

Using Healthy People 2030 to Develop Multisector Partnerships

October 2023

Toolkit





USING HEALTHY PEOPLE 2030 TO DEVELOP MULTISECTOR PARTNERSHIPS (MSPS) TOOLKIT

Goals of This Tool

- Define multisector partnerships (MSPs), and consider the rationale for and evidence base to support their use
- Guide MSPs on using Healthy People 2030 objectives and Leading Health Indicators (LHIs) to help identify local needs and priority populations
- Underscore priority areas of Healthy People 2030 that guide selection of potential partners from non-health sectors
- Offer direction on using federal Healthy People 2030 objective data as a benchmark for tracking local measures

What are multisector partnerships, and why convene them?

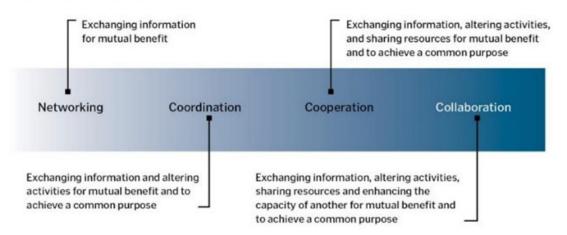
Multisector partnerships (MSPs) are place-based reform efforts, led by stakeholders across areas of expertise like public health, health care, education, housing, economic development, transit, and social services who cooperate to address important issues in their communities^{1,2,3} Participants in MSPs can be from across the business, nonprofit, and governmental sectors. MSPs seek to pool resources, skills, and knowledge for critical problems because working together can help them achieve more than if they worked separately.⁴

Healthy People 2030 acknowledges that just promoting healthy choices will not eliminate health disparities or achieve health equity. Instead, Healthy People offers resources and opportunities to help individuals, organizations, and communities act. Representatives of non-health sectors like education, transportation,

housing, and more can help improve conditions in the environments of their communities, thereby improving health and well-being.

Collaborating across sectors in MSPs is a key strategy for addressing social determinants of health (SDOH), defined as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. MSPs, which can be formed by local health departments (LHDs) and their local level partners, can be of several types, involving different levels of engagement. Networking and coordination require a lower level of engagement, while cooperation and collaboration require higher levels of engagement. The Figure below illustrates various types of partnerships.5

TYPES OF PARTNERSHIP



Adapted from Arthur T. Himmelman, Collaboration for a Change: Definitions, Decision-making Models, Roles, and Collaboration Process Guide. January 2002, Himmelman Consulting, Minneapolis, MN.

Evidence on best practices for collaborating across sectors is still emerging, so it is important for MSPs to share what they learn about how to do it well. Cooperating across sectors is an increasingly popular approach, but we need to learn more about whether doing so, in itself, improves community health. Moreover, collaborating across sectors is not easy. It requires engaging the participation of diverse partners and sustaining their commitment over time. MSPs that share information with each other on topics such as how to define and measure elements of effective collaboration can help build understanding of how to work across sectors effectively.

How can Healthy People 2030 objectives and Leading Health Indicators help identify local needs and priority populations?

Healthy People 2030 provides tools for action to help individuals, organizations, and communities that are committed to improving health and well-being advance health equity. By browsing the objectives to learn about national goals and topics relevant to improving health and well-being, LHDs and MSPs can find national objectives that align with their own priorities and develop a custom list of national objectives tailored to their own interests. Users

of Healthy People 2030, including MSPs, can also use Healthy People data tools to identify priority populations by monitoring differences across population groups as the initiative tracks progress over the course of the decade. Measuring health disparities is essential to advancing health equity.

