UNLEASHING PEOPLES POWER: COLLABORATIVE GOVERNANCE AND RYAN WHITE CARE ACT: THE EXPERIENCE OF TWO COUNCILS IN SOUTH FLORIDA

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This study employs collaborative governance concept to explicate efforts of HIV Health Services Planning Councils in Broward and Palm Beach Counties. The purpose is to accentuate how collaborative governance works in meeting needs of people with AIDS (PWAs) as part of the implementation of the Ryan White CARE Act. The study uses survey method in collecting data from various relevant sources. The analysis consists of descriptive statistics; factor analysis, and independent samples t test. The results reveal more similarities than differences in collaborative governance towards addressing the HIV/AIDS problem. The Councils are similar in the examined dimensions of deliberativeness, consensus, and collaborativeness of collaborative governance with exception to making decision by consensus. The study suggests representation and participation of relevant stakeholders including HIV infected at the Councils enhance making judicious allocation priorities to meet PWAs’ needs.

Keywords: Collaborative Governance; Target Populations; Policy Implementation; CARE Act; People with AIDS (PWAs); HIV Health Services Planning Council; Stakeholders; Complex Problems.

INTRODUCTION

The complex problems of the twenty-first century cannot be effectively addressed with twentieth century top-down bureaucratic governance model alone because of limited stakeholder participation in collective decision making and/or implementation (Agbodzakey, 2011). The somewhat limited stakeholder participation in the policy process especially, that of target populations, can impact generating viable solutions to complex problems. Collaborative governance has emerged as a promising alternative to traditional management in addressing contemporary complex problems (Ansell and Gash, 2007). Collaborative governance is thus a type of governance that promotes joint participation of state and non-state stakeholders in decision making and/or implementation by using agreed upon processes of engagement to collectively address problems (Agbodzakey, 2010). Such governance is especially beneficial for addressing the challenges posed by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS).

The HIV/AIDS pandemic is a complex global problem that affects different population demographics in many parts of the world, including the United States. For instance, approximately 34 million people (worldwide) were living with HIV in 2011 and 1.2 million in the United States (UNAIDS, 2011; CDC, 2011). The impact of the deadly disease cuts across health, social, political, economic, and cultural domains (Barnett et al., 2001; Piot et al., 2001). In addition, people with AIDS (hereinafter referred as PWAs) who are stereotyped and excluded from the decision making process now have the opportunity to participate in collaborative governance because of the Ryan White CARE Act.

The negative and powerless status of PWAs at the outset bears unfavorable political consequences and makes legislators less willing to mandate a response to the epidemic (Schneider and Ingram, 1993). Thus, the social construction of target populations “that draws...”
heavily on historical patterns, technical decisions, and cultural images” (Donovan, 1993), complicates and hinders proactive response to the AIDS problem in the U.S. Consequently, infections keep rising and results in approximately 583,298 deaths from AIDS since 1981 (CDC, 2009).

The lack of proactive federal response to the AIDS problem at the outset sparked activism by groups most affected until the late 1980s and early 1990s when the public mood began to change. The Ryan White, Rock Hudson, and Magic Johnson stories, the media coverage of AIDS, and other factors reshaped the social construction of the deviant target population (Donovan, 1993). The gradual shift in the public’s perception of PWAs and public awareness in general paved the way for political intervention and resulted in the CARE Act of 1990.

The Act provides emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination and operation of more effective and cost efficient systems for the delivery of essential services to individuals and families with HIV disease (Sec. 2).

The CARE Act forms the basis for collaborative governance of the Councils. The legislation mandates participation of HIV infected and affected, service providers and non-elected community leaders to collectively make decision as part of the implementation efforts in addressing the HIV/AIDS problem. (The representatives of the three groups in the Councils are called members). The members are key stakeholders in collaborative governance. In addition, how collaborative governance works is partly subject to local arrangements relative to engaging stakeholders.

Broward County and Palm Beach County are among twenty-two (22) counties with Eligible Metropolitan Areas (EMAs) in fifteen (15) different states that are endeavoring to address the challenges posed by HIV/AIDS in line with a federal mandate (HRSA, 2009). These two counties which are within one of the hardest hit regions (Southern States) of the U.S. have had their respective Councils since the enactment of the CARE Act in 1990. The Councils have been responsible for making decisions i.e. allocation priorities for Part A funds for HIV/AIDS treatment and intervention services (CARE Act, 1990; 2006). The Councils employ collaborative governance as required by the CARE Act, but no effort has been made to examine how collaborative governance works.

