

Building Non-Traditional Public Health Multisector Partnerships:

How State and Territorial Health Agencies Can Leverage Healthy People 2030 For Innovative Collaboration to Improve Health Outcomes and Advance Health Equity



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Executive Summary

The purpose of this toolkit is to help state and territorial health agencies (S/THAs) build and sustain partnerships with non-traditional, non-public health sectors. It focuses on how S/THAs can use Healthy People 2030 to motivate multisector collaboration, improve health outcomes, and advance health equity.

The [Introduction](#) defines multisector partnerships, describes their value to public health, and details the overarching goals of this toolkit. [Using Healthy People 2030 in Non-Traditional Partnerships to Improve Public Health](#) explains how Healthy People 2030 can serve as the bedrock for multisector collaboration, with an emphasis on how the framework's tools and resources can address the social determinants of health. [Types of Non-Public Health Sector and Non-Traditional Partnerships for Consideration](#) details different partners to work with, opportunities for partnerships in overlapping areas, and recent examples of successful multisector partnerships improving health outcomes and advancing health equity. [Foundations of Strong Partnerships](#) demonstrates the key characteristics of effective partnerships, which include using the Health in All Policies lens and Social Determinants of Health framework. [Sustainability of Partnerships](#) provides best practices on how to keep multisector public health partnerships thriving by prioritizing flexibility, responsiveness, accountability, and engagement. [10 Best Steps for Strong Public Health Multisector Partnerships](#) offers a succinct list of summarized action items that S/THAs can take to build and sustain multisector partnerships to improve public health. The [Conclusion](#) synthesizes the information in the toolkit and is followed by [Additional Resources](#) to use for partnership planning, implementing, evaluating, and analyzing.



Introduction

There has been growing awareness within the field of public health that non-public health sectors, their behaviors, and policy choices have an impact on public health issues and health outcomes. This realization offers an opportunity to foster multisector partnerships to promote health more holistically—that is, going beyond traditional collaboration and pushing public health to partner with non-traditional sectors, such as banks, grocery stores, restaurants, urban planning companies, libraries, schools, universities, and transportation agencies.

Multisector partnerships are “place-based reform efforts, led by stakeholders across areas of expertise like public health, healthcare, education, housing, economic development, transit, and social services who cooperate to address important issues in their communities.”¹ By bringing together resources, skillsets, and knowledge, different sectors break down siloes.² Public health can better improve health outcomes and advance equity when engaging in non-traditional, multisector partnerships.³ Partnerships between public health and non-public health sectors can promote population health and well-being in a way that more powerfully addresses root causes and changes living conditions, environments, and systems.⁴ These multisector partnerships can engage in focused, ongoing, and tailored efforts to eliminate health disparities.⁵ By building and sustaining partnerships with non-traditional sectors, public health unlocks the potential to accomplish more upstream, preventative, and well-rounded work to create healthier, more equitable communities.⁶

The goal of this toolkit is to help state and territorial health agencies (S/THAs) build non-traditional, non-public health sector partnerships to improve health outcomes and advance health equity. The Healthy People 2030 objectives, aligned closely with the Social Determinants of Health (SDOH) framework and Health in All Policies (HiAP) lens, can serve as the cornerstone of these collaborations. This toolkit is implementation-focused, providing partnership-building and -sustaining skills that are rooted in Healthy People 2030 tools and success stories and can be operationalized for community needs.

Overall, this toolkit encourages S/THAs to implement these described strategies in their own public health practice to:

1. Establish and maintain partnerships within and across sectors at the state and territorial level to create a shared vision of health.
2. Respond to public health priorities collaboratively and strategically.

Using Healthy People 2030 in Non-Traditional Partnerships to Improve Public Health

[Healthy People 2030](#) is the “North Star of achieving health equity,”⁷ acting as a guiding force for S/THAs to plan, implement, and evaluate multisector partnerships. Managed by the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion (ODPHP), Healthy People 2030 promotes a vision to create “a society in which all people can achieve their full potential for health and well-being across the lifespan.”⁸ The Healthy People 2030 framework has five overarching goals:⁹

1. “Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
3. Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
4. Promote healthy development, healthy behaviors, and well-being across all life stages.
5. **Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.”**

Goal 5 is the focus of this toolkit. To advance this goal, Healthy People 2030 provides [tools for action](#) and [data tools](#) to encourage multiple sectors to come together to improve health and advance health equity.¹⁰ By using these tools and learning more about national [objectives](#), including high-priority [Leading Health Indicators](#), multisector partnerships can adapt Healthy People 2030 to address the specific needs of their jurisdictions.¹¹ Examples can be found in Table 1.¹² In addition to inspiring multisector partnership [target setting](#), Healthy People 2030 data and [evidence-based resources](#) can further health equity by determining the most impacted communities and [tracking disparities](#) and progress by populations over time.¹³ Public health and non-public health partners can then utilize Healthy People 2030 [data sources and methodology](#) to monitor the outcomes of their own project objectives in their jurisdictions.¹⁴ Healthy People 2030 thus assists multisector partners in choosing how and where to devote resources to make the greatest impact on population health and well-being.¹⁵

TABLE 1: USING HEALTHY PEOPLE 2030 TO DEVELOP MULTISECTOR PARTNERSHIPS ¹⁶

SDOH Domain	Economic Stability	Education Access and Quality	Healthcare Access and Quality	Neighborhood and Built Environment	Social and Community Context
Domain Goal	Help people earn steady incomes that allow them to meet their health needs	Increase educational opportunities and help children and adolescents do well in school	Increase access to comprehensive and high-quality health care services	Create neighborhoods and environments that promote health and safety	Increase social and community support
Examples of Objectives	Reduce the proportion of people living in poverty—SDOH-01	Increase the proportion of fourth-graders with reading skills at or above the proficient level—AH-05	Increase the proportion of people with health insurance—AHS-01	Reduce the number of days people are exposed to unhealthy air—EH-01	Reduce the proportion of children with a parent or guardian who has served time in jail—SDOH-05
	Increase employment in working-age people—SDOH-02	Increase the proportion of high school students who graduate in four years—AH-08	Increase the proportion of adults who get recommended evidence-based preventive health care—AHS-08	Reduce the proportion of families that spend more than 30 percent of income on housing—SDOH-04	Increase the proportion of adults who talk to friends or family about their health—HC/HIT-04

The [Healthy People 2030 SDOH framework](#) helps S/THAs decide whom to work with in multisector partnerships to improve health and advance health equity.¹⁷ SDOH are “the 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.”¹⁸ Healthy People 2030 categorizes SDOH into five domains: economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.¹⁹ The SDOH framework should underpin S/THAs’ efforts to collaborate with non-public health sectors, such as education, housing, transportation, and business.²⁰ Examples of how the framework drives which partners should be included, as well as partnership success stories, can be found in Table 2.²¹



