Using collaboration to take on complex community health issues and create social change

August 2019

What you need to know

- Agencies, service sectors, and citizens are using collaboration to address complex community health issues, with varying levels of success.

- There are different types of collaborations, including interagency partnerships, collective impact, and community collaborations.

- Collaborations differ across communities and contexts, but they have common features that make them effective and sustainable.

- Putting these features into practice requires great effort.

- At the heart of collaboration are positive relationships.

- Resources need to be allocated in ways that are fair and accessible.

What's the problem?

In the health and social services sector, collaboration means "any joint activity by two or more agencies that are intended to increase public value by working together rather than separately."[1(p8)] Today, there is a growing understanding that the issues these sectors face are complex, and that coordinated action is needed.[2] Collaboration is being used to tackle areas such as childhood obesity,[3,4] HIV,[5] high blood pressure,[6] cancer,[7] broad community health priorities,[8] severe mental illness,[9-11] illicit drug use,[12,13] homelessness,[14] and domestic violence.[15]

camh

These sectors have been affected by duplication, fragmentation of services, competition, and distrust.[16-18] While there is a need for collaboration, and decades of findings on the subject, research from different academic disciplines often is not used to inform collaboration efforts.[19] In addition, many efforts fail to reach their full potential or struggle to maintain benefits for everyone involved.[16,20]

There remains a need to better understand how collaboration can help address complex social or community health issues.

What were our objectives

An EENet knowledge broker conducted a rapid review of the literature to capture the best available evidence related to collaboration in community health. The guiding questions were:

- What contributes to effective collaboration for community health systems?

- What factors help or hinder collaborations that aim to address a complex community health or social problem?

We paid special attention to factors that contribute to system change or transformation. System change refers to the process of changing the way things are routinely done by changing the way a system works and functions.[21] We also looked at collaborations that seek to solve "wicked problems,"[22] that is, social or community health problems that have no "best" solution and whose dynamics change over time as a result of efforts to solve them.

What did we do?

Working with a CAMH librarian, we explored the following academic databases: Pub Med; PsychINFO; scholar's portal; Cochrane Systematic Reviews; and Google Scholar. We looked for articles published between 2007 and 2017. Key search terms included "community collaboration," "inter-agency collaboration," "inter-organizational collaboration," "systems change," and "systems transformation."

We gave priority to systematic reviews as well as well-known and respected articles on the subject, as indicated by the number of times cited.

camh

We only included articles where collaboration involved at least three agencies, particularly those in community health and social services. We excluded any articles conducted outside North America, New Zealand, Australia, and Western Europe. We also excluded articles focused on collaboration in primary care, educational curriculums, professional training programs, community-based participatory research, and community-university partnerships.

We examined collaboration best practices in the context of systems of care, community-based health care, public health, and health promotion. We also included systems of care if the majority of those involved were:

- community service organizations

- citizen groups

- individuals with lived experience of a health or social issue, and/or

- individuals using services that provide help related to a social or community health issue.

We retrieved 1,814 articles from the initial search and reviewed the titles and abstracts of the first 1,000 against our selection criteria. We reviewed articles included in the initial round further, to ensure they were eligible. A total of 294 articles passed the second screening stage and met the selection criteria. These were sorted according to themes, and then analyzed and synthesized.

What did we find?

We organized the findings for the first research question (What contributes to effective collaboration for community health systems?) according to the following themes: "community context;" "values and principles;" "collaborative processes;" "collaborative structures;" and "collaborative outcomes."

For the second research question ("What factors help and hinder collaborations that aim to address a complex community health or social problem?), we organized the findings according to themes, as described below and summarized in tables 1 (page 4) and 2 (page 5). While collaboration outcomes are included in the first table, they are discussed separately near the end of this document. We organized the document this way because findings from both research questions influence how, and to what extent, these outcomes happen in practice.

camh

Table 1. What contributes to effective collaboration?

Community context	Values/ principles	Collaborative processes	Collaborative structures	Outcomes
Previous working relationships Community empowerment and control Mutual desire for change	Shared vision Cultural competency Mutual understanding Systems thinking	Building and maintaining relationships Capacity building Clear, continuous communication Coordination of activities Technical assistance Clear roles and responsibilities	Collaborative working group agreements Inclusive and participatory settings Systems leaders Dedicated spaces for experimentation, innovation and testing Shared/consensus decision making	Increased funds/resources Increased empowerment and capacity building Increased implementation of evidence-based practices Community, practice, or policy change Increased project/ collaboration sustainability Increased professional development opportunities Increased knowledge and awareness of the problem Increased political advocacy Larger social networks Less reliance on a central actor Increased trust Improved health outcomes

camh

Table 2. Barriers and facilitators to effective collaboration.

Barriers to effective collaboration	Facilitators to effective collaboration
Competing priorities	Commitment to continuous learning and evaluation
Role ambiguity	Organizational flexibility, reflection, and openness to change
Resource and time constraints	Knowledge and resource exchange
Staff turnover	Diverse membership
Power issues	Common interests and agenda
Costs outweigh benefits	
Lack of communication	
Lack of trust	

Research question #1: What contributes to effective collaboration for community health systems?

Community context

The most successful collaborations pay attention to the community from the beginning of the project.[23] The context influences the processes and decision-making structures used,[24] as well as the outcomes emerging from the project.[5,7]

Communities that have worked together before are the most ready to collaborate with each other. Previous working relationships create a sense of ease and trust.[25-41] Neighbourhoods with a history of community collaboration allow residents to provide input into decision-making and develop their skills in a number of areas (e.g., grant writing; research; public speaking).[13,16,17] These empowered communities also have control over how issues are viewed and dealt with.[4,6,7,20,40,42-46] Communities that have a common desire for change are often more successful at collaborating.[40,44,47-55]

camh

Previous working relationships offer benefits that last throughout the community change process.[25-30] They also enhance coalition functioning[39] and promote a sense of community.[40] Communities that have experience working together resolve conflict and competing interests more quickly.[33] Participation in decision-making helps promote the well-being of residents.[40,56-58] When citizens and professionals have a common desire for change, this often leads to changes in organizations, programs, and the community.[59] Communities with a common desire for change help improve the skills of the group,[40] influence implementation processes,[50] and increase the chances that the intervention will live on.[60]

Collaborative values and principles

Collaborative values and principles are the philosophies that motivate the behaviours and attitudes of the people involved. They provide insight into how the social or community health issue is viewed. They also help identify the skillsets or strategies that are best suited to address them. These values and principles include:

- social justice and equity, as well as having a shared vision[13,17,25,35,54,55,61-67]

- respect for diversity and promotion of cultural competency[26,27,32,68-74]

- Systems thinking[75-79] to better understand the root causes of community issues[3,77,80,81] and to create innovative solutions.[35,62]

Collaborative processes

Collaborative processes are a series of actions carried out by a collaboration,[24] or aspects of activities that influence how a collaboration functions.[25,26] The following factors can have a positive impact on collaborative processes:

- Building and maintaining relationships.[1,7,30,31,73,82-88]

- Building capacity.[1,3,17,26,89-100]

- Clear and continuous communication.[13,14,16,20,25,28,30,33,35,39,55,69,83,101-104]

- Coordinating actions and activities.[17,18,26-28,54,105-109]

- Technical assistance.[12,13,20,28,29,32,45,50,53,54,84,101,110-118]

camh

Building and maintaining relationships is often essential to collaborative action,[119] encouraging people to share resources[104,108] and increasing the benefits of technical assistance.[32] They also improve health system outcomes[85,120,121] and promote the coalition's sustainability.[120]