This study seeks to examine collaborative governance of the Councils in Broward County and Palm Beach County by focusing on members’ perspectives of collaborative governance as a conduit to ascertaining how collaborative governance works in allocating resources to provide various categories of services to PWAs. Members’ perception of the Councils as a collaborative entity is essential to understanding how the Councils work in helping provide care and treatment to PWAs. The study utilizes survey method to generate data from members on the Councils’ efforts in addressing the HIV/AIDS problem as part of the implementation of the CARE Act.

LITERATURE REVIEW

Collaborative governance has emerged as a viable model in addressing contemporary complex problems. It fosters broad participation of relevant state and non-state stakeholders in decision making and implementation, and promotes collective resolve to address problems. Various local, state, national and international governments have embraced collaborative governance as a viable model in addressing complex or “wicked problems” such as HIV and AIDS (Gray, 1989; Rittel and Webber, 1973; Freeman, 1997; English, 2000; Healey, 1997).

While some scholars use terms such as collaboration, participatory management, participatory governance, collaborative democracy, others prefer to use terms such as collaborative governance, sound governance or collaborative management, to describe collective efforts of state and non-state stakeholders in addressing complex problems. For purposes of clarity and consistency, collaborative governance is utilized in this study to examine collective efforts in addressing the HIV/AIDS problem in South Florida. This section explicates collaborative governance concept and its attractiveness as a model for addressing challenges posed by the AIDS epidemic.

Gray (1989) defines collaborative governance as “a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible.” This definition highlights how state and non-state stakeholders with divergent interests, strengths, and weaknesses, engage each other for the purposes of achieving common goals or objectives. In effect, working collectively is not devoid of potential or actual conflicts. Conflict is likely to occur especially when there is the need for “authoritative allocation” of resources to service providers as part of implementation efforts (Lasswell, 1936). Nonetheless, the commitment to achieve a common purpose is critical for
collaborative governance. Other definitions equally imply collaborative governance as involving state and non-state stakeholders in collective decision making and collective action for the benefit of society (Healy, 1997; Bingham and O’Leary, 2008; Chrislip and Larson, 1994; Echeverria 2001; Coggins, 1999; Beierle 2000; Rene and Tharsi, 2004).

Bryson et al., (2006) define collaborative governance “as the linking or sharing of information, resources, activities and capabilities by organizations from two or more sectors to achieve jointly an outcome that could not be achieved by organization in one sector separately”. Padgett et al., (2004) conceptualize collaborative governance as “the practice of cooperative work among government and nonprofit service agencies, community organizations and leaders, academics, and other partners working together” (also see Nicola, 2006, p. 335). Thus, state and non-state stakeholders work together to achieve a common purpose and society stands to benefit from collaborative governance especially, when it focuses on addressing a complex problem such as HIV/AIDS.

Ansell and Gash (2007) describe collaborative governance as a “governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented, deliberative and that aims to make or implement public policy or manage public programs or assets”. Their theorizing brand collaborative governance as a multidimensional concept and embrace multi-sector actors in practice. Thus, as a process, collaborative governance facilitates engaging stakeholders from different sectors and facets of society in regular face-to-face interaction relative to decision making. The participatory nature of the deliberative process provides opportunity for collective decisions and hence higher potential for resolving a particular public problem. State and non-state stakeholders tend to utilize collaborative governance as a conduit to resolving complex problem, particularly the HIV/AIDS problem (Getha-Taylor, 2007).

Ansell and Gash’s (2007) conceptualization of collaborative governance is constructive in that it extensively connotes state and non-state stakeholders as continuously engaged in order to address an identified problem. Involving the relevant stakeholders in collaborative governance promotes and creates the incentive for reaching consensus at least, on some issues of divergent interests. Consensus exists when parties in collaborative governance “are in approximate agreement in their beliefs about what decisions should be made and have some feelings of unity with each other and with the society as a whole” (Sills, 1968). The stakeholders may have divergent interests but are resolved to work together in order to address a common problem that directly or indirectly impact them.

Consensus thus represents an agreement among the stakeholders and fosters collaborative governance for the benefit of the society.

Collaborative governance has “governance” as essential element. Governance is a convoluted concept that has been applied in diverse ways in the scholarly literature. Michalski et al.,(2001) conceptualize governance as “the general exercise of authority.” The exercise of authority involves some element of control or top-down management of public affairs on a wide spectrum. Lynn et al., (2000) define governance as “regime of laws, administrative rules, judicial rulings and practices that constrain, prescribe, and enable government activity, where such activity is broadly defined as the production and delivery of publicly supported goods and services” (also see Frederickson and Smith, 2003; Ansell and Gash 2007). The definition by Lynn et al., (2000) suggests some extent of joint public and private sector participation in service delivery in line with some established rules, which is emblematic of collaborative governance. The preceding discussion clearly shows collaborative governance broadens participation of all relevant stakeholders in the governance process.