Social Determinants of Health Copyright-free Healthy People 2030

TABLE 2: EXAMPLES OF PARTNERS AND HEALTHY PEOPLE 2030 SUCCESS STORIES WITH LINKAGES TO SDOH BY DOMAIN²³

SDOH Domain	Economic Stability	Education Access and Quality	Healthcare Access and Quality	Neighborhood and Built Environment	Social and Community Context
Examples of Partners	<ul style="list-style-type: none"> • Banks • Employment agencies • Public and private businesses 	<ul style="list-style-type: none"> • Teachers' unions • Parent-teacher organizations • Universities and their libraries 	<ul style="list-style-type: none"> • State health departments • Local health departments • Hospitals as anchor institutions 	<ul style="list-style-type: none"> • Transportation agencies • Housing authorities • Environmental health organizations 	<ul style="list-style-type: none"> • Mental health nonprofits • Religious groups and faith-based communities • Voting rights groups
Examples of Partner Success Stories Using Healthy People 2030	Northeast Business Group on Health: Helping Employers Prioritize Employee Health and Well-Being	Akron-Summit County Public Library and Healthy People: Prioritizing Educational Opportunities for Community Members	Iowa Department of Health and Human Services: Using Healthy People 2030 LHIs to Improve the Health of Iowans	Wilmington Area Rebuilding Ministry and Healthy People: Repairing Homes to Help Ensure Safety and Independence	Buffalo Prenatal Perinatal Network and Healthy People: Improving Maternal and Child Health by Empowering Clients

ODPHP lays out four steps of how to use Healthy People 2030 in multisector partnerships:²⁴

1. **“Identify needs and priority populations.”** Partners can come together to review Healthy People 2030 national objectives and explore disparities [data](#) to determine which ones best align with their proposed partnership work, and center the lived experiences of populations most affected by the health issue of their choice.
2. **“Set specific targets.”** Use the plentiful Healthy People 2030 data tools to establish goals for the partnership, find existing data sources, and adopt an effective methodology for the partnership’s own data collection, analysis, and evaluation.
3. **“Identify evidence-based tools and resources through successful programs, policies, and interventions.”** Learn about and build upon existing public health collaborative work, and discover [Healthy People 2030 evidence-based resources](#)²⁵ to employ and adapt for unique partnership and community needs.
4. **“Monitor national progress and use federal data as a benchmark.”** Use Healthy People 2030 national data as a baseline to guide partnership planning. Collect data on the outcomes of partnership efforts, and see how partnership progress compares to national data, which are updated regularly.

Ultimately, Healthy People 2030 and the SDOH framework can be used to identify the value of multisector partnerships for public health, guide conversations and collaborations, align with existing community-led work, utilize and adopt relevant data, and enhance creativity and build trust between unexpected partners.²⁶ The Healthy People 2030 objectives act as a springboard to collaborate with affected communities, work with leaders in different sectors, and share best practices to improve health outcomes and advance health equity.²⁷

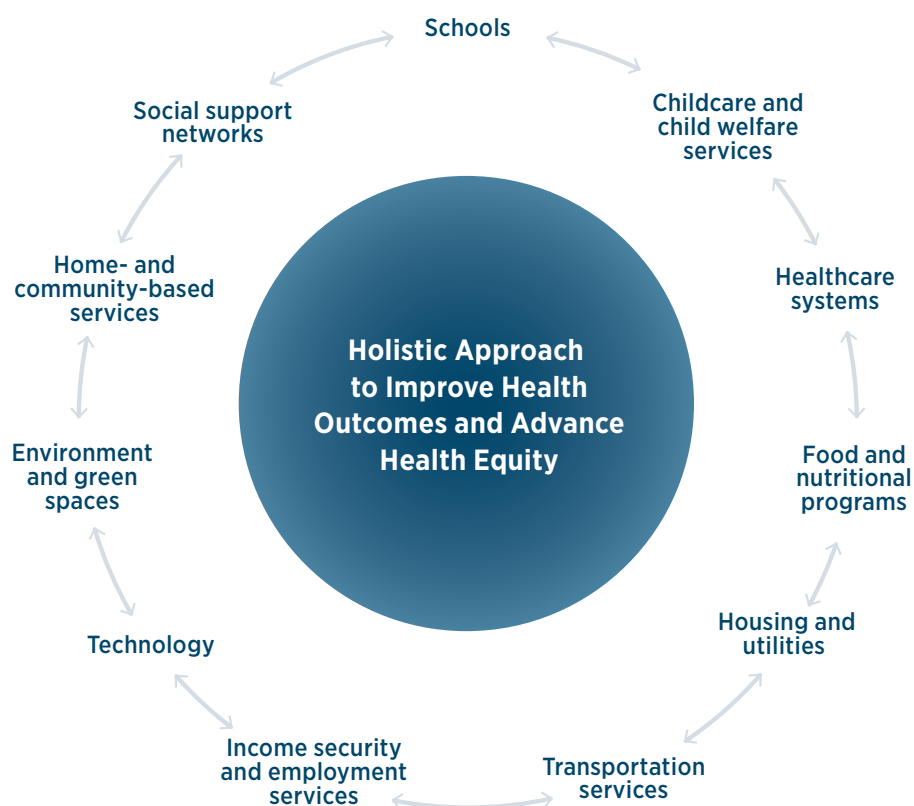
Key Actions:

- Check out [Healthy People 2030](#) and identify topic areas to focus partnership efforts.
- Review the [SDOH framework](#) to identify sectors and partners for collaboration.
- Review the [Leading Health Indicators](#) and [objectives](#) for inspiration on partnership goals.

Types of Non-Public Health Sector and Non-Traditional Partnerships for Consideration

Increasingly, various sectors acknowledge that improving health outcomes cannot be accomplished alone. Partnerships allow invested and affected groups to come together and use their combined ideas and resources to amplify their impact on population health. Public health professionals can benefit from partnering with non-public health and non-traditional sectors, harnessing the power of relatively untapped potential to enhance the health of the communities they serve. Public health can join forces with non-traditional stakeholders such as those mentioned in Figure A, like non-profit organizations, community-based organizations, religious groups, large and small businesses, academia, government agencies, philanthropy, housing, justice, urban planning, public safety, and transportation agencies.²⁸

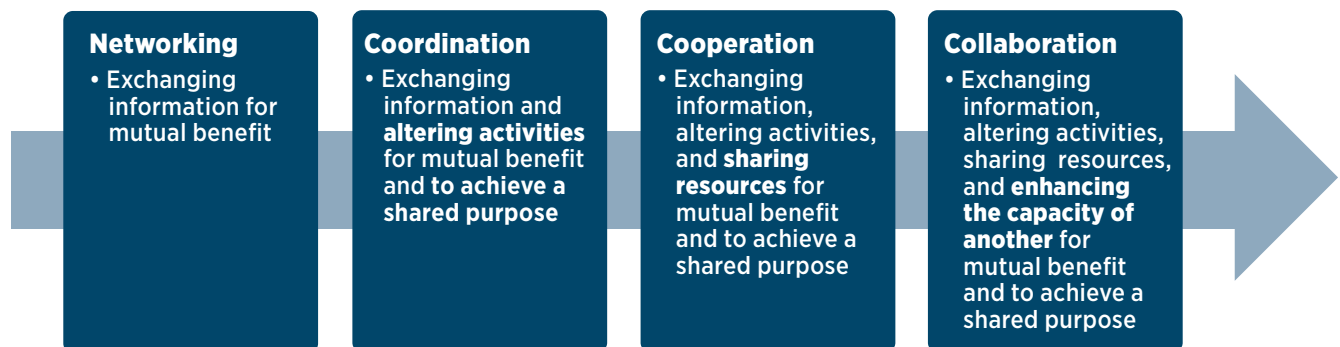
FIGURE A: NON-PUBLIC HEALTH, NON-TRADITIONAL PARTNERSHIPS



Partnerships fall along a spectrum, as demonstrated in Figure B inspired by Arthur T. Himmelman’s 2017 “A Developmental Continuum of Working Together Strategies.”²⁹ Each of the stages—networking, coordination, cooperation, and collaboration—has its benefits.