Opportunities for capacity building are also important as they allow members to improve their performance and meet objectives.[117] Building the skill sets of regular people originates from the recognition of differences in wealth, status, and social class.[34,43,119] The most successful partnerships recognize these differences among members , and take steps to address them.[78,99,119,122]

Many successful collaborations offer skill development training[121,122] and help members obtain graduate degrees through their engagement with the initiative.[122] These opportunities offer several benefits, such as increased commitment to the process,[40] better program performance,[99] and improved problem-solving.[117] They also improve people's grant-writing and policy development skills.[123] Initiatives that build peoples' capacity also have carry-over effects.[12,60,63] A focus on building people's capacities enhances the collaboration's functioning[63] and sustainability,[12,13,60] and is associated with improved health outcomes.[121]

Maintaining clear, continuous communication increases people's readiness for action,[124] promotes positive working conditions,[97] and has a positive influence on project outcomes.[121] Clear communication also helps build trust,[17] promotes effective use of resources,[102] and provides opportunities for continuous growth and learning.[79] While information sharing is limited in its ability to change practice or policy, most collaborations still focus on this activity.[104]

Coordinating actions—making sure that intervention activities offered across agencies complement each other—is part of the collective impact approach, a type of collaboration that is used to address complex social problems.[125,126] Coordinating actions across agencies helps organizations overcome their desire to work alone[18,54] and increases the number of people involved.[29]

Providing technical assistance, such as professional training opportunities, helps implement evidence-based programs.[13,32,110,127,128] It also helps build trust[118] and promotes the project's sustainability.[60] The most effective approach involves demonstrating the technical skill and having trainees practice them with coaching support.[13] Technical assistance is less common than information sharing.[104]

camh

Collaborative structures

Collaborative structures are often referred to as the "container" or "sandbox" where collaborative action occurs.[24,129] They are sometimes viewed as leadership or decision-making.[46,130] Some authors mentioned that well-defined structures are needed for collaborations to work well.[130] Others suggest that collaborative structures need to adapt and change over time based on the community's current stage of implementation and social conditions,[131] and the needs of those receiving services.[78] In this category, several techniques can promote good collaborative functioning. They include:

- Collaborative, working group agreements such as memorandums of understanding and terms of reference.[7,10,31,72,83,106,131-136]

- Inclusive and participatory settings.[7,11,17,25,28,29,31,34,40,51,52,83,101,115,132,137]

- The presence of systems leaders.[6,7,16,17,25,26,28,30,82,83,95,101,106,138,139,140]

- Dedicated spaces for experimentation, innovation, and testing.[6,42,54,65,117,141]

- Shared or consensus decision-making.[1,6,10,32,39,42,49,74,92,117,142,143]

These techniques are associated with a number of benefits. For example:

- Collaborative working group agreements help manage conflict[69,131,144] and bring clarity to the work.[6] These agreements define the project boundaries and help decide who needs to be involved.[76,117] While working group agreements are helpful for administrators,[104] they do not guarantee that the work will run smoothly.[104,145]

- Inclusive settings help collaborations run smoothly[83] and promote community goals[40] by involving diverse people.[34] Inclusive settings help ensure interventions meet community needs.[146]

- Systems leaders help resolve conflict[1] and smooth implementation and scale-up processes.[53] Leaders often bring needed change to organizations[55,59,140] and improve the sustainability of projects.[12,50,74] Spaces to experiment, innovate, and test can help people change their thoughts, behaviours, and attitudes.[42,65,141] Shared decision-making fosters a sense of community[119] and helps collaborations work well together[83,86] through engagement with, and getting buy-in from, diverse people.[39]

camh

Research question #2: What factors help and hinder collaborations that aim to address a complex community health or social problem?

Barriers to effective collaboration

Several barriers to collaboration can threaten the sustainability of a collaboration (Table 1).[30,35,44,46,55,136,147] For example:

- Competing priorities.[28,42,49,61,123,140,147,148]

- Role ambiguity.[28,61,144,149]

- Resource and time constraints.[16,27,28,41,48,60,90,117,132]

- Staff turnover,[28,38,59,101,140,148,150] resulting in loss of knowledge and preventing fair decision-making.[151]

- Power imbalances, such as between professionals and clients.[16,28,61,83,92,152,153]

- Costs of participating being greater than the benefits.[16,20,120,140]

- Lack of trust between partners.[16,17,18,20,28,154]

- Limited and selective engagement of stakeholders.[7,8,20,27,28,30,40,106,118,136,138,155,156]

- Lack of communication between stakeholders.[28,29,83,114]

- Funding issues that affect implementation and sustainability of activities.[136,147]

- Use of theories of change that focus solely on individual behaviour.[35,55]

With so many factors impacting sustainability, this topic has become a subject of intense study.[12,44]

Facilitators of effective collaboration

On the other hand, many factors have a positive influence on coalition functioning and outcomes (Table 2). For example:

- Commitment to continuous learning and evaluation.[13,35,47,52,54,61,101,114,132,136,151,157-159]

camh

- Organizational flexibility, reflection, and openness to change.[3,26,51,65,74,141,160,161]

- Exchange of knowledge and resources among partner organizations.[1,16,17,24,41,55,90,115,119,149,151,162,163]

- Engagement of diverse people.[7,16,17,28,29,41,42,69,83,90,106,115,149]

- Trust between partner organizations and individuals.[33,35,42,48,88,164,165]

- Common interests and a common agenda over time.[7,16,18,25,26,28,35,42,49,69,83,97,120,164-166]

While engaging diverse people offers many opportunities for learning, it requires skillfully navigating conflict—making efforts to understand peoples' points of view, concerns, and reasons for disagreement.[69] The use of data-sharing agreements and efforts to change the roles and responsibilities of people involved also prompts—and is indicative of—continuous learning.[78] By building the capacity and skills of those involved (e.g., in research, group facilitation, reflection, etc.), organizations can become more open to change.[167]

Organizations that exchange knowledge and resources more readily influence the collaboration's growth and development by communicating and sharing best practices, and by helping agencies and individuals understand where their efforts would have the most impact.[55] Similarly, this exchange also can help predict where and how future funds will be used.[39]

Facilitators of knowledge and resource exchange include creating opportunities for staff training, having supportive management teams, and using systems that store and share knowledge.[168] One study of inter-organizational networks found that agencies with higher caseloads and agencies in urban centres were more likely to share information.[1]

There are many benefits to involving a variety of agencies and people (e.g., across sectors and professional backgrounds). Working with diverse people helps organizations build a broad range of skills[119] and positively influences peoples' perceptions (e.g., clarifying misunderstandings between different professional backgrounds/sectors and views of clients).[28] Collaborations that bring people together from across a community also have members who have greater capacity for systems thinking.[76] These collaborations were also more likely to be sustainable[60,123] and to achieve the desired health outcomes.[29]

Many organizations tend to work only with agencies like their own, which supports a sense of community and encourages resource sharing but also limits participation.[18,106,142,169] On the

camh
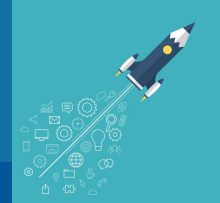
other hand, those who are most willing to cooperate and compromise are more likely to find common interests.[35,170]

Outcomes of effective collaboration

The list of considerations for effective collaboration seems daunting, but the payoff can be significant (see the list below). In some cases, collaboration facilitators and outcomes are similar (take for example, the case of empowerment and capacity or skill building). This likely reflects the complexity, differences in measurement, and reality that some components are both processes and outcomes.[39] The main outcomes of collaboration include:

- Increased funds and resources.[59,66,100,120,123,171]

- Increased empowerment and decision-making capacity.[7,16,59,125,127]

- Implementation of evidence-based programs.[7,13,20,50,53,77,85,87,172,173]

- Community, practice, or policy change.[13,26,51,91,100,104,123,174-177]

- Increased project/collaboration sustainability.[3,17]

- Increased professional development opportunities.[27,59,122,175]

- Increased knowledge and awareness of the community health/social problem domain.[3,4,7,27,34,59,65,83,86,127,178-180]

- Increased political advocacy (e.g., attending municipal hearings, etc.).[91]

- Enhanced social networks.[26,31,59,86,100,104,106,118,138,163]

- Reduced reliance on a central agency or actor.[31,104]

- Increased trust among participants.[101,104,123]

- Improved health outcomes for service users.[6,28,35,43,51,60,87,91,100,111,150,181-183]

What are the conclusions?