As the literature reveals, collaborative governance is different from other forms of governance, such as network governance. According to Jones et al., (1997) network governance “involves a select, persistent, and structured set of autonomous firms (as well as nonprofit agencies) engaged in creating products or services based on implicit and open-ended contracts to adapt to environmental contingencies and to coordinate and safeguard exchanges”. In context, participation in network governance is restricted to certain entities that are interested in equally beneficial relationships. Collaborative governance on the other hand creates more opportunities for broad based participation by stakeholders in making decisions concerning a common problem that impacts them. For example, while collaborative governance emphasizes formal face-to-face interaction on a regular basis as is the case with the Councils in Broward County and in Palm Beach County, network governance on the other hand embraces informal partnerships (Kreiner and Schultz, 1993).

Collaborative governance also differs from the traditional command and control form of governance which is the model associated with bureaucracy system (Weber, 1947; Fry, 1989; Goodsell, 1985). Innes et al., (2006) referenced this type of governance as a “bureaucratic system of public agency decision making” (p.9). Public agencies make decisions and require various local governments and affiliate organizations to implement the law as stipulated with little or no participation in decision making (Matland, 1995; Gormley, 1989; Pressman and Wildavsky, 1973). Collaborative governance, on the other hand, encourages various
agencies, individuals and organizations to collectively make decisions to address the problem. Agencies, organizations and individuals are equally represented, and bring their knowledge/expertise and experience to facilitate collective decision making and collective problem solving (O’Leary et al., 2006; McGuire, 2006; Kwi-Hee, 2004).

The representation and participation of relevant state and non-state stakeholders in collaborative governance promotes power sharing, responsibility and accountability, the use of creative and adaptive problem solving, and an ability to generate mutual and sustainable benefits (Abrams, 2003). Collaborative governance also facilitates ownership of decisions and efforts, which builds a sense of confidence and fortitude among the stakeholders in the collaborative endeavor in order to ensure some productive outputs and/or outcomes (Gray, 1989; Ansell and Gash, 2007).

This comparative case study focuses on collaborative governance as it relates to addressing the HIV/AIDS conundrum in Broward County and Palm Beach County by drawing on various dimensions of collaborative governance as perceived by members of the Councils. By focusing on experiences of the two Councils, a conclusion can be drawn on how collaborative governance works. Collaborative governance that works strives to achieve legislative intents of the CARE Act. For instance, by making allocation priorities, the Councils stand to fulfill the mandate of allocating resources to fund various categories of services for PWAs.

COLLABORATIVE GOVERNANCE IN SOUTH FLORIDA

As previously noted, this study compares collaborative governance of two Councils in South Florida; specifically, in Broward County and Palm Beach County as part of the implementation of the CARE Act. The rationale is to ascertain members’ perspectives of how collaborative governance works in addressing the HIV/AIDS problem in the respective counties. The two Councils were chosen because they are contiguous with similar demographics (ethnic composition); have similar collaborative processes, and institutional designs, were accessible to the researcher because of proximity and cost savings, and have existing structures of collaborative engagement as it relates to multicultural discourse (Stanishevski, 2006). Furthermore, the Councils have been recipients of Minority AIDS Initiative (MAI) since 2001 and were established in the early 1990s (U.S. Census, 2009; HRSA, 2009). The literature supports focusing on similar or dissimilar cases to provide knowledge and understanding of a phenomenon (Stake, 1998; Yin, 1984, 1994).

Generally, the Broward and Palm Beach Counties fall within the federal government designated EMAs because of the high incidences of HIV infections and have been recipients of Ryan White funds since the 1990s (Broward County HIVPC Comprehensive Plan, 2006-2009; Palm Beach County HIVCC Comprehensive Plans, 2006). The Councils in many ways have been helping to provide services (mostly treatment and care services) to PWAs without any means of support. From 2000 to 2006, Broward County’s Council has served 11,708 of 16,119 people with HIV and AIDS (Broward County HIVPC Comprehensive Plan, 2006-2009; Broward County HIVPC Title 1 Service Utilization, 2006. The Palm Beach County’s Council has served 5,143 of 7,049 people with HIV and AIDS (CARE Council Comprehensive Plan 2006; CARE Council Count of Clients and Service Report, 2009). In comparing collaborative governance of the Councils; understanding perspectives of state and non-stakeholders involved is essential to establishing how collaborative governance works in the respective counties in meeting the needs of PWAs. The findings of the study will contribute to collaborative governance theorizing in addressing a complex problem such as HIV/AIDS.

METHODS

The purpose of this research is to examine the use of collaborative governance as it relates to efforts of HIV Health Services Planning Councils in Broward and Palm Beach Counties in addressing the HIV/AIDS conundrum. The study focuses on aspects of collaborative governance such as deliberativeness, consensus and collaborativeness of the Councils. The study utilizes survey method to generate relevant data from members of the respective Councils.