The focus of this toolkit is on the last and most robust form—collaboration. In this stage, multisector partners can share information, plan and change activities, pool resources, and enhance each other’s capacity to maximize collective mutual benefit and achieve common goals.³⁰ It is in a collaborative partnership that the Healthy People 2030 foundational framework shines by providing objectives, tools, and data to support the additional component of capacity building.

FIGURE B: PARTNERSHIPS SPECTRUM



Partnerships between public health and non-traditional sectors must have key components, including:

1. Driven and devoted leadership.
2. Supportive and balanced participation from all involved, rooted in an understanding of mutually beneficial outcomes.
3. Collaborative strategic planning.
4. Common ground and goals, which will ideally lead to shared power and decision-making.³¹

Successful partnerships will also have a clear delegation of roles and responsibilities; explicit expectations for each partner to fulfill their roles; a strong sense of trust among partners; and sustainability, transparency, and accountability mechanisms.³² Furthermore, partnerships between public health and non-public health sectors can maximize their impact and achieve better health outcomes by making the connection between health and SDOH—like housing, education, built environment, and transportation—and working toward systems-level change.³³

A prime example of a non-traditional partnership is one between public health and the private sector. Historically seen as at odds with their goals, the public health and the business sectors have realized how deeply connected public health and economic well-being are.³⁴ Business leaders have a stake in improving public health because of the effects of good health on employee presenteeism and productivity, operating costs and profits, consumer behaviors, and company sustainability.³⁵

Multisector Partnerships for Public Health: Public and Private Sector Collaboration

Recognizing the link between public health and business, the de Beaumont Foundation launched the **Innovation Multisector Partnerships for Community Transformation (IMPACT) in Public Health** in 2022 to encourage collaboration between governmental public health departments and the private sector to improve economic well-being, community health, and public health equity.³⁶ Another example of an effort to bring together businesses and public health organizations is the **Health Action Alliance**, which is supported by the de Beaumont Foundation, the Ad Council, the Business Roundtable, the CDC Foundation, and the Robert Wood Johnson Foundation. The Health Action Alliance offers resources and promising practices to assist businesses in improving employee health, safety, and equity.³⁷ Individual businesses can also make a difference in their employees' health outcomes by creating upstream policies that support their wellbeing. For example, the Rosen Hotels and Resorts company based in Orlando, Florida, moved beyond solely workplace wellness by investing in SDOH and partially covering college tuition, opening a medical center, and establishing a community preschool for employees and their families.³⁸

Partnering with non-traditional sectors builds capacity for public health work. For example, the philanthropy sector can bring expertise in leadership, program funding, grant processes, advocacy, and social movement development.³⁹ Working with civil rights lawyers can expand the reach of public health projects in ways that align with community needs.⁴⁰ Community-based organizations can assist in supporting efforts around SDOH, capacity building, education and awareness, and investment in low-income communities as well as communities who have experienced historical oppression.⁴¹ There are also advantages to working closely with anchor institutions, which are place-based organizations like hospitals and universities, that strongly influence the local economy.⁴² Anchor institutions are in a unique place to affect SDOH through job creation, income and wealth building, housing, community safety, and capacity building among residents.⁴³ These collaborations facilitate reciprocal capacity building, promote mutually beneficial outcomes, and advance health equity by prioritizing SDOH.

Multisector Partnerships for Public Health: Anchor Institutions

A prime example of anchor institutions working toward better public health outcomes includes the Cleveland Greater University Circle Initiative, which involves multisectoral partners like Case Western Reserve University, the Cleveland Orchestra, the Cleveland Public Library, and University Hospitals of Cleveland.⁴⁴ Together, these partners influence community health by buying goods and services locally, hiring residents to bolster the local workforce, supporting employer-assisted housing, and promoting community engagement.⁴⁵ Additionally, the anchor institution of Trinity Health created the Transforming Communities Initiative and offered \$80 million in community grants nationwide to initiate affordable housing, healthy food access, and early childhood education projects.⁴⁶

Many places are already engaging in partnerships between public health and non-traditional sectors to improve health outcomes. The following are just a few examples:

- The Illinois Department of Public Health partnered with Walgreens to offer gift cards when women signed up for cancer screenings in the Illinois Breast and Cervical Cancer program.⁴⁷ The department also teamed up with the Chicago White Sox to give free baseball tickets to the first 100 men screened for cancer at the stadium.⁴⁸
- The city of Fresno, California, brought together city staff, the public health department, community members, city planners, and community-based organizations to create the Fresno Community Health Improvement Partnership's Health Priority Index, a collaborative database used to initiate policy, systems-level, and environmental change.⁴⁹
- The city of Los Angeles, California, created the Park After Dark program with the support of the Parks and Recreation Department, the Human Relations Commission, and the Sheriff's Department. This program extends park hours and offers activities during the summer to reduce neighborhood violence, promote physical activity, and increase access to health services, including sexually transmitted infections (STI) testing.⁵⁰
- The Boston Center for Independent Living worked with lawyers at the Greater Boston Legal Services and Disability Law Center to bolster access to medical equipment for people with disabilities.⁵¹
- The health department in Minneapolis, Minnesota, partnered with nonprofit produce distributor BrightSide Produce to ensure that grocery stores, corner stores, gas stations, dollar stores, and pharmacies stocked healthy foods for residents.⁵²
- The Lawrence-Douglas County Public Health Department in Kansas modeled their Access to Safe and Affordable Housing Objective after a measurable Healthy People objective and recruited various sectors—including housing, anti-poverty, behavioral health, and built environment—to join them in making progress toward that objective.⁵³
- The Tri-County Health Department in Colorado undertook a SDOH approach to food access by prioritizing community wealth-building skills and creating the Food in Communities Collaborative, which called upon schools and faith-based, municipal, and community-based organizations to play a role in enhancing food security in the community.⁵⁴
- The local health department in Walworth County, Wisconsin, convened over 20 organizations and businesses—including land use and resource management, housing developers, and the faith community—to plan interventions to increase affordable housing options in the community.⁵⁵

Key Actions:

- Think about outside-the-box partners who can be invited to a collaboration to improve health outcomes and advance health equity.
- Research local non-traditional partnerships that are positively impacting health in nearby communities.
- Reach out to and connect with leaders of non-public health sector, non-traditional partnerships to discuss best practices.



