

Collaboration Development Factors and Consideration for Community Health Promotion Practice

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<Abstract>

Background: Although collaboration for community health is emphasized, the concept and process of collaboration are rather unclear. International research has classified the types of collaboration and focused on the factors influencing successful collaboration. Greater attention is needed for collaboration practice and research domestically. **Findings:** By the level of intensity, the types of collaboration range from simpler networking to more formal and sophisticated collaboration. A 4-stage collaboration development consists of formation, implementation, maintenance, and institutionalization stages. Influential factors for collaboration development include: shared goals; operational structure and process; sufficient resources; member and leadership characteristics; environment and climate for collaboration; and information exchange and communication. **Discussion:** Most of collaboration research so far has dealt with partnerships and coalition building with community-based organizations, and much attention is given to private-public partnership for health. Contextual understanding and collaborative environment are the foremost tasks for us to enhance collaboration for community health in our centralized public health system.

Key words: Community collaboration, Collaborative partnership, Collaboration development, Partnership building, Coalition building

I. Introduction

Collaboration, along with participation, is one of the key elements in community health promotion. No one agency or organization, public or private, has manpower, budget, expertise, and coverage to address the determinants of community health. Community health issues of our time request multi-level, long-term commitments to control them. Resources and capacities of a single public health organization cannot be sufficient to control community health issues on its own (Green et al., 2001). When public health organizations with similar goals working together, it increases the likelihood of addressing multiple determinants of health simultaneously, pooling and sharing resources for efficiency, reaching a wider range of community members, and enhancing accessibility, visibility, and comprehensiveness of public health efforts in the community.

Most of the time collaboration is used as an overarching term generally refers to relationships between two or more entities that is intended to be mutually beneficial by pursuing shared goal. A commonly employed definition of collaboration is "a mutually beneficial and well-defined relationship entered into by two or more organizations to achieve common goals. The relationship includes a commitment to a definition of mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards" (Mattessich and Monsey, 2005, p. 7, cited from Butterfoss, 2006, p. 26). Collaboration can be further classified into four types by their level of intensity: networking, cooperating, coordinating, and collaborating (Kagan, 1991; Himmelman, 1992, cited from Butterfoss, 2006, p. 27). Networking is informal, simple, intermittent interactions, while cooperating refers to a short-term, informal exchanges.

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<Table 1> Comparison of cooperation, coordination, and collaboration

Elements	Cooperation	Coordination	Collaboration
Vision and Relationships	<ul style="list-style-type: none"> • Usually between individuals • As needed basis • Organizational missions and goals are not taken into account 	<ul style="list-style-type: none"> • Individual relationships, supported by their organizations • Usually on a project or task basis • Missions and goals of the organizations are reviewed 	<ul style="list-style-type: none"> • Commitment of organizations, leaders, and representatives • For one or more projects on a longer-term basis • Shared missions and goals are created
Structure, Responsibilities, Communication	<ul style="list-style-type: none"> • Each partner organization works separately • No joint planning required • Information exchange as needed 	<ul style="list-style-type: none"> • Partner organizations function relatively independently • Some project-specific co-planning • Communication roles and channels defined 	<ul style="list-style-type: none"> • New structure and roles for collaboration are clearly defined • Comprehensive co-planning required • Multi-levels of communication needed
Authority & Accountability	<ul style="list-style-type: none"> • Authority: Within individual organizations • Unilateral leadership & central control • Accountability within independent, individual organizations 	<ul style="list-style-type: none"> • Authority: Within individual organizations but participants are coordinated • Some sharing of leadership & control • Some shared risks 	<ul style="list-style-type: none"> • Authority: Determined by partners to balance ownership depending on the goals • Dispersed leadership, shared mutual control • Equally shared risk
Resources and Rewards	<ul style="list-style-type: none"> • Independent resources 	<ul style="list-style-type: none"> • Resources can be available to others for projects • Rewards are mutually acknowledged 	<ul style="list-style-type: none"> • Pooled resources, jointly secured • Shared products

Source: Mattessich et al. (2001). Adapted from the works of Blank et al.

