CREATING PARTNERSHIP SYNERGY: 
THE CRITICAL ROLE OF COMMUNITY 
STAKEHOLDERS

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ABSTRACT

While there are compelling reasons for professionals in health and human services administration to collaborate with other stakeholders in the community, the experience with such partnerships thus far has generated more frustration than results. Recent research on partnership synergy—a key indicator of a successful collaboration process—suggests that many of these partnerships are inadvertently compromising their own success by the way they involve community stakeholders. Applying research findings to current practice, this article shows how the ability of a partnership to understand and address complex problems—and sustain interventions over time—is related to who is involved in the partnership, how community stakeholders are involved, and the leadership and management of the partnership. The article addresses key challenges that health and human services administrators face when they seek to optimize the role of community stakeholders in partnership.

INTRODUCTION

Increasingly, public- and private-sector organizations involved in health and human services have been creating partnerships with community stakeholders (Bazzoli et al., 1997; Bruner, 2000; Fawcett et al., 1997; Lasker and the Committee on Medicine and Public Health, 1997; Mitchell and Shortell, 2000; Olden and Clement, 1998; Proenca, 1998; Sigmond, 1995; Zuckerman, Kaluzny, and Ricketts, 1995).
The rationale that undergirds this interest in community collaboration is compelling. From a philosophical perspective, people living in democratic societies have a right to a direct and meaningful voice about issues and services that affect them (Box, 1998; Denhardt and Denhardt, 2000; King and Stivers, 1998). At a practical level, many local problems have not responded to top-down, single-solution programs and a growing number of people are appreciating that improving community health and the delivery of health and human services go beyond the capability, resources, and authority of any single organization or sector (Chaskin and Abunimah, 1997; Potapchok, Crocker, and Schechter, 1999; Richardson and Allegrante, 2000).

Responding to the promising potential of collaboration to give voice to people in communities and to enhance the effectiveness and efficiency of achieving challenging objectives, foundations and governments agencies in the United States have spurred the formation of tens of thousands of community partnerships (Butterfoss, Goodman, and Wandersman, 1996). Yet, in spite of this substantial interest and investment, the experience thus far has generated more frustration that results.

Because it is so difficult to build productive working relationships among people and organizations from different backgrounds, many partnerships do not survive their first year and others falter in the development of plans and interventions (Kreuter, Lezin, and Young, 2000; Wandersman, Goodman, and Butterfoss, 1997). When partnerships get beyond the planning phase, collaborative actions are often time-limited, ceasing when external funding ends (Okubo and Weidman, 2000). Considering these experiences, it is not surprising that it has been so difficult to document the impact of partnerships in improving community health or service delivery (Kreuter, Lezin, and Young,
To deal with these issues, evaluators and consultants have focused on helping partnerships develop evidence-based interventions, manage interorganizational relationships, and establish structures to coordinate services, programs, and interventions (Shortell et al., 2002). Another factor that may be limiting the effectiveness and sustainability of partnerships is the role of community stakeholders. A growing body of literature on partnerships has emphasized the importance of involving people who understand the needs, assets, priorities, and dynamics of the community (Bruner, 2000; Chaskin and Abunimah, 1997; Israel et al., 1994; Minkler et al., 1994; Potapchuk, Crocker, and Schechter, 1999; Robertson and Minkler, 1994).

Yet, very little research has focused on what a collaborative process needs to do to make the most of community involvement. As a result, many partnerships may be inadvertently compromising their own success by limiting the valuable contributions that community members can make and by undermining the local ownership that is needed to sustain actions to address problems.

Looking at partnerships from the perspective of synergy can help the leaders and managers of partnerships appreciate and optimize the roles of community stakeholders. Synergy can be defined as the breakthroughs in thinking and action that are produced when a collaborative process successfully combines the complementary knowledge, skills, and resources of a group of participants (Lasker, Weiss, and Miller, 2000; Fried and Rundall, 1994; Gray, 1998; Mattesich and Monsey, 1992; Richardson and Allegrante, 2000). Synergy is the advantage that partnerships gain by involving diverse people and organizations in the community. Moreover, it is a mechanism that explains
how broad community participation strengthens the ability of partnerships to identify, understand, and solve complex problems (Lasker, Weiss, and Miller, 2001).

Although the literature on partnerships is rich with allusions to synergy, very little research has been done in this area. Recently, the authors built on the extensive literature on partnerships to conceptualize synergy and its likely determinants in concrete and measurable ways (Lasker, Weiss, and Miller, 2001). In the National Study of Partnership Functioning, which obtained information from 815 respondents in 63 health partnerships around the country, the authors determined the extent to which partnerships achieved synergy and identified the factors that are related to the ability of partnerships to maximize synergy (Weiss, Anderson, and Lasker, 2001).