Foundations of Strong Partnerships

To forge strong partnerships between public health and non-traditional sectors, the foundations of the collaborative relationship should be marked by the following characteristics.⁵⁶

Checklist of Foundational Components for Multisector Partnerships:

- Joint mission and shared values:** Partners must determine shared purpose, align values, and communicate overlapping priorities, which will make it easier to see natural points of collaboration. For example, a public health agency and a business can come together on an initiative that furthers their shared value of increasing economic growth opportunities for marginalized populations.⁵⁷
- Partnership agreement of shared power and understanding of collective benefit:** A [partnership agreement or memorandum of understanding](#) can clarify relationships, expectations, deliverables, and accountability mechanisms.⁵⁸ The agreement should also detail the nature of shared ownership, power, and decision-making throughout the partnership. For the agreement to be maximally effective and engaging, focus on how all partners benefit from the collaboration. When potential partners understand the value they get out of the partnership upfront, they will likely be more willing to sign the dotted line and follow through on their obligations.
- Defined roles and responsibilities:** Partnership work flows more smoothly when all partners understand who is responsible for what deliverable, when it is due, and why that partner adds value in a specific context. Knowing the strengths and weaknesses of the partners involved helps leaders delegate roles and responsibilities according to skillsets. These roles in the multisector partnership should be [formalized and defined](#).⁵⁹ For example, a faith-based organization with close ties to the community may be placed in charge of providing community members with project updates at weekly spiritual gatherings, whereas program analysts at the state health department may be designated as project evaluators. When put together, individual partner roles and responsibilities comprise a more holistic, SDOH-focused response to public health issues.⁶⁰
- Joint resources:** Partners must be willing to share key resources and expenses to achieve their goals. There are various resources partners can share, such as human resources, subject matter expertise, technical assistance deliverables, web trainings, data methodology, funding sources, networking connections, and meeting spaces. A local community-based nonprofit organization, for instance, can share its communal space as a location for a training on heart health, and public health agencies can offer their expertise and communications resources.

- Shared understanding of language:** Partners must come to a mutual understanding of what matters for each partner. Take the time to comprehend the specific jargon, key terms, and significant players relevant to their sector.⁶¹ For example, public health partners can explain what exactly they mean by “population health” and “healthy community design” when working on a project with business leaders, who can in turn lay out what “return on investment” and “value-add” mean for them. Developing a common shared language helps to identify natural points of connection, better understand how all involved play a part in advancing shared missions and goals, and track progress appropriately for each sector.⁶² Shared language is especially important in partnerships aiming to improve public health because shared language increases health literacy. Reducing jargon improves all sectors’ understanding of the factors that influence health and well-being and the priorities and actions that can enhance them. Healthy People 2030’s definition of [health literacy](#) includes organizational health literacy, which calls for organizations across multiple sectors to help others understand and use health-related information and services.⁶³
- Awareness of the difference between health and healthcare, and advancement of the former through the Healthy People 2030 SDOH framework:** Partners should know the difference between projects that increase access to healthcare and those that address the root causes of health. Partnerships that tackle root causes have a more profound impact on public health. As asserted by the Healthy People 2030 SDOH framework, “Just promoting healthy choices won’t eliminate...health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people’s environments.”⁶⁴ Strong partnerships between various sectors aim to influence SDOH, such as affordable housing, access to reliable transportation, educational and job opportunities, access to healthy foods and exercise, and anti-racism efforts.⁶⁵ For example, a strong partnership between public health and business leaders would focus less on health insurance expansion and more on devising safe transportation initiatives for employees.
- Buy-in and trust from leadership:** Leaders from every organization involved in the partnership must believe in the value of working together and the potential of changing health outcomes for the better. Cultivating leadership buy-in can include presenting data on why a public health issue is important to address and explaining how a project aligns with all partners’ missions, values, organizational structures, and operations. For example, public health can garner buy-in from business leaders by describing the importance of health to workplace productivity.
- Buy-in and trust from community members:** It is also crucial to build trust and buy-in with communities most impacted by health disparities. Partners need community members’ input and engagement to ensure a proposed project will be effective and sustainable. The partnership should be built on a foundational understanding that the most impacted community members are subject matter experts and must be leaders and decision-makers in every stage of the partnership process. [Authentic engagement](#) means inviting the community to co-create solutions.⁶⁶ Forming trusting relationships with community members complements buy-in from leadership, as leaders can reimagine public health and leverage their position to remove health equity roadblocks. A great place to start building the relationship between partners and community members is [asset mapping](#), which focuses on already existing strengths and opportunities, instead of a deficit approach that concentrates on problems.⁶⁷

- Meaningful and accessible marketing and communications:** Partners should share the relevant stages of their collaborative projects in clear, succinct language with all stakeholders, ranging from funders to the public. All marketing and communications should be accessible and inclusive, such as by using appropriate reading levels, person-first language, preferred terms for populations, and other best practices detailed in the [CDC's Health Equity Guiding Principles for Inclusive Communication](#).⁶⁸ Partners can choose from several different options to disseminate information, including newscasts, social media platforms, conferences, newspapers, and journal articles. Meaningful and accessible marketing and communications yield an opportunity to offer good publicity for all partners, which raises awareness of the partnership, broadens the reach of its impact, and encourages additional funding streams.
- Compromise and flexibility:** Strong partnerships can adapt to any changes, opportunities, and challenges that emerge throughout a project. Compromise and flexibility allow for local specificity, meaning that plans, projects, and policies can be adapted to fit the needs of states, territories, and communities.⁶⁹ For example, a partnership between a public health agency and a department of education in one state can embrace a funding opportunity to expand a project to a nearby state, while also considering the effect of differing state laws on project reach.
- Data/information collection and sharing:** Strong partnerships discuss expectations for advancing equitable data practices related to collecting and sharing information during planning, implementation, assessment, and evaluation. Partners can use Healthy People 2030 data tools to strategize which data and information access, reporting, and transparency methods are most appropriate for all involved.⁷⁰
- Information sharing and peer learning:** Strong partnerships should participate in information sharing and peer learning throughout the life of the project, including sharing resources about and seeking help with action planning, assessment, interventions, and resource generation. This collaborative style of sharing best practices and lessons learned strengthens the sustainability and scalability of partnerships and their projects.⁷¹
- Feedback and continuous quality improvement:** Partners should document and incorporate ongoing feedback about the collaboration, taking note of what is working and addressing what is not working in the partnership.⁷² Ongoing feedback throughout the partnership will help different sectors to course correct as issues arise. In this way, the partnership itself and the projects the partnership leads can continuously improve in quality to reflect consistent stakeholder input. Feedback and continuous quality improvement are strong accountability mechanisms, helping partners monitor their progress toward improving health outcomes and advancing health equity.



