

SPECIAL REPORT

Understanding and reducing barriers to collaboration by academics with agencies and community organizations: a commentary

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In *Reflections on a Half Century of Injury Control*, Julian Waller addressed directly the need for collaboration.¹ He noted that organizations, as they age, tend to become insular and look inward instead of toward others for new ideas. Yet, as Waller emphasizes, a multidisciplinary approach is critical to our ability to understand and reduce injuries, particularly as problems and solutions become more complex. For the field to advance, collaboration between academically based researchers and public agencies (for example, local health departments) or community organizations (for example, non-governmental service groups or neighborhood associations) is essential.

Despite ample opportunities for collaboration among academicians, public agencies, and community organizations, different emphases in these potential partners result in barriers to collaborative ventures. These barriers arise from differences in:

- Approaches to defining and prioritizing problems and strategies for solutions;
- Values and requirements for career advancement;
- Work styles;
- Time demands;
- Approaches to using information.

Understanding the perspectives of communities, agencies, and academicians on these barriers will enable these potential partners to overcome impediments to effective collaboration. The purpose of this commentary is to explore how these barriers impede academic researchers in the collaborative process.

Approaches to define problems and prioritize strategies

In any collaboration, there must be agreement about what problem is to be addressed and how multiple problems are to be prioritized. A variety of agencies and disciplines play unique, but overlapping, roles in injury control—for example, health, transportation, criminal justice, education, and labor. Some emphasize engineering approaches to prevention, while others may focus on health behaviors or on enforcement. Though all these approaches have their places, the tendency to cling to traditional perspectives can create barriers to collaboration.

Community members may bring different perspectives on research needs from those in academic research and public agency settings. Further, it is not infrequent that different individuals or groups may claim to speak for the community. Unlike universities and health agencies with clearly defined hierarchies and roles, communities consist of many groups that form and reform to address issues. One group may feel that the time and issue are right for attention; another may not. This, too, can create conflict and impede the collaborative process.

A related problem is that academics and other professionals tend to focus on the weaknesses rather than the strengths of communities. McKnight and Kretzmann have criticized, for example, the disempowering role of professionals in defining problems.² They argue that as long as researchers focus solely on the needs or deficits of communities to the exclusion of their assets, it is unlikely that many problems will be solved. Complex social problems like violence, for example, will require the contributions of many individuals and groups of diverse backgrounds and competencies. Solutions will need to address not only the mitigation of risk factors, but also the enhancement of protective factors.

Values and requirements for career advancement

The academic environment imposes different demands on career advancement than are present in agencies. Academically based researchers are encouraged to develop a career trajectory that generally involves the application of theories and methodologies relevant to their disciplines. Yet this research may understandably be viewed by agencies and community persons as of little usefulness in solving the problems they have defined as important. In addition, academics are expected to define the research issues, design and carefully control the intervention variables, and analyze the results, free of influence from public opinion, or other potential sources of “bias”. Collaboration in which others outside of the university potentially alter the scientific process can be problematic to other scholars who evaluate the quality of that work.

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The style of interaction associated with conducting academic research may also cause conflicts. Rigorously critiquing the work of others is usually a necessary first step in defining a research question. This style of challenge and counter challenge over ideas may not be comfortable for those outside the academic environment, perceiving it as personal criticisms. Furthermore, this process of finding fault may make it more difficult for faculty to recognize the strengths of communities and agencies upon which programs can be built.²

Work styles

The socialization of scholars as independent thinkers has two complementary effects. Given the low academic expectations for collaborative efforts, many faculty members are uncertain about how to balance their scholarly needs with those of communities or agencies. Without experience in collaboration, faculty may feel uncomfortable working with community groups, because they do not understand how their skills may apply in community settings. Furthermore, and somewhat paradoxically, as faculty develop their skills, they gain stature as “experts” on issues they study, but this may give them a false sense of confidence about the application of their expertise in community settings. As “experts”, faculty may fail to hear the ideas of others and the latter may be intimidated about expressing ideas divergent from those of the presumed expert. There are also sometimes tendencies for experts in one area to assume, inappropriately, that their expertise extends to other areas. Exacerbating this is the fact that the demographic composition of university faculties often contrasts with that of many of the high risk communities to which interventions are addressed.

Time demands

Effective collaboration requires immersion in a community or an ongoing relationship with an agency. Ironically, though communities or agencies may need or expect solutions quickly, the process of working through collaborative problem solving is often slow. Communities may take time to develop a consensus around an issue. Meanwhile, faculty needing to submit a grant by a certain deadline or complete aspects of their work for promotion review, may not be patient with the pace at which this process unfolds.

Faculty must take time to demonstrate a commitment to learn about the community or the agency in order to earn the respect and trust of individuals in those environments. The absence of such respect may compromise the refinement of research questions and data collection protocols. Similarly, inadequate time spent on developing trust may reduce community “buy-in”, diminishing programmatic effects, and opportunities for future collaboration. Another issue of timing is that the promotion and tenure process is time limited. It involves a seven to 10 year period to develop one’s record through publications, teaching,

and grants. The time required to develop and maintain collaborative efforts works against the academic clock.

