

## A B S T R A C T

The purpose of the study reported in this paper was to generate substantive theory regarding the development of effective partnerships among community agencies working with vulnerable populations. Ethnographic interviews were conducted and analyzed by applying the constant comparative method of qualitative analysis. This information was supplemented with data from the participants in two workshops, three manuscript reviewers, and relevant literature. Analysis of the data resulted in the emergence of a framework that outlines elements of partnerships. This framework furnishes the foundation for discussions of partnership configuration and partnership development. The results of this study provide basic guidelines for the formation of effective partnerships, and show that there is no single way to develop and structure such collaborative initiatives. Further studies are required in other substantive areas to advance the emergence of a formal theory of partnerships.

## A B R É G É

Le but de cette étude était d'élaborer une théorie de fond sur le développement de partenariats efficaces parmi les agences communautaires travaillant avec des populations vulnérables. Des entrevues ethnographiques ont été menées et analysées par une méthode comparative d'analyse qualitative. Ces renseignements ont été complétés par des données provenant de participants inscrits à deux ateliers, par trois critiques de manuscrits ainsi que par une littérature pertinente. De l'analyse des données sont nées les structures théoriques du partenariat. Cette structure constitue une base pour des discussions sur l'organisation et le développement d'un partenariat. Les résultats de cette étude fournissent les premières lignes de conduite pour la mise en place de partenariats efficaces et démontrent qu'il n'y a pas de moyens simples pour développer et structurer de telles initiatives de collaboration.

# A Framework for the Development of Community Health Agency Partnerships

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Addressing complex societal issues requires that stakeholders work together to explore the disparate perspectives.<sup>1</sup> There is widespread recognition of the need for partnerships to ensure the effective development and delivery of services and supports that contribute to health.<sup>2-4</sup> Interdependence among sectors that influence the health of populations has made this critical. In Canada, emphasis has been placed upon the need for intersectoral action to effectively address the broad determinants of health;<sup>5-7</sup> despite strong support for the development of community partnerships, however, there is little published literature regarding the evolution and structure of these partnerships.

Although people from many community groups and organizations are espousing the need for partnerships,<sup>5,8-11</sup> they may not be speaking the same language. For example, some people actually mean cooperation when they say partnerships.<sup>12</sup> This article will use Barbara Gray's<sup>1</sup> description of "collective strategies" to define partnerships. According to Gray, collective strategies are inspired by a shared vision of a need and include the development of agreements to address a problem and bring the vision into reality. Collective strategies involve the establishment of a referent organization, which functions to regulate relationships and activities, appreciate emergent trends and issues, and provide infrastructure support.<sup>1,13</sup>

The purpose of this study was to generate substantive theory regarding the devel-

opment of effective partnerships among community agencies working with vulnerable populations. The community agencies that participated in the study included government health services and private, non-profit agencies that provide services related to health.<sup>14</sup>

## METHODS

The paucity of published literature and theory relating to this substantive area made a qualitative study using grounded theory<sup>15</sup> the most appropriate method. Theoretical sampling<sup>15</sup> was used to identify interview subjects and interview content. Ethnographic open-ended interviews<sup>16</sup> were conducted with eight individuals who were currently involved in inter-organizational partnerships. These individuals represented a cross-section of positions within the agencies, ranging from executive directors to front-line workers. The partnerships were between agencies providing health services to people with special needs (e.g., individuals with HIV/AIDS; children and adults with disabilities; representatives of First Nations). Informants were asked to describe a partnership in which they had participated. They also identified and ranked the essential elements of "successful partnerships". "Success" and "failure" were contextually defined by each informant.

Interviews were transcribed verbatim and, using the constant comparative method of qualitative analysis,<sup>15</sup> each statement was coded and compared with other statements that had been assigned the same code. Groups of coded segments were constructed according to similarities in the statements to form categories. This information was then shared and supple-

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mented by data from the participants of two workshops, three manuscript reviewers, and relevant literature. Definitions for categories were formulated and reformulated during the data collection and analysis process, which resulted in greater depth and clarity.

**RESULTS**

Analysis of the data resulted in the emergence of a theoretical framework that outlines the partnership framework (elements of partnerships), configuration, and development. Each are discussed below.

**The partnership framework**

Six categories that became evident early in the data collection and analysis process describe the partnership framework: external factors, domain, partnership characteristics, partner characteristics, communication, and operations. Table I provides broad explanations of each of the categories.