Building Strong Multisector Partnerships for Public Health: Healthy People 2030 Tools and Resources to Use

- Use Healthy People 2030 [objectives](#) and [Leading Health Indicators](#) to develop a joint mission geared toward improving selected health issues.
- Divide roles according to the steps laid out in the [Use Healthy People 2030 in Your Work](#) fact sheet. When assigning responsibilities, use [Healthy People 2030 Evidence-Based Resources](#) to inform various activities, such as [grant writing](#), [program planning](#), and [policy development](#).
- Utilize the [SDOH framework](#) to provide common definitions and language to ensure shared understanding and [health literacy](#) amongst multiple sectors.
- Leverage [Health Equity in Healthy People 2030](#) tools and resources to build trust and gain buy-in from community members affected by health disparities.
- Find inspiration for accessible marketing and communications in the [Healthy People 2030 promotional toolkit](#).
- Explore Healthy People 2030 [target setting methods](#) and [data sources](#).
- Visit the [Healthy People in Action](#) page to find information sharing and peer learning resources in the form of partnership stories, community stories, and news and events.
- Learn how other [states and territories use Healthy People 2030 to include continuous quality improvement](#) in their Health Improvement Plans.

How to Use Health in All Policies (HiAP) to Build Non-Traditional Partnerships



Strong partnerships between public health and non-traditional, non-public health sectors utilize a HiAP foundational lens in their work to maximally affect health outcomes. HiAP is an approach that involves collaboration across various sectors to name and incorporate health impacts into the policymaking process.⁷³ HiAP recognizes

that policies, ranging from transportation to education to voting rights and everything in between, influence public health outcomes. By using HiAP, multisector partnerships can effectively acknowledge and act upon the reality that public health is shaped by numerous factors and not solely healthcare access.⁷⁴ The HiAP approach thus encourages and strengthens partnerships between public health and non-public health organizations, as several different types of actors will be required to address public health issues more holistically. Strong partnerships can practice HiAP by:⁷⁵

- Considering health and equity implications when making decisions and investments.
 - » For example, when creating a new product, a business may ask: “How might this improve the public health of the expected consumers? How might it harm public health, and will it harm some populations more than others? What are the unintended consequences, and how do we reduce such an impact while still maintaining the integrity of the current business design?”
- Encouraging cross-collaboration among sectors that otherwise may not be paired together.
 - » Think of unexpected agencies and organizations to partner with to have a broader reach on public health through policymaking. For instance, the Sustainable Communities Partnership promotes a broader view of health implications by bringing together the U.S. Department of Transportation, the U.S. Department of Housing and Urban Development, and the U.S. Environmental Protection Agency.

- Translating the benefits of partnerships into specific organizational values.
 - » When various partners come together, emphasize that advancing health equity simultaneously furthers their organizational goals, such as job creation, economic stability, transportation access, healthy food access, and educational opportunities.
- Conducting health impact assessments (HIAs) to ascertain the intentional and unintentional impacts of a policy decision on public health.
 - » For instance, transportation, urban planning, and health departments can join forces to create HIAs to determine if a proposed transportation construction project helps or harms public health in terms of walkability and public safety.
- Incorporating the concept of health equity into multisectoral policies, such as through “health equity mapping” or “health equity report cards.”
 - » Partnering organizations can explicitly lay out how their priorities, goals, and deliverables advance health equity. When deciding between different policies and programs to implement, they can “score” the proposed ideas on their potential positive and negative health impacts on historically oppressed groups, such as low-income populations and people of color. In these exercises, amplifying and integrating the perspectives and ideas of affected community members is crucial.

How Non-Traditional Partnerships Can Advance Health Equity

Going hand-in-hand with the HiAP approach is the health equity lens. According to the Healthy People 2030 framework, health equity is “the attainment of the highest level of health for all people.”⁷⁶ Multisector partnerships can employ the Healthy People 2030 framework to advance health equity.⁷⁷ These partnerships must focus on avoiding inequalities, addressing past and current social injustices, and incorporating SDOH into policy and program decisions.⁷⁸

When partnerships between public health and non-public health organizations emerge, it is important to ascertain who is at the decision-making table and who is not. These partnerships must consistently and meaningfully engage community members impacted by marginalization and oppression. Without this engagement, a policy or program decision would not garner community buy-in nor further health equity.

Strong partnerships will adopt a health equity lens, aiming to improve the health of all and especially of those whose health has been historically and deliberately deprioritized. Partners can achieve this by creating joint projects, programs, and policies that specifically improve SDOH, namely in the domains of economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social and community context.⁷⁹ Strong partnerships between public health and non-public health sectors can advance health equity by:⁸⁰

- **Providing support** – including through monetary investments, resources, and coaching—to community organizations already doing work addressing SDOH.
- **Promoting community capacity building** through leadership development, community organizing, organizational development, and collaboration among organizations.⁸¹
- **Advocating** for education about and adherence to civil rights laws and protections focused on the health of historically oppressed groups.

- **Investing time, money, and effort** into new programs and policies that specifically improve equity in SDOH for historically oppressed populations, such as job creation programs, development of safe green spaces, and establishment of farmers' markets in food deserts.
- **Framing the advancement of health equity as great for all sectors.** For example, encourage business leaders to partake in health equity efforts by connecting health inequities to poor productivity, higher operating costs, and lower profits.
- **Sharing blueprints for actionable steps toward health equity** widely so that others may adapt them to their situations. This is where information sharing and peer learning shine.
- **Collecting, analyzing, and disseminating data** related to SDOH and health equity. For example, the National Institute on Minority Health and Health Disparities developed the [PhenX Social Determinants of Health Assessments Collection](#) to help people and organizations measure individual and structural factors that affect health behaviors and outcomes.⁸²

More on the Healthy People 2030 Champions Program

The Healthy People 2030 Champions program demonstrates a strong partnership between the federal government and various organizations, where the former provides relevant information, tools, and resources to aid the latter in doing work that aligns with the Healthy People 2030 vision, such as SDOH and health equity.⁸⁵ ODPHP has a [running list of Healthy People 2030 Champions](#)⁸⁶ and encourages any organization with a mission that aligns with the Healthy People 2030 framework or objectives to [apply to become a Champion](#).⁸⁷ Applications will remain open throughout the 2020-2030 decade and are reviewed on a rolling basis. For more details on what it truly means to be a Healthy People 2030 Champion, listen to ODPHP Deputy Director Carter Blakey espouse the program's importance on [ASTHO's Public Health Review Morning Edition newscast](#).⁸⁸

The [Healthy People 2030 Champions program's](#) strong partnerships are dedicated to addressing SDOH and advancing health equity.⁸³ Supported by ODPHP, the Healthy People 2030 Champions program recognizes myriad governmental, non-governmental, nonprofit, business, academic, and philanthropic organizations that influence the health outcomes of states, tribes, and local communities.⁸⁴ By collaborating with non-traditional organizations in the Healthy People 2030 Champions program, public health can build strong partnerships using foundational HiAP and health equity approaches.