Collaboration holds promise as a way to solve complex community problems. However, outcomes often fall short when there is little or no planning and a lack of coordination and leadership. Collaboration also fails to achieve benefits when resources are poor, relationships

camh

are not nourished, and power imbalances and lack of trust are not addressed. Failing to attend to these issues often contributes to poor implementation, disappointment, and an untimely ending to the project. It is critical that future research on collaboration use standardized measurement approaches and coordination across disciplines.

How can you use these findings?

These findings may be useful to people who are working to address various large-scale social problems. Collaborations involving partners within and beyond the mental health and addiction system will likely benefit from considering the factors that lead to effective collaboration with people from diverse cultures, life circumstances, and service sectors.

What are the limitations of this review?

Despite using and refining robust exclusion and inclusion criteria, the large number of articles we found prevented us from investigating each article thoroughly and systematically. This issue was amplified by a lack of a second reviewer, which might have resulted in selection bias.

Acknowledgments

References

1. He, A.S. (2015). Examining intensity and types of interagency collaboration between child welfare and drug and alcohol service providers. *Child Abuse & Neglect*, *46*, 190–197.

camh

2.   Mo Yee, L., Teater, B., Greene, G.J., Solovey, A.D., Grove, D., Fraser, J. et al. (2012). Key processes, ingredients and components of successful systems collaboration: Working with severely emotionally or behaviorally disturbed children and their families. *Administration & Policy in Mental Health*, *39*(5),394–405.

3.   Allender, S., Millar, L., Hovmand, P., Bell, C., Moodie, M., Carter, R. et al. (2016). Whole of systems trial of prevention strategies for childhood obesity: WHO stops childhood obesity. *International Journal of Environmental Research & Public Health*, *13*, 11.

4.   Bell, C. Elliot, E. & Simmons, A. (2010). Community capacity-building. In E. Waters, B. Swinburn, J. Seidell & R. Uauy (Eds.) *Preventing Childhood Obesity: Evidence, Policy and Practice*. (Vol. 62, pp. 232–242). Hoboken, NJ: John Wiley & Sons.

5.   Bernard, D., Kippax, S., & Baxter, D. (2008). Effective partnership and adequate investment underpin a successful response: Key factors in dealing with HIV increases. *Sexual Health*, *5*(2), 193–201.

6.   Bisognanon, J.D., Speranza, P.S., Becker, L., Norwood, W.S., Bradley, A.I., Nazar, M.D. et al. (2012). Creating community collaboration to improve the care of patients with high blood pressure: Lessons from Rochester, New York. *Journal of Clinical Hypertension*, 103(202), S230–S235.

7.   Behringer, B., Lofton, S. & Knight, M.K. (2010). Models for local implementation of comprehensive cancer control: Meeting local cancer control needs through community collaboration. *Cancer Causes & Control*, *21* (12), 1995–2004.

8.   Battaglia, T.A., Murrel, S.S., Bhosrekar, S.G., Caron, S.E., Bowen, D.J., Smith, E. et al. (2012). Connecting Boston's public housing developments to community health centres: Whose ready for change? *Progress in Community Health Partnerships: Research, Education, and Action*, *6*(3), 239–248.

9.   Bonsack, C., Schaffter, M., Singy, P., Charbon, Y., Eggimann, A. & Guex, P. (2007). Qualitative study of a social and health network's expectations for community treatment of severe mental health problems. *L'Encephale: Revue de psychiatrie clinique biologique et therapeutique*, *33*(5), 751–761.

10.   Golding, K.S. (2010). Multi-agency and specialist working to meet the mental health needs of children in care and adopted. *Clinical Child Psychology & Psychiatry*, *15*(4), 573–587.

11.   Hoffmann, K.D., Walnoha, A., Sloan, J., Buddadhumaruk, P., Huang, H.H., Borrebach, J. et al. (2015). Developing a community-based tailored exercise program for people with severe and persistent mental illness. *Progress in Community Health Partnerships*, *9*(2), 213–227.

12.   Knowlton, J., Collins, D., Shamblen, S., Kenworthy, T. & Wandersman, A. (2017). Long-term sustainability of evidence-based prevention interventions and community coalitions' survival: A five and one-half year follow-up study. *Prevention Science*, *18*(5), 610–621.

13.   Keene Woods, N., Watson Thompson, J., Schober, D.J., Markt, B. & Fawcett, S. (2014). An empirical case study of the effects of training and technical assistance on community coalition functioning and sustainability. *Health Promotion Practice*, *15*(5), 739–749.

14.   Cretzmeyer, M., Moeckli, J., & Leiu, W.M. (2014). Barriers and facilitators to Veterans Administration collaboration with community providers: The Lodge Project for homeless veterans. *Social Work in Healthcare*, *53*(8), 698–713.

15.   Ulester, D., Bathrick, D., & Phyllis-Alesia, P. (2008). Deconstructing male violence against women: The men stopping violence community-accountability model. *Violence Against Women*, *14*(2), 247–261.

camh

16.   Aldoory, L., Bellows, D., Boekeloo, B.O. & Randolph, S.M. (2015). Exploring use of relationship management theory for cross-border relationships to build capacity in HIV prevention. *Journal of Community Psychology*, *43*(6), 687–700.

17.   Alio, A.P., Lewis, C.A., Bunce, C.A., Wakefield, S., Thomas-Weldon, G., Sanders, E. & Keefer, M.C. (2014). Capacity building among African American faith leaders to promote HIV prevention and vaccine research. *Progress in Community Health Partnerships*, *8*(3), 305–316.

18.   Braithwaite, J. (2010). Between-group behaviour in health care: gaps, edges, boundaries, disconnections, weak ties, spaces and holes. A systematic review. *BMC Health Services Research*, *10*, 330.

19.   Christens, B. & Inzeo, P. (2015). Widening the view: Situating collective impact among frameworks for community-led change. *Community Development*, *4*, 420-435.

20.   Bodison, S.C., Sankare, I., Anaya, H., Booker-Vaughns, J., Miller, A., Williams, P. & Norris, K. (2015). Engaging the Community in the Dissemination, Implementation, and Improvement of Health-Related Research. *Clinical and Translational Science*, *8*(6), 814–819.

21.   Foster-Fishman, P.G., Nowell, B. & Yang, H. (2007). Putting the system back into systems change: A framework for understanding and changing organizational and community systems. *American Journal of Community Psychology*, *39*, 197–215.

