing	1) Increased awareness 2) Opportunities for networking	Aligned interventions and solutions

CMOCG5: When coalition members are continuously committed to the coalition and provide effective leadership (C) there is shared progress towards community goals, equity, and changes in mindset (O) because of the coalition members' ability to maintain and sustain the coalition through conflict management, communication, and engagement (M).

Commitment and leadership	Conflict management, communication, and engagement	Shared progress

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