Key Actions:

- Determine which foundational components the partnership has. Which ones are strong, which ones need to be improved, and which ones are missing? Celebrate the strengths and collaboratively devise a game plan of how to add or bolster in areas for improvement.
- Create a checklist of ways to incorporate a HiAP approach and a health equity lens throughout the life of the partnership and its projects. Revisit this checklist repeatedly to hold partners accountable.
- Discover the various [Healthy People 2030 resources that can help build strong, non-traditional partnerships for public health](#), and [apply to the Healthy People 2030 Champion program](#).

Sustainability of Partnerships

Public health and non-traditional sectors must work together to create durable partnerships. While it can be helpful and necessary to run short-term projects, partnerships have a much greater impact on long-term public health outcomes when they operate with success and sustainability in mind. The key to a sustainable partnership is to foster belief in and devotion to shared goals and better health outcomes. Partners must be committed to and meaningfully engaged in projects, going beyond simply being present in meetings and moving toward significant time, effort, and funding invested to substantially affect public health.⁸⁹



As such, partners should engage in the joint development of long-term *strategic plans* as well as different funding strategies, including **braiding and layering** streams of funding for common goals.⁹⁰ Strategic plans should describe partnership components, such as leadership, operations processes, delegation of roles, action planning, funding planning, promotions, and community support, with an eye toward sustainability.⁹¹ These long-term plans help sustain partners' active engagement in the mission.

It is important to have leaders from each sector specifically dedicated to the work of the partnership.⁹² Ideally, for example, a partnership between a department of public health and a bank would have a *core set of leaders* from both organizations whose primary role is moving the goals of the partnership forward. This committed leadership extends the life of the partnership.

Additionally, partnerships endure when they are well-rounded. When bringing together various sectors, make sure to choose partners whose skills *complement, but not copy*, each other.⁹³ For instance, a marketing company can bring expertise about effective messaging for public health efforts to a local health department that may not have such training. The strengths and weaknesses of the partners involved should be balanced for the sake of longevity.

Partners must ensure that all have a say in setting the agenda.⁹⁴ A partnership can only last when partners are on the same page of what they aim to achieve and how, when, where, and why. Furthermore, putting partnership expectations down in writing is helpful for sustainability.⁹⁵ As the partnership evolves, there should be a written document, such as a *partnership agreement or group charter*, that partners can access to remind themselves of their roles, goals, and purpose.

Although it is important to have a shared set agenda and enumerated partner roles, it is equally crucial to make these living documents with *contingency plans*, altering them as unexpected changes, obstacles, and ideas emerge.⁹⁶ Furthermore, partnerships must be dynamic and responsive to the changing health needs of communities as well as ever-evolving public health data and research.⁹⁷

Another component of partnership sustainability is how partners *define and frame success*. Partners may lose motivation to continue if they do not achieve their goals when and how they planned to do so. In this case, remind partners that success does not occur overnight, and even if the health outcomes are not exactly as expected, their work is still making a positive change to the system

and environment.⁹⁸ To maintain stamina, partners can categorize their goals as short-, medium-, and long-term to allow for different parameters for tracking, evaluating, and celebrating progress. Setting and breaking down realistic, achievable goals will foster lasting success. In this vein, partners should make it a habit to *celebrate the small wins* of the collaboration, which will fuel motivation to continue more long-term and complex partnership work.

Funding streams are crucial to the sustainability of partnerships and projects. Partners should create a strategic plan to *expand and diversify their funding sources*, which can include grants, mini-grants, in-kind, federal, state, local, private, and more.⁹⁹ Multisector partnerships are desirable for funders, which is demonstrated in various [grants](#) and [funding opportunities](#) that encourage collaboration.¹⁰⁰ Funders will be more likely to financially support multisector partners and their projects when they understand the tangible impacts they have on health outcomes. As such, partners should share *impact reports, briefs, or presentations* detailing the influence of the partnership and the direct and indirect costs needed to make that impact.¹⁰¹ This requires explicitly naming the health issues, proposed targets or improvement objectives, and metrics to observe and communicate changes.¹⁰²

Accountability is critical to sustaining multisector public health partnerships because partners must have methods of holding each other responsible for their commitments.¹⁰³ Fostering mutual accountability among partners helps build trust and move toward shared goals. Partners can conduct annual reviews of progress made using narratives and data to keep all involved accountable for following through on project expectations and commitments.¹⁰⁴ The results of such reviews can then be relayed through media like community report-outs and annual reports made available to key constituents and the public. Other accountability measures include jointly developed policies, rating systems, and feedback surveys to identify partnership progress points and roadblocks.¹⁰⁵ The following are additional examples of implementable accountability mechanisms that partners can use and even explicitly name in their partnership agreements or memoranda of understanding:¹⁰⁶

- **Explicitly defined expectations and deliverables for each partner.**
- **Adequate staff and resources to fulfill commitments.**
- **Clear policies and standards for group decision-making.**
- **Understanding of the effects and consequences of not following through on commitments.**
- **Agreed upon targets, metrics of performance, and progress review methods.**
- **Use of project management skills and tools for all partners to follow along with project steps and timelines.**
- **Open channels of communication, whether in-person or virtual, to address concerns in the partnership, as well as honest acknowledgment when mistakes happen and a concerted effort to change behaviors.**¹⁰⁷
- **Input from the public and external parties, such as through public forums or comment periods, to allow for broader perspectives on partnership goals and progress. Followed by a clear demonstration of how partnerships incorporated that feedback to make changes.**

Keeping partners engaged in the purpose of the partnership is also crucial to sustainability. Partners can engage in regularly developing and assessing shared agenda setting, action planning, and evaluating efforts.¹⁰⁸ Leaders of the partnership should engage all involved where possible in decision-making processes, professional and personal networking opportunities, and resource development.¹⁰⁹

Examples of partner *engagement mechanisms* include:

- **The drafting and revisiting of written expectations for roles and responsibilities.**
- **Creation of task forces to build trust and expertise in smaller groups.**
- **Regular recognition of and rewards for collaborative work.**
- **Opportunities for relevant workshops and training sessions to promote continuous learning.**
- **Regular sharing of partnership results connected to health outcomes.**¹¹⁰

A critical component of engagement is *regular communication*, with partners choosing methods that work best for them, such as live meetings, email updates, or monthly virtual gatherings.¹¹¹ It is important to have diverse communication channels as different organizations and people consume information in multiple ways. Planning for this variety is key so partners can proactively budget for different methods of communication as well as for other associated costs, like translation and Americans with Disabilities Act (ADA) compliance. Additionally, partnership leaders should encourage regular feedback from individual partners and the communities they aim to serve through one-on-one meetings, surveys, and data tracking to engage all these stakeholders in partnership goals for the long term.¹¹² Finally, keep in mind that engagement levels change over time, which requires multisector partners to be flexible based on different needs and capacities.

