Partner or perish: experiences from the field about collaborations for reform

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Abstract. Collaborations between researchers, policy makers, service providers and community members are critical to the journey of health service reform. Challenges are multifaceted and complex. Partners come with a variety of challenging agendas, value sets and imperatives, and see the drivers for reform from different perspectives. Different skills are required for managing the partnership and for providing academic leadership, and different structural frameworks need to be put in place for each task in each project. We have found through a series of partnerships across our research theme of healthy ageing, and consequent translation into policy and practice, that significant and innovative effort is required for both the collaboration and the research to succeed. A shared understanding of the issues and challenges is a start, but not sufficient for longer-term success. In addition to managing the research, our experience has demonstrated the need to understand the different challenges faced by each of the partners, recognise and respect personal and organisational value systems, and to establish separate mechanisms to manage strong egos alongside, but outside of, the research process.

Additional keywords: ageing, partnerships, rural, services.

Introduction

A group of rural health researchers at the University of Tasmania has been working over the past 4 years in developing a raft of crossdisciplinary research partnerships with policy makers, service providers and community members to address issues and challenges for healthy ageing in rural communities. These projects have ranged from short and less complex undertakings, to larger, multifaceted research projects. Each project has provided a new perspective on the benefits and challenges involved in making the research partnership work effectively, with the cumulative experiences providing rich material about collaborative approaches across research, policy and practice.

While the literature has made significant contributions to the acceptance that partnership between research and policy are critical to the health reform journey (Lomas 1997; Edwards 2005; Almeida and Bascolo 2006), and while caveats remain about when such collaborations are most valuable and how they can be structurally embedded in both research and policy institutions, there have been fewer narratives and analyses on the specific experiences contained in the internal workings of such collaborations and the elements of success and challenge that may lead to enhanced service and policy models. Similarly, the literature is often silent about what innovative options have been used to 'rescue' a partnership under threat.

Methods

Based on a 'participant as observer' approach, this paper brings together the experiences of a core group of rural health researchers at the University of Tasmania across a series of increasingly complex collaborative research projects. This group, in consultation with key policy leaders in the health agency in the state, identified the pressing need for community-based research on services that would help support healthy ageing into the future. The initial joint approach was based on a range of shared understandings, including:

- Current service models were unsustainable, and were based primarily on meeting the needs of frailty and institutional care.
- There were major gaps in primary care and chronic care health promotion/early intervention approaches.
- Current service models were scaled-down versions of large urban models that often did not 'fit' rural communities.
- Service planning did not reflect major changes in demographics in rural communities, particularly the recent
phenomenon of an influx of older ‘tree changers’ and ‘sea changers’.

- There was a risk that service structures put in place some decades ago were no longer sustainable.

**Experience 1**

Our initial collaborative project was a small-scale, two-stage population study in Tasmania’s Cradle Coast, which interviewed ~200 community-dwelling people aged over 65 years to better understand their needs and aspirations. Baseline interviews were followed up 18 months later to explore interim changes in both needs and aspirations. The team for this project included researchers from rural health, geography and environmental studies and nursing, augmented at various stages by an experienced demographer and economist. The policy partner was a senior state bureaucrat.

**Experience 2**

The second project was a sequence of two studies funded through the Home and Community Care (HACC) Program on healthy eating opportunities for older rural Tasmanians. This time the researchers were in the minority – two rural health research leaders working with two senior state nutritionists and a HACC Program official, the two research assistants employed in the projects had nutrition and sociology qualifications respectively. These studies initially examined government-funded meal services for older rural people, and subsequently focused on one community’s responses to ‘healthy eating for healthy ageing’ through both community-based, private and government infrastructure.

**Experience 3**

The third project is a current Australian Research Council Linkage study on triggers for social disengagement for older people, and the potential for different types of short-term interventions to assist re-engagement. This project, due to its size and complexity and the nature of the Linkage arrangements required for the grant, required a very comprehensive governance structure. The Linkage partners are the Department of Health and Human Services through its HACC unit and aged care services, and the Tasmanian Council of Social Services (TasCOSS). The research team brings back the core researchers from rural health, geography and environmental studies and nursing from Experience 1, together with representatives from our formal Linkage partners. Oversighting the project, and with the aim of assisting the translation of any findings into practice, is a reference group with wider University of Tasmania, Department of Health and Human Services, TasCOSS and community representation.