22.   Rittel, H.W. & Webber, M.M. (1973). Dilemmas in a general theory of planning, Policy Sciences, *4*(2), 155–169.

23.   Trickett, E.J. (2009). Community psychology: Individuals and interventions in community context. *Annuals Review of Psychology*, *60*, 395–419.

24.   Joss, N. & Keleher, H. (2011). Partnership tools for health promotion: Are they worth the effort? *Global Health Promotion*, *18*(3), 8–14.

25.   Ales, M.W., Rodrigues, S.B., Snyder, R. & Conklin, M. (2011). Developing and implementing an effective framework for collaboration: the experience of the CS2day collaborative. *Journal of Continuing Education*, *31*, S13–S20.

26.   Altpeter, M., Schneider, M., Caylor, E. & Whitelaw, N. (2014). Examining strategies to build and sustain healthy aging programming collaboratives. *Health Education & Behaviour*, *41*(1), 27S–33S.

27.   Austin, S.A. & Claiborne, N. (2011). Faith wellness collaboration: a community-based approach to address type II diabetes disparities in an African-American community. *Social Work in Healthcare*, *50*(5), 360–375.

28.   Baker, E.A., Wilkerson, R., & Brennan, L. K. (2012). Identifying the role of community partnerships in creating change to support active living. *American Journal of Prevention*, *43*(5), S290–299.

29.   Barnes, P.A., Curtis, A.B., Hall-Downey, L. & Moonesinghe, R. (2012). A multistate examination of partnership activity among local public health systems using the National Public Health Performance Standards. *Journal of Public Health Management & Practice*, *18*(5), E13–E23.

30.   Bava, S., Coffey, E.P., Weingarten, K. & Becker, C. (2010). Lessons in collaboration, four years post-Katrina. *Family Process*, *49*(4), 543–558.

31.   Bess, K.D. (2015). Reframing coalitions as systems interventions: A network study exploring the contribution of a youth violence prevention coalition to broader system capacity. *American Journal of Community Psychology*, *55*(4), 381–395.

camh

32.   Chilenski, S.M., Welsh, J., Olson, J. Hoffman, L., Perkins, D.F., & Feinberg, M.E. (2017). Examining the highs and lows of the collaborative relationship between technical assistance providers and prevention implementers. *Prevention Science*, *19*(2), 250-259.

33.   Henry, J. Richardsom, M., Black-Pond, C., Sloane, M., Atchinson, B. & Hyter, Y. (2011). A grassroots prototype for trauma-informed child welfare system change. *Child Welfare*, *90*(6), 169–186.

34.   Hoehner, C.M., Rios, J., Garmendia, C., Baldwin, S., Kelly, C.M., Knights, D.M. et al. (2012). Page Avenue health impact assessment: building on diverse partnerships and evidence to promote a healthy community. Health & Place, *18*(1), 85–95.

35.   Huberty, J. L., Balluf, M., O'Dell, M. & Peterson, K. (2010). From good ideas to actions: a model-driven community collaborative to prevent childhood obesity. *Preventive Medicine*, *50*(1), S36–S43.

36.   Chen, L.W., Roberts, S., Xu, L., Jacobson, J. & Palm, D. (2012). Effectiveness and challenges of regional public health partnerships in Nebraska. *Journal of Public Health Management & Practice*, *18*(2), 148–155.

37.   Connor, A., Rainer, L.P., Simcox, J.B. & Thomisee, K. (2007). Increasing the delivery of health care services to migrant farm worker families through a community partnership model. *Public Health Nursing*, *24*(4), 355–360.

38.   Crotty, M.M., Henderson, J. & Fuller, J.D. (2012). Helping and hindering: perceptions of enablers and barriers to collaboration within a rural South Australian mental health network. *Australia Journal of Rural Health*, *20* (4), 213–218.

39.   Emshoff, J., Games, G., Darnell, A.J., Erickson, S.W., Schneider, S., & Hudgins, R. (2007). Systems change as an outcome and a process in the work of community collaboratives for health. *American Journal of Community Psychology*, *39*(4), 255–267.

40.   Foster-Fishman, P.G., Collins, C. & Pierce, S.J. (2013). An investigation of the dynamic processes promoting citizen participation. American *Journal of Community Psychology*, *51*(4), 492–509.

41.   Lester, H., Birchwood, M., Tait, L., Shah, S., England, E. & Smith, J. (2008). Barriers and facilitators to partnership working between Early Intervention Services and the voluntary and community sector. *Health & Social Care in the Community*, *16*(5), 493–500.

42.   Audet, M. & Roy, M. (2016). Using strategic communities to foster inter-organizational collaboration. *Journal of Organizational Chang Management*, *29*(6), 878–888.

43.   Braunack-Mayerr, A. & Louise, J. (2008). The ethics of Community Empowerment: tensions in health promotion theory and practice. *Promotion & Education*, *15*(3), 5–8.

44.   Grieb, S.D., Pichon, L., Kwon, S., Year, K.K. & Tandon, D. (2017). After 10 years: A vision forward for progress in community health partnerships. *Progress in Community Health Partnerships*, *11*(1), 13–22.

45.   Gantner, L.A., & Olson, C.M. (2012). Evaluation of public health professionals' capacity to implement environmental changes supportive of healthy weight. *Evaluation & Program Planning*, *35*(3), 407–416.

46.   Crespo, R., Shrewsberry, M., Cornelius-Averhart, D. & King, H.B. (2011). Appalachian regional model for organizing and sustaining county-level diabetes coalitions. *Health Promotion Practice*, *12*(4), 544–550.

47.   Abdul-Adil, J., Drozd, O., Irie, I., Riley, R., Silas, A., Farmer Jr., A.D. & Tolan, P.H. (2010). University-community mental health center collaboration: encouraging the dissemination of empirically-based treatment and practice. *Community Mental Health Journal*, *46*(5), 417–422.

48.   Acri, M.C., Palinkas, L., Hoagwood, K.E., Shen, S., Schoonover, D., Reutz, J.R., et al. (2014). Interorganizational relationships among family support organizations and child mental health agencies. *Administration & Policy in Mental Health*, *41*(4), 447–454.

camh

49. Aguila-Gaxiola, S., Ahmed, S., Franco, Z., Kissack, A., Gabriel, D., Hurd, T et al. (2014). Towards a unified taxonomy of health indicators: Academic health centres and communities working together to improve population health. *Academic Health*, *89*(4), 564–572.

50. Honeycutt, S., Carvalho, M., Glanz, K., Daniel, S.D. & Kegler, M.C. (2012). Research to reality: A process evaluation of a mini-grants program to disseminate evidence-based nutrition programs to rural churches and worksites. *Journal of Public Health Management & Practice*, *18*(5), 431–439.

51. Andrews, M.L., Sanchez, V., Carrillo, C., Allen-Ananins, B. & Cruz, Y.B. (2014). Using a participatory evaluation design to create an online data collection and monitoring system for New Mexico's Community Health Councils. *Evaluation & Program Planning*, *42*, 32–42.

52. Borrayo, E.A. (2007). Using a community readiness model to help overcome breast health disparities among U.S. Latinas. Substance Use & Misuse, *42*(4), 603–619.

53. Chamberlain, P., Roberts, R., Jones, H., Marsenich, L., Sosna, T. & Price, J.M. (2012). Three collaborative models for scaling up evidence-based practices. *Administration & Policy in Mental Health and Mental Health Services Research*, *39*(4), 278–290.

54. Ganju, V. (2008). State mental health policy: Mental health transformation: Moving toward a public health, early-intervention approach in Texas. *Psychiatric Services*, *59*(1), 17–20.