Each Council consists of HIV infected and affected, service providers, non-elected community leaders and interested individuals. The HIV infected constitutes thirty-three (33%) percent of each Council membership in compliance with the CARE Act. The Broward County’s Council has thirty-three (33) members out of which thirty-one (31 or 94%) participated in the study. Also, two (2) Council staff responsible for the various meetings participated in the study. Similarly, the Palm Beach County’s Council has twenty-one (21) members and eighteen (18 or 75%) participated in the study. In addition, two (2) Council staff responsible for the various meetings and four (4) regular observers of various meetings participated in the study. Overall, there were thirty-three (33) participants from Broward and twenty-four (24) from Palm Beach.

The participants from the respective Councils fall within different age brackets; are of various educational levels; racial composition; and gender. Ten (10) of participants from Broward County’s Council fall within 30-39 age bracket; nine (9) within 40-49 bracket; eight (8)
Ten (10) of the members from Palm Beach County’s Council fall within 40-49 age bracket; nine (9) within 50-59 bracket; three (3) within 30-39 bracket; and one (1) within less than 30 and 60 or more brackets respectively. Of the thirty-one (31) participants from Broward, ten (10) hold bachelor’s degree; twelfth(12) graduate degree; four (4) doctorate; one (1) some college and four (4) high school diploma. Of the twenty-four (24) participants from Palm Beach, four (4) hold bachelor’s; seven (7) graduate; four (4) doctorate; eight (8) some college; two (2) high school and two (2) less than high school. Sixteen (16) of the members from Broward were African American; thirteen (13) White; one (1) Hispanic; and one (1) other. Twelfth (12) of the participants from Palm Beach were White; eleven (11) African American; and one (1) Hispanic. Of the thirty-one (31) participants from Broward, nineteen (19) were female; and twelfth (12) were male. And of the twenty-four (24) from Palm Beach, thirteen (13) were female; and eleven (11) were male.

The study extensively focused on members because of their critical role in helping provide care and treatment to HIV infected and affected. The participants from both Councils volunteered for the study and were duly informed of their rights. The participants were not compensated for their participation. The study’s instrument was scrutinized by Florida Atlantic University’s Institutional Review Board (IRB) and approved as such. The researcher exercised caution by not including questions on HIV status of members in compliance with the Councils’ bye-laws.

The data was analyzed using Statistical Software for the Social Sciences (SPSS) with focus on descriptive outputs (mean, medium and standard deviation) and multivariate output (factor analysis). Independent samples t-test was utilized to help compare the Councils based on identified dimensions of collaborative governance. The results help understand how collaborative governance works. Thus, the results contribute to knowledge of collaborative governance in South Florida.

RESULTS

Quantitative Design is one of the robust tools of inquiry in social science and other fields of study because of the precision it provides in measuring some concepts. For instance, Rice (1938); Hossler and Douglas (2001) emphasize the extent of accuracy associated with the use of quantitative methods when investigation involves measuring perceptions and attitudes. Quantitative design is used in this study to measure members’ perspectives of the Councils in Broward and Palm Beach Counties on collaborative governance. The goal is to promote knowledge and understanding of collaborative governance as it relates to the experience of the Councils in helping provide care and treatment to HIV/AIDS infected and affected.

The study employs a survey instrument that measure some dimensions of collaborative governance. These dimensions are deliberative, consensus and collaborative and are essential to understanding decision making at the Councils. The dimensions are based on Ansell and Gash’s (2007) concept of collaborative governance. The deliberative dimension focuses on deliberations i.e. dialogue as it relates to decision making by members of the Councils. Consensus dimension focuses on reaching consensus on outputs such as allocation priorities as part of the collaborative process. The collaborative dimension is to measure perception of members of the Councils as a decision making body. Together, the dimensions help understand collaborative governance of the Councils.

There were a total of eleven statements (11) measuring the three dimensions associated with the collaborative governance concept. Statements 1-3 measure the deliberative dimension; statements 4-6 measure the consensus dimension and statements 6-11 measure the collaborative dimension. The statements do not in any way constitute an exhaustive explication of the dimensions of collaborative governance but were formulated to help explain members’ perspectives of collaborative governance within the context of the study. The statements for the respective dimensions were subjected to reliability analysis to assess reliability of scale for interpretation purposes. Analysis of responses to the dimensions constitute understanding of how collaborative governance works toward addressing the HIV/AIDS problem in Broward County and Palm Beach County.

In administering the questionnaires, members of both Councils were asked to, for example, describe their perspectives of collaborative governance by responding to eleven (11) statements on collaborative governance. The statements were rated on scale of 1-5 (1= strongly disagree, 5- strongly agree). The analysis associated with members’ perspectives of collaborative governance is presented in Table 1.

