

Overview of Collaboration Science Frameworks

What is collaboration?

Two or more entities (organizations, organizational systems, programs, community groups, or individuals) working together for a common purpose.

Collaborations form the bedrock of public health work to address community needs.

Why collaborate?

To address complex issues, we need stakeholders from multiple sectors and levels of operation to work together toward a common vision and goal¹.

The Role: Engage with and build consensus among diverse organizations and individuals in a community to address a community-level issue or problem².

The Format: Collaborative partnerships vary by level of commitment, activities undertaken, membership composition, and intensity (e.g., meeting frequency).



¹ Butterfoss, F. D. (2007). *Coalitions and partnerships in community health*. John Wiley & Sons.

² Butterfoss, F.D., & Kegler, M.C. (2009). "The Community Coalition Action Theory" 238-276. In: DiClemente, R.J., Crosby, R.A., & Kegler, M., eds. *Emerging Theories in Health Promotion Practice and Research*. 2nd ed. San Francisco, CA: Jossey-Bass;

What are the components of successful collaborative efforts?

A systematic review of how to create successful partnerships identified the following critical success factors³:

- Shared, mutually agreed on vision
- Clear, consistent communication
- Effective means of making decisions, ensuring accountability
- Focus on process and outcomes
- Leadership, especially in managing change
- Working across boundaries

How do you develop and implement strategies for collaboration and partnership?

- Determine the best strategy/approach
- Include multiple perspectives
- Delineate roles and responsibilities
- Have collaborative and partnership agreement with various stakeholders on specific projects
- Maintain open and clear communication
- Rely on collaborative and transformational leadership

Measuring collaboration:



WHY

To identify strengths and weaknesses in collaborative partnerships, networks or processes; to “unpack” the complexity of collaborations by identifying measurable components of collaborative structures, processes, and outcomes; to create a roadmap for improvement.



HOW

Tools to help measure collaboration include logic models, driver diagrams, and strategic plans.

Frameworks for measuring collaborations will get at different aspects of how collaborative partnerships work including the structures and processes in place and measures of progress and outcomes that are desired.



WHAT

Measure structure and functioning: Are there components of the collaboration that are problematic and need attention? Are there enough people at appropriate levels doing their allocated work? Are training and finances properly allocated?

Measure processes: Are activities being carried out as planned? Establish and check in on roles and responsibilities of stakeholders; measure performance and list shared accountability; assess activities/ tasks that have been achieved and progress made on each.

Measure progress and outcomes: Use logic models to examine whether the collaboration is aiding in the achievement of program outcomes.

Examples of Measurements for Collaboration:



QUALITATIVE

Interviews
Discussion/Focus groups
Observational methods
Photovoice



QUANTITATIVE

Surveys
Program data analysis
Wilder Collaboration
Factors Inventory



SOCIAL NETWORK ANALYSIS

PARTNER Survey
Collaboration study



SPATIAL ANALYSIS

GIS mapping
Interactive mapping

What should you take from this resource?

- ✓ Measuring collaborations helps you to improve relationships and maximize effectiveness of efforts
- ✓ Measures of collaboration (structure and process) and measures of collaborative efforts (progress and outcomes) can come from tools like project logic models
- ✓ Use both qualitative and quantitative methods to improve credibility and confirmability of results

³ Wildridge V, Childs S, Cawthra L, Madge B. How to create successful partnerships—a review of the literature. Health Info Libr J. 2004;21(suppl 1):3-19.

Assessing structure and process of collaboratives using Community Coalition Action Theory¹ (CCAT)

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? WHAT IS IT?

CCAT is a type of [Interorganizational Relations Theory](#) used to build consensus and actively engage diverse organizations and constituencies in addressing community issues.² The lead agency/convener brings together a coalition to engage in core processes – analyzing the problem, assessing needs and assets, planning for action, implementing strategies, and monitoring outcomes.

What makes community coalitions effective?

CCAT is comprised of 14 major constructs which provide a framework for understanding the processes, structures, and outcomes experienced by effective community coalitions.³



STAGES OF DEVELOPMENT

Coalition building is cyclical, with three main stages: formation, maintenance, and institutionalization. Common activities over the coalition lifespan include recruiting, mobilizing, organizational establishment, action planning, implementation, evaluating outcomes, and institutionalizing strategies.



COMMUNITY CONTEXT

Coalition success is impacted by sociopolitical environment, geography, history, and norms of collaboration efforts.



LEAD AGENCY/ CONVENER GROUP

Successful coalitions include a lead agency or convener group that provides resources such as physical space, staff, technical assistance and material or financial support. Community gatekeepers working with the convener help develop credibility and trust within the community.