55. Jansson, E.V.G. & Tillgren, P.E. (2010). Health promotion at local level: a case study of content, organization and development in four Swedish municipalities. *BMC Public Health*, *10*, 455.

56. Frounfelker, R.L., Ben-Zeev, D., Kaiser, S.M., O'Neill, S., Reedy, W. & Drake, R.E. (2012). Partnering with mental health providers: a guide for services researchers. *Journal of Mental Health*, *21*(5), 469–477.

57. Monteiro, M.F. & Ornerlas, J.H. (2016). What's wrong with the seed? A comparative examination of an empowering community-centered approach to recovery in community mental health. *Community Mental Health Journal*, *52*(7), 821–833.

58. Graham, C.L., Scharlach, A.E. & Price Wolf, J. (2014). The impact of the "Village" model on health, well-being, service access, and social engagement of older adults. *Health Education & Behaviour*, *41*(1), 91S–97S.

59. Kegler, M.C., Norton, B.L. & Aronson, R. (2008). Achieving organizational change: findings from case studies of 20 California healthy cities and communities coalitions. *Health Promotion International*, 23(2),109–118.

60. Hearld, L.R., Bleser, W.K., Alexander, J.A., & Wolf, L.J. (2016). A systematic review of the literature on the sustainability of community health collaboratives. *Medical Care Research & Review*, *73*(2), 127–181.

61. Aarons, G.A., Fettes, D., Hurlburt, M., Palinkas, L., Gunderson, L., Willging, C. & Chaffin, M. (2014). Collaboration, negotiation, and coalescence for interagency-collaborative teams to scale-up evidence-based practice. *Journal of Clinical Child and Adolescent Psychology*, *43*(6), 915–928.

62. Levison-Johnson, J. & Wenz-Gross, M. (2010). From complexity to reality: Providing useful frameworks for defining systems of care. *Evaluation & Program Planning*, *33*(1), 56–58.

63. Corbin, J.H. & Mittelmark, M.B. (2008). Partnership lessons from the Global Programme for Health Promotion Effectiveness: A case study. *Health Promotion International*, *23*(4), 365–371.

64. Carter, B., Cummings, J. & Cooper, L. (2007). An exploration of best practice in multi-agency working and the experiences of families of children with complex health needs. What works well and what needs to be done to improve practice for the future? *Journal of Clinical Nursing*, *16*(3), 527–539.

camh

65.   Casebeer, A., Popp, J. & Scott, C. (2009). Positively deviant networks: What are they and why do we need them? *Journal of Health Organization & Management*, *23*(6), 610–626.

66.   Harper, C.R., Kuperminc, G.P., Weaver, S.R., Emshoff, J. & Erickson, S. (2014). Leveraged resources and systems changes in community collaboration. *American Journal of Community Psychology*, *54*(4), 348–357.

67.   Eisler, G. (2009). Healthcare provider education: from institutional boxes to dynamic networks. Healthcare Papers, 9(2), 45–52.

68.   Adams, M.L. (2007). The African American breast cancer outreach project: Partnering with communities. *Family & Community Health*, *30*(1), S85–S94.

69.   Blanch, A.K., Boustead, R., Boothroyd, R.A., Evans, M.E. & Chen, H.J. (2015). The role of conflict identification and management in sustaining community collaboration: Report on a four-year exploratory study. *Journal of Behavioral Health Services & Research*, *42*(3), 324–333.

70.   Alexander, S. & Walker, E.M. (2015). Gender-based health interventions in the United States: An overview of the coalition for healthier community initiative. *Evaluation & Program Planning*, *51*, 1–3.

71.   Duff, J.F. & Buckingham, W.W. (2015). Strengthening of partnerships between the public sector and faith-based groups. *Lancet*, *386*(10005), 1786–1794.

72.   Chadwick, J.Q., Copeland, K.C., Kenneth, C., Daniel, M.R., Erb-Alvarez, J.A., Felton, B.A. et al. (2014). Partnering in research: A national research trial exemplifying effective collaboration with American Indian Nations and the Indian Health Service. *American Journal of Epidemiology*, *180*(12), 1202–1207.

73.   Eng, E. & Parker, E.A. (2009). Natural helper models to enhance a community's health and competence.). In: R.J. DiClemente, R.A. Crosby, M.C. Kegler (Eds.) *Emerging Theories in Health Promotion Practice and Research*. (Vol. 2, pp.303–330). San Francisco, CA: Jossey-Bass.

74.   Cramm, J.M., Phaff, S. & Nieboer, A.P. (2013). The role of partnership functioning and synergy in achieving sustainability of innovative programmes in community care. *Health & Social Care in the Community*, *21*(2), 209–215.

75.   Biroscak, B.J., Schneider, T., Panzera, A.D., Bryant, C.A., McDermott, R.J., Mayer, A.B. et al. (2014). Applying systems science to evaluate a community-based social marketing innovation: A case study. *Social Marketing Quarterly*, *20*(4), 247–267.

76.   Foster-Fishman, P.G. & Droege, E. (2010). Locating the system in a system of care. *American Journal of Community Psychology*, *33*(1), 11–13.

77.   Fuller, T.R., White, C.P., Chu, J., Dean, D., Clemmons, N., Chaparro, C. et al. (2016). Social Determinants and Teen Pregnancy Prevention. *Health Promotion Practice*, *19*(1), 23–30.

78.   Griswold, K.S., Lesko, S.E., Westfall, J.M. (2013). Communities of solution: partnerships for population health. *Journal of the American Board of Family Medicine*, *26*(3), 232–238.

79.   Laymon, B., Shah, G., Leep, C.J., Elligers, J.J. & Kumar, V. (2015). The proof's in the partnerships: Are Affordable Care Act and Local Health Department accreditation practices influencing collaborative partnerships in community health assessment and improvement planning? *Journal of Public Health Management & Practice*, *21*(1), 12–17.

80.   Durie, R. & Wyatt, K. (2013). Connecting communities and complexity: A case study in creating the conditions for transformational change. *Critical Public Health*, *23*(2), 174–187.

camh

81.	Lanham, H.J., Leykum, L.K., Taylor, B.S., McCannon, J.C., Lindberg, C. & Lester, R.T. (2013). How complexity science can inform scale-up and spread in health care: Understanding the role of self-organization in variation across local contexts. *Social Science & Medicine*, *93*, 194–202.

82.	Branch, S., Homel, R. & Freiberg, K. (2013). Making the developmental system work better for children: Lessons learned implementing an innovative programme. *Child & Family Social Work*, *18*(3), 294–304.

83.	Barile, J., Darnell, A.J., Erickson, S.W. & Weaver, S.R. (2012). Multilevel measurement of dimensions of collaborative functioning in a network of collaboratives that promote child and family well-being. *American Journal of Community Psychology*, *49*(2), 270–282.

84.	Dunlop, A.L., Loque, K.M., Vaidyanathan, L. & Isakov, A.P. (2016). Facilitators and barriers for effective academic-community collaboration for disaster preparedness and response. *Journal of Public Health Management & Practice*, *22*(3), E20–E28.

85.	Briggs, A.M., Bragge, P., Slater, H., Chan, M. & Towler, S.C. (2012). Applying a Health Network approach to translate evidence-informed policy into practice: a review and case study on musculoskeletal health. *BMC Health Services Research*, *14*(12), 394.

86.	Cardazone, G., Sy, A.U., Chik, I. & Corlew, L.K. (2014). Mapping one strong 'Ohana: Using network analysis and GIS to enhance the effectiveness of a statewide coalition to prevent child abuse and neglect. *American Journal of Community Psychology*, *53*(4), 346–356.