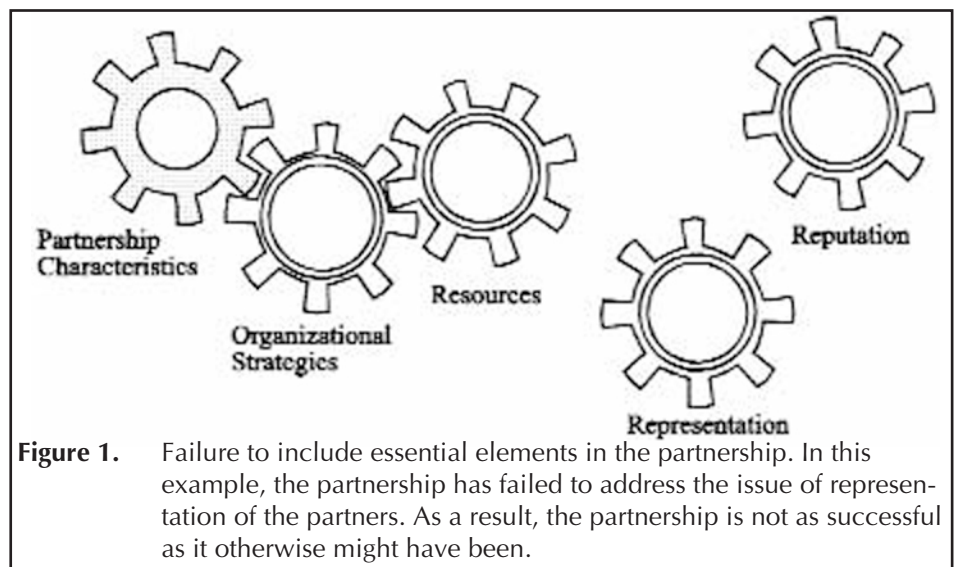
*External factors*

External factors are described as the external influences on the partnership, including the social context and the political and economic systems within which the partnership is based. All programs are situated within social contexts. Although external factors may not play a predominant role in a partnership, it appears that they must always be considered. External factors that may influence the partnership were distinguished by whether they exerted influence at the administrative level or at the service provision level. Organizations, individuals and communities external to the partnership were identified by the informants as potential sources of influence.

*Domain*

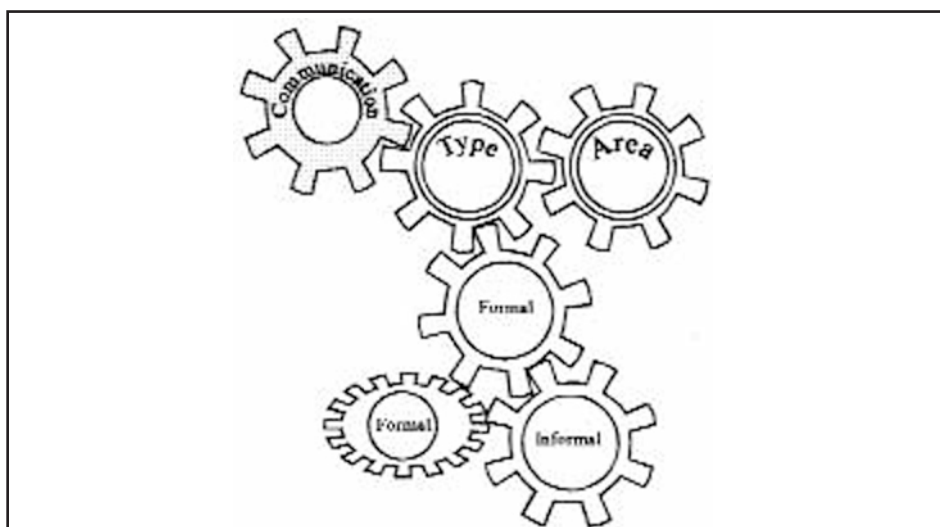
The domain is the sphere of interest of the partnership (e.g., HIV/AIDS). Partners may come to a partnership representing interests in several different domains. However, at the partnership level, these disparate interests are focused in an attempt to address one particular domain. If the existence of the domain is recognized and supported by all players (i.e., funders,

Categories	Properties	Dimensions	
<b>External factors</b>	Administrative	Organizational	Individual
	Service provision	Community	Community
<b>Domain</b>	Recognition	Funders	Partners
	Support	Community	Personnel
<b>Partnership characteristics</b>	Groundwork	Research	Activities
	Organizational structure	Administrative	Operational
	Resources	Funding	Space
		Personnel	Time
<b>Partner characteristics</b>	Representation	Areas	Characteristics
	Reputation	Positive	Negative
	Organizational structure	Administrative	Operational
	Resources	Commitment	Funding
<b>Communication</b>		Knowledge	Time
		Skills	
	Representation	Areas	Characteristics
	Reputation	Partners	Vulnerable group
<b>Operations</b>	Type	Personnel	
	Area	Partner	
<b>Operations</b>	Type	Administrative	Service provision
	Area	Service recipient	Partnership
		Partner	Community