Members of Broward County’s Council tend to “agree” that the Council employs collaborative governance towards addressing the HIV/AIDS as indicated by a median score of 4 to 10 of the 11 statements measuring their perspectives (4= agree on a 5 point Likert scale). Similarly, members tend to “agree” that the Council is deliberative as indicated by a median score of 4 to 2 of the three statements measuring the deliberative dimension. Members responded strongly agree to the statement on opportunity to actively participate in the collaborative process (see Table 1). Further, members of the Broward County’s Council tend
to “agree” on the Council being collaborative as indicated by a median score of 4 (4-agree on a 5 point Likert scale) to the 5 statements measuring the collaborative dimension. Members responded “agree” to 2 of the statements measuring the consensus dimension as indicated by a median score of 4. The experience of members of the Broward County’s Council with collaborative governance as reported is similar to that of members of Palm Beach County’s Council.

As shown in Table 1, members of the Palm Beach County’s Council tend to “agree” the Council employs collaborative governance towards addressing the HIV/AIDS problem as indicated by a medium score of 4 to 10 of the 11 statements measuring their perspectives on collaborative governance (4= agree on a 5 point Likert scale). They also tend to “agree” the Council is deliberative as indicated by a medium score of 4 to all the 3 statements measuring the deliberative dimension. Similarly, members tend to “agree” the Council is collaborative as indicated by a medium score of 4 to all the 5 statements measuring the collaborative dimension. The survey report also indicates that members of the Palm Beach County’s Council tend to “agree” the Council makes decision by consensus as indicated by a median score of 4 to 2 of the 3 statements measuring the consensus dimension. The median score of members’ to the statement “Council aims to make decision by consensus” which is part of the consensus dimension was 4.5 and shows commitment to making decision by consensus.

Table 1: Analysis of Members’ Perspectives from the Broward County’s and Palm Beach County’s Councils on Collaborative Governance

<table>
<thead>
<tr>
<th>Questions</th>
<th>Mean</th>
<th>Median</th>
<th>SD</th>
<th>Skewness</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Broward County’s Council</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members have the same opportunity to actively participate in the process</td>
<td>4.16</td>
<td>4</td>
<td>1.06</td>
<td>-1.39</td>
<td>31</td>
</tr>
<tr>
<td>Members freely express their opinion on issues during the process</td>
<td>4.29</td>
<td>5</td>
<td>1.10</td>
<td>-1.58</td>
<td>31</td>
</tr>
<tr>
<td>Divergent contributions of Members are welcomed during the process</td>
<td>3.96</td>
<td>4</td>
<td>1.01</td>
<td>-1.15</td>
<td>31</td>
</tr>
<tr>
<td>Members contribute to decision process to ensure consensual output</td>
<td>4.06</td>
<td>4</td>
<td>.89</td>
<td>-1.33</td>
<td>31</td>
</tr>
<tr>
<td>The council aims to make decision by consensus</td>
<td>4.06</td>
<td>4</td>
<td>1.12</td>
<td>-1.18</td>
<td>31</td>
</tr>
<tr>
<td>Members put differences aside to make decision</td>
<td>3.19</td>
<td>3</td>
<td>1.22</td>
<td>-1.97</td>
<td>31</td>
</tr>
<tr>
<td>The council represents collaborative governance</td>
<td>4.03</td>
<td>4</td>
<td>.83</td>
<td>-1.52</td>
<td>31</td>
</tr>
<tr>
<td>The council represents democratic governance</td>
<td>4.12</td>
<td>4</td>
<td>1.02</td>
<td>-1.46</td>
<td>31</td>
</tr>
<tr>
<td>The council represents government of all concerned parties</td>
<td>3.67</td>
<td>4</td>
<td>1.22</td>
<td>-1.61</td>
<td>31</td>
</tr>
<tr>
<td>The council represents participatory management</td>
<td>4.06</td>
<td>4</td>
<td>.72</td>
<td>-1.65</td>
<td>31</td>
</tr>
<tr>
<td>The council represents collaborative management</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>-1.06</td>
<td>31</td>
</tr>
<tr>
<td><strong>Palm Beach County’s Council</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Members have the same opportunity to actively participate in the process</td>
<td>4.25</td>
<td>4</td>
<td>.73</td>
<td>-.44</td>
<td>24</td>
</tr>
<tr>
<td>Members freely express their opinion on issues during the process</td>
<td>4.29</td>
<td>4</td>
<td>.62</td>
<td>-.28</td>
<td>24</td>
</tr>
<tr>
<td>Divergent contributions of Members are welcomed during the process</td>
<td>4.12</td>
<td>4</td>
<td>.89</td>
<td>-.04</td>
<td>24</td>
</tr>
<tr>
<td>Members contribute to decision process to ensure consensual output</td>
<td>4.20</td>
<td>4</td>
<td>.77</td>
<td>-1.04</td>
<td>24</td>
</tr>
<tr>
<td>The council aims to make decision by consensus</td>
<td>4.37</td>
<td>4.5</td>
<td>.71</td>
<td>-.70</td>
<td>24</td>
</tr>
<tr>
<td>Members put differences aside to make decision</td>
<td>3.95</td>
<td>4</td>
<td>1.04</td>
<td>-1.17</td>
<td>24</td>
</tr>
<tr>
<td>The council represents collaborative governance</td>
<td>4.2</td>
<td>4</td>
<td>.75</td>
<td>-1.22</td>
<td>24</td>
</tr>
<tr>
<td>The council represents democratic governance</td>
<td>4.37</td>
<td>4</td>
<td>.57</td>
<td>-1.21</td>
<td>24</td>
</tr>
<tr>
<td>The council represents government of all concerned parties</td>
<td>4.37</td>
<td>4</td>
<td>.64</td>
<td>-.54</td>
<td>24</td>
</tr>
<tr>
<td>The council represents participatory management</td>
<td>4.37</td>
<td>4</td>
<td>.64</td>
<td>-.54</td>
<td>24</td>
</tr>
<tr>
<td>The council represents collaborative management</td>
<td>4.2</td>
<td>4</td>
<td>.83</td>
<td>-1.4</td>
<td>24</td>
</tr>
</tbody>
</table>