COALITION MEMBERSHIP

Coalitions begin with an initial core group of committed members, but effectiveness increases when the core group expands to include a diverse representation of the community

¹ Butterfoss FD, Kegler MC. The Community Coalition Action Theory. In: DiClemente RJ, Crosby RA, Kegler M, eds. *Emerging Theories in Health Promotion Practice and Research*. 2nd ed. San Francisco, CA: Jossey-Bass; 2009:238–276.)

² <https://www.med.upenn.edu/hbhe4/part4-ch15-community-coalition-action-theory.shtml>

³ Osmond, J. (2008). Community coalition action theory as a framework for partnership development. Retrieved November, 15, 2009.



OPERATIONS & PROCESSES

Positive outcomes result from open, frequent communication; shared and formalized decision-making; conflict management; positive relationships among members; and member perception that benefits of participation outweigh the costs.



LEADERSHIP & STAFFING

A strong leadership team with commitment, clear and shared vision, and skilled, paid staff contributes to improved coalition functioning, pooling of resources, engagement, and assessment and planning.



STRUCTURE

Coalition success includes having formalized rules, roles, structures, and procedures.



POOLED MEMBER & EXTERNAL RESOURCES

Synergistic pooling of member and external resources, including knowledge, skills, expertise, funding, and equipment results in effective assessment, planning, and implementation strategies.



MEMBER ENGAGEMENT

Satisfied and committed members will participate more fully, resulting in membership empowerment and a sense of belonging, which contributes to positive intermediate and long-range outcomes.



ASSESSMENT & PLANNING

Successful implementation is more likely when an action plan for change that identifies what to do, how to do it, and when to do it.



IMPLEMENTATION OF STRATEGIES

The use of evidence-based interventions directed at multiple levels increases the likelihood for community change, provided that coalition members embrace theory and evidence-based practice as norms.



COMMUNITY CHANGE OUTCOMES

Attention to policies, practices, and environmental factors in addition to individual awareness, education, and behavior change are more likely to achieve long term success.



HEALTH & SOCIAL OUTCOMES

The ultimate indicator of coalition effectiveness is the improvement in social and health outcomes; long-term or sustained improvement can be difficult to demonstrate.



COMMUNITY CAPACITY

Participation in a successful coalition results in increased community and organizational capacity, including leadership, networks, skills and resources, and community solidarity, which builds social capital, and prepares members for dealing with future social and health issues.



THINK ABOUT

- ❓ How might you measure some of the key constructs?
- ❓ When starting up a new coalition, you might assess how much coalition members understand the community context and the health and social outcomes the coalition is trying to impact.
- ❓ The operations and processes of the coalition lend themselves to process measurement; you might consider asking coalition members at each meeting to do a brief assessment – do coalition members feel there is open, frequent communication?
- ❓ What is the mechanism for shared decision-making?
- ❓ Do coalition members perceive that benefits of participation outweigh the costs and time?
- ❓ What would improve their experience?
- ❓ Are the right leaders in place to convene the coalition?

Assessing structure and process of collaboratives using Collective Impact Framework¹

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? WHAT IS IT?

Collective Impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to fostering collaboration across government, business, philanthropy, non-profit organizations and citizens to achieve significant and lasting social change.

The Collective Impact approach is premised on the belief that no single policy, government department, organization, or program can tackle or solve the increasingly complex social problems we face as a society. The approach calls for multiple organizations or entities from different sectors to embrace a common agenda, shared measurement, and alignment of effort. John Kania and Mark Kramer first wrote about Collective Impact in the *Stanford Social Innovation Review* in 2011 and identified five key elements:



¹ <http://www.collaborationforimpact.com/collective-impact/>

Effective partnerships are also supported by collaborative and transformational leadership. A key component of the Collective Impact Framework is the backbone organization, which provides leadership including guiding the overall vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing funding. Leadership within partnering community organizations supports buy-in and facilitates participation and implementation. Leadership across multiagency partnerships supports many functions of collaborative work.



THINK ABOUT

- ★ What measures would you use to assess how well your collaborative is utilizing the Collective Impact Framework?
- ★ Consider assessing the participants' beliefs about the collaborative's purpose and agenda.
- ★ Consider measuring the frequency of and approach to problem solving. If common progress measures are in place, the backbone organization can assess whether each participant in the coalition is sharing timely data on each measure. Where lags occur, consider capturing qualitative information about challenges in data collection and sharing the information with the group for joint problem solving.
- ★ Consider having members of the collaborative check in periodically on their progress adhering to the mutually reinforcing action plan; six-month check-ins can help the collaborative gauge whether any partners have changed direction as well as affirm whether the action plan is still relevant for the common agenda.
- ★ Consider assessing the frequency of communication using process measures. Consider using a survey instrument such as interviews for collaborative members to assess whether the communication methods are fostering trust and driving motivation.