Coordinating involves more formal, longer-term relationships, then collaborating refers to more durable, formally structured relationships. Mattessich et al. (2001) further explain the differences between cooperation, coordination, and collaboration as shown in Table 1. Meanwhile, Bailey and Koney (2000) classify the types of collaboration by the level of formal integration: cooperation, coordination, collaboration, and coadunation. As many names as collaboration has (Gajda, 2004), it can be confusing to practitioners and community partners what collaboration is like when it develops. Therefore, in practice, the terms referring to collaboration are used interchangeably. A practical take-home message here may be to acknowledge that there are varying levels of collaboration and that collaborative partners should make it clear what level they agree to reach together, while being cautious not to overuse the term.

II. Collaboration Development Process Models

Researchers and practitioners have agreed that collaboration is a process, often expressed as a journey (Gajda, 2004; Winer & Ray, 1994). It has also been agreed that this journey is a sequence of developmental stages. Winer and Ray (1994) presented the following 4 stages of collaboration: (1) Envisioning results by working individual-to-individual (= bringing partners in, building trust, and setting vision and goals); (2) Empowering partners by working individual-to-organization (= defining roles, identifying and resolving conflicts, developing structure and system, and securing resources and support) ; (3) Ensuring success by working organization-to-organization (= developing action plans and standards, creating organizational changes, evaluating, and making arrangements) ; and (4) Endowing continuity by working collaboration-to-community (= disseminating the value and accomplishments of collaboration, making

<Table 2> Collaboration development factors

Identified Factors	Sources
Clearly articulated, shared vision and goals	1, 4, 5, 6
Operational structure and formalization	1, 2, 3, 4, 5, 6, 7, 8
Sufficient resources	1, 2, 4, 5, 6
Membership characteristics and participation	1, 2, 3, 4, 5, 6, 8
Leadership and accountability	1, 2, 3, 4, 5, 6, 8
Environment and climate for collaboration	1, 2, 3, 4, 5, 8
Implementation, operation, and evaluation	1, 2, 3, 4, 5, 7
Information flow and communication	2, 3, 4, 5

Note. 1: Dowling et al., 2004
 2: Downey et al., 2006
 3: El Ansari et al., 2001
 4: Foster-Fishman et al., 2001
 5: Mattessich et al., 2001
 6: Mitchell and Shortell, 2000
 7: Rosenthal et al., 2006
 8: Zakocs and Edwards, 2006

changes in the system, and deciding the future of the collaboration). Tuckman model (1965) consists of 'form, storm, norm, and perform' stages, which is remodeled with the 5th stage of 'adjourning' (Tuckman & Jensen, 1977). Bailey and Koney (2000)

<Table 3> The 20 success factors (Mattessich et al., 2001)

Categories	Factors
Environment	1. History of collaboration or cooperation in the community 2. Collaborative group seen as a legitimate leader in the community 3. Favorable political and social climate
Membership characteristics	4. Mutual respect, understanding, and trust 5. Appropriate cross section of members 6. Members see collaboration in their self-interest 7. Ability to compromise
Process & structure	8. Members share a stake in both process and outcome 9. Multiple layers of participation 10. Flexibility 11. Development of clear roles and policy guidelines 12. Adaptability 13. Appropriate pace of development
Communication	14. Open and frequent communication 15. Established informal relationships and communication links
Purpose	16. Concrete, attainable goals and objectives 17. Shared vision 18. Unique purpose
Resources	19. Sufficient funds, staff, materials, and time 20. Skilled leadership

suggest a similar model of 'assemble, order, perform, and transform' stages.

Meanwhile, a rather widely applied stage model of collaboration development consists of more intuitive and straightforward 4 steps: Formation-Implementation-Maintenance-Institutionalization (Butterfoss et al., 2006). In the formation stage, collaboration partners are recruited and collaboration structures and operating processes are defined. Collaboration development activities in the implementation phase include program development, implementation of action plans, and changes in the system and policies. For the maintenance stage, a collaborative secures member participation and resources, program activities and partnership strategies are sustained, and the results of the collaboration occur. Institutionalization is the stage where resource mobilization and collaboration activities are settled as part of the routine among partners and the community.