Over the last two years, the authors have been working with nine communities in the Turning Point initiative to better understand the role of synergy in collaborative community problem solving (Lasker and Weiss, 2003). This work has important implications for health and human services partnerships because it demonstrates that the limited capacity of many partnerships to create synergy, and thus to realize the full potential of collaboration to improve health and service delivery, is related to the way partnerships involve stakeholders in the community. In this article, the authors apply their findings to current practice, identifying strategies that can help professionals in health and human services administration be more successful in their collaborative efforts.

COMMUNITY PARTICIPATION AND SYNERGY

Synergy is a key indicator of a successful collaborative process because it reflects the extent to which a partnership
can accomplish more than any of its individual participants and become a whole that is greater than the sum of its parts. A partnership creates synergy by combining the complementary knowledge, skills, and resources of different people and organizations. When a partnership achieves a high level of synergy, the group as a whole has an advantage over its individual participants in solving complex problems, is able to think in new and better ways about the problems it is trying to address, take more comprehensive actions to address those problems, and develop a stronger and more supportive relationships with the broader community.

The potential of partnerships to create synergy explains their unique value in addressing complex problems such as those related to community health. Problems like inadequate access to care, substance abuse, obesity, environmental hazards, and poverty go beyond the capacity of any single person, organization, or sector to solve. These problems are influenced by a variety of social, economic, environmental, and biological determinants, many of which are interrelated, affect diverse populations, and occur in many different kinds of local contexts. The local context, in turn, is dependent on decisions made at state, national, and international levels. Only by combining the knowledge, skills, and resources of a broad array of people and organizations can communities understand the underlying nature of such problems or develop effective and locally feasible solutions to address them.

Although partnerships need to create synergy to realize their full potential in solving complex problems, the work of the authors suggests that most partnerships are far from realizing this potential. At a practical level, the limited capacity of partnerships to create synergy appears to be related to three factors: (1) who is involved in the partn-
ship; (2) *how* they are involved; and how well the *leadership and management* of the partnership support the interaction of the partners.

**Who is Involved in the Partnership**

The people and organizations involved in a partnership are the building blocks of synergy. They bring different kinds of knowledge, skills, and resources to a partnership and it is by combining these resources in various ways that the participants, as a group, are able to accomplish more than any of them can on their own. The research of the authors demonstrates that the ability of a partnership to achieve a high level of synergy is related to the sufficiency of its non-financial resources—i.e., the extent to which it has sufficient knowledge, skills, and expertise; perceptual, observational, and statistical information; connections to people, organizations, and groups; legitimacy and credibility; and convening power (Weiss, Anderson, and Lasker, 2002).

*Who* is involved in the partnership is important in this regard because partnerships with a broad and diverse array of participants have a greater variety of knowledge, skills, and resources with which to create synergy than partnerships with a few homogeneous partners. It is not surprising, then, that the community stakeholders involved in synergistic partnerships often go well beyond the “usual suspects,” including not only service providers but also people who use services, youth and low-income residents who are directly affected by problems, formal and informal community leaders, academics in different disciplines, government agencies, schools, businesses, and faith-based organizations.

When a partnership brings together community stake-
holders with many different kinds of knowledge, it can greatly enhance its ability to understand the problems it is trying to address and to plan an effective and realistic course of action (Lasker and Weiss, 2003). This manifestation of synergy—strengthened thinking—is important because individuals and organizations, on their own, often have imperfect or incomplete information. They see only part of a problem, consider an issue from only one perspective or make assumptions about what others think. But, when a partnership promotes ongoing discourse among people who have different kinds of knowledge, the group as a whole can overcome these individual limitations. Together, a broad array of participants can:

- Obtain more accurate information (e.g., about the concerns and priorities of people in the community);
- See the “big picture” (e.g., appreciate how different services, programs, and policies in the community relate to each other and to the problems the partnership is trying to address);
- Break new ground (e.g., combine statistical and qualitative information to get a better understanding of the root causes of problems and discover innovative approaches to solving problems); and
- Understand the local context (e.g., appreciate the values, politics, assets, and history of the local environment and use this information to identify strategies that are most likely to work in that environment.