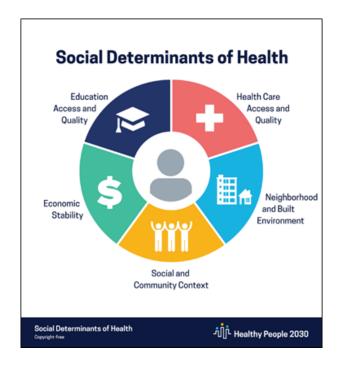
The **Leading Health Indicators** (LHIs) are a small subset of high-priority Healthy People 2030 objectives, selected to drive action toward improving health and well-being. Healthy People 2030 includes a set of 23 LHIs that cover the life span and include objectives across topic areas. Most LHIs address important factors that impact major causes of death and disease in the United States. They can help organizations, communities, and states focus their resources and efforts to improve the health and well-being of all people. The Healthy People 2030 LHIs represent a range of topics such as diabetes, cancer, and obesity, as well as social determinants of health like employment, environmental health, health insurance, and food insecurity.

How can the Healthy People 2030 Social Determinants of Health Framework help to identify partners from non-health sectors?

Healthy People 2030's priority areas include health disparities, health equity, health literacy, and social determinants of health. The Healthy People 2030 framework for Social Determinants of Health (SDOH)

guides thinking about who should be at the table to take part in MSPs. SDOH contribute to wide health disparities and inequities, and they have a major impact on people's health, well-being, quality of life. Examples of social factors that affect health include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- · Language and literacy skills



The Healthy People 2030 SDOH
Framework (available for download on the Healthy People website)
encourages public health organizations and their partners in sectors like education, transportation, and housing to take action to improve the conditions in people's environments.

MSPs that are working on a particular issue in their area may wish to

consider the domains of the Healthy People 2030 SDOH Framework as they invite partners whose expertise may help to advance the goals of the partnership. National associations and other organizations with ties to the local level can help to find partners with relevant expertise. See the table below for examples.

Examples of Organizations with Linkages to the Local Level (Types by SDOH Domain)

SDOH Domain	Economic Stability	Education Access & Quality	Health Care Access & Quality	Neighborhood & Built Environment	Social & Community Context
Examples of Local Level Partner Types	Public and private resources 12 Federal Reserve District Banks LISC Urban Office	Anchor Institutions Urban and Metropolitan Universities	Healthcare Anchors	Affordable Housing Organizations Community assets	Community leaders Community members (e.g., families, residents)
Examples of Partner Sources	Community Development Financial Institutions	National Center on Safe and Supportive Learning Environments	Healthy People 2030 Evidence- based Resources on Improving Health Care Access & Quality	Local Community Development Associations	CDC Resources on Social Connectedness

For more links to organizations near you, see the Build Healthy Places **Partner Finder**

How can local level MSPs use federal data for Healthy People 2030 objectives as benchmarks to track local measures?

Healthy People 2030 establishes objectives and targets for the entire United States; addressing these objectives and setting local targets contributes to national success. Most Healthy People 2030 objectives are core, or measurable, objectives that are associated with targets for the decade.

Core objectives reflect high-priority public health issues, and most are associated with evidence-based interventions. Users can learn more about the data source, measurement, target setting, and history for each core objective in the Data and Methodology page. The LHD/MSP can use that information to learn how to track data for core objectives at the local level.

Tracking data locally can be accomplished by using the Healthy People 2030 data methodology and measurement for a specific federal objective to establish a similar objective at the local level. This would entail identifying a local data source, establishing a baseline measure, setting a target, and determining a numerator and denominator for the objective. (See Example 1, below).

Example 1: Data Methodology and Measurement for an objective to reduce the proportion of families that spend more than 30 percent of income on housing.

Example Healthy People 2030 Objective Related to SDOH	Calculation Use the numerator and denominator provided by Healthy People 2030 to calculate the measure for the objective			
SDOH-04	Numerator	Denominator		
Reduce the proportion of families that spend more than 30 percent of income on housing	Number of households whose monthly housing cost was 30 percent or more of current income	Number of occupied housing units		