III. Collaboration Development Factors

A number of factors have been reported to be associated with the establishment of effective collaboration. Commonly identified factors are listed in Table 2. According to the notion of Rosenthal and colleagues (2006) that the main task in the earlier stages of collaboration development is to build infrastructure and operational system of collaboration, having shared, clear goals for collaboration and establishing structure and process of collaboration are particularly stressed. Other factors in Table 2 are emphasized throughout the collaboration development stages.

Including the factors in Table 2 and elaborating them in 6 categories, Mattessich et al. (2001) suggest 20 factors influencing successful collaboration as listed in Table 3.

IV. Contextual issues for consideration

Current studies on collaboration for community health are focusing on the development process and effectiveness of

community coalitions. Coalitions are formally structured collaborative entities in which member organizations act jointly not independently, with their own leadership structure, pooled resources, and shared planning (Butterfoss, 2006). Indeed, a number of studies cited above focus on coalition development and functioning. For such an advanced form of collaboration to develop, however, active community-based organizations need to be in existence. Influential factors for collaboration identified so far are based on community coalitions and partnerships that include collaboration among multiple community-based organizations, academic-community relationships, and public-private partnerships.

When community health efforts are planned and implemented mostly within public sectors, therefore, adaptation of the stages and factors of collaboration from previous research is necessary. We may be at pre-formation stage of collaboration development for community health where leadership, structure, and processes for collaboration are mostly experienced and understood within the framework of public systems. Collaboration is a multi-directional endeavor matching and connecting partners both horizontally and vertically. Collaboration process will encounter barriers in varying nature, thus should be equipped with problem-solving and conflict resolution strategies. Successful problem-solving and conflict resolution are based on sound understanding of the situation and circumstances of collaborating parties involved. Situation analysis with contextual approaches involving potential partners for collaboration is instrumental in developing enabling climate for collaboration development for community health.

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<국문초록>

지역사회 건강증진을 위한 협력개발 요인과 논점

서론: 지역사회 건강증진을 위한 협력이 강조되고 있으나 협력의 개념과 과정에 대해서는 아직 모호한 점이 많다. 협력은 강도와 단계에 따라 구분될 수 있고, 서구에서는 협력 개발에 영향을 미치는 요인에 대한 연구가 활발하게 진행되어 왔다. 국내에서 지역사회 건강증진을 위한 협력개발 논의를 위해서는 선행연구와 현재 동향에 대한 이해가 필요하다.

본론: 협력은 개입과 지속성의 정도에 따라 단순 연계(networking)부터 공동기획과 운영의 협력(collaborating)까지 여러 종류로 구분된다. 협력의 개발단계는 보통 형성-수행-유지-정착의 4단계를 거치며, 이러한 과정에서 중요한 영향 요인으로는 협력의 목적에 대한 이해, 협력 수행 체계 마련, 자원의 확보, 참여자와 리더십의 특성, 협력을 위한 여건, 정보공유와 소통을 들 수 있다.

논의: 선행연구의 협력 단계와 요인 논의는 지역사회 기반 조직들과 공공보건체계, 보건학계의 협력이 활발하고 협력을 위한 독립체계와 자원 지원이 존재하는 상황에서 이루어지고 있다. 우리 현실상황에 적합한 협력개발을 위해서는 선행 협력사례의 교훈을 수용하되 서구의 연구와의 맥락적 차이를 분석해야 하며, 상황분석을 통한 현장 맥락의 철저한 이해와 횡적·종적 조화를 도모하는 지역사회 협력이 본질적으로 가능하도록 현재 보건체계 안에서 분위기 조성이 이루어져야 한다.

주제어: 지역사회 협력, 협력제, 협력 개발, 협력체 구축, 연합체 구축