The synergy that a broad group of community stakeholders can create is also manifested in a partnership’s
actions. For example, by combining the complementary skills, services, and resources of its diverse participants, a partnership is able to carry out interventions that

- Build on community assets;
- Are tailored to local conditions;
- Connect multiple services, programs, policies, and sectors; and
- Attack a problem from multiple vantage points simultaneously.

How Partners Are Involved

Clearly, the range of community stakeholders plays a key role in determining the amount of synergy that a partnership can create. But if these participants are not involved in a way that makes it possible for them to contribute their knowledge, resources, and skills, even a diverse partnership cannot create such synergy. The importance of focusing on how community stakeholders are involved can be illustrated by comparing two types of partnerships: the “lead agency” model and the “community engagement” model which vary considerably in their ability to create synergy.

The “lead agency” model refers to partnerships that are established to help a public- or private-sector organization carry out a predetermined program. These kinds of partnerships are quite common in the health and human services areas but, unfortunately, have a very limited capacity to create synergy regardless of how diverse the participants are. The reason these partnerships cannot create much synergy is that most of the thinking and planning is done by the lead agency which is usually a hospital, health
department, social service agency, academic center or community-based organization. Typically, the lead agency diagnoses the problem in the community and develops the intervention to address the problem.

While community residents and other stakeholders may provide the lead agency with some feedback and input about its plans (for example, advice about how to tailor a program to a particular neighborhood or group), their primary role is to help the lead agency obtain community “buy-in” and provide the additional skills and resources needed to carry out the program. So, for example, they are often engaged to provide the lead agency with access to a target audience it currently does not reach, greater credibility for its message and program, and/or co-sponsorship of programs and events.

In the “community engagement” model, by contrast, a broad array of community stakeholders work together in all phases of the partnership’s work—understanding the problem, developing plans, taking collective action, and refining the partnership’s actions over time. The “community engagement” model has a much greater potential to create synergy than the “lead agency” model because diverse participants have an opportunity to influence the thinking and plans of the partnership as well as its actions. As a result, a broad array of community stakeholders can create new ideas and strategies together and the way the group ultimately understands issues and the actions it takes to address issues are usually very different from the way any single participant in the partnership started out.

The following examples illustrate the kinds of breakthroughs in thinking and action—synergy—that the “community engagement” model of partnership can achieve.

Partnership A was stunned by the number of young people who sought confidential testing for HIV after a
sexual predator had been active in the community. The immediate reaction of the partners was to focus on health education. But this approach was unlikely to be beneficial since the community had some of the best health education programs in the country, with high levels of knowledge retention among students. So the partnership turned to the youth themselves to get a better understanding of what had been happening.

In addition to involving youth directly as partners, the partnership brought cultural anthropologists from outside the community to interview young people about their risk behaviors. These interviews took place in places where youth “hang out” such as pizza parlors, malls, and safe houses. To get additional information from youth, the partnership hosted a youth summit and youth speak-out and conducted school-based services.

Contradicting conventional wisdom, the partnership learned that the youth who were engaging in risk behaviors came from all school districts and socioeconomic groups and were taking these risks at a much younger age than anyone had thought. The partnership also found out that the youth engaging in risky behaviors did not feel invincible, as some partners had originally suspected, but rather felt depressed, angry, and disconnected because of problems relating to parents, other adults, and peers. This knowledge led to a radically different approach for dealing with adolescent risk behavior: empowering youth by giving them more say over factors that affect their lives and building stronger and more supportive relationships among youth and between youth and adults.

Partnership B took a narrow government-funded initiative to improve access to care and turned it into a comprehensive program that is having a major impact on the community. The health department in this state offered
funding to counties to support a telephone call-in program to help the elderly find out about medical services. The partnership which involves all of the health and human service providers in a 12-town region as well as people who use these services expanded the program in a variety of ways and focused on the 12-town region which is a natural service delivery area encompassing parts of three counties. It extended the program to all residents in the region rather than just the elderly.

It added community outreach workers to help people connect to the services they learn about on the phone. It developed cross-agency teams to coordinate services for individual clients and reduce the duplication of services across agencies. Finally, to address the limited public transportation in the region, the partnership worked with the faith community to develop a volunteer, neighbor-to-neighbor ride service to help residents get to appointments.

By involving a broad array of community stakeholders in all phases of its work, a partnership is in a better position not only to develop more effective interventions but also to sustain these interventions over time. In partnerships that achieve a high level of synergy, the participants develop and “own” an intervention that makes sense to them. Consequently, they tend to be heavily invested in what they are doing together and have a strong incentive to contribute their tangible and intangible resources to continue the effort after external funding runs out.