Assessing progress and outcomes of collaboratives using Consolidated Framework for Implementation Research (CFIR)

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? WHAT IS IT?

CFIR is a menu of constructs that are common for achieving effective implementation. CFIR constructs can be helpful in designing measures to assess the effectiveness of collaborative efforts, or the progress and outcomes of efforts implemented through the collaboration. CFIR constructs can be employed to align measures and organize findings so that collaborative teams can use the findings to facilitate and improve processes and outcomes.



¹ <https://cfirguide.org/>



THINK ABOUT

- ★ What is your collaborative team or advisory group trying to accomplish?
- ★ What are some of the key attributes of your external and internal contexts that you could measure?
- ★ What are some of the key steps in your implementation process that could be measured?
- ★ A collaborative may wish to quantify the degree to which it is networked with other external organizations (outer setting) using a social network analysis tool that can help the collaborative members visualize their reach and gaps in their partner network.
- ★ If the collaborative is implementing an intervention, it will be important to understand more about how the staffers directly responsible for implementation think about the intervention.
- ★ Do staff have knowledge and skills around what constitutes fidelity to the intervention model?
- ★ How well do they mirror the population receiving the intervention, including race/ethnicity, economic opportunity, geographic origin, and educational status?
- ★ How well-prepared is your inner setting for implementing the intervention?
- ★ Is organizational leadership on board?



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MISSION: The Association of Maternal & Child Health Programs is a national resource, partner and advocate for state public health leaders and others working to improve the health of women, children, youth and families, including those with special health care needs.

VISION: AMCHP leads and supports programs nationally to protect and promote the optimal health of women, children, youth, families, and communities. AMCHP envisions a nation that values and invests in the health and well-being of all women, children, youth, families, and communities so that they may thrive.

Assessing progress and outcomes of collaboratives using Diffusion of Innovation Theory (DOI)

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? WHAT IS IT?

DOI is a social science theory developed by E.M. Rogers in 1962 that explains how a new idea or program (an innovation) gains support and spreads into a specific community, ultimately leading to the adoption of the new idea or program.¹ This theory used in implementation science can help to organize findings so that a collaborative effort, such as a learning collaborative or an advisory group, can use the findings to facilitate and improve processes and outcomes of a project or initiative.

Adoption of an innovation does not happen at the same rate among all people or organizations. Some may already provide some level of the specified service or program, and some programs may be the last to get “on board.” There are five established adopter categories.



¹ Diffusion of Innovation Theory: <http://sphweb.bumc.bu.edu/otit/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories4.html>

In addition to the adopter categories, the other stages of innovation adoption include awareness of the need for innovation; decision to accept or reject the innovation; implementation of the innovation; and continued use of the innovation. Five main factors influence the adoption of an innovation:



Adding a new component to current practice is considered an innovation. By using the DOI, we can conduct a thorough process evaluation, which allows us to determine how well the new components are implemented and factors that impacted the adoption of the new components.

THINK ABOUT

- ★ What is the composition of your learning collaborative or advisory group?
- ★ How would you characterize each member of the collaborative using the adopter categories?

- ★ When thinking about building a new initiative or disseminating an innovation, it may be helpful to consider building a collaborative or advisory group with these adopter categories in mind.



Assessing process, progress and outcomes of collaboratives using Reach Effectiveness Adoption Implementation Maintenance (RE-AIM)

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RE-AIM consists of five elements, or dimensions, that relate to health behavior interventions and represent the pathway to translate research into action¹:



¹ www.RE-AIM.org

The goal of RE-AIM is to encourage program planners, evaluators, funders, and policymakers to pay more attention to essential program elements, including external validity, that can improve the sustainable adoption and implementation of effective, generalizable, evidence-based interventions. Each of the five elements is outlined below:

1

REACH

The absolute number, proportion, and representativeness of individuals who are willing to participate in a given initiative, intervention, or program.

? *How do I reach the targeted population with the intervention?*

2

EFFECTIVENESS/EFFICACY

The impact of an intervention on important outcomes, including potential negative effects, quality of life, and economic outcomes.

? *How do I know my intervention is effective?*

3

ADOPTION

The absolute number, proportion, and representativeness of settings and intervention agents (people who deliver the program) who are willing to initiate a program.

? *How do I develop organizational support to deliver my intervention?*

4

IMPLEMENTATION

At the setting level, implementation refers to the intervention agents' fidelity to the various elements of an intervention's protocol, including consistency of delivery as intended and the time and cost of the intervention. At the individual level, implementation refers to clients' use of the intervention strategies.

