bridging sectors, improving health

Building bridges to improve health is not simply a cliché. It is a necessity for those working to reverse conditions that give rise to illness rather than promoting good health. The challenges for health grantmakers in building relationships outside of the health sector can be complex, but no more complex than the issues facing those whose lives they hope to improve.

Working across sectors can take many forms: health funders can work with funders, opinion leaders, or leading organizations from other sectors; they can work with government agencies, whether local, state, or federal; they can participate in networks and coalitions. Whatever the form, cross-sectoral work is a way for health funders to leverage their interests and influence program budgets to improve health outcomes. Through it, funders can both address specific health issues that by their nature involve multiple sectors and integrate health objectives into other domains such as education, criminal justice, transportation, and housing. Although these working relationships are challenging, there is good evidence of their effectiveness and ability to produce real and lasting change.

CROSS-SECTORAL HEALTH PROBLEMS

Most health problems that foundations choose to tackle – from obesity, to disparities, to chronic disease, to access – are multidimensional in their causes, effects, and cures. When health funders make strategic decisions to work across sectors and institutions, while maintaining their focus on health outcomes, they expand their capacity to change the forces that work against health. The experience and treatment of mental illness are illustrative of the reality of health problems that cross sectoral borders and resist sector-specific solutions.

It is estimated that 25 percent of Americans annually experience mental health problems ranging in severity from temporary psychological distress to serious depression, schizophrenia, and bipolar disorder (Kessler et al. 2005). Yet, despite the large numbers of people affected by mental illness, the mental health system is fragmented and scattered. With little coordination or information sharing, health care providers, schools, social service programs, prisons, and government agencies make critical decisions about the services people receive (LeRoy et al. 2006). To make matters even more complicated, the services within these sectors that can affect the health of the mentally ill – health care, housing, employment, and education – are similarly uncoordinated.

Imaginative collaboration both within and outside the health sector is required to successfully address the needs of the mentally ill. One example is the $24 million Special Opportunities in Mental Health funding initiative of The California Endowment. The goal of the initiative was to promote innovative, culturally responsive approaches to reaching underserved individuals and communities. Involvement of cross-sectoral stakeholders (such as consumers, parents, religious leaders, and health and human service providers) was fundamental to its design. Over four years, the initiative served 95,000 Californians through partnerships that heightened awareness of community needs; facilitated resource sharing, outreach, and referral; and enhanced capacity to deliver mental health services. Most important, the endowment found that successful partnerships helped reduce system fragmentation and increase program sustainability (The California Endowment 2004).

The homeless are another population for whom cross-sectoral collaboration is imperative. In addition to their shelter needs, homeless adults are very likely to also have a variety of chronic health problems such as heart disease, cancer, tuberculosis, HIV/AIDS, mental illness, and alcohol or drug addiction. Among the sectors involved in addressing their needs are shelters, health care providers, social services, community health programs, mental health providers, and the criminal justice system. To meet these needs effectively requires collaboration and coordination of municipal agencies, nonprofit organizations, and advocacy groups (New York City Departments of Health and Mental Hygiene and Homeless Services 2005).

One foundation effort to meet the challenge is a plan launched in Denver by The Colorado Health Foundation, along with The Colorado Trust, The Piton Foundation, the Bonfils Stanton Foundation, and The Denver Foundation. Based on the Housing First model, the plan aims to end homelessness by providing comprehensive services including housing, mental health and substance abuse treatment, and job training. In its first year, the plan accomplished several goals including developing over 200 affordable transitional housing opportunities, adding over 100 temporary emer-

gency shelter beds, providing anti-discrimination training to local agencies, increasing coordination between treatment providers, and increasing the number of outreach workers to assist the homeless.

CROSS-SECTORAL HEALTH DETERMINANTS

Another reason to work cross sectorally is to address health problems in terms of their larger determinants. Health care services are vital when people are sick and need them to recover, but it has been well documented that health care is not the most important factor in population health. In fact, health is influenced by factors in five domains – genetics, social circumstances, environmental exposures, behavioral patterns, and health care. When it comes to reducing early deaths, health care has a relatively minor role, contributing about 10 percent. Thus, even if the entire U.S. population had access to excellent health care, only a small fraction of deaths could be prevented. The single greatest opportunity to improve health and reduce premature deaths lies in personal behavior, followed by social circumstances and environmental exposures (Schroeder 2007; McGinnis et al. 2002).