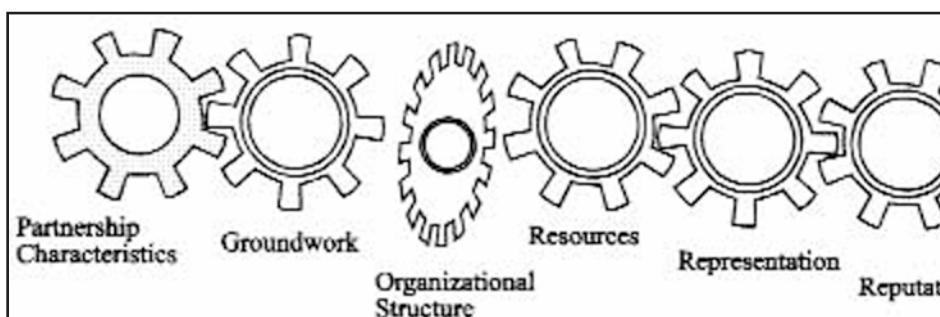


the community, the vulnerable group, potential partners and program personnel), partnership initiatives are more likely to

succeed. Informants indicated that a broad base of recognition and support reduced the work required to maintain a partner-



**Figure 2.** Inclusion of non-essential elements in the partnership. In this example, some unnecessary formal communication strategies have been implemented. As a result, effective communication is essentially blocked.



**Figure 3.** Improper configuration of elements in the partnership model. In this example, the organizational structure that has been selected does not meet the needs of all the partners. As a result, more work is required to advance the vision of the partnership.

ship initiative, and thus goals could be addressed more effectively.

*Partnership characteristics*

Partnership characteristics are the factors that distinguish the inter-organizational collaborative effort. Each partnership initiative is unique in the way in which it is established and in the individuals and organizations that participate in its development. The characteristics that distinguish a partnership include the groundwork completed prior to the initiation of the partnership initiative; the organizational structure of the partnership; the resources that are available to the initiative; the representation of the vulnerable group within the partnership; and the reputation of the partnership.

Effective partnerships were those that developed partnership characteristics that broke down professional territorial barriers—such as, the implementation of communication strategies and professional development opportunities that encouraged collaboration.

*Partner characteristics*

Partner characteristics are those factors that distinguish the partners. Each partner will bring distinctive characteristics to the partnership, which will directly and indirectly influence its development. These characteristics include the organizational structure of the partner agency; the resources that the partner and the partner representative are able to contribute to the

partnership initiative; representation of the vulnerable group in the partner agency; and the reputations of the partner, the personnel working for the partner, and the vulnerable group served by the partner agency.

Formal representation of the vulnerable group at the partner level was something that was discussed by all informants. The characteristics of this representation varied among partnerships.

*Communication*

Communication affects all of the categories previously discussed. Recognition of formal and informal types of communication is vital to the success of a partnership, and strategies to facilitate both are needed. The type of communication that takes place between partners will directly or indirectly affect the partnership. Ongoing evaluation of communication strategies will help determine which are appropriate for the partnership at a given time.