Teaching also places specific and often unalterable demands on time. Courses meet at pre-arranged times; papers and examinations must be evaluated in a timely manner and grades must be submitted by specific dates. These requirements may limit the availability of a faculty member to times that do not necessarily coincide with the ebb and flow of community initiatives.

Using information

Though a critically important function of public health practice, advocacy for community problem solving through social change is often in conflict with the scientific process. The tension revolves around scholars’ efforts to adhere to the scientific method. Advocates intent on finding support for their position will want to use data from a particular study to support their views, and may be less attentive to the limitations in interpretation than a researcher. Research is rarely unequivocal and the process of interpreting findings often results in controversy. Faculty members face criticism from colleagues if they overinterpret their results and even, in some circles, if they propose policy implications based on their findings.

Even if academics are willing to address policy implications in their scientific publications, they are frequently reluctant to appear before legislative committees arguing for social change. In part, this stems from the difficulty in separating the scientific style of equivocating from the need to satisfy policy makers’ desire to have an explicit solution to a perceived problem. Furthermore, even if faculty members are comfortable stating a clear recommendation as a result of their research, they may be prohibited from doing so. In some settings, it is against university, state, or federal policy for investigators to give testimony on specific bills or to advocate for specific interventions. This can be in direct conflict with a community group’s efforts to promote social change, calling into question the commitment of academics to their cause.

As community groups involve the media in their advocacy efforts, the conflicts magnify. Researchers, bound by scientific norms and the rules of academe, are prohibited from allowing their results to be published in a public forum until the study has been peer reviewed and published in a scientific journal. Consequently, the beneficiaries of the results are delayed in their access to the findings. Yet, faculty, to survive in the tenure process, must publish in the peer reviewed literature, a process that can take months.

Models to improve collaboration

There are models that attempt to overcome these barriers to collaboration. A recent report documents formal links between schools of public health and health agencies.³ Of the 27 schools of public health surveyed, all 21

responding reported providing *practica* or technical assistance to an agency. Only 13, however, reported temporary placements of faculty members in agencies and 11 reported agency appointments to schools.

Several states, recognizing the constraints imposed by cultures and bureaucracies of large institutions such as state health departments and universities, have created semiautonomous institutes to bring about better collaboration. For example, a non-profit corporation, the Michigan Public Health Institute, was established as a cooperative venture of the Michigan Department of Public Health and the three major research universities in the state. Both the state and universities provide some core support for the institute.

Funding agencies, whether private or governmental, should be encouraged to reallocate resources to reward collaborative research. It is crucial, however, that these newly funded collaborative efforts reflect actual collaboration and not the perfunctory assignment of a community organization or local health agency as the collaborating partner. The W K Kellogg Foundation has sponsored one such model of how to overcome the barriers to collaboration through the Community-Based Public Health Initiative.⁴ Schools of public health, local health departments, and community organizations have participated in coalitions to define and address public health issues. One goal is to enhance the ability of community organizations to participate actively in agenda setting. Other goals are to assist local health departments and schools of public health rethink how they set priorities. The University of North Carolina, for example, has recently implemented new tenure and promotion guidelines that recognize contributions to practice as well as research, representing an effort to place academic value on the contributions that stem from collaboration.⁵

Several other recent US federal initiatives have created incentives for collaboration. For example, the Department of Housing and Urban Development has sponsored Community Outreach Partnership Centers in which "community-based organizations should be partners with the institutions (of higher learning) throughout the life of the project, from planning to implementation".⁶ The Bureau of Maternal and Child Health has funded the Healthy Start Initiative, using collaborative relationships to address infant mortality.⁷

Conclusion

Since collaborative efforts bring together individuals and institutions with differing, and sometimes conflicting, values and cultures, the process of collaboration should begin by recognizing differences. Collaborators can then more clearly focus on the goals they share. Researchers in academia, agency representatives, and community members who come together in an incipient collaborative effort should make explicit their differing expectations.^{8,9}

At the conceptual and planning stages of any collaborative project, the various players should clarify the fundamental goals over which a clash of cultures is likely to occur. If the goal is to help a community develop its capacities or an agency to perform an expeditious evaluation of a recent injury control mandate, that should be explicit at the outset. Researchers need to understand and appreciate the roles played by community members or agency officials in the design and implementation of such undertakings. If the goal is to advance science, then the community or agency should understand that immediate benefits to itself are unclear or limited, but future benefits to communities or agencies are likely.

Clarification of the goals should ease approaches to other barriers. For example, the goals may guide the choice of spokesperson for the project. If the primary goal is defined by a community group, then it could be appropriate for an academic to acquiesce in the use of project findings for advocacy. Recognition of the socialization of faculty as "experts" makes it important to incorporate agreed upon rules for meetings to assure that the views of all participants are encouraged. Finally, explicit communication not only of project deadlines and requirements, but of faculty obligations such as classroom teaching should facilitate the completion of agreed upon tasks.

Academic partners in collaboration should acknowledge their differences in the approaches to problems, requirements of career advancement, work styles, time demands, and the use of information, recognizing that explicit conflict can be helpful in identifying the goals and objectives of a project. Over time, academic institutions, agencies, and communities will need to find ways to ensure that each benefits from the collaboration, while acknowledging that in any given project the balance may be tipped toward one or the other.

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