One way to visualize the role factors outside of health care play in relation to individual health is the World Health Organization model, which places biological and genetic factors at the core of health, surrounded by layers of influence that include personal lifestyle; connections to others (social and community networks); and the broader environment of education, employment, environmental quality, housing, and health care (Organisation for Economic Co-Operation and Development 2003).

The connections between personal health and larger determining factors are particularly evident in the lives of the poor. When people have limited incomes, live in conditions of personal stress, are exposed to poor quality air and water and other environmental pollutants, and have limited access to healthy food, their health suffers. The poor tend to be employed in jobs that carry an increased risk of occupational exposure to hazardous materials. They are likely to live in the least desirable neighborhoods, which are characterized by older housing stock and close proximity to sources of environmental risk such as highways, dumps, and heavy industry. Childhood lead poisoning, injuries, and respiratory diseases such as asthma have been linked to the more than six million substandard housing units nationwide. Residents of these units are also at increased risk for electrical injuries; falls; rodent bites; and exposure to pesticides, tobacco smoke, and carbon monoxide.

Knowing that health, especially the health of vulnerable populations, is the product of so many factors that lie outside the health sector itself, funders who wish to have a significant impact on health and well-being must look for ways to influence the broader behavioral and social realms that include education, employment, income disparities, poverty, housing, crime, and social cohesion (McGinnis et al. 2002). They must be prepared to take a perspective that includes forming partnerships both within and outside the health care system. Thus, although access and coverage continue to be a top priority for many funders, it is also necessary to go well beyond the doors of hospitals and clinics to address areas outside the health sector where the potential exists to improve population health.

An interesting example of cross-sectoral funding that addresses both service delivery and environmental factors affecting health is a grant from the Allegany Franciscan Ministries to the Farmworker Association of Florida to support education and advocacy to improve the health and safety of low-income, minority, migrant, and seasonal farmworkers. Working in partnership with lawmakers and community organizations, the Farmworker Association of Florida's program provides pesticide trainings, reports violations of worker protection standards, distributes bilingual educational materials, and accredits health care provider training related to farmworkers' health problems.

Another effort that works with partners across many sectors is the Minnesota Environmental Initiative, funded by the Blue Cross and Blue Shield of Minnesota Foundation. The initiative, which includes state and county public health departments, schools, the American Lung Association of Minnesota, and bus contractors, is retrofitting Head Start buses to reduce exposure to diesel emissions for Head Start children in two counties. The project is expected to help improve children's overall health by reducing

We focus here primarily on funders working cross sectorally, but the needs and challenges of this work also extend to their grantees. Funders are in a position to learn about collaborative opportunities from their grantees and to facilitate grantees' efforts to build connections with organizations in other sectors.

absenteeism resulting from asthma and related illnesses and to improve air quality in the communities in which the buses operate.

WORKING ACROSS GEOGRAPHIC BARRIERS

An important dimension of cross-sectoral work involves surmounting geographic barriers. A recent report by the Joint Working Group of the Council on Foundations and the European Foundation Centre notes:

> International philanthropy is growing rapidly, in response to an increasingly globalized, interdependent and interconnected world in which the challenges posed by health, demographics, housing, and natural resource crises, and a growing gap between rich and poor, along with other societal problems are all too apparent. It is a world in which many "domestic" issues have international roots and require a global perspective in order to be dealt with effectively (2007).

The domestic-international connection is particularly relevant when it comes to health. Global travel enables infectious diseases to cross from tropical forests to big city streets in a matter of hours. Meanwhile, global immigration moves thousands each day to homes in new countries. These changes are an impetus for U.S. funders to put their work in a global context, both by drawing on what can be learned from funders and programs in other countries and by considering roles U.S. funders can play in improving health outside this country.