87.	Boothroyd, R.I., Flint, A.Y., Lapiz, A.M., Lyons, S., Jarboe, K.L. & Aldridge, W.A. (2017). Active involved community partnerships: co-creating implementation infrastructure for getting to and sustaining social impact. *Translational Behavioral Medicine*, *7*(3), 467–477.

88.	Franco, L.M., McKay, M., Miranda, A., Chambers, N., Paulino, A. & Lawrence, R. (2007). Voices from the community: Key ingredients for community collaboration. *Social Work in Mental Health*, *5*(4), 313–331.

89.	Abbott, A.L. (2011). Community benefits and health reform: creating new links for public health and not-for-profit hospitals. *Journal of Public Health Management & Practice*, *17*(6), 524–529.

90.	Acosta, J., Howard, S., Chandra, A., Varda, D., Sprong, S. & Uscher-Pines, L. (2015). Contributions of health care coalitions to preparedness and resilience: Perspectives from hospital preparedness program and health care preparedness coalitions. *Disaster Medicine & Public Health Preparedness*, *9*(6), 690–697.

91.	Anderson-Carpenter, K.D., Collie-Akers, V., Colvin, J.D. & Cronin, K. (2013). The role of advocacy in occasioning community and organizational change in a medical-legal partnership. *Journal of Prevention & Intervention in the Community*, *41*(3), 167–75.

92.	Basiletti, M. & Townsend, E. (2012). Group decision making in an intersectoral mental health community partnership. *The British Journal of Occupational Therapy*, *75*(5), 223–229.

93.	Eriksson, C., Fredriksson, I., Froding, K., Geidne, S. & Petersson, C. (2014). Academic practice-policy partnerships for health promotion research: Experiences from three research programs. *Scandinavian Journal of Public Health*, *42*(15), 88–95.

94.	Dupre, M.E., Moddy, J., Nelson, A., Willis, J.M., Fuller., L., Smart, A.J. et al. (2016). Place-based initiatives to improve health in disadvantaged communities: Cross-sector characteristics and networks of local actors in North Carolina. *American Journal of Public Health*, *106*(9), 1548–1555.

95.	Brady, C. & Johnson, F. (2014). Integrating the life course into MCH service delivery: From theory to practice. *Maternal & Child Health Journal*, *18*(2), 380–388.

camh

96. Edberg, M., Cleary, S.D., Andrade, E., Leiva, R., Bazurto, M., Rivera, M.I. et al. (2010). SAFER Latinos: A community partnership to address contributing factors for Latino youth violence. *Progress in Community Health Partnerships*, *4*(3), 221–233.

97. Dharmawan, A. (2015). *Investigating food policy council network characteristics in Missouri: A social network analysis study*. (Doctoral dissertation). Ann Arbor, Michigan: Saint Louis University.

98. Fagan, D.M., Kiger, A. & Teijlingen, E. (2012). Faith communities and their assets for health promotion: The views from health professionals and faith leaders in Dundee, in Scotland. *Global Health Promotion*, *19*(2), 27–36.

99. Chinman, M., Acosta, J., Ebener, P., Burkhart, Q., Clifford, M., Corsello, M. et al. (2012). Establishing and evaluating the key functions of an Interactive Systems Framework using an assets-getting to outcomes intervention. *American Journal of Community Psychology*, *50*(4), 295–310.

100. Herman, E.J., Keller, A., Davis, A., Ehrensberger, R., Telleen, S., Kurz, R. & Fierro, L. (2011). A model-driven approach to qualitatively assessing the added value of community coalitions. *Journal of Urban Health*, *88*(1), 130–143.

101. Ahmed, S.M., Size, T., Crouse, B., Patterson, L., Gass, E., Karon, S.L. et al. (2011). Strong Rural Communities Initiative (SRCI) program: challenges in promoting healthier lifestyles. *WMJ*, *110*(3), 119–126.

102. Carney, M.T., Buchman, T., Neville, S., Thengampallil, A. & Silverman, R. (2014). A community partnership to respond to an outbreak: A model that can be replicated for future events. *Progress in Community Health Partnerships*, *8*(4), 531–540.

103. Franczak, M. (2013). Communication, coordination, and collaboration in community behavioral health. In D. Maller, K. Langsam (Eds.) *The Praeger Handbook of Community Mental Health Practice, 2*, 19–36. Santa Barbara, California: Praeger.

104. Jain, K.M., Maulsby, C., Kinsky, S., Khosla, N., Charles, V., Riordan, M. & Holtgrave, D.R. (2016). Exploring changes in interagency collaboration following AIDS United's positive charge: A five-site HIV linkage and retention in care program. *Health Education & Behaviour*, *43*(6), 674–682.

105. Bathgate, K. & Silva, E. (2010). Joining forces: the benefits of integrating schools and community providers. *New Directions for Youth Development*, *127*, 63–73.

106. Bevc, C.A., Retrum, J.H. & Varda, D.M. (2015). New perspectives on the "silo effect": initial comparisons of network structures across public health collaboratives. *American Journal of Public Health*, *105*(2), S230–S235.

107. Grace, M., Coventry, L. & Batterham, D. (2012). The role of interagency collaboration in "joined-up" case management. *Journal of Interprofessional Care*, *26*(2), 141–149.

108. Hanson, D., McFarlane, K., Vardon, P., Lloyd, J., Durrheim, D. & Speare, R. (2012). Measuring the sustainability of a community safety promotion network: working from the inside out. *International Journal of Injury Control & Safety Promotion*, *19*(3), 297–305.

109. Judd, R.G. & Moore, B.A. (2011). Aging in poverty: making the case for comprehensive care management. *Journal of Gerontological Social Work*, *54*(7), 647–658.

110. Brown, L.D., Feinberg, M.E., Shapiro, V.B. & Greenberg, M.T. (2015). Reciprocal relations between coalition functioning and the provision of implementation support. *Prevention Science*, *16*(1), 101–109.

111. Buchthal, O.V. & Maddock, J.E. (2015). Mapping the possibilities: Using network analysis to identify opportunities for building nutrition partnerships within diverse low-income communities. *Journal of Nutrition Education and Behavior*, *47*(4), 300–307.

112. Cooper, J. & Zimmerman, W. (2016). The Evaluation of a Regional Faith Community Network's Million Hearts Program. *Public Health Nursing*, *34*(2), 137–44.

113. Feinberg, M.E., Ridenour, T.A. & Greenberg, M.T. (2008). The longitudinal effect of technical assistance dosage on the functioning of Communities That Care prevention boards in Pennsylvania. *Journal of Primary Prevention*, *29*(2), 145–165.

114. Hawkins, J.W., Pearce, C.W., Windle, K., Connors, M.L., Ireland, C., Thompson, D.E. et al. (2008). Creating a community coalition to address violence. *Issues in Mental Health Nursing*, *29*(7), 755–765.

115. Isakov, A., O'Neal, P., Prescott, J., Stanley, J., Herrman, J. & Dunlop, A. (2014). Academic-community partnerships for sustainable preparedness and response systems. *American Journal of Disaster Medicine*, *9* (2), 97–106.

116. Kelly, C.M., LaRose,J. & Scharff, D.P. (2014). A method for building evaluation competency among community-based organizations. *Health Promotion Practice*, *15*(3), 431–437.

117. Kendall, E., Muenchberger, H., Sunderland, N., Harris, M. & Cowan, D. (2012). Collaborative capacity building in complex community-based health partnerships: A model for translating knowledge into action. *Journal of Public Health Management & Practice*, *18*(5), SE1–SE13.