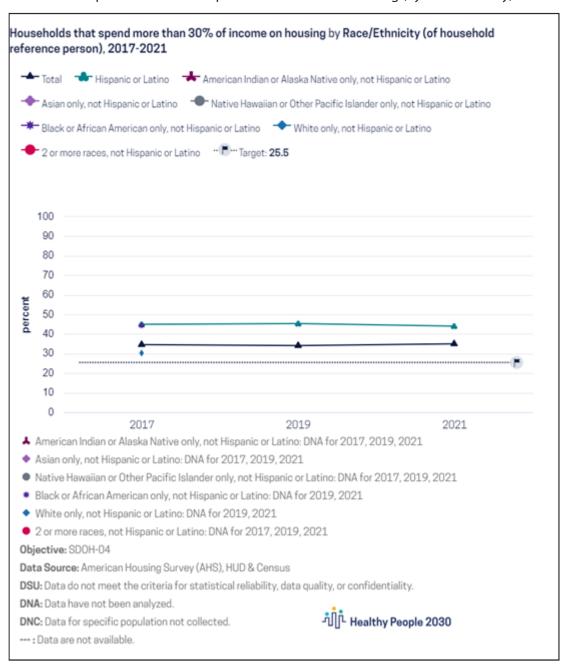
Users can click on the navy blue <u>"See detailed data for this</u> <u>objective"</u> button to view the data by demographic groups (e.g., race/ ethnicity, education level, age group).

See Examples 2A and 2B, below, for guidance on types of demographic

information that is available. For LHDs and MSPs that decide to model their own measures off of the Healthy People 2030 objectives, it may be valuable to see whether and how the national measures change over the decade—particularly when there are

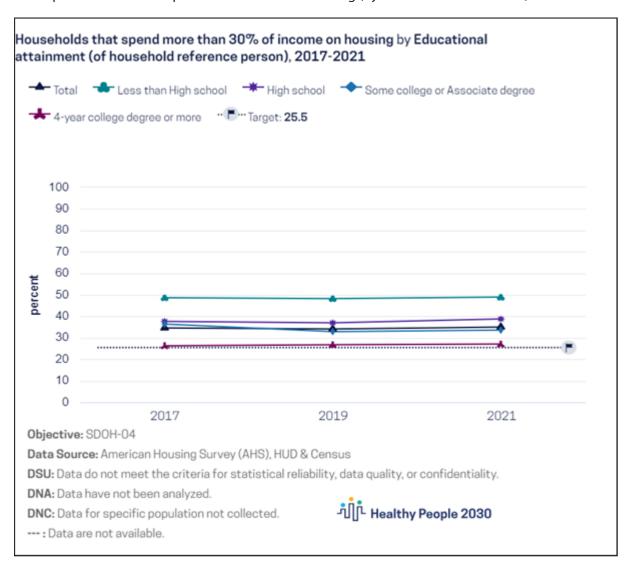
notable differences across groups. Such information can help LHDs and MSPs to focus their attention on high priority groups in their own areas that may be at higher risk due to the issue of concern. It may be helpful to note that racial/ ethnic group data are available and accessible for these objectives.

Example 2A: Detailed information for an objective to reduce the proportion of families that spend more than 30 percent of income on housing (by race/ethnicity).



(Accessed 6/2/2023 at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes)

Example 2B: <u>Detailed information</u> for an objective to reduce the proportion of families that spend more than 30 percent of income on housing (by educational attainment)



(Accessed 6/2/2023 at: https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality)

Questions to Get Started

You can use the following questions to determine the current needs for MSP in your community and the types of partnerships that you currently have, have the opportunity to build, or can further engage to address complex issues within your community. Think about how your responses to these questions can be supported by the next steps at the end of this document.

- What complex issues exist in your local area that require input from more than one sector for effective strategies and solutions to be developed?
 - a. Describe this complex issue and discuss the different sectors that need to be involved.
 - b. Consider the resources, knowledge, and/or capacity that they can contribute to developing effective strategies and solutions to address this issue.
- 2. Review the partnership spectrum on page 2 and think about the type of partnership that you have with each of the sectors that you listed above.
 - a. How can you utilize Healthy People 2030 to strengthen these partnerships and move closer to collaboration (or sustain collaboration if the partnership is already here)?

