18. Mitchell SM, Shortell SM. The governance and management of effective community health partnerships: a typology for research, policy and practice. *Milbank Q.* 2000;78: 241–289.

Alonzo Plough

Commentary: Professional Culture Change as a Condition for Effective Collaborative Problem Solving

The article “Broadening Participation in Community Problem Solving: a Multidisciplinary Model to Support Collaborative Practice and Research” by Lasker and Weiss does an excellent job of providing a conceptual framework for community collaborative decision making, one that is applicable to multiple reform efforts, whether their origins are in public or community health, social services, education, community development, or other fields.^{1–5}

Its delineation of proximate outcomes for collaborative processes—empowerment, social ties, and synergy—is particularly useful because it brings a focus on the quality and nature of the interactions among collaborative members and offers a framework for measuring the collaborative activity itself in ways that can begin to test the framework’s explicative power.

Before a framework can be tested, however, it must be put into practice. Perhaps the biggest challenge to making this community problem-solving framework operational is the reorienting of professional roles that it requires.

Many community issues and concerns, of course, do not require collaborative problem solving, but can and should be delegated to professionals. In many instances, for instance, the community does not need or want extensive involvement in developing or managing sanitation systems, inspecting public buildings, or addressing environmental hazards (traditional public health functions). The technical expertise of professionals is necessary and sufficient to identify specific problems, analyze them, define solutions, and carry them out. In fact, professionals are accustomed to making these decisions, either unilaterally or collegially with their peers, during much of their working lives.

Some community issues and concerns, however, require more than technical expertise for successful resolution. In fact, many of the most significant community issues and concerns are multidimensional in character and involve complex interrelationships that are not amenable to professional or technical solutions alone. In medical terms, either the patient must become part of the solution (e.g., engage in a diet and exercise regimen or take medication regularly) for that solution to succeed, or the patient must decide what the best solution is (e.g., decide whether the potential side effects of a treatment outweigh the potential medical gain, given that patient’s circumstances) to provide satisfaction with the result. The professional’s expertise is needed to provide options and describe their costs and benefits, but not unilaterally make or carry out the decision.

In fact, reform efforts in frontline service delivery in multiple fields (child welfare, mental health, juvenile justice, substance abuse treatment, disability services, education and special education, welfare, youth development, and employment and

training)^{6,7} emphasize the need for new client and professional relationships that parallel the empowerment, social ties, and synergy formulation for community problem solving.

Psychology and social psychology long have recognized the importance of empowerment or self-actualization to the success of many therapeutic interventions,⁸ with a growing emphasis in the reform field on building on strengths rather than focusing on deficits.⁷⁻¹⁰ The resiliency literature has stressed the critical need for social ties and relationships for positive growth and development, relationships that must extend into community life, well beyond relationships between professional and client.^{11,12} The disability field, in particular, has shown the synergy and outside-the-box actions and results that can emerge from new professional and client partnerships that do not bound expectations for client performance by prior professional experience.¹³ The self-help world has shown synergistic effects in the form of communitywide benefits from new volunteerism and leadership, in addition to improved individual well-being.¹⁴

These examples are cited from the frontline practice literature because, while recognized as promising practices in addressing complex family circumstances and concerns, they often represent the exception rather than the norm.^{1,5,6} They are seldom part of professional education.¹⁵ In fact, the role of the professional as joint learner is only beginning to be articulated in ways that clearly describe the limitations of professional expertise in solving problems and the need to reduce the distance between the culture of the professional and the culture of the client to achieve success.¹⁶

Still, this professional culture change, both at the professional/client level and the community problem-solving level, is key to producing empowerment, establishing social ties, and creating synergy.

Moreover, this change is particularly crucial in working within disinvested neighborhoods and communities, many of which are communities of color, where community health is most at issue. By any definition of disinvestment, residents in these neighborhoods do not have all the resources needed to address their community health needs. Professionals, however, also do not have all the answers, nor do they usually reflect the culture within those communities. Joint work, and learning, is needed to bridge these worlds and produce success. This implies more than professionals serving as resources and catalysts for action; it requires changes in professional thinking and practice at both practice and planning levels.^{1,5-7,10,17}

Changing professional cultures is not easy, but it is what this conceptual framework ultimately implies. The article's discussion of facilitative leadership offers some clues to achieving that cultural shift. While some of the article's discussion is reminiscent of the "maximum feasible participation" discussion of the 1960s,^{4,18} the article offers additional depth in its exploration of the types of new relationships that need to develop.

