Book Reviews

Health for All: Making Community Collaboration Work

Howard Greenwald and William Beery

Health Administration Press, Chicago, 2002, 255 pp., $52 (paperback)

IN *Health for All: Making Community Collaboration Work*, authors Howard Greenwald and William Beery explore the different models that have been used by major health services organizations in collaborating with communities to improve community health since the 1800s. As indicated by the title, the authors believe that collaboration offers solutions to many of society's most challenging health issues. Their argument is that collaboration among various community partners brings together different and valued perspectives, expertise, knowledge, resources, and access that typically do not reside within any one organization. Because collaborations bring together this wealth of community talent, the authors say, they will likely be successful, thereby improving community health.

To set a context in which collaboration might work effectively in today's environment, Greenwald and Beery identify the different types of collaboration that have been used by community health agencies since the 1800s. Indeed, the authors have discovered a continuum of collaboration, the eight levels of which they identify as: manipulation, therapy, information, consultation, placation, partnership, delegated power, and citizen power.

The authors devote a considerable amount of space to explaining and evaluating the Mutual Partnerships Coalition (MPC) in Seattle. This collaboration is an example of the type being developed in many communities today. By analyzing the MPC in such detail, the authors show both the collaboration's initial vision and structure and how the implementation of the vision was limited by the difficulties inherent in working through collaborative relationships and activities.

The idea for the collaboration was initiated by Group Health Cooperative, which, founded in 1947, was one of the first HMOs. Group Health has a history in the community of being responsive to consumer input and concerned about social issues. Four other community partners were involved in the MPC project: the Seattle Housing Authority, United in Outreach, the Central Area Motivation Program, and Senior Services of Seattle/King County. Funding was provided by the W. K. Kellogg Foundation; MPC was intended as a demonstration project whose goal was to "identify interventions of potential value in reducing isolation and rebuilding community." Most of the work was accomplished between 1992 and 1996, which was the length of the grant.

The collaboration was governed by a steering committee composed of members from each of the organizations involved. Making up the collaboration's staff were a project director, evaluation consultant, training specialist, project coordinator, four community specialists, and a project assistant.

The MPC's mission was to work with the isolated elderly, helping them to recognize their own gifts and capabilities and assisting them to function again as members of the community. The theory was that the collaboration's activities would not only improve the health of the elderly people targeted but also, through the reintroduction of their gifts and capabilities, improve the overall health of the community.

Although the MPC did accomplish several of the original goals, its overall outcomes were not particularly good. The collaboration's failure, Greenwald and Beery write, was due at least in part to problems likely to inhibit the success of other collaborative efforts: lack of a unified vision and goals, lack of clarity concerning roles and lines of accountability, poor communication, different worldviews and experiences among participants, unresolved interpersonal conflicts, and disagreement over evaluation methodology.

The issues regarding the evaluation process, which proved especially difficult for the MPC, could, if not corrected, make it difficult for other collaborations to collect and analyze meaningful data and evaluate programs, the authors say. They contend that evaluation of these collaborative efforts is intrinsically difficult. Those who plan them must begin by developing a collaborative relationship between program implementers and program evaluators, with both parties agreeing on both the value and need for program evaluation and a methodology for it. Highlights of this section of the book include summaries of evaluation models, including one used successfully in a collaborative community-based health initiative in California.

Greenwald and Beery conclude their book with a chapter summarizing the strengths and challenges offered by community collaborations and outlining principles for successful collaborative efforts. The authors also provide a comprehensive appendix of resources to help implement and evaluate community partnerships.

This publication provides a good basic framework that can help readers evaluate the pros and cons of collaborative activities in their own communities. *Health for All: Making Community Collaboration Work* is instructive in its description of collaborative efforts already undertaken, and it can help readers interested in such activities set up their own collaborations in a way likely to be successful. I recommend the book for those interested in developing or assessing collaborative activities in their own communities.

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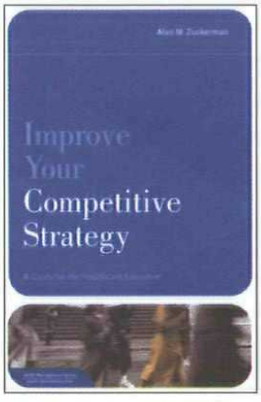
Improve Your Competitive Strategy: A Guide for the Health Care Executive

Alan M. Zuckerman

Health Administration Press, Chicago, 2002, 272 pp., $55 (paperback)

ALAN M. ZUCKERMAN HAS WRITTEN A very clear, insightful book about various competitive strategies that health care organizations have deployed with varying success in recent years. Following an excellent review of the literature on competitive strategies, both inside and outside health care, Zuckerman devotes a chapter to each of the main competitive strategy approaches used in health care: "vertical integration," "horizontal integration," "diversification," "niching," "cost leadership," and "differentiation." Each chapter defines a particular competitive strategy approach and examines its applicability to health care organizations. Utilizing case studies from both inside and outside health care, as well as a review of the business and health care literature, Zuckerman assesses each competitive strategy and its potential for success.



Although vertical integration and diversification hold big rewards as well as big risks, Zuckerman says that few health care organizations should pursue these strategies. Horizontal integration seems to have some promise, but only for organizations that have achieved indisputable market dominance or huge cost advantages. Niching has met with some success, especially in the investor-owned segment of health care, and is likely to grow. Cost leadership, while broadly successful in the general business community, has been essentially unsuccessful in health care. However, the author believes it may become more important if price competition emerges among health care providers. Differentiation has the longest history in health care, and, according to the author, is "probably the next major competitive battlefield following integration of care in the late 1990s."

In each of the chapters describing these competitive strategies, Zuckerman utilizes a variety of excellent case studies from within and outside health care. Some of the organizations profiled are AT&T, the Walt Disney Company, Henry Ford Health System, UniHealth America, Southwest Airlines, Nokia, the Johns Hopkins Hospital and Health System, and HealthSouth Corporation.

The author ends the book by emphasizing the need to raise competitive strategies to a higher level through industry analysis, competitive analysis, and competitive intelligence. The book concludes with 10 lessons for competitive strategy, beginning with the first lesson, which the author calls "Commit to Competing."

Zuckerman states in his introduction that he hopes to make an important contribution to the competitive capabilities of health care executives and the organizations they manage. This book accomplishes that purpose through an excellent literature review and analysis of the strategies employed to date in health care, both those that have worked and those that have not, along with implications for what may be effective for the future.

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