Source: Original data compiled by the author
**Multidimensionality of Collaborative Governance**

Ansell and Gash's (2007) conceptualization of collaborative governance suggests the concept is multidimensional, consisting of deliberative, consensus, and collaborative dimensions among others. The dimensions as discussed in the section on perspectives of collaborative governance are essential to knowledge and understanding of collaborative governance as it relates to efforts toward addressing the HIV/AIDS problem in South Florida. The deliberative dimension focuses on discussions among the members on various subjects as it relates to producing outputs such as allocation priorities. Consensus dimension focuses on reaching consensus on subjects of deliberation, and the collaborative dimension focuses on members' perspectives of the Council as a collective decision-making body. Thus, the collaborative dimension explicates deliberation and consensus among members of the Council in producing outputs such as allocation priorities. This section explores the dimensionality of collaborative governance as a conduit to knowledge of the concept in relation to efforts of the Councils.

The literature supports the use of exploratory factor analysis to identify patterns of relationship among variables (Hair et al., 2006; Tabachnick and Fidell, 1996; Green and Salkind, 2003). Factor analysis of the eleven (11) statements that were formulated on the various dimensions of collaborative governance will help identify the relationship among the dimensions as it relates to knowledge of collaborative governance. The use of multiple measures for each dimension of collaborative governance concept was to ensure reliability (Hair et al., 2006).

Factor analysis is essential in that the factors will be derived based on statistical analysis instead of theory (Hair et al., 2006). Ansell and Gash (2007) made their assumption of the multidimensionality of the concept of collaborative governance based on theory only. The exploratory factor analysis is chosen over confirmatory factor analysis because of lack of specificity of the factors which makes it difficult to detail in advance the number of factors and loadings of the variables (Hair et al., 2006). The results of factor analysis are presented in Table 2 and 3.

The rotated component matrix (see Table 2) shows the loading of the eleven (11) statements measuring dimensions of collaborative governance. The rotated solution produced two (2) factors: deliberative and collaborative. Statements measuring the deliberative dimension loaded on factor 1 and statements measuring collaborative dimension loaded on factor 2. Statements measuring the consensus dimension split loaded on factor 1 and 2. The factor loadings, especially the split loading of the consensus dimension, highlight the nexus between the dimensions of collaborative governance and point to the iterative nature of variables of collaborative governance in general. For instance, Ansell and Gash (2007) asserted collaborative governance embraces deliberation and reaching consensus among state and non-state stakeholders.