? *How do I ensure the intervention is delivered properly?*

5

MAINTENANCE

The extent to which a program or policy becomes institutionalized or part of the routine organizational practices and policies. At the individual level, maintenance has been defined as the long-term effects of a program on outcomes after six or more months after the most recent intervention contact.

? *How do I incorporate the intervention so that it is delivered over the long term?*



THINK ABOUT

★ In the context of collaboration, RE-AIM provides a framework to ascertain who might need to be a part of your collaborative effort in order for it to succeed. For Reach, do you have people within your collaborative that are members of the population subject to the intervention?

★ For Efficacy, do any of my collaborative members have ties to the research demonstrating effectiveness?

★ How about adaptations that might need to be made to tailor the intervention to the population being served?

★ For Adoption, do you have collaborative members who are a part of the leadership and organizational structure delivering the intervention?

★ Will these members assist in developing organizational support?

★ For Implementation, do you have collaborative members who can support delivery of the intervention with fidelity?

★ Are sites or settings represented in your collaborative?

★ For Maintenance, who on your collaborative will help you to institutionalize the intervention or practice?

Assessing functioning, progress and outcomes of collaboratives using Wilder Collaboration Factors Inventory

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A free online collaboration assessment that assists in measuring how a collaboration is functioning on 22 research-tested success factors through a 44-item inventory. The assessment can be completed in approximately 15 minutes.¹ The online inventory is accessible at <https://www.wilder.org/wilder-research/research-library/collaboration-factors-inventory-3rd-edition> and the printable version is at <https://wilderresearch.org/tools/cfi-2018/start>. The inventory captures status and progress of collaboration in the following factor groups: Convening, Environment, Membership Characteristics, Process and Structure, Communication, Purpose, Resources, and Future. Although the inventory is free, there is a book for purchase, *Collaboration: What Makes It Work, 3rd Edition*, that reviews the research on factors influencing successful collaboration. The 22 factors are:

- | | |
|--|---|
| <p>1 History of collaboration or cooperation in the community</p> <p>2 Collaborative group seen as a legitimate leader in the community</p> <p>3 Favorable political and social climate</p> <p>4 Mutual respect, understanding, and trust</p> <p>5 Appropriate cross section of members</p> <p>6 Members see collaboration as being in their self-interest</p> <p>7 Ability to compromise</p> <p>8 Members share a stake in both process and outcome</p> <p>9 Multiple layers of participation</p> <p>10 Flexibility</p> <p>11 Development of clear roles and policy guidelines</p> | <p>12 Adaptability to changing condition</p> <p>13 Appropriate pace of development</p> <p>14 Evaluation and continuous learning</p> <p>15 Open and frequent communication</p> <p>16 Established informal relationships and communication links</p> <p>17 Concrete, attainable goals and objectives</p> <p>18 Shared vision</p> <p>19 Unique purpose</p> <p>20 Sufficient funds, staff, materials, and time</p> <p>21 Skilled leadership</p> <p>22 Engaged stakeholders</p> |
|--|---|

¹ The previous version with 20 factors was discontinued as of July 1, 2019

Scoring:

Respondents rate each of the 44 items according to their agreement, from strongly disagree (1 point) to strongly agree (5 points). The individual scores for each item are averaged, and the scores for items that make up each factor are averaged for the group, to come up with a score between 1.0 and 5.0 for each factor. Although the inventory does not have normative standards that allow for definitive interpretations of numerical scores, guidance is offered as a basis for discussion and planning for the collaboration.²

**4.0
OR
HIGHER**

indicates a strength and does not need special attention yet

**3.0
TO
3.9**

indicates the factor is borderline and may require attention

**2.9
OR
LOWER**

indicates the factor is a concern and should be addressed

An online companion to the inventory links to resources from Chapters 4 and 5 of the books (“Putting the Factors to Work” and “Collaborating Across Difference”) to provide ideas and tools for how to improve across the factors. The online companion is at <https://www.wilder.org/collaboration>.



THINK ABOUT

★ Before you field the assessment, consider what steps you might take to improve a factor that is scored as borderline or an area of concern. For example, if open and frequent communication is an area of concern, how might you identify what type of communication would meet the needs of the group?

★ Do you have a plan if members of your collaborative do not agree on a shared vision?

★ How might you build that shared understanding with your team?

★ What tools might you need to employ, and how might you engage members in the process of setting or resetting the shared vision?



² http://www.brauchtworks.com/yahoo_site_admin/assets/docs/Wilder_Collaboration_Factors_Inventory_and_Interpretation_Guide_180218.48132945.pdf