**Results**

**Experience 1**

Experience 1 saw the beginning of the team journey. The research team worked with a small, local market research firm, which undertook interviews with 200-odd older people living in the community across north-west Tasmania. The team met together, and with the market researchers, on an as-needs basis, with one member of the team having the specific responsibility to liaise with the senior bureaucrat, and to provide regular reports to the Department. This project was funded internally, so there were no formal contractual or reporting arrangements required. The relationships were informal and collegial, based on common policy and service interests and there was no need perceived for a formal decision-making structure.

With a good basis in shared team understandings of the service gaps, the lack of sustainability of current services, and the previously unconsidered demographic changes, the findings of this small study have led to some local service changes, and a strengthening of the recognition among providers that a narrow definition of health services will not meet the needs of this client group (Walker et al. 2007). The team, together with the augmenting members from economics and demography, developed and have sustained networks arising out of the project experience, and continue to explore, separately and together, options for the wider application of the research. The issues raised within the loose partnership during the study focussed primarily on successfully managing the early implementation of findings and the development of further grant submissions. There was a high level of shared understanding of the service gaps that needed to be addressed, and shared values that had been tested in previous collaborative service evaluation and service planning initiatives. This was a group of individuals who had a history of working together, and who understood each other’s personal and organisational settings and values. Tensions that developed were minor, and primarily about lack of understanding of the respective funding issues faced by each of the partners, together with some concerns about the use of market researchers to assist academic research. These tensions were resolved informally through dialogue at the meetings of both the team, and between the team and the senior bureaucrat where options and precedents were explored, and mutually beneficial opportunities were identified.

**Experience 2**

Experience 2 consisted of two small studies and again grew from a shared recognition of need where researchers, HACC policy makers and community and departmental nutritionists were concerned that existing government-funded meals services were not sustainable and not meeting the myriad needs of older people in rural communities. The first study considered consumer and provider attitudes to, and experiences of, government-funded meals services in rural areas. These services were Meals on Wheels, day centre activities, and Eating with Friends groups. The second study focussed on the options and opportunities for communal eating in one rural community. Both required contracted formal reporting back to the HACC Program, which had to include conduct of the research, findings, recommendations and expenditure against grant budget.
In both stages of this study the research was guided by a formal reference group comprising researchers, a HACC representative, and two senior nutritionists from the state health agency. While there was a shared understanding by all participants of the need to use the research to frame sustainable service options, the project partners soon found themselves engaged in a series of rigorous debates about the interpretation of the research evidence, based on different professional and organisational perceptions of what the programs being studied could, and should, achieve. Were they about social eating opportunities, of which nutritional supplementation was a potential side benefit? Or was nutritional benefit the major underpinning element for the programs, with less importance attached to the social aspects of eating? For the partners, there was potential for drawing different issues, implications and priorities from the findings based on varying organisational and professional value sets. These included (Boyer et al. 2007; Orpin and Boyer 2009):

• The perceived benefits and barriers created by health and safety issues in meal preparation.
• Services funded for ‘nutritional’ outcomes that were achieving significant social outcomes but with limited nutritional value.
• Services funded to reach older people ‘at risk’ that were providing an excellent service to those who attended, but were not reaching their target audience.
• Consumer desire for more social contact through delivered meals services when guidelines precluded this approach.
• Issues of levels of understanding among service providers about the level of ‘under-nutrition’ in older rural community members.

Any debates engendered by the clash in organisation perspectives and professional understandings were perceived, and embraced, by all of the partners as ultimately productive in clarifying a range of policy options, rather than settling on a single service model. The level of shared commitment to a positive outcome and a general goodwill built over longer-term relationships outweighed personal agendas and strong egos of participants; partners identified a rare opportunity to ‘think beyond the square’ for enriched and multifaceted future service planning. The shared understanding was of the need for major structural reform in government-funded meals services, in which the research must play a significant role.

Management of the debate fell largely to the chair of the reference group, who drew on a shared respect from all partners, based on experiences in both service policy and planning and in research. That understanding and respect for other views and perspectives ultimately permeated each of the participants in this experience.