### Table 2: Factor Loadings of the Statements Measuring Dimensions of Collaborative Governance

<table>
<thead>
<tr>
<th>Rotated Component Matrix</th>
<th></th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Members have same opportunity to actively participate in the collaborative process</td>
<td></td>
<td>.718</td>
</tr>
<tr>
<td>Members freely express their opinion on issues during the process</td>
<td></td>
<td>.792</td>
</tr>
<tr>
<td>Divergent contributions of members are welcome during the process</td>
<td></td>
<td>.777</td>
</tr>
<tr>
<td>Members contribute to the decision process to ensure consensual output</td>
<td></td>
<td>.887</td>
</tr>
<tr>
<td>The council aims to make decisions by consensus</td>
<td></td>
<td>.591</td>
</tr>
<tr>
<td>Members put their differences aside in order to make decisions geared towards achieving the purpose of the council</td>
<td></td>
<td>.541</td>
</tr>
<tr>
<td>The council represents collaborative governance</td>
<td></td>
<td>.635</td>
</tr>
<tr>
<td>The council represents democratic governance</td>
<td></td>
<td>.734</td>
</tr>
<tr>
<td>The council represents government of all concerned parties</td>
<td></td>
<td>.630</td>
</tr>
<tr>
<td>The council represents participatory management</td>
<td></td>
<td>.780</td>
</tr>
<tr>
<td>The council represents collaborative management</td>
<td></td>
<td>.830</td>
</tr>
</tbody>
</table>

a. Rotation converged in 3 iterations.

Source: Original data compiled by the author.
The two factor loadings accounted for 65% of the response variance to dimensions of collaborative governance (see Table 3). Factor 1, which is the deliberative dimension, accounted for 34% of the variance and factor 2 which is collaborative dimension accounted for 31% of the variance. Together, deliberative and collaborative dimensions explained 65% of the variable variance of collaborative governance.

Table 3: Total Variance Explained by Variables of Collaborative Governance

<table>
<thead>
<tr>
<th>Component</th>
<th>Extraction Sums of Squared Loadings</th>
<th>Rotation Sums of Squared Loadings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>% of Variance</td>
</tr>
<tr>
<td>1</td>
<td>5.919</td>
<td>53.810</td>
</tr>
<tr>
<td>2</td>
<td>1.191</td>
<td>10.828</td>
</tr>
</tbody>
</table>

Extraction Method: Principal Component Analysis.

Source: Original data compiled by the author.

Similarities and Differences on Collaborative Governance

An independent samples test was conducted on the Councils to ascertain the similarities and/or differences in collaborative governance relative to efforts in addressing the HIV/AIDS problem. The analysis was based on a 95% confidence level. A “p” value under 0.05 would be significant. The test yielded an insignificant result (see Table 4).

The independent samples t-test was utilized because the calculated t-test is not necessarily contingent on population variances being equal and the “p” values are fairly accurate even if the normality assumption is not met and the sample size for each group is more than 15 cases (Green and Salkind, 2003). Even though the data is somewhat skewed in this instance, the diagnostics (normality plot) revealed the normality assumption was not violated. Also, the t-test procedure yielded better output in comparing the two Councils in view of the fact that the data is not suited for ANOVA and Chi-square. The independents samples t-test results are insightful of Councils’ collaborative governance.

Furthermore, the test produced a group mean of 4.0 for Broward County’s Council and 4.2 for Palm Beach County’s Council (see Table 4). The result implies there is no statistical significance difference between the Councils, indicating more similarities than differences among the Councils in their efforts toward addressing the HIV/AIDS problem in the respective counties. Nonetheless, there was a statistically significant difference between the Councils relative to the consensus dimension of collaborative governance as indicated by a difference in the median score on the statement “Members put differences aside to make decision” (even the mean scores suggest the difference as well). Broward County’s Council had a medium score of 3, which is “neutral” on a 5 point Likert scale while Palm Beach County’s Council had a medium score of 4, which is “agree” on a 5 point Likert scale.

DISCUSSION

As earlier discussed, the literature suggests collaborative governance is a type of governance that involves state and non-state stakeholders in collective decision making and/or collective implementation (Gray, 1989; O’Leary et al., 2006; McGuire, 2006). The case of collaborative governance of the Councils in Broward County and Palm Beach County brings together the HIV infected and affected, service providers and non-elected community leaders to make decisions as part of the implementation of the CARE Act towards addressing the HIV/AIDS problem (CARE Act, 1990; 2006). This study aims to examine how collaborative governance works in the respective counties as a conduit to knowledge and understanding of efforts toward addressing the challenges presented by the HIV/AIDS problem in the respective counties.

Members of the two Councils seem to have similar perspectives on dimensions of collaborative governance: deliberative, consensus and collaborative as it relates to what they do. Members tend to “agree” to the statements measuring the various dimensions. The similarity of perspectives can be attributed to legislative
intent and framework which serve as the roadmap for both Councils, particularly on composition of the Councils, rationale and process of engagement. The three relevant groups are duly represented and members of both Councils appear to have a clear understanding of the purpose for collaboration and the essence of their deliberations to the health and well-being of target populations.

