Playing Outside the Sandbox: The Challenges of Intersectoral Collaboration for Health (A Regional Case-Study)

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Outline

• Origin and Aim
• First Lit Review
• Preliminary Framework
• Research Questions
• Methodology
• Results
• Discussion
Aim

To better understand the phenomenon of intersectoral processes (collaborations, actions) at the regional, subregional and community level. This involves investigating what triggers them, in terms of strategies that foster their development, and what results from them, in terms of their impact on healthy public policy / program development, within a regional context.
First Lit Review

A) Intersectoral Collaboration
   Horizontality - Health in All Policies – Whole of gouvernement approach - Joined up government

B) Intersectoral Action and the determinants of health
   Harris et al, 1995
   Necessity  Relationships
   Opportunity Planned Action
   Capacity Sustained outcomes
C) Theories of policy process applied to health promotion research

• The event-driven Multiple Streams Theory (Kingdon, 2002)

• The Advocacy Coalition Framework (P. Sabatier & Jenkins-Smith, 1993; P. A. Sabatier, 1988)

• The Coalition Theory (Gamson, 1961 et 1964)
First Lit Review (cont.)

Gamson (1961) and O'Neill et al. (1997)

• The initial distribution of resources
• The payoff for each coalition
• Non-utilitarian strategy preferences
• The effective decision point
• The organisational context
Bernier and Clavier (2011)

• Politically neutral interventions for better public health outcomes are fictitious and health promotion research is inherently political.
• Policy research in health promotion is still largely an atheoretical enterprise
• There is little or poor training in political analysis for those researchers interested in health promotion, which is the process to enable individuals and communities to control the determinants of health.
C) Intersectoral Collaboration/ Intersectoral action

The conditions to make it work!

• Dick, 2002
• Health Canada, 1999
• O’Neill et al., 1997
• Chomik, 2007
Preliminary Theoretical Framework
The overarching research questions for this research project are as follows:

A. What are the most appropriate theoretical and conceptual frameworks for intersectoral processes to advance population health?

B. How closely does the Quebec experience, based on the initiatives developed in one particular region, match the conceptual/theoretical frameworks for intersectoral processes?

C. What is the role of the IPCDC in fostering intersectoral processes?
Methodology

PHASE I
Litterature review

PHASE II
4 case studies

PHASE I : Revue de littérature

1. Intersectoral Action
2. Intersectoral Action for Health
3. Intersectoral Collaboration
4. Intersectoral Policy
5. Horizontal linkages
6. Health in all policies
7. Joined up government
8. Whole of government approach
9. Health for all
10. Health impact assessment
PHASE II : Qualitative Study

• 4 case studies in Chaudière-Appalaches
• Each case is an intersectoral collaboration initiative, including minimally 3 sectors (health among them)
• Data sources: interviews, meeting observation, internal and external documents analysis
Territory of Chaudière-Appalaches
RESULTS
Results - Phase I

• No conceptual framework

• Retrieving definitions

<table>
<thead>
<tr>
<th>Term</th>
<th># of definitions</th>
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<tr>
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<td>Intersectoral Collaboration</td>
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<td>Intersectoral Policy</td>
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Intersectoral Action
(or Intersectoral Collaboration)

Working with more than one sector of society to take action on an area of shared interest to achieve better results than those obtained working in isolation. Sectors may include government departments such as health, education, environment, justice, etc.; citizens at large; non-profit societies or organizations; and business.
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Intersectoral Action for Health or IAH (or Intersect. Collaboration for Health)

A recognized relationship between a part or parts of the health sector with a part or parts of another sector that has been formed to take action on an issue to achieve health outcomes or intermediate health outcomes in a way that is more effective, efficient or sustainable than could be achieved by the health sector acting alone.
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Results – Phase II

1. General context and case description
2. The tradition of intersectoral concertations in the region
3. The terms used by the actors
4. Benefits of intersectoriality and its challenges
5. The enabling conditions
Model 1: The web

e.g.:
• Program for the prevention of psychological distress among farmers (case 1)
• Program for the prevention of alcohol-impaired driving (case 4)
Model 2 : The Open Spiral

e.g.:

• Construction of a play ground for children aged 0 to 5 years (case 2)

