

Mastering the art of collaboration – Reflections and future directions

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In June of this year the Australian Health Promotion Association held its 19th national conference in Melbourne on partnership practice, titled 'Walking the Talk Together'. The conference afforded delegates the opportunity to spend dedicated time to critically think through the mechanics of this often complex phenomenon and ways to strategically develop synergy within and between organisations more effectively. More than 560 delegates engaged in three days of presentations, workshops and discussions which provided a useful snapshot of our current thinking in this discipline. The conference highlighted that there is still room for us to shift our thinking. We must move beyond the rudimentary stages of 'who' we are working with and start to develop strategic ways around 'how' we might achieve better practice. To do this, we need to start understanding the technical foundations of collaboration essential to the success of health promotion practice.

Collaboration has often been described as an art rather than a science because, at its core, it is all about managing relationships. It stands to reason that the choice of individuals is critical to the success of a partnership as its membership is its most important asset. The skills and knowledge that members bring to the table can make or break a partnership, indicating there is another layer of this practice we need to consider beyond factors such as time and funding restraints. A health promotion workforce with the right collaborative skills and knowledge will be more effective in bringing about change when dealing with the complex social and health problems often faced by health promotion practitioners working in partnership.¹ If we can identify the specific practice skills for collaborative practice, we can move towards building the workforce and mobilising these skills within teams and organisations for better health outcomes.

Competency frameworks offer a unifying set of standards for the health promotion field, providing a combination of attributes which practitioners need to attain to be effective in their role. They can provide some guidance in the process of articulating the skills practitioners need, however, to date health promotion has provided a broad brush approach to competency development. In 2008, the Galway Consensus Conference² reignited international discussions around the importance of articulating competencies for health promotion and education practitioners. The Consensus described

partnerships as 'working collaboratively across disciplines, sectors and partners to enhance the impact and sustainability of health promotion programs and policies'. While providing us with a broad directive this failed to identify the skills set required for successful collaborative practice. The update of the AHPA Core Competencies document³ last year placed the discussion of competencies for health promoters back on the agenda for workforce development in this country. In this document, partnership building competencies are also presented broadly as:

- identifying partners within and outside the health sector that could determine or enhance the success of health promotion efforts;
- developing effective partnerships with key stakeholders, gatekeepers and target group representatives; and
- establishing appropriate partnerships with relevant organisations and agencies and facilitate collaborative action.

We must articulate the processes involved in applying each of these competencies to build the capability of teams and organisations. This also means determining what skills we need to achieve them. For instance, how would one learn to develop effective partnerships or establish appropriate partnerships? What skills does one need to be able to be proficient in doing these things? The complexity of partnership work deserves further expression and there is space to do this so that we can push practice forward.

If we turn the spotlight on the endeavours that have been made until now there is insight to be gained into what is considered important for effective collaboration. The notion of a 'collaborative tactician'⁴ in health promotion was a useful term coined to acknowledge the particular competencies for partnership practice, in particular those needed to broker collaboration. A collaborative tactician is said to have particular skills including interpersonal skills, strategic planning and analysis of system barriers and opportunities which enables them to gain collaborative advantage. This skill set goes beyond the technical skills we are used to addressing in health promotion education and training and focuses on the interaction of partnership members. So what are those skills or competencies that make things happen when a group of stakeholders with different visions, technical skills, time limits and resources get together to work on improving health outcomes?

Pennie Foster-Fishman et al.⁵ provide a complex but practical framework which identifies that for partnerships to work there needs to be capacity at four critical levels: within members, within relationships, within organisation structures and finally within the programs they are working on. They argue that partnerships with a diverse membership will have greater access to the skills and knowledge needed for collaborative

capacity to occur, which will contribute to the success of the partnership. These skills include communication, cooperation, conflict resolution, identification of innate expertise and understanding of member diversity. Other critical factors which have been identified in the literature include interpersonal understanding, team work, trust building, negotiation, cooperation and team leadership.^{4,6}

And so, in light of the discussions and debates which occurred during the conference earlier this year, we must challenge current practice for future development. We must recognise the need to drill down further from existing health promotion competency frameworks to articulate the particular skills set appropriate to guide practitioners to achieve collaborative advantage. In particular, an interpersonal skill set needs to be incorporated alongside the technical skills and knowledge required to create an effective understanding about collaboration. Once this is achieved, these skills must be integrated into the development of health promotion training for workforce development and meaningfully included into university curricula. Practitioners can then mobilise these acquired skills within the workforce to propel the outcomes of their partnerships forward.

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Time to get tough on unhealthy sponsorships

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Health is everybody's business, and the Bangkok Charter¹ placed health promotion firmly in a global context, calling for an integrated policy approach where health is central to global development and a key requirement for good corporate practice. The Charter recognised the potential harms associated with marketing strategies¹ and there is a growing recognition that advertising and marketing of unhealthy food and drinks, including alcohol, have a negative impact on children's knowledge, attitudes, preferences and consumption.² A recent New Zealand study also found links between alcohol industry sponsorship and higher levels of alcohol consumption among sport participants.³ In Australia, the National Preventative Health Taskforce placed advertising and marketing of unhealthy products firmly on the national health agenda and concluded that the weight of evidence is now sufficiently compelling to recommend action to control what remains an overwhelmingly self-regulated industry.⁴

Sponsorship is a key component in the overall marketing mix, indeed since the 1980s, sponsorship has outperformed other promotional tools in terms of growth.⁵ This decade marked an escalation in sports marketing and launched the commercialisation of the Olympic Games, with Coca-Cola and McDonalds in particular investing heavily in sponsoring the Los Angeles Games.⁵ Since that time, children and young people have acquired considerably more spending power and the Internet has opened up a vast opportunity for commercial sponsors to develop ever more creative ways to leverage their brands.

Today, sponsorship employs increasingly sophisticated methods and activation strategies combined with breathtaking expenditures to associate unhealthy foods and drinks with sport and entertainment. In 2008, sponsorship spending on alcohol alone was estimated to be about \$300 million a year in Australia, in addition to another estimated \$119 million in other forms of paid advertising, excluding sponsorship.⁴

The argument that sponsorship and advertising do not influence behaviour ignores all the evidence to the contrary. The food and alcohol industries in Australia are strongly resisting regulation and make laughable claims about the effectiveness of the voluntary codes. It is hard to take these claims seriously when a recent content analysis of three major Australian cricket games on television found that the main sponsor's logo (either KFC or XXXX Gold) was identifiable