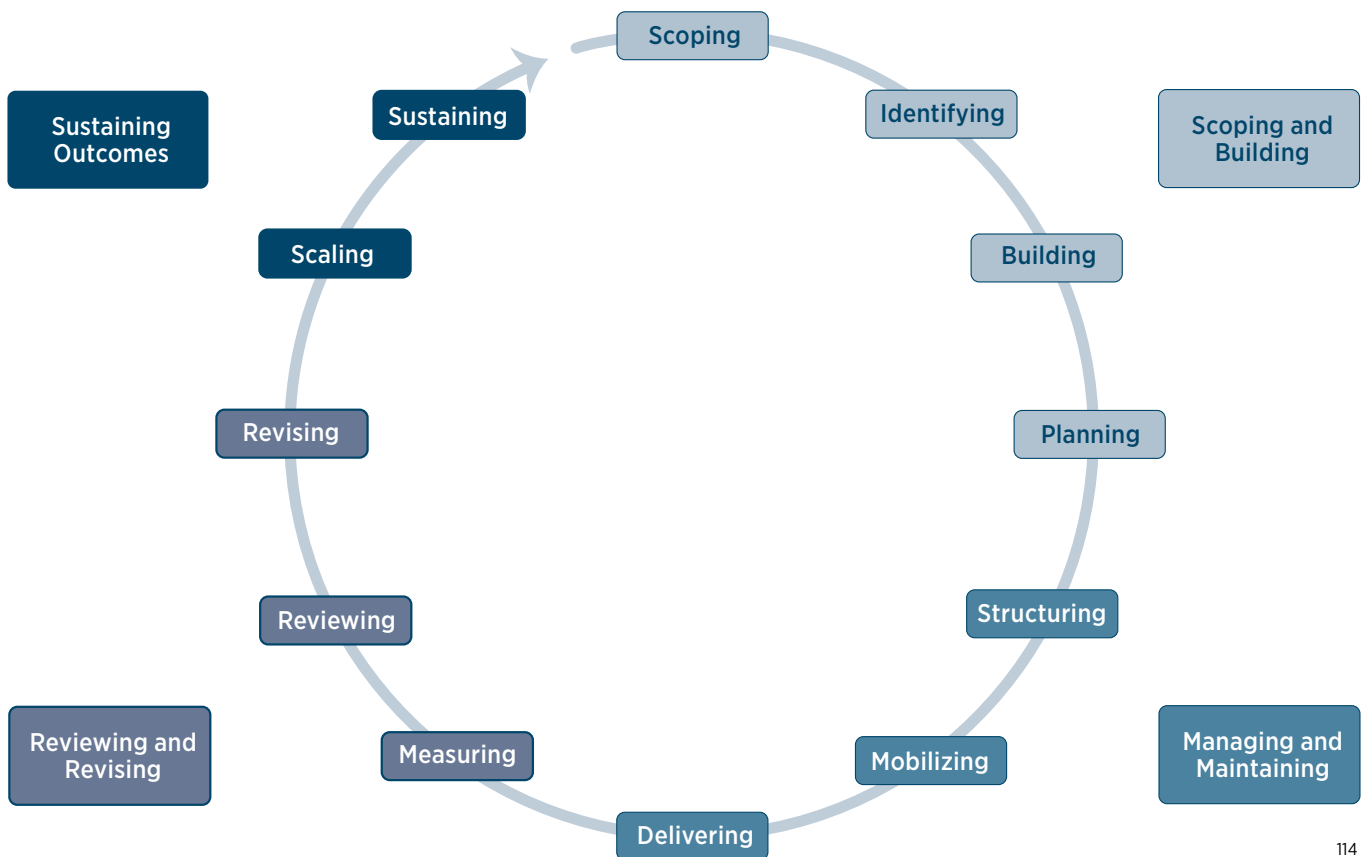
To ease the implementation of sustainability mechanisms for public health and non-traditional, non-public health sector partnerships, the following is a summarized checklist of best practices:¹¹³

- Make sure partners are aligned** on mission, goals, and objectives as well as individual roles and responsibilities through a jointly drafted written document that adapts as the partnership evolves.
- Build out internal communications and cultivate trust** among partners through regular, touch base meetings.
- Devote a core set of leaders** whose priority is to help projects stay on task, coordinate multisector efforts, and advocate for additional resources when needed. Set standard operating processes for these primary leaders, which will help them determine how best to govern and make decisions that reflect the partnership as a whole.
- Communicate with external parties and the public** through regular and clear messaging, such as with social media, informative newsletters, and website updates on partnership progress.
- Anticipate challenges, different directions, and new ideas.** Practice flexibility, agility, and adaptability while not losing sight of the core values of the partnership.
- Seek various funding streams** to invest in the tools, operations, and human resources necessary to keep the partnership thriving for the long term.
- Prioritize proactive management, accountability, and engagement.**

Key Actions:

- Set a top priority of creating a long-term strategic plan at the start of the partnership. Build the strategic plan using the guiding steps of the partnership life cycle outlined in Figure C.
- Identify diverse funding streams that the partnership can braid and layer to carry out the work of improving health outcomes and advancing health equity.
- Embed this toolkit's accountability and engagement strategies in partnership agreements and other written, living documents describing goals, roles, and expectations.

FIGURE C: PARTNERSHIP LIFE CYCLE



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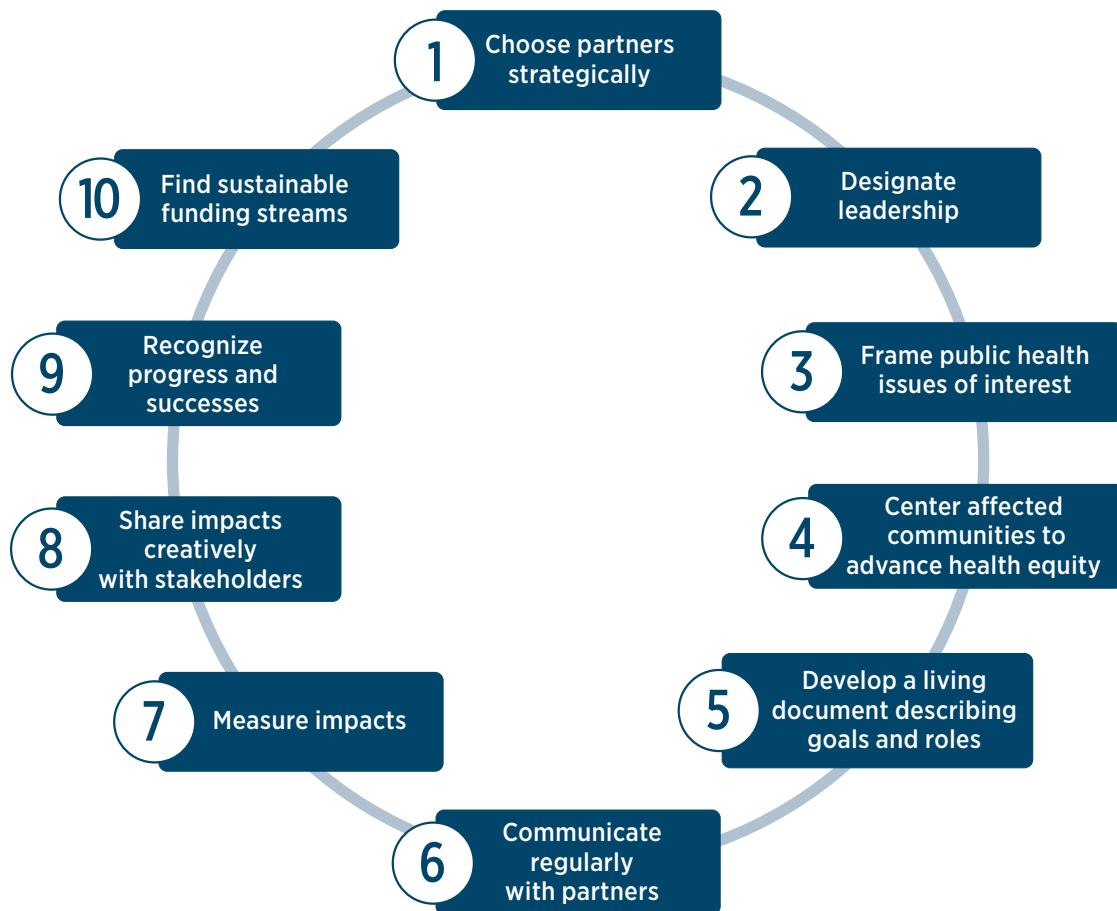
10 Best Steps for Strong Public Health Multisector Partnerships