Next Steps

MSPs can engage the expertise, skills, and resources of partners across sectors and areas of expertise to solve complex problems in their communities. Healthy People 2030 offers a wealth of tools and resources for promoting health and wellbeing and advancing health equity. Healthy People 2030's focus on social determinants of health can guide outreach to stakeholders whose involvement can contribute to the success of collaborations. LHDs and MSPs can also use Healthy People 2030 as a model for establishing their own measures and targets for the decade, using the Target setting methodology. Next steps may include:

- Examining Local Data. Data on rates of chronic diseases and social determinants of health may be available from the CDC's 500 Cities and PLACES data portal, which provides health data for small areas across the country, allowing LHDs to better understand the burden and geographic distribution of health measures in their areas.
- Using Healthy People Targetsetting Methods. The National Center for Health Statistics Target-setting Methodology page offers additional information on how to use data-driven approaches and guidance from subject matter experts to select objective targets for the decade.

- Consulting Healthy People
 Evidence-based Resources to find published reviews, evaluations, and studies of interventions to improve population health that have evidence of effectiveness, feasibility, reach, sustainability, and transferability.
- Seeking Examples of innovations from <u>Healthy People Champions</u>. Healthy People 2030 Champions are a diverse array of public and

private organizations that impact health outcomes at the national, state, tribal, and local levels.

NACCHO also provides a variety of resources to help local health departments navigate changes and additions to Healthy People 2030, including applying the social determinants of health to community health improvement work and developing strong partnerships.

REFERENCES

¹ Siegel, Beth, Jane Erickson, Bobby Milstein, and Katy Evans Pritchard. "Multisector Partnerships Need Further Development To Fulfill Aspirations For Transforming Regional Health And Well-Being." *Health Affairs* 37, no. 1 (January 2018): 30–37. https://doi.org/10.1377/hlthaff.2017.1118

²Woulfe, Julie, Thomas R. Oliver, Kirstin Q. Siemering, and Susan J. Zahner. "Multisector Partnerships in Population Health Improvement." *Preventing Chronic Disease* 7, no. 6 (October 15, 2010): A119.

³ Institute of Medicine (US) Committee on Assuring the Health of the Public in the 21st Century. *The Future of the Public's Health in the 21st Century*. Washington (DC): National Academies Press (US), 2002. Accessed at: http://www.ncbi.nlm.nih.gov/books/NBK221239/.

⁴"Chapter 24. Improving Services | Section 4. Developing Multisector Collaborations | Main Section | Community Toolbox." Accessed February 27, 2023. https://ctb.ku.edu/en/table-of-contents/implement/improving-services/multisector-collaboration/main

⁵ Pestronk, Robert M., Julia Joh Elligers, and Barbara Laymon. "Public Health's Role: Collaborating for Healthy Communities." *Health Progress (Saint Louis, Mo.)* 94, no. 1 (February 2013): 20–25.

⁶ Siegel et al., "Multisector Partnerships Need Further Development To Fulfill Aspirations For Transforming Regional Health And Well-Being."

⁷ Stabler, Henry. "Public Health & Multisectoral Collaboration: Where's the Evidence?" *JPHMP Direct*, April 4, 2023. https://jphmpdirect.com/2023/04/04/public-health-multisectoral-collaboration-wheres-the-evidence/

⁸ Fichtenberg, Caroline, Jorge Delva, Karen Minyard, and Laura M. Gottlieb. "Health And Huma Services Integration: Generating Sustained Health And Equity Improvements." *Health Affairs* (Project Hope) 39, no. 4 (April 2020): 567–73. https://doi.org/10.1377/hlthaff.2019.01594

⁹ "Cross-Sector Collaboration for Improving the Health of Communities: You Can't Do It Alone." Accessed May 30, 2023. http://www.phf.org/phfpulse/Pages/Cross Sector Collaboration for Improving the Health of Communities You Cant Do It Alone.aspx.





The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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