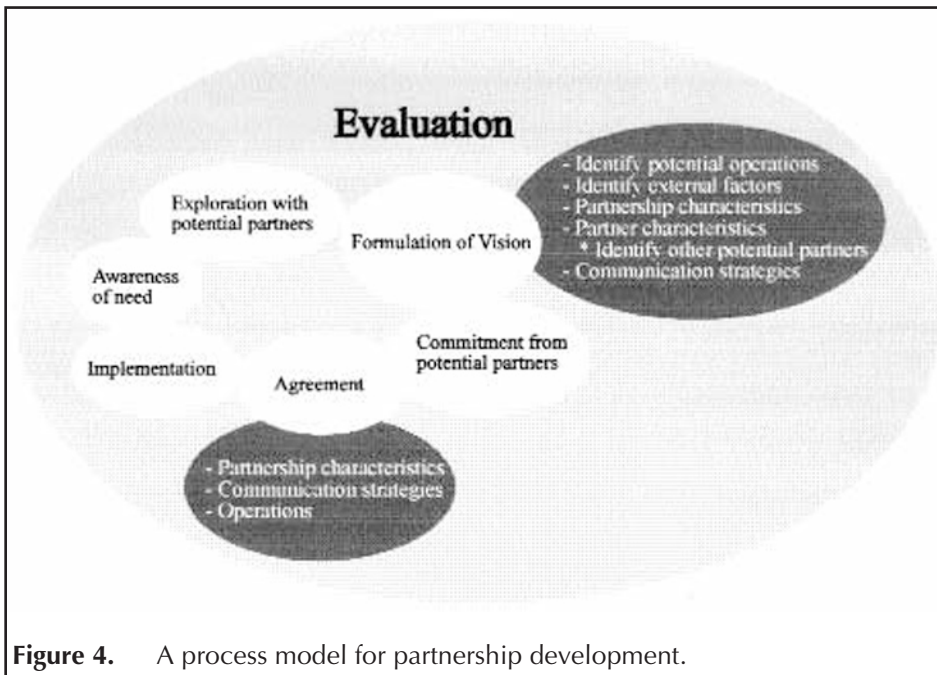
*Operations*

Operations are the administrative and service provision activities performed on behalf of the partnership. The operations clearly influence the success of the partnership. The type of operations carried out in all areas associated with the partnership may directly or indirectly affect the external environment, the domain, partnership characteristics, partner characteristics and communication. Care must be exercised to ensure that the vision of the partnership will be advanced by the type of activities performed and the manner in which they are performed. The types of activities performed by the partnership are influenced by the time frame for completion, the available resources, and the knowledge of similar programs.

**Partnership configuration**

The configuration of categories, properties and dimensions must be unique to the specific requirements of the partnership. All six categories and their associated properties and dimensions must be appraised and adapted to meet the specific needs of individual partnership initiatives.

Although properties and dimensions reinforce the distinctiveness of each of



**Figure 4.** A process model for partnership development.

the categories, these categories must never be considered in isolation. Through a detailed analysis of the data using a descriptive question matrix,<sup>17</sup> it is evident that each of these categories interacts with each of the other categories. Changes in one area may directly or indirectly influence changes in all other categories. Just as the cogs within a toy must all work together to propel the toy, within this framework all of the categories and their properties and dimensions must be considered and configured to advance the partnership toward a common vision.

The configuration will vary from partnership to partnership, some categories taking precedence in some partnerships and others taking precedence in other partnerships. Failure to assess each of the elements in the framework to determine its appropriateness for a specific partnership model may result in some essential elements being neglected (Figure 1), some non-essential elements being implemented (Figure 2), or some essential elements being implemented improperly (Figure 3). In any of these situations, the result may be that increased work will be required to ensure the success of the partnership, or the partnership may fail to achieve the vision.

**A process model of partnership development**

It is one thing to recognize that specific elements in the partnership framework are essential or non-essential for the development of a partnership and another to determine when to implement each of these elements. The partnership framework and the data from the workshops were used to develop a more comprehensive process model of partnership development (Figure 4). The development of a partnership is an iterative process. After the partnership has been initiated, the order in which activities occur will vary from one partnership initiative to the next.

The process begins with the awareness of a need. Early in the process, it is important to discuss the formation of the partnership with potential partners. An informal group can then formulate a vision for the collaborative initiative. When the vision has been formulated, this group will be able to identify potential actions/operations that will advance the vision, identify external factors that may affect the partnership, essential partnership characteristics, and the characteristics of potential partners; it can then contact the partners so identified and discuss communication strategies.

The next stage of the process involves gaining commitment from potential identified partner agencies. Before proceeding,

it is recommended that potential partners agree on issues relating to partnership characteristics, communication strategies, and operations. Once these factors have been established, the partnership initiative can be implemented. Evaluation procedures are an integral part of the entire development process.

**DISCUSSION AND CONCLUSIONS**

The complex interactions within and among categories heightens an awareness that there is no one way to develop and structure a partnership initiative. The proposed framework and models must be used only to guide such initiatives. This being said, the framework suggests some actions that may encourage the success of partnership ventures.

The completion of groundwork before a partnership is established and the implementation of ongoing program evaluation may help identify the elements of the framework that are required for a specific partnership. Failure to complete these activities may result in some essential elements of the framework not being identified or being improperly implemented. When all elements of the partnership framework have been reviewed and appropriately implemented, the partnership is more likely to succeed.

Issues relating to external factors, partnership characteristics, partner characteristics, communication strategies and potential operations should be discussed early in the development of a partnership initiative. Each potential partner will seek specific benefits from participation in the partnership; these reasons for participation must be acknowledged through a clear discussion of how each partner may benefit. If benefits are not foreseen, partners should be given the opportunity to withdraw from the initiative.