1. **Open up seats at the decision-making table** for historically underrepresented voices, and develop a list of potential partners who can support the mission to improve health outcomes and advance health equity using the Healthy People 2030 framework.¹¹⁵ Bring in partners with a wide variety of strengths and expertise, and make sure to consider outside-the-box options. Take the time to foster trust and build a common language.¹¹⁶
2. **Set up a core set of leaders who are partnership champions.**¹¹⁷ These leaders will raise awareness around project goals and progress, gather necessary support and resources, and maintain momentum and accountability.
3. **Decide which public health issues to focus on and identify the impact to each partner and their work.** Narrow in on how the targeted health issue affects all partners and how they can play a role in mitigation. For example, explain why rising rates of heart disease negatively impact productivity and healthcare costs for a business and then follow up immediately with a feasible action item, such as asking business leadership to be involved in developing a local farmers' market with fresh, healthy foods.
4. **Center health equity** by ensuring that affected community members are in leadership roles, committees, and project management positions. Meaningful engagement with those most affected by the health issue is key to partnership success and sustainability.¹¹⁸ Use the Healthy People 2030 and SDOH frameworks as partnership foundations to advance health equity.
5. **Harness the power of diverse partners' voices and the lived experiences of affected community members to produce a written, living document** detailing partnership missions, goals, and role expectations. Use the [storytelling method](#) to create a partnership agreement rooted in tailored insights, narratives, and recommendations, which will build partner and community trust, buy-in, and engagement.¹¹⁹
6. **Regularly communicate with other partners** through a combination of email updates, virtual meetings, in-person conferences, and other diverse communication strategies to ascertain project progress, challenges, and opportunities.¹²⁰
7. **Measure partnership successes and impacts.**¹²¹ Understand what partners are trying to change and agree upon how to measure that change. If partners come together to increase the availability of free school lunches for children, for instance, develop data methods to track the pre-, intermediate, and post-effects of the partnership to motivate partners and share successes with external stakeholders. Use these metrics that demonstrate partnerships' value to public health for evaluation, accountability, and quality improvement purposes.¹²²
8. **Employ different public communications channels** – such as social media platforms, website updates, newsletters, in-person meetings, and impact reports—to disseminate partnership results and resources with and seek input from funders, stakeholders, and the public.¹²³
9. **Establish methods of recognition.**¹²⁴ Celebrating small and big achievements in partnerships builds momentum, accountability, and engagement. One key example of a successful recognition program is Healthy People 2030 Champions.

10. **Diversify funding streams to sustain partnerships in the long term.**¹²⁵ Look to grants, private foundations, and businesses seeking to fund multisector collaborations to improve public health outcomes. Demonstrate to these funders the added value of multisector partnerships through reports and data that indicate the partnerships' lasting influence on health outcomes and equity.

Figure D visually shows these 10 interlocking and iterative steps.

FIGURE D: 10 STEPS TO BUILDING STRONG NON-TRADITIONAL PUBLIC HEALTH MULTISECTOR PARTNERSHIPS



Conclusion

The implementation-focused strategies and examples in this toolkit will enable S/THAs to create and sustain non-traditional, non-public health sector partnerships to improve health outcomes and advance health equity. The Healthy People 2030 objectives, SDOH framework, and HiAP lens motivate these collaborations and allow for more upstream, holistic approaches to enhancing public health. Moving forward, S/THAs can use the tools and suggestions offered here to build and sustain multisector partnerships, ensuring that they adapt them to their unique needs. Ultimately, when several sectors come together and partner to improve health outcomes and advance health equity, they better respond to public health priorities collaboratively and strategically.

FOR NOTE-TAKING

Additional Resources

Healthy People 2030 Resources:

- [Use Healthy People 2030 in Your Work](#)
- [Use Healthy People 2030 Evidence-Based Resources in Your Work](#)
- [Healthy People 2030 Social Determinants of Health](#)
- [Healthy People 2030: About Disparities Data](#)

Leveraging Healthy People 2030 in Your Work:

- [NACCHO: Take Action with Healthy People 2030](#)
- [NACCHO: Healthy People 2030 in Community Health Improvement Toolkit](#)
- [NACCHO: Applying Healthy People 2030 Public Health Infrastructure Objectives to Your Work and Strategic Planning](#)
- [NACCHO: Using Healthy People 2030 to Develop Multisector Partnerships Toolkit](#)

Developing and Sustaining Strong Multisector Partnerships:

- [Community Toolbox: Developing Multisector Collaborations](#)
- [Community Toolbox: Creating and Maintaining Coalitions and Partnerships Toolkit](#)
- [Tamarack Institute for Community Engagement: A Guide for Building a Sustainable and Resilient Collaboration](#)
- [Understanding and Planning for Sustainability: A Guide for Multi-Sector Community Partnerships Working to Address Social Determinants of Health](#)
- [Addressing Social Determinants of Health Through Policy: A Planning Guide for Multi-Sector Community Partnerships](#)
- [Fostering Partnerships for Community Engagement: Community Voice and Power Sharing Guidebook](#)
- [Multisector Partnerships in Population Health Improvement](#)
- [U.S. Department of Health and Human Services: Community Health & Economic Prosperity Resources](#)
- [Build Healthy Places Network: Jargon Buster](#)
- [Build Healthy Places Network: A Primer for Multi-Sector Health Partnerships in Rural Areas and Small Cities](#)

Data Sources:

- [Data Across Sectors for Health \(DASH\)](#)
- [DASH All In: Data for Community Health](#)
- [CDC: Data Set Directory of Social Determinants of Health at the Local Level](#)
- [Community Commons Tools, Resources, and Data](#)
- [Partnerships, Programs, and Platforms: Addressing Social Determinants of Health through Multi-Sector Data Sharing](#)
- [Community Health Maps](#)
- [PolicyMap](#)

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