In the case of Partnership B, for example, the comprehensive access initiative has become a new way of doing business for service providers and other community-based organizations in the 12-town region. Moreover, it is being supported almost entirely by the in-kind resources of partners. This degree of ownership and investment is much less common in partnerships in which community stake-
holders help a lead agency carry out its own program.

Leadership and Management of Partnerships

The National Study of Partnership Functioning demonstrated that special kinds of leadership and management are associated with partnerships that achieve a high level of synergy (Weiss, Anderson, and Lasker, 2002). The kinds of leadership and management capacities that synergistic partnerships require go beyond those involved in coordinating services or running a program or organization. Consequently, these capacities differ from the leadership and management that most people have been exposed to or have been trained to provide.

Of note, partnerships that have the greatest potential for creating synergy—“community engagement” partnerships that involve a very diverse group of participants in all phases of the partnership’s work—face the greatest leadership and management challenges. Without the right kind of leadership and management, it is not possible for people from very different backgrounds, who have rarely worked together and are often skeptical of each others’ motivation, to combine their resources and create something new and valuable together.

Synergistic partnerships often involve a number of people in the provision of leadership in both formal and informal capacities. Consistent with other work on collaborative leadership, the findings of these authors suggest that the people who seem to be the most successful in these roles are not traditional leaders who tend to have a narrow range of expertise, speak in a language that can be understood only by their peers, are used to being in control, and relate to people as subordinates rather than partners. Instead, synergistic partnerships benefit from having
boundary-spanning leaders who have backgrounds and experience in multiple fields, understand and appreciate different perspectives, can bridge diverse cultures, and are comfortable sharing ideas, resources, and power (Alter and Hage, 1993; Chrislip and Larson, 1994; Lasker, Weiss, and Miller, 2001; McKinney, Morrissey, and Kaluzny, 1993; Weiner and Alexander, 1998).

What does the leadership of a partnership need to do to enable a diverse group of participants to create synergy and, thus, make the most of their collaborative efforts? For one, the leaders need to reach out to and recruit a broad range of community stakeholders, providing the partnership with the perspective, skills, and resources that it needs. They need to inspire and motivate participants by articulating what they can accomplish together and how their joint work will benefit not only the community but also each of them individually. They need to facilitate a collaborative process that empowers participants by assuring that they have real influence in the way the partnership address problems that affect their lives. They need to help participants from different backgrounds develop relationships with each other and engage in ongoing meaningful discourse. To make that happen, the leaders need to foster respect, trust, inclusiveness, and openness in the partnership and need to help the participants develop a commonly understood jargon-free language. They need to create an environment in which differences of opinion can be voiced. Going beyond giving people voice, the leaders of synergistic partnerships need to help participants create something new and valuable together by stimulating them to challenge conventional wisdom and look at things differently, by relating and synthesizing their different ideas, and by finding effective ways to combine their complementary skills and resources.

The management of partnerships is the “glue” that
makes it possible for a broad array of community stakeholders to combine their knowledge, skills, and resources so they can understand complex problems and develop and carry out innovative and comprehensive interventions to address these problems.

Consequently, to be effective, partnerships need to find approaches to management that can support a synergistic group process as well as oversee the implementation of the projects and programs that come out of that process (Mitchell and Shortell, 2000; Shortell et al., 2002; Wandersan, Goodman, and Butterfoss, 1997; Weiss, Alexander, and Lasker, 2003).

The set of management capacities that these authors found to be important in this regard include the ability to orient new partners as they join the partnership, to minimize barriers that can prevent some community stakeholders from participating in meetings and activities (for example, by providing transportation, child care, and translation services and by holding meetings at convenient places and times); to make good use of participants’ financial and in-kind resources and time; to facilitate timely communication (not only among a broad array of participants but also with community stakeholders outside the partnership); to coordinate meetings, projects, and other activities; and to provide the partnership with analytic support (for example, by preparing documents that inform participants and help them make timely decisions and by evaluating the progress and impact of the partnership.

**IMPLICATIONS**

Understanding the relationship of community participation to synergy is important for professionals in health and human services administration because they, and the
organizations they represent, play leadership roles in community partnerships. Consequently, they have a major impact on who is involved in community partnerships, how community stakeholders are involved, and how different kinds of participants in the partnership interact.