118. Klaiman, T., Knorr, D., Fitzgerald, S., Demara,P., Thomas, C., Heake, G. & Hausman, A. (2010). Locating and communicating with at-risk populations about emergency preparedness: The vulnerable populations outreach model. *Disaster Medicine & Public Health Preparedness*, *4*(3), 246–251.

119. Kegler, M.C. & Swan, D.W. (2012). Advancing coalition theory: the effect of coalition factors on community capacity mediated by member engagement. *Health Education Research*, *27*(4), 572–584.

120. Cramer, M.E., Lazure, L., Morris, K.J., Valerio, M. & Morris, R. (2013). Conceptual models to guide best practices in organization and development of State Action Coalitions. *Nursing Outlook*, *61*(2), 70–77.

121. Krishnaswami, J., Martinson, M., Wakimoto, P. & Anglemeyer, A. (2012). Community-engaged interventions on diet, activity, and weight outcomes in U. S. schools: A systematic review. *American Journal of Prevention*, *43*(1), 81-91.

122. Kegler, M.C., Norton, B.L. & Aronson, R. (2007). Skill improvement among coalition members in the California Healthy Cities and Communities Program. *Health Education Research*, *22*(3), 450–457.

123. Hill, A., De Zapien, J.G., Staten, L.K., McClelland, D.J., Garza, R., Moore-Monroy, M. et al. (2007). From program to policy: expanding the role of community coalitions. *Preventing Chronic Disease*, *4*(4), A103.

124. Chilenski, S.M., Olson, J.R., Schulte, J.A., Perkins, D.F., & Spoth, R. (2015). A multi-level examination of how the organizational context relates to readiness to implement prevention and evidence-based programming in community settings. *Evaluation & Program Planning*, *48*, 63–74.

125. Hanleybrown, F., Kania, J. & Kramer, M. (2012). Channeling change: Making collective impact work. *Stanford Social Innovation Review*, 1–8.

126. Weaver, L. (2016). Possible: Transformational change in collective impact. *Community Development*, *47*(2), 274–283.

camh

127. Kaiser, K.L., Barry, T.L., Lopez, P. & Raymond, R. (2010). Improving access and managing population health through multidisciplinary partnerships. *Journal of Public Health Management & Practice*, *16*(6), 544–552.

128. Hannon, P.A., Fernandez, M.E., Williams, R.S., Mullen, P.D., Escoffery, C., Kreuter, M.W. et al. (2010). Cancer control planners' perceptions and use of evidence-based programs. *Journal of Public Health Management & Practice*, *16*(3), E1–E8.

129. Clarke-McMullen, D.M. (2010). Evaluation of a successful fetal alcohol spectrum disorder coalition in Ontario, Canada. *Public Health Nursing*, *27*(3), 240–247.

130. Dickinson, H., Peck, E. & Davidson, D. (2007). Opportunity seized or missed? A case study of leadership and organizational change in the creation of a Care Trust. *Journal of Interprofessional Care*, *21*(5), 503–513.

131. Hodges, S., Ferreira, K., Israel, N. & Mazza, J. (2010). Systems of care, featherless bipeds, and the measure of all things. *Evaluation & Program Planning*, *33*(1), 4–10.

132. Ahmad, F., Jandu, B., Albagli, A., Angus, J.E. & Ginsburg, O. (2013). Exploring ways to overcome barriers to mammography uptake and retention among South Asian immigrant women. *Health & Social Care in the Community*, *21*(1), 88–97.

133. Berlan, D. (2016). Pneumonia's second wind? A case study of the global health network for childhood pneumonia. *Health Policy & Planning*, *31*(1), 33–47.

134. Courie, A.F., Rivera, M.S. & Pompey, A. (2014). Managing public health in the Army through a standard community health promotion council model. *US Army Medical Department Journal*, 82–90.

135. Frederick Torres, A. (2008). *Policy tools in action: Crafting the school readiness agenda in evergreen*. (Doctoral dissertation). West Hartford, Connecticut: University of Hartford.

136. Hamilton, J., Begley, C. & Culler, R. (2014). Evaluation of partner collaboration to improve community-based mental health services for low-income minority children and their families. *Evaluation & Program Planning*, *45*, 50–60.

137. Clark, N.M., Lachance, L.L., Benedict, M.B., Jo, L., Gilmore, L., Kelly, C.S., & Lara, M. (2013). Improvements in health care use associated with community coalitions: long-term results of the allies against asthma initiative. *American Journal of Public Health*, *103*(6), 1124–1127.

138. Banks, D., Dutch, N. & Wang, K. (2008). Collaborative efforts to improve system response to families who are experiencing child maltreatment and domestic violence. *Journal of Interpersonal Violence*, *23*(7), 876–902.

139. Hearld, L.R., Alexander, J.A. & Shi, Y. (2015). Leadership transitions in multi-sectoral health care alliances: Implications for member perceptions of participation value. *Healthcare Management Review*, *40*(4), 274–285.

140. Hearld, L.R. & Alexander, J.A. (2014). Governance processes and change within organizational participants of multi-sectoral community health care alliances: The mediating role of vision, mission, strategy agreement and perceived alliance value. *American Journal of Community Psychology*, *53*(2), 185–197.

141. Clancy, A. (2015). Practice model for a dementia outreach service in rural Australia. *Australian Journal of Rural Health*, *23*(2), 87–94.

142. Boyd, N. & Angelique, H. (2007). Resuming the dialogue on organization studies and community psychology: An introduction to the special issue. *Journal of Community Psychology*, *35*(3), 281–285.

143. Dahmann, N. & Dennison, B. (2013). Organizing for healthy communities: A report from public housing in Los Angeles. *Progress in Community Health Partnerships*, *7*(1), 77–82.

camh

144. Fuller, J., Oster, C., Muir Cochrane, E., Eimear, D., Dawson, S., Lawn, S. et al. (2015). Testing a model of facilitated reflection on network feedback: A mixed method study on integration of rural mental healthcare services for older people. *BMJ Open*, *5*(11), e008593.

145. Khosla, N., Marsteller, J.A. & Holtgrave, D. R. (2013). The use of memoranda of understanding in fostering inter-agency collaboration: A qualitative study of health services agencies serving vulnerable populations in Baltimore, USA. *Health Services Management Research*, *26*(4), 126–136.

146. Leadbeater, B., Marshall, A. & Banister, E. (2007). Building Strengths through Practice-Research-Policy Collaborations. *Child and Adolescent Psychiatric Clinics of North America*, *16*(2), 515–532.

147. Janss Lafond, L. & Heritage, Z. (2009). National networks of Healthy Cities in Europe. *Health Promotion International*, *24*(1), 100–107.

148. Alexander, J.A. & Hearld, L.R. (2015). Assessing organizational change in multisector community health alliances. *Health Services Research*, *50*(1), 98–116.

149. Lerner, E.B., Cronin, M., Schwartz, R.B., Sanddal, T.L., Sasser, S.M., Czapranski, T. et al. (2007). Linking public health and the emergency care community: 7 model communities. *Disaster Medicine & Public Health Preparedness*, *1*(2), 142–145.

150. Hunt, P., Barrios, L., Telljohann, S.K. & Mazyck, D. (2015). A whole school approach: collaborative development of school health policies, processes, and practices. *Journal of School Health*, *85*(11), 802–809.