It is particularly important that the people who are approached to act as partner representatives be committed to the issue that will be addressed by the partnership. It is essential to develop strategies to maintain a high level of commitment as experienced partner representatives leave and new ones join the partnership.

The development of partnerships among community agencies is recognized as a

strategy to facilitate effective development and delivery of services at the community level. In the current economic climate there is increasing pressure on partnership initiatives to achieve the objectives that they identify. In this environment, care should be taken to select partner representatives who possess the skills and knowledge required to advance the partnership toward the shared vision.

It is not possible to over-emphasize the importance of clearly describing the reason for the partnership. It is essential to develop agreement on contextualized definitions regarding the vision, the goals, and the objectives of the partnership. All the partner representatives must be talking the same language when they come to the partnership table. Agreement on these and other partnership characteristics, communication strategies and partnership operations should be in place before a partnership is formally established.

An evaluative component should permeate every aspect of the partnership. An overall commitment to evaluation may ensure that the partnership is responsive to the external environment and that it meets the changing needs of the people it serves.

The results of this study provide basic guidelines for the formation of effective

partnerships. Further studies are required in other substantive areas to advance the emergence of a formal theory of partnerships. The absence of comprehensive guidelines relating to the structure and development of partnerships among community agencies highlights the need for research in this area. The development of a theoretical framework that identifies the key components of successful community partnerships will contribute to the field of study and the development of such guidelines.

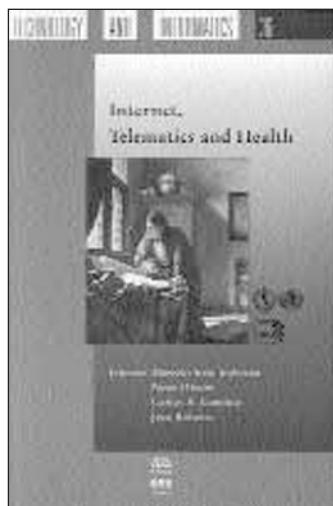
**REFERENCES**

1. Gray B. *Collaborating — Finding Common Ground for Multiparty Problems*. San Francisco, CA: Jossey-Bass, 1989.
2. Bridges C (Ed.). *Community Supports Update: Status Report*. Edmonton, AB: Government of Alberta, 1992.
3. The University of Calgary. *Proposal - The Calgary Institute for Health Promotion Research*. Calgary, AB: University of Calgary, 1992.
4. The University of Lethbridge. *Proposal - Centre of Excellence for Community-Based Health Promotion Research*. Lethbridge, 1992.
5. Draper R. *Perspectives on Health Promotion: A Discussion Paper*. Ottawa: Canadian Public Health Association, 1995.
6. Evans RG, Barer ML, Marmor TR (Eds.). *Why are Some People Healthy and Others Not? The Determinants of Health of Populations*. Hawthorne, NY: Aldine de Gruyter, 1994.
7. Federal/Provincial/Territorial Advisory Committee on Population Health. *Strategies for*

Population Health: Investing in the Health of Canadians. Ottawa: Health Canada, 1994.

8. Alberta Health. *Partners In Health: The Government of Alberta's Response to the Premier's Commission on Future Health Care for Albertans*. Edmonton, AB: The Government of Alberta, Communications Branch, 1991.
9. Moffat P (Ed.). *Health Vision — Turning Ideas into Reality*. Edmonton, AB: Alberta Health, 1992;1(3).
10. Sturtevant D. Building community partnerships: An AIDS example. *Health Promotion* 1990; Summer:2-5, 22.
11. Williams KR, Scarlett MI, Jimenez R, Schwartz B. Improving community support for HIV and AIDS prevention through national partnerships. *Public Health Rep* 1991;106(6):672-77.
12. Agger N. *Defining Collaboration in the Context of Inter-agency Relationships: An Overview and an Attempt at Re-definition*. Calgary, AB: The Catalyst/Connector Sub-Committee of the United Way of Calgary MOC Committee.
13. Trist EL. Referent organizations and the development of inter-organizational domains. *Human Relations* 1983;36(3):269-84.
14. Scott-Taplin C. *The development of partnerships among community agencies working with vulnerable groups* [Thesis]. Calgary, AB: The University of Calgary, 1993.
15. Glaser B, Strauss A. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York, NY: Aldine de Gruyter, 1967.
16. Spradley JP. *The Ethnographic Interview*. Toronto, ON: Harcourt Brace Jovanovich College Publishers, 1979.
17. Spradley JP. *Participant Observation*. Toronto, ON: Holt, Rinehart, and Winston, 1980.

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