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Abstract

Over the past few decades, cross-sector partnerships that include the private sector have become an increasingly accepted practice in public health, particularly in efforts to address infectious disease in low and middle income countries. Now they are becoming a popular tool in efforts to reduce and prevent obesity and the epidemic of non-communicable disease. Partnering with business presents a means of acquiring resources, as well as opportunities to influence the private sector toward more healthful practices. Collaboration is a core principle of public health practice; however public-private or non-profit-private partnerships present risks and challenges that warrant specific consideration. In this article we review the role of public health partnerships with the private sector, with a focus on efforts to address obesity and non-communicable disease in high-income settings. Challenges, risks and critical success factors relevant to partnering are identified, as are areas for improving public health practice to inform decision-making around partnership development.

Keywords

public health partnerships, private sector, obesity, noncommunicable diseases

Cover Page Footnote

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INTRODUCTION

The global epidemics of obesity and noncommunicable diseases (NCDs) have compelled many public and nonprofit organizations to explore cross-sector partnerships (CSPs) involving the private sector, most contentiously with the food and beverage industry. Health advocates note the potential for conflict of interest (COI), the weakening of the roles and responsibilities of the public sector, and the undermining public health's efforts to improve population health. Proponents of working with industry suggest that partnerships are an important means of fostering collective action, exchanging knowledge, and influencing private sector entities to act in more health-promoting ways. In this review, the role of CSPs for obesity and NCD prevention in high-income settings is examined. Key concerns raised by working with the private sector and suggest strategies for successful engagement are highlighted.

DEFINING “PARTNERSHIP”

One of the more troubling aspects of public health's engagement in partnerships has been its application of the term itself. Genuine partnership involves shared decision-making around agenda-setting, goals, and strategies. However, “partnership” is used to describe a range of interactions among public health entities, nonprofit organizations, and the private sector. Popular among these are one-way transfers of financial or in-kind resources from industry toward health promotion programs, which may or may not come attached with benefits such as brand promotion. Hawkes and Buse¹ suggest that such exchanges more accurately be referred to as *interactions* or *engagements* rather than partnerships. Austin's “collaboration continuum” situates relationships along a spectrum ranging from philanthropic, in which a charitable donor and recipient exchange resources focused on specific activities, to integrative, in which “the partners' missions, people, and activities begin to merge into more collective action and organizational integration”.² Table 1 describes the continuum from interactions and engagement to true partnership at different levels of a complex system, using categories derived from our systems analysis tool, the Intervention Level Framework.³ The following sections are an expansion on this overview of partnering through a systems lens.

THE PARADIGMS AND GOALS BEHIND PARTNERING

The paradigm is the mind-set of the system, the level from which the system's goals, structure, rules, delays, and parameters arise. In public health, paradigms toward partnering with the private sector have been influenced by both negative experiences (e.g., with the tobacco industry) and positive developments (e.g., working with the pharmaceutical industry to effectively develop and deliver vaccines). The paradigms through which obesity and NCDs are viewed influence decision-making about the appropriateness of potential private industry partners. These can be broadly characterized as the individual lifestyle paradigm, in which diet and exercise are main points of intervention, and the socioecological paradigm, in which environmental influences that contribute to the creation of an obesogenic environment are focal points. Advocates argue that the former frame is reinforced through partnerships for healthy living, particularly those in which the food and beverage industry support fitness programs as part of efforts to shift the focus of intervention away from calorie intake.

Table 1. Continuum of relationships across levels in a system

System level	Description	
	Interactions/Engagements	Partnerships
Paradigm	<ul style="list-style-type: none"> • Philanthropic to transactional • Simple or basic trust (sometimes cordial hypocrisy) 	<ul style="list-style-type: none"> • Transactional to integrative • Authentic trust
Goals	<ul style="list-style-type: none"> • Peripheral to mission • Minor strategic value • Knowledge exchange • Co-branding, cause related marketing 	<ul style="list-style-type: none"> • Central to mission • Major strategic value • Organizational influence • Policy or program change
Structure (including loops & subsystems)	<ul style="list-style-type: none"> • Low level of engagement, infrequent interaction • Small, often one-way exchange of resources • Narrow scope of activities • Organizational independence • Simple to manage 	<ul style="list-style-type: none"> • High level of engagement, intense interaction • Big, usually two-way exchange of resources • Broad scope of activities • Shared governance / interdependence • Complex to manage

A frequently cited rationale for partnering is the ability to accomplish goals together that each party could not achieve on its own. In terms of project management, clear articulation of goals is essential for achieving success and establishing accountability. However, goal alignment at the broader sectoral level poses significant potential for conflict. As such it is helpful to evaluate partnerships in the context of alignment of *interests* (i.e., creating conditions for optimal population health, accruing profit to meet stakeholder demands, etc.) rather than more immediate goals.¹

SYSTEM STRUCTURE: RISK MANAGEMENT AND CONFLICT OF INTEREST

While paradigms and goals guide system function, activities at the structural level of a complex system are where the system's dynamic behavior is made manifest through the interdependencies between sectors and actors. Many of the elements of the collaboration continuum described by Austin are structural in nature, including the level of engagement or interaction, the scope of activities and managerial complexity. At one end of the continuum, interactions are infrequent with low levels of engagement, resource exchange is relatively small and often one-way, and activities cover a narrow scope (Table 1). At the partnership end of the continuum, there is usually a higher level of engagement, intense interaction, and large, two-way exchange of resources with a broader scope of activities. The structures of true partnerships recognize interdependencies, include shared governance structures and are often complex to manage. The challenges, risks, benefits, and critical success factors for partnering in general have been well documented (Appendix). The further along the continuum toward partnership, the more important it becomes to consider criteria for success, particularly in the early stages of the relationship.