The federal Government Accounting Office reviewed service integration efforts of the 1970s and 1980s, concluding that they had limited success, at best, in fundamentally improving results for children or families,¹⁹ suggesting that more modest approaches be applied. Doug Nelson, president of the Annie E. Casey Foundation, provided a critique of the GAO report that more fairly characterized the efforts as "found difficult, and left untried."²⁰

The article offers a well-grounded framework for developing effective community problem-solving approaches to critically important community health con-

cerns. The next steps is to test this model, which will require explicit attention to changing professional roles and relationships within these community collaboratives and governance structures. A fundamental challenge will be to provide the emphasis and support for changing professional practice within these collaboratives to be able to truly test the power of the framework.

REFERENCES

1. Schorr L. *Strengthening Families and Neighborhoods to Rebuild America*. New York, NY: Anchor Books; 1997.
2. Bruner C, Parachini L. *Building Community: Exploring the Relationship Between Social Services System Reform, Community Organizing, and Community Economic Development*. Washington, DC: Together We Can Partnership; 1997.
3. Melaville A, Blank M. *Together We Can: a Guide to Crafting Community-Based Family-Centered Strategies for Integrating Education and Human Services*. Washington, DC: US Dept of Health and Human Services and US Dept of Education; 1993.
4. Kagan SL, Neville P. *Integrating Services for Children and Families: Understanding the Past to Shape the Future*. New Haven, CT: Yale University Press; 1994.
5. Bruner C. *Social Services System Reform and Poor Neighborhoods: What We Know and What We Need to Find Out*. Des Moines, IA: National Center for Service Integration; 2000.
6. Family Resource Coalition. Building bridges: supporting families across service systems. *FRC Rep.* 1994;13(1&2):5–51.
7. Jansen S, Bruner C. Definitions of effective services from innovations in different fields. In Kinney J, Strand K, Hagerup M, Bruner C, eds. *Beyond the Buzzwords: Key Principles in Effective Frontline Practice*. Des Moines, IA: National Center for Service Integration; 1994:29–36.
8. Kinney J, Strand K, Hagerup M, Bruner C. *Beyond the Buzzwords: Key Principles of Effective Frontline Practice*. Des Moines, IA: National Center for Service Integration; 1994.
9. Family Resource Coalition. *Guidelines for Family Support Practice*. Chicago, IL: Family Resource Coalition; 1996.
10. Adams P, Nelson K, eds. *Reinventing Human Services: Community- and Family-Centered Practice*. New York, NY: Aldine De Gruyter; 1995.
11. Benson P. *All Kids Are Our Kids*. San Francisco, CA: Jossey-Bass; 1997.
12. Henderson N, Benard B, Sharp-Light N, eds. *Resiliency in Action: Practical Ideas for Overcoming Risks and Building Strengths in Youth, Families, and Communities*. San Diego, CA: Resiliency in Action; 1999.
13. Bradley V, Ashbaugh J, Blaney B, eds. *Creating Individual Supports for People with Disabilities: a Mandate for Change at Many Levels*. Baltimore, MD: Paul H. Brookes Publishing Co; 1994.
14. Riessman F, Carroll D. *Redefining Self-Help: Policy and Practice*. San Francisco, CA: Jossey-Bass; 1995.
15. Adler L, Gardner S, eds. *The Politics of Linking Schools and Social Services*. London, England: The Falmer Press; 1994.
16. Kinney J, Trent M. Walking our talk in the neighborhoods: building professional/natural helper partnerships. In: Bruner C, Cahn E, Gartner A, et al., eds. *Wise Counsel: Redefining the Role of Consumers, Professionals, and Community Workers in the Helping Process*. Des Moines, IA: National Center for Service Integration; 1998:41–55.
17. Bruner C, Chavez M. *Getting to the Grassroots: Neighborhood Organizing and Mobilization*. Des Moines, IA: National Center for Service Integration; 1998.
18. Arnstein SR. A ladder of citizen participation. *J Am Inst Planners.* 1969;35:216–224.
19. US General Accounting Office. *Integrating Human Services: Linking At-Risk Families*

- With Services More Successful Than System Reform Efforts.* Washington, DC: US General Accounting Office; 1992. HRD-92-108.
20. Nelson D. Found difficult and left untried: the governance necessary for service integration. *AEC Focus*. 1993;3:1.

Charles Bruner