An example of this work is the Health Initiative of the Americas, which has been supported by The California Endowment, the Mexican secretariats of health and foreign affairs, The California Wellness Foundation, the California HealthCare Foundation, the California Department of Health Services, and Fundación Mexicana para la Salud. Begun in 2001, the initiative's achievements include launching Binational Health Week, stimulating research in universities and institutions in the United States and Mexico, producing the *English-Spanish Dictionary of Health Related Terms*, producing public service announcements for more than 100 Spanish-language radio stations in California, launching a program of on-site health services in Mexican consulates throughout California, and establishing exchange programs to provide culturally competent training for *promotoras* (lay health promoters) and medical students (GrantWatch 2007).

The MacArthur Foundation's Population and Reproductive Health program supports field-level programs in India, Mexico, and Nigeria – three countries that account for about a quarter of all women of reproductive age, as well as a quarter of all young people in the developing world. Through this funding, which not only crosses geographic borders but also crosses sectors within countries, MacArthur's goal is to understand and demonstrate how a mix of civil society advocacy and action can be combined with sensible government policy to help take good work to scale. In order to expand care and services to women and young people, MacArthur supports carefully selected model projects in each of the focus countries and provides assistance to help scale them up where warranted (MacArthur Foundation 2007).

BENEFITS OF WORKING CROSS SECTORALLY

There is a tendency for organizations to focus on what they know best, and for good reason: it is demanding enough to carry out a basic mission, train and direct staff, design potentially successful solutions, and cultivate effective working relationships with other organizations in a field. Moreover, a focus on specific areas generates specialized expertise that is a key part of attracting financial support, defining turf, creating an institutional identity, and other elements of organizational survival.

We do not have to look globally to recognize the impact of geographic barriers, whether legal borders or virtual boundaries such as those between urban and rural areas, across metropolitan jurisdictions, between different sections of states and counties, and between inner cities and suburbs.

Working across sectors increases the complexity of designing and implementing effective program strategies. Going outside of an organization's comfort zone requires considerable work to learn about issues and key actors; to understand the cultures, traditions, constraints, and operating styles of different institutions; and to develop effective and trusting working relationships. But it is also the key to long-term change. Short-term programmatic goals can be met within a sector, but sustained population health improvement requires cross-sectoral partnerships.

Cross-sector collaboration can take many forms, ranging from ad hoc problem solving; to targeted, finite projects; to longer-ranging, ongoing activities. Possible sectors with which health funders can work are health care services, public health, workplaces, schools, environmental organizations, agriculture, housing, faith communities,

Working to bring alignment of public health and health care missions is as much a challenge as working outside the health sector. Public health and health care delivery are, in many respects, separate and virtually independent components of the American health system. Their relationship is characterized by the progressive loss of any perceived need for the two sectors to work together; the lack of adequate incentives or structural foundations to support cross-sectoral relationships; recurring tensions deriving from overlapping interests; and the development of striking cultural differences (Lasker et al. 1997). The consequences of this lack of integration and coordination were brought home during and in the aftermath of 9/11. That crisis sharply increased support for coordinated preparedness for and response to terrorism, infectious disease outbreaks, and other public health threats and emergencies (CDC 2005). In many cases, the attention it stimulated on the need for better coordination generally has waned to the detriment of communities and the health of their residents.

businesses, the media, government, transportation, and criminal justice.

Cross-sectoral work has the potential to significantly enhance the reach and impact of health funders' efforts. While we are still learning how to identify the most effective cross-sectoral activities for improving population health, much of what we are learning comes out of the experiences of innovative grantmakers. The European Union's focus on cross-sectoral alliances is also contributing to the growing knowledge base. Eventually, funders and policymakers will be able to target cross-sectoral investments more precisely than they are able to do now (Kindig et al. 2003).

From efforts already underway, we know that cross-sectoral work has the potential to advance objectives that are fundamental to improving health outcomes. It can:

1) Address the broader determinants of health by:

- Integrating health objectives into other domains such as environmental protection, education, criminal justice, transportation, and housing;
- Forming ongoing partnerships outside the health sector;
- Raising awareness of priority health issues outside the health sector; and
- Advancing more comprehensive approaches to health problems.

2) Improve health care and health promotion by:

- Enhancing the delivery of health care services and increasing access to services,
- Widening the scope of health promotion, and
- Strengthening health advocacy organizations.