Conflict of interest exists along a continuum from convergence of interest to perceived and actual COI. Risk management strategies similarly run from loose and informal to highly structured and explicit. To mitigate possible COI when working with the food and beverage industry, watchdogs suggest that health organizations only partner when the private partner does not have input into program content, and is prevented from branding any program materials, in part to prevent marketing to children. Others have advocated for a broader perspective of COI, positing that some engagements carry risks to the public good that cannot be mitigated through adequate governance or oversight, such as relationships that threaten the legitimacy of public institutions (see, for example, the American Academy of Family Physician's acceptance of funds from Coca-Cola to produce online educational material⁴). The role of trust in the success of CSPs, both at the level of interests and in program management, should not be underplayed. Having studied the issue, Andrews and Entwistle⁵ note that "it is conceivable that sociopsychological aspects of partnership—such as trust, goal alignment, and quality of communications—are a more important determinant of performance than either the resources or the focus of intersectoral collaborations".

FEEDBACK: MONITORING AND EVALUATION

Building trust among potential cross-sector partner participants both prior to and during partnership engagement can be furthered by improvements to monitoring and evaluation—both means of providing important feedback to inform decision-making. Closer monitoring and surveillance of industry behavior and compliance with regulation and voluntary pledges is necessary to build trust and help stakeholders assess the suitability of partners. One example of this is the auditing of the Healthy Weight Commitment Foundation, currently being conducted by the independent and trusted Robert Wood Johnson Foundation. There have also been many calls to research effectiveness and conduct evaluation of public–private partnerships in the face of little existing evidence. Developing rigorous means of evaluating CSPs will prove challenging in the current landscape in which experts have demonstrated no common understanding of what public–private partnerships consist of in spite of having great enthusiasm for them. Further work must be done to develop greater demand for rigor and research in this area.

CONCLUSION AND IMPLICATIONS

In this review various approaches to CSPs for NCD and obesity prevention were considered and issues at the heart of public health's current dilemma about working with the private sector were highlighted. Throughout the literature several areas for improvement have been identified. These include the need for clearer language and definitions in regard to partnering, stronger monitoring of industry practices, the balancing of both interests and goals in decision-making regarding CSPs, and more developed research and evaluation practice for partnerships. Adopting these practices will assist public health in moving forward on an issue that eludes easy answers or simplistic analyses.

SUMMARY BOX

What is already known about this topic? Partnerships are an important means of improving population health as they foster collaboration, enable knowledge transfer, and broaden the reach and impact of health initiatives. Cross-sector partnerships, specifically between public health/nongovernmental organizations and private entities, carry with them specific risks and therefore warrant special consideration.

What is added by this report? Examining potential cross-sector partnerships through a systems science framework highlights important intervention points for decision-makers. These include the partnership's alignment with the sector's interests and goals; the strength of conflict of interest protections and inter-organizational trust—both important structural supports; and how monitoring and evaluation practices might provide appropriate feedback to all parties involved.

What are the implications for public health practice, policy, and research? Public health practitioners must look beyond immediate, short-term goals and take broader public health considerations into account when making decisions about partnering with the private sector.

Public health practice must be clearer in its use of the term partnership, which is currently employed to describe a number of more simple relationships, including one-way financial transfers.

More research on partnership evaluation and efficacy is needed, as is stricter monitoring of industry compliance with regulation and commitments to improved practice.

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APPENDIX

Challenges, benefits, risks, and criteria for partnership success *

Challenges	<ul style="list-style-type: none"> • Differences in inter-organizational cultures and language • Lack of appreciation for each other's roles • Establishing agreement on appropriate means of measuring accountability and other performance measures
Risks	<ul style="list-style-type: none"> • Dilution of organization's goals or cultures, or loss of autonomy • For business, becoming mired in public sector bureaucracy • Unequal power relations which can be destructive for weaker members • Conflict of interest • Confused accountability • For the public or nonprofit sector, negative reputation impact
Benefits	<ul style="list-style-type: none"> • Access to resources, expertise and knowledge transfer • Improved service provision • Bringing divergent perspectives to social problems • Merging of goals and interests through the adoption of cultural norms of other sector
Criteria for Success	<ul style="list-style-type: none"> • Alignment of strategy, mission and values • Personal connections and relationships (leaders on either side) • Trust and mutual respect • Good governance practices (re representation, transparency and accountability) • Acknowledge and respect partners' divergent interests • Commitment of resources for carrying partnership out • Strong project management with clear expectations of expected outcomes and benefits, roles and responsibilities • Expectation management • Vertical rather than horizontal relationships with equal power • Built-in processes for review and evaluation

*Table content summarized from the following sources:

- a. Andrews R, Entwistle T. Does cross-sectoral partnership deliver? An empirical exploration of public service effectiveness, efficiency, and equity. *J Public Adm Res* 2010;20(3):679–701.
- b. Austin J. Strategic collaboration between nonprofits and business. *Nonprofit Volunt Sect. Q* 2000; 29(1):69–97.
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