151. Hawley, S.R., Molgaard, C.A., Ablah, E., Orr, S.A., Oler-Manske, J.E. & St Romain, T. (2007). Academic-practice partnerships for community health workforce development. *Journal of Community Psychology*, *24*(3), 155–165.

152. Addicott, R. & Ferlie, E. (2007). Understanding power relationships in health care networks. *Journal of Health Organization & Management*, *21*(5), 393–405.

153. Adams, P., Buetow, S. & Rossen, F. (2010). Vested interests in addiction research and policy poisonous partnerships: Health sector buy-in to arrangements with government and addictive consumption industries. *Addiction*, *105*(4), 585–590.

154. Kegler, M.C., Hall, S.M. & Kiser, M. (2010). Facilitators, challenges, and collaborative activities in faith and health partnerships to address health disparities. Health *Education & Behaviour*, *37*(45), 665–679.

155. Clark, N.M. & Houle, C.R. (2009). Theoretical models and strategies for improving disease management by patients. In S.A. Shumaker, J.K. Ockene, K.A. Riekert (Eds.), *The Handbook of Health Behavior Change* (3rd ed., 19–37). New York, NY: Springer.

156. Felton, J. & Golbeck, A.L. (2011). Interjurisdictional collaboration: Local public health officials versus county commissioners. *Journal of Public Health Management & Practice*, *17*(1), E14–E21.

157. Clancy, C.M., Margolis, P.A. & Miller, M. (2013). Collaborative networks for both improvement and research. *Pediatrics*, *131*(4), S210–S214.

158. Gerstein, A., Lin, E.S., & McDermott, E. (2016). Using data to guide planning and action. In J.F. Zaff, E.P. Jones, A.E. Donlan, S. Anderson (Eds.), *Comprehensive Community Initiatives for Positive Youth Development* (56–71). New York, NY: Routledge.

159. Barnett, T., Hoang, H. Cross, M. & Brigman, H. (2015). Interprofessional practice and learning in a youth mental health service: A case study using network analysis. *Journal of Interprofessional Care*, *29*(5), 512–514.

camh

160. Germundsson, P. & Danermark, B. (2012). Vocational rehabilitation, interagency collaboration and social representations. *Work*, *42*(4), 507–517.

161. Bess, K.D., Prilleltensky, I., Perkins, D.D. & Collins, L.V. (2009). Participatory organizational change in community-based health and human services: From tokenism to political engagement. *American Journal of Community Psychology*, *43*(2), 134–148.

162. Camden, C., Leger, F., Morel, J. & Missuina, C.A. (2015). Service delivery model for children with DCD based on principles of best practice. *Physical & Occupational Therapy in Pediatrics*, *35*(4), 412–425.

163. Hall, J., Porter, L., Longhi, D., Becker-Green, J. & Dreyfus, S. (2012). Reducing adverse childhood experiences (ACE) by building community capacity: A summary of Washington Family Policy Council research findings. *Journal of Prevention & Intervention in the Community*, *40*(4), 325–334.

164. Ix, M. (2009). Measuring partnerships in public health. *Findings Brief Health Care Financing & Organization*, *12*(1), 1–3.

165. Dennis, S., Hetherington, S.A., Borodzicz, J.A., Jerrad, A., Hermiz, O. & Zwar, N.A. (2015). Challenges to establishing successful partnerships in community health promotion programs: Local experiences from the national implementation of healthy eating activity and lifestyle (HEALTM) program. *Health Promotion Journal of Australia*, *26*(1), 45–51.

166. Boyer, K., Orpin, P. & Walker, J. (2010). Partner or perish: Experiences from the field about collaborations for reform. *Australian Journal of Primary Health*, *16*(1), 104–107.

167. Anderson-Carpenter, K.D., Watson-Thompson, J., Jones, M.D. & Chaney, L. (2017). Improving Community Readiness for Change through Coalition Capacity Building: Evidence from a Multi-Site Intervention. *Journal of Community Psychology*, *45*(4), 486–499.

168. Currie, G., Finn, R. & Martin, G. (2007). Spanning boundaries in pursuit of effective knowledge sharing within networks in the NHS. *Journal of Health Organization & Management*, *21*(5), 406–417.

169. Bruynooghe, K., Verhaeghe, M. & Bracke, P. (2008). Similarity or dissimilarity in the relations between human service organizations. *Social Work in Public Health*, *23*(5), 13–39.

170. Geneau, R., Legowski, B. & Stachenko, S. (2009). An intersectoral network for chronic disease prevention: The case of the Alberta healthy living network. *Chronic Diseases in Canada*, *29*(4), 153–161.

171. Brown, E.C., Hawkins, D.J., Arthur, M.W., Briney, J.S. & Fagan, A.A. (2011). Prevention service system transformation using Communities That Care. *Journal of Community Psychology*, *39*(2), 183–201.

172. Cheadle, A., Bourcier, E., Krieger, J., Beery, W., Smyser, M., Vinh, D.V., et al. (2011). The impact of a community-based chronic disease prevention initiative: Evaluation findings from Steps to Health King County. *Health Education & Behavior*, *38*(3), 222–230.

173. Hanson, R.F., Schoenwald, S., Saunders, B.E., Chapman, J., Palinkas, L.A., Moreland, A.D., & Dopp, A. (2016). Testing the Community-Based Learning Collaborative (CBLC) implementation model: A study protocol. *International Journal of Mental Health Systems*, *10*, 52.

174. Andresen, K. & McCarthy, A.M. (2009). A policy change strategy for head lice management. *The Journal of School Nursing*, *25*(6), 407-416.

175. Isett, K.R. & Philips, S.D. (2010). Improving practice-research connections through technology transfer networks. *Journal of Behavioral Health Services & Research*, *37*(1), 111-123.

camh

176. Kowalczyk, S., Randolph, S.M. & Oravecz, L. (2017). Community coalitions' gender-aware policy and systems changes to improve the health of women and girls. *Women's Health Issues*, *27*(1), S6–S13.

177. Khare, M.M., Nunez, A.E. & James, B.F. (2015). Coalition for a Healthier Community: Lessons learned and implications for future work. *Evaluation & Program Planning*, *51*, 85–88.

178. Conviser, R. (2007). Catalyzing system changes to make HIV care more accessible. Journal of Health Care for the Poor and Underserved, *18*(3), 224–243.

179. Friedman, D.B., Owens, O.L., Jackson, K.M., Gansauer, L., Dickey, J., Miller, R. et al. (2014). An evaluation of a community-academic-clinical partnership to reduce prostate cancer disparities in the South. *Journal of Cancer Education*, *29*(1), 80–85.

180. Kirchner, J.E., Rule, C., Kramer, T.L., Bennett, L.A. & Otwell, S. (2007). Blending education, research, and service missions: The Arkansas model. *Academic Medicine*, *82*(1), 107–112.

181. Anderson, L.M., Adeney, K.L., Shinn, C., Safranek, S., Buckner-Brown, J. & Krause, L.K. (2015). Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations. *Cochrane Database of Systematic Reviews*, 5, Art. No.: CD009905.

182. Bencivenga, M., DeRubis, S., Leach, P., Lotito, L., Shoemaker, C. & Lengerich, E. J. (2008). Community partnerships, food pantries, and an evidence-based intervention to increase mammography among rural women. *Journal of Rural Health*, *24*(1), 91–95.

183. Jones, B., Lightfoot, A., De Marco, M., Isler, M.R., Ammerman, A., Nelson, D. et al. (2012). Community-responsive research priorities: Health research infrastructure. *Progress in Community Health Partnerships*, *6*(3), 339–348.

eenet.ca

camh