Experience 3

Experience 3 is an intense 3-year project, in contrast to the shorter timeframes and simpler structures of the previous two ‘experiences’. Due to its more complex and formal structure and detailed reporting and contractual requirements, it has a tiered management framework consisting of a research group and a project reference group. The structuring of these was based specifically on learnings from the role of the reference group in Experience 2. The research group is led by a senior academic in rural health, and includes researchers with expertise in rural health, human geography and nursing, together with two health policy makers and a researcher from TasCOS. It seeks to meet monthly to deal with research process issues. This contains within it the core grant-writing group that liaised constantly in the 6 months leading up to the grant submission. The reference group includes senior representatives of state and federal health agencies, TasCOS, a senior researcher from the Faculty of Health Sciences (University of Tasmania), two active community seniors, and three members of the research team. It meets twice a year.

At the commencement of the project a post doctorate researcher was appointed, and a Linkage Industry Fellow will be employed in the final year of the project.

Given the timeframe between grant preparation and commencement of the project, it was inevitable that there would be personnel changes between the team putting together the initial submission, whose members had a clear and shared view of the proposal and its relevance, and the group that began the actual project some 12 months later. In addition, the mix now included an external post doctorate researcher who would be responsible for much of the day-to-day research process but who was not involved in the original project development process. These changes, not unexpectedly in hindsight, led to new policy and researcher tensions that had been less evident in the earlier ‘experiences’, where the same partnership teams were sustained for the full length of the projects. An undercurrent of tensions became evident, which were recognised as being both cultural and structural. As well as a clear clash of personal value systems, there was also a lack of adequate mechanisms and processes for building the understanding and respect for the divergent views and values needed to sustain the team. In particular, divisions grew within the research team about the relevance of policy perspectives to research outcomes, emanating from a dilution of some of that shared team understanding regarding policy frameworks and goals that underpinned the initial grant proposal process. If these tensions had not been adequately managed and diverted, there was a real threat that the Linkage itself would unravel.

In addressing these challenges to effective and sustainable collaboration there was an urgent need for the team to both recognise and address the underlying issues, restating the original intent of the grant application and re-identifying what ‘team’ and ‘partner’ meant in the context of a successful research and reform outcome. Revisiting the original research grant application, and what the original members of the group had been seeking to discover, was a start to bridging some of the divergence. Separation of the roles of academic leadership, research supervision and project management was explored, and then put in place.
However, the most effective and innovative initiative in addressing these issues was the formation of a new 'policy' group. This encompassed some of the research team, representatives of the partner organisations and a senior representative from the Department of Health and Ageing and was designed to facilitate informal discussions about the research context, in particular, the external health sector reform environment in which the research findings would need to be operationalised. This was particularly relevant as the debates within the Council of Australian Governments in relation to the HACC program were current, as was a major restructure of the state health agency. The policy group proved effective far beyond its original conceptualisation by providing neutral ground, outside the formal project research processes, enabling broader, free-ranging discussions on health reform and a potent framework for developing a wider understanding and respect between the team members, through shared scanning of, and debate about, the local and national health environment and the impacts this may have on the ultimate translation of our research findings. Because the policy group was relatively unstructured, and operated without a formal agenda in settings that included coffee shops and wine bars, it became a safety valve for the tensions that had been building up within the team. A threat became an opportunity, and significant value was added to the project as there was the opportunity to explore views, policies and political analyses beyond the boundaries of the actual project, but which added understandings to the project as well as to the policy group members.

Discussion

As collaborations deepen, and the ‘partner’ team itself grows and changes, emerging issues become more substantial, and value and perspective clashes more evident. Project leadership and collaboration management become as important to the success of the project as the research itself and require as much ‘work’. These roles need ongoing resource allocation, monitoring and assessment. The development and use of groups such as our ‘policy group’, operating in a relatively unstructured way parallel to but outside of the formal structures of the project to facilitate discussions around the wider issues impacting the project such as of the broader policy and service reform environment, presents one potentially effective way of addressing any team tensions before they threaten the project. Our group provided a unique opportunity to embed an ongoing and sustained discourse between policy makers, service planners and researchers.

The leadership needed in such collaborations is therefore both academic research leadership, interwoven with leadership of shared understandings and respect, together with policy acumen. Approaches need to be flexible and innovative, and present the opportunity to enrich the research itself, and the policy and service outcomes required if the research findings are to be translated successfully into policy and practice.

Conflicts of interest

None declared.

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