3) Broaden support for health by:

- Building relationships with government agencies, funders, community organizations, opinion leaders, and advocacy groups from other sectors;
- Providing technical assistance and building capacity;
- Supporting research;
- Institutionalizing sensitivity to health issues; and
- Increasing influence on decisionmakers through cross-sectoral coalitions.

4) Build ties with communities by:

- Involving trusted community institutions and leaders in addressing health priorities,
- Leveraging community assets to achieve shared goals,
- Developing new community-based health leadership, and
- Bringing new perspectives to the table.

THE PROCESS OF WORKING CROSS SECTORALLY

Like other work involving different types of partners, successful cross-sectoral work by foundations requires attention to process, particularly since institutional incentives for working cross sectorally are not going to be as strong as the incentives for working within a sector. Maintaining the engagement of another sector can require providing technical assistance; collecting data; frequently acknowledging progress and success; and continuous identification, training, and mentoring of new collaborative leaders. Moreover, effective communication is even more important than usual because crossing sectoral boundaries increases the possibility that messages could be distorted or open to misinterpretation.

There are four key stages in the process.

1) Problem setting

- The most important tasks at this stage are defining the problem clearly, involving the appropriate sectors, developing their commitment, ensuring that the work meets the other sectors' specific interests, and securing the resources to move forward. The work needs to be

guided by a common problem definition and a clearly defined public purpose. Time and resources will be needed to bridge institutional barriers, build capacity, and initiate activities. This stage could also include the decision whether to work with a single organization from another sector or to create a network or coalition to address an issue.

The biggest challenge is overcoming institutional inertia and resistance to change.

2) Direction setting

- The focus of this stage is exploring the problem in depth and reaching an agreement with partners about approaches. Key issues to be addressed need to be clearly defined, and there should be established agreements for working together. Performance goals and expectations need to be spelled out clearly. Partners need to perceive the partnership as being in their interests and adding value to what they can achieve on their own. It should be expected that organizational adjustments will have to be made on both sides. International work will require heightened sensitivity to differences in organizational culture, expectations, and concepts of accountability.

3) Implementation

- Poor management processes can completely derail any work, but cross-sectoral efforts and collaborations are particularly vulnerable in this regard. Ambiguities in roles and responsibilities and lack of accountability mechanisms pose particular risks and can be prevented by clear communication during the direction-setting stage. High-level management must stay involved to oversee the work, ensure that there is adequate support for it, and reward success.

4) Evaluation

- Evaluating the impact of cross-sectoral projects is not easy. Some evaluators have tried using cost-benefit analyses to compare the impact of non-clinical or cross-sectoral health interventions, but costs are often difficult to determine. Generally speaking in this area, as with many interventions, there is a need for better evaluation instruments.

CHALLENGES TO WORKING CROSS SECTORALLY

Cross-sectoral work is a long-term task that requires ongoing adjustments in organizational culture. Building successful partnerships requires understanding these organizational differences and then working on how to address them.

Other considerations to be kept in mind are that:

- Some issues may be very problematic for some groups but not at all for others.
- The costs and management challenges (such as negotiation of decisions and division of responsibilities) of working in other sectors may be higher than expected. International projects are likely to require more financial and management support than domestic activities.
- The work should clearly help all sides achieve priority goals.
- Sectors should offer complementary areas of expertise, knowledge, skills, technology, and resources.
- Ongoing awareness is needed for differences in aims among sectors; differences in organizational cultures and values; possible lack of trust; and possible confusion about staff accountability.

CONCLUSION

Whether health funders focus their work on health care for individuals or on improving health across the population, there is rarely an issue that either could not benefit from cross-sectoral approaches or that does not require partnering with other sectors to produce real and lasting change. Cross-sectoral work is challenging, but the potential benefits are clearly worth the effort. Working relationships are most effective when they include shared priorities; committed leadership; realistic and clearly defined expectations; mutual respect for each partner's contributions; and a mutual understanding of constraints, funding cycles, and accountability mechanisms.

As health funders gain experience in this area, it will be vitally important to incorporate the lessons learned into institutional learning and memory. Equally important is to find ways to communicate these lessons to larger audiences of funders and decisionmakers so that they can be adopted more broadly.

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