• Program of collective kitchens in Beauce-Sartigan (case 3)
Concept analysis (Risjord, 2009)
The terms used by the actors

intersectoriality

sector

domain

integration

partnership

partner
The terms used by the actors

- Intersectorial
- Intrasectorial
- Réseau (network)
- Partners
- Partnership
- Réseauter
- Concertation
Results – Phase II

1. General context and case description
2. The tradition of intersectoral concertations in the region
3. The terms used by the actors
4. Benefits of intersectoriality and its challenges
5. The enabling conditions
The benefits of intersectoriality

- Complementary of expertises
- Resource sharing
- Better coordination of action
- Greater impact on targets
- The emergence of new projects
Les défis

Défis macro
- découulant de l’approche traditionnelle par silo
- associés à la variable temps

Défis méso
- Les rôles mal définis et les hiérarchies dysfonctionnelles
- Les ressources

Défis micro
- les bons objectifs
- Les bonnes personnes
- La bonne ambiance
- Les bons processus de travail
Macro challenges (silo approach)

• Systemic challenges arising from the traditional silo approach (MACRO)
• The difficulty in understanding the complexity of the problem
• The need to get out of our comfort zone:
  - clash of cultures and the need to align visions, perceptions and different languages
  - need to reassess our own scale of priorities
  - territorial division according to the logic of silos
  - non-equivalent administrative structures between silos
• Intrasector rivalry for resources
• The lack interdepartmental collaboration to support local partnerships
• The abuse of the intersectoral approach
The enabling conditions

7 categories emerged, related to the:

• Problem  perception
• Objectives  shared, noble, precise
• Results  anticipate, disseminate
• Actors  mobilisation, profile
• business processes of the table (MICRO)
• infrastructure (MESO)
• MACRO context (system)
The complexity of the issue
Necessity
Opportunity
Capacity
Relationships
Planned Action
Sustained outcomes
## Convergence

<table>
<thead>
<tr>
<th>Les 6 dimensions du cadre conceptuel préliminaire</th>
<th>Les 7 catégories des conditions facilitantes en lien avec</th>
<th>Les 6 éléments de Harris et al. (1995)</th>
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<tbody>
<tr>
<td>Le problème</td>
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<td>CONTEXTE</td>
<td>Capacité</td>
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<td>les infrastructures (MÉSO)</td>
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<td>le contexte MACRO (système)</td>
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Discussion

• Intersectoral Action and Intersectoral Collaboration are equivalent concepts, but they do not necessarily involve the participation of the health sector. However, as the majority of works come from the health sector, we observe a phenomenon of appropriation of concepts.

• Moreover, the same appropriation of concepts by the health sector may be a disincentive for other sectors to engage in cross-sectoral process for health, since the benefits in terms of health outcomes is only one of its dimensions.
Discussion

• The complexity of societal problems is probably the main trigger of intersectoral processes.

• Wicked problems are by their very nature difficult to define, and options for their resolution are strongly dependent on the value judgements and specific interests of a broad array of social and political actors (Rittel & Webber, 1973).

• No sector can alone have the expertise, resources and levers to address them.

• It is this very complexity, with its consequent diversity of expertise required to understand and act, which places intersectoral partnerships as a subset from all types of partnerships. This is my main thesis.
Discussion

• Intersectoral action should be explored with its own analytical framework. The six conditions for intersectoral action (necessity, opportunity, capacity, relationships, planned action and sustainable outcomes) proposed in the only model of intersectoral action developed to date (Harris et al., 1995), seem not exclusive to intersectoral partnerships.

• Finally, we have begun a draft conceptual framework for intersectoral action for health in a regional context. Seven categories of interrelated factors have been identified: the problem, the objectives, the outcomes, the actors, the operational processes at the micro level, the infrastructure and the macro context.

• Other comparative research is needed to understand the different dimensions, their relative importance and the applicability of the model to other contexts and other levels of analysis.
Financement et support

- Direction de la santé publique et de l’évaluation de Chaudière Appalaches
- IPCDC – Initiative de partage de connaissances et développement de compétences
- Université d'Ottawa - Bourse d'excellence accordée par la Faculté des études supérieures et postdoctorales de l'Université d'Ottawa
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- Agence de la santé publique du Canada
Thank you!