The need for alignment of cultures and goals across the social services, health care, and public health sectors is crucial because it is related to and can impact a variety of barriers. Without having shared agreement on health terminology, strategies, and goals, it is more difficult to collaborate on other foundational elements such as data infrastructure/population metrics and financing/payment models. Stephen Shortell captures this notion in A Bold Proposal for Advancing Population Health:

“How is it possible to achieve sufficient cultural “buy-in” from the three sectors to work together in meeting agreed-upon population health goals? The common financial payment, while helpful, is not sufficient… Without the cultural component… only temporary effects will take place.”

Care delivery alignment and collaboration among the three main sectors is supported by several components such as relationship building, common language/jargon translation, coordinated training and education, a centralized driving entity/force to create change, and most importantly, trust and willingness to share risk and rewards. Creating conditions for relationships to develop and grow, while providing opportunities for multi-sector collaboration and engagement among these leaders begins to build bridges that can lead to common goal-setting.

Once meaningful and sustainable relationships start to form across various sectors, trust can develop between them. Trust is a key component needed in order to work more intentionally together to form initiatives that improve community-wide health. Often, because the risk is so great, no one entity alone is willing to proceed on its own without trust and confirmation that others share some risk and accountability.

For communities to effectively build and nurture strong multi-sector relationships for the purposes of improving the overall population health, they must:

• Have a complete understanding of how health care and social services are currently delivered as well as the key providers of those services.
• Determine the desired shared outcomes/goals from these multi-sector interventions.
• Identify key clinical and non-clinical care delivery interventions to undertake and determine to what extent social services can be integrated and coordinated with clinical services.
• Establish whether or not health care providers and social services organizations can share financial risk for performance.
• Determine ways to ensure the quality and capacity of the social services sector.