As collaborative initiatives have proliferated, concerns have been raised about the roles of community stakeholders in partnerships that are run by professionals in health and human services (Brunner, 2000; Israel et al., 1994; Robertson and Minkler, 1994; Sigmond, 1994). When professionals take the lead, community members tend to be treated as objects of concern or sources of data rather than as peers in problem solving. The professionals usually determine the language that the partnership uses to discuss issues, the paradigm that it uses to frame and understand issues, and the boundaries around the domain of issues to be germane.

A key criticism of the limited role of community stakeholders in partnerships like these is that it runs counter to the objectives of community empowerment and community capacity building which have been the focus of increasing attention in recent years. The work of the authors suggests another negative consequence as well. These kinds of partnerships are limited in their capacity to create synergy—to achieve the breakthroughs in thinking and action that are needed to understand complex health and human services problems and develop, carry out, and sustain the kinds of interventions that can effectively address such problems.

The findings of this research provide professionals in health and human services administration with a practical map for addressing these concerns. By involving a broad array of community stakeholders in all phases of a partnership’s work and by providing the kind of leadership and management that make it possible for diverse participants
to combine their resources and create something new and valuable together, partnerships can substantially strengthen their ability to create synergy. Moreover, participants in community partnerships are empowered when they work together in this way. Yet it would be unrealistic to suggest that it is easy to realize these benefits of collaboration. In fact, administrators who want to move in this direction face a number of serious challenges.

The first challenge is deciding when a synergistic partnership is actually warranted. Although community partnerships are proliferating at a rapid pace, collaboration is not a magic bullet and partnerships are not the best way to develop or carry out all actions to improve community health or the delivery of health and human services. In fact, in situations where a problem is simple and the answer is known, the best approach is probably a contractual variant of the “lead agency” model—i.e., to find a lead agency to develop the program and have the lead agency pay other community stakeholders to help it carry out the program.

Nonetheless, synergistic “community engagement” partnerships are becoming an increasingly important strategy for health and human administrators because many of the problems they face—and are being held accountable for—are very complex. To make services more responsive to community residents and address the environmental and socioeconomic factors that ultimately determine the need for health and human services, administrators need to combine their knowledge and resources with those of many other people and organizations in the community.

When a synergistic partnership is warranted, the training and professional socialization of health and human services administrators can hamper their ability to make such a partnership work. For example, because many professionals are trained to see themselves in leadership roles, they often
structure their partnerships like the spokes of a wheel—with their own organization at the hub. In this type of arrangement, the lead agency has a relationship with each partner but the partners do not have relationships with each other. The lack of ongoing discourse among partners—or any group process for that matter—substantially limits the capacity of each partnerships to create synergy.

The way administrators are trained and socialized can also create “blinders” that limit the kinds of community stakeholders they engage as partners and the roles that community stakeholders play. Two factors may be at work here: the emphasis on professional expertise and the operationalization of the concept of “service” as “taking care of” the community rather than “working with” the community. Taken together, these factors can make it difficult for many professionals to appreciate the limitations of their own expertise or the value of combining that expertise with the knowledge and skills of other people in the community.

Another challenge that many professionals face relates to their own role in partnerships. While health and human services administrators can make important contributions to the leadership and management of synergetic partnerships, the experience of the authors suggests that these partnerships do not work well when they are run exclusively by professionals. Moreover, it may not always be optimal or appropriate for health and human services administrators to play leadership or management roles in partnerships; some community partnerships can create more synergy when these professionals function as participants.

Although many administrators are not used to participation in partnerships without being in a position of control, there are good reasons for them to consider doing so. It is not possible to assure that community stakeholders have real influence in the collaborative process if the
partnership is—or is perceived to be—dominated by the agenda of a powerful agency. In addition, it is not possible to achieve the significant breakthroughs that are needed to address complex and interrelated problems or if a partnership’s thinking is constrained by any particular professional paradigm or if its actions are limited to the services or programs that only one organization or sector provides.

The final challenge that such professionals face in common to everyone who wants to maximize the synergy created by partnerships—finding a reliable way to determine how well the collaborative process is working and what can be done to make it work better (while still having time to take corrective action). To address this need, the authors have recently developed a web-based Partnership Self-Assessment Tool (www.PartnershipTool.net). The Tool is methodologically rigorous, building on the instruments and findings of their research study.

It is also easy to use. Participants in the partnership fill out a brief (15 minute) questionnaire anonymously on-line. The data are analyzed automatically and, if at least 65% of the participants complete the questionnaire within a one-month timeframe, the partnership receives a tailored, action-oriented report. The information in the report can help the leaders and managers appreciate and optimize the role of community stakeholders. By doing so, they can help the partnership realize its full potential to improve community health and the delivery of health and human services.

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