Table 4: Partial Results of the Independent-Samples T Test

<table>
<thead>
<tr>
<th>Group Statistics</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV health services planning council affiliation</td>
</tr>
<tr>
<td>Broward County</td>
</tr>
<tr>
<td>Palm Beach County</td>
</tr>
</tbody>
</table>

Independent Samples Test

<table>
<thead>
<tr>
<th>Levene's Test for Equality of Variances</th>
<th>t-test for Equality of Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Difference</td>
<td>Std. Error difference</td>
</tr>
<tr>
<td>Equal variances assumed</td>
<td>1.925</td>
</tr>
<tr>
<td>Equal variances not assumed</td>
<td>1.694</td>
</tr>
</tbody>
</table>

Source: Original data compiled by the author

The similarity of perspectives on collaborative governance is particularly evident in members' response to deliberative and collaborative dimensions. A medium score of 4 is recorded for members' response to statements measuring the two dimensions. Thus, collectively members seem to highlight their participation in regular deliberations as they are necessary to fulfilling the established mandates of the Councils and as they are essential aspects of collaborative governance. Members' response to the consensus dimension is quite similar, but with a variation on one of the statements measuring the dimension.

The statement focuses on representation of divergent interests at the Council. While members of Palm Beach County’s Council tend to “agree” on making decision by consensus, some members of Broward County’s Council seem to suggest that the representation and participation in deliberations by the various interests play a part in making decision by consensus. The difference suggests agreement and disagreement among members representing various constituencies on some subjects of deliberation. Palm Beach County’s Council seems to have less issue with strong representation of interests in deliberation (see Table 1). The results suggest it takes less time to make decision by consensus in Palm Beach County’s Council when compared with Broward County’s Council.

It is worth pointing out that making decision on some subjects of deliberation at both Councils are sometimes deferred for lack of consensus i.e. deliberation on some allocation priorities. Voting on various subjects of deliberation by members of the respective Councils is a climax of decision making. Motions are passed unanimously or by a simple majority.
vote. In either instance, the votes represent the official position of the Councils on a subject of deliberation and the Councils bear responsibility for the outputs and/or outcomes of their decisions.

Members’ perspectives on the various dimensions measuring collaborative governance underscore their knowledge and understanding of how the Councils work and the relatedness of the relevant dimensions. The factor analysis (see Table 2 and 3) attests to collaborative governance being multidimensional and iterative concept as indicated by identified two dimensions in the rotated component matrix and shows split loading of the consensus dimension on deliberative and collaborative dimensions. The loadings show a relationship between the dimensions of collaborative governance while at the same time suggests the relationship is complex and somewhat fuzzy. In any case, collaborative governance is evolving as a concept and this study will contribute to collaborative governance theorizing. Even though the results suggest multidimensionality of the collaborative governance concept, it is premature to categorically state that the identified dimensions constitute all the possible dimensions of collaborative governance and serve as a basis for confirmatory factor analysis in the future. Furthermore, the findings of the study cannot be generalized to other counties with EMA’s in Florida and other states because the case represent the experience of two Councils in adjoining counties.

CONCLUSION

Collaborative governance of the twenty-first century represents a mode of governing where citizens of various backgrounds, color, creed, and professions bring their expertise to bear in the quest to resolve complex problems. It is a viable option for addressing contemporary realities in public affairs. Collaborative governance is not devoid of bickering and rancor. However, ensuring effective deliberation and representation, and clearly established structures and ground rules make collaborative governance more appealing to diverse stakeholders. This study highlights how collaborative governance of the HIV Health Services Planning Councils in Broward and Palm Beach is essential to addressing the AIDS epidemic.

The study revealed members of the respective Councils felt the Council employed collaborative governance by promoting representation and participation of relevant state and non-state stakeholders in collective decision making and/or implementation. Both Councils are more similar than different in their collective efforts toward addressing the HIV/AIDS problem and both embrace the politics of collective decision making. Broward County’s Council spent more time in making decision by consensus compared to Palm Beach County’s Council. Nonetheless, both Councils’ decisions are subject to either unanimous vote or simple majority vote. And the Councils bear responsibility for the consequences of their deliberations.

The benefits of target population participation in the policy process include sharing knowledge and experience to help make decisions to provide various categories of services to PWAs. The services that are provided as a result of including PWAs in decision making promote health and wellbeing of PWAs. The PWAs are not just at the receiving end of services but are key stakeholders in making allocation priorities. In addition, the opportunity to be involved in collaborative governance becomes a source of empowerment to PWAs.

Collaborative governance presents public managers the viable option of serving as advocates of various interests in society by bringing state and non-state stakeholders together to make decisions to address a complex problem. By engaging various representatives from state and non-state establishments, public managers develop better managerial skills in facilitating consensus, compromise, and building coalitions in tackling complex problems in both short and long terms. Collaborative governance thereby promotes democratic ideals and actualization of those ideals through collective problem solving for the benefit of the masses.

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