



RESEARCH ARTICLE

QUANTITATIVE EVIDENCE OF COLLABORATIVE GOVERNANCE OF BROWARD AND PALM BEACH COUNTIES HIV HEALTH SERVICES PLANNING COUNCILS IN TWO DIFFERENT LEGISLATIVE CYCLES

James K. Agbodzakey

Nova Southeastern University 3301 College Avenue Fort Lauderdale, Florida

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ABSTRACT

Broward County and Palm Beach County are among twenty-two (22) counties in the U.S. with Eligible Metropolitan Areas (EMA) in fifteen (15) different states that are endeavoring to address the challenges posed by HIV/AIDS in line with a federal mandate. These counties have had their respective Councils since the enactment of the CARE Act in 1990. The Councils have been responsible for making decisions such as allocation priorities for Ryan White funds among others for HIV/AIDS treatment and intervention services. The Councils employ collaborative governance of relevant state and non-state stakeholders in decision making including People with AIDS (PWAs). This study examines quantitative evidence of collaborative governance of the Councils from 2008-2009; and 2013-2014 in an attempt to ascertain the extent of engagement as it relates to addressing the HIV/AIDS conundrum. The study is guided by collaborative governance framework with particular attention to key dimensions such as collaboration, deliberation, and consensus with perception of collaborative governance within a five-year period as an added aspect. Quantitative evidence from surveys on the dimensions is analyzed using descriptive statistics, independent samples t-test and factor analysis. The results highlight similarities than differences between the Councils on the use of collaborative governance as it relates to efforts to provide care and treatment to target populations. Furthermore, the results also point to iterative and multi-dimensional nature of collaborative governance for conceptual and practical purposes with implications for collective problem solving.

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INTRODUCTION

Emergent multifaceted problems across health, socio-economic, natural resources management among others in this contemporary era calls for a new governance approach that fosters collective problem solving. Such a governance approach is needed because of the apparent inadequacy of top-down bureaucratic management in addressing various citizens' concerns. Collaborative governance which promotes inclusive representation and participation of all relevant stakeholders in the policy process provides such a viable and complementary alternative to the existing bureaucratic governance mechanism. As a type of governance mechanism collaborative governance usually provides avenues for stakeholders from the public, civic/nonprofit and private spheres to make decisions and/or implement decisions that are likely to yield positive outcomes for society at large (Gray, 1989; Zurba, 2014; Huxham & Vangen, 2000; Agranoff 2012; Emerson, Nabatchi & Balogh, 2012; Bingham & O'Leary, 2008). The representation and participation of all relevant state and non-state stakeholders in the policy process enable complex problems to be effectively addressed (Bryson, Crosby & Stone, 2006; Allison & Allison, 2004; Purdy, 2012). The inclusiveness and collective problem solving nature of collaborative governance make it such a commonly

used method in addressing complex problems at various local, state and regional settings.

As a concept, collaborative governance has "governance" as a key component. Fukuyama (2013, p.350) explicates governance as "a government's ability to make and enforce rules, and to deliver services, regardless of whether that government is democratic or not," while Michalski, Miller and Stevens (2001, p.9) define governance, as "the general exercise of authority." These scholars point to jurisdictional control and management of peoples' affairs in a political domain. And it is within the context of such governance that collaborative governance exists regardless of the regime type. Many scholars explicate collaborative governance concept in uniquely purposeful ways and relate the concept to different context, but with collective engagement of stakeholders from various spheres in order to achieve a public purpose as a common theme. For instance, Ansell and Gash (2008) in their conceptual explication relate collaborative governance as "a type of governance in which public and private actors work collectively in distinctive ways, using particular processes, to establish laws and rules for the provision of public goods" (p.545). This explication points to common agreement among stakeholders in collaborative governance to chart a path based on workable *modus operandi* as a conduit to achieving established goals and objectives.

The Councils in Broward and Palm Beach Counties embrace collaborative governance approach to address the HIV/AIDS problem, particularly as it relates to efforts to provide care and treatment to those infected and affected in compliance with Ryan White CARE Act mandate (CARE Act, 1990, 1996, 2000, 2006, 2009). The Councils' composition, deliberations and allocation priorities are reflective of consensus and/or consensus-oriented decisions by the stakeholders. In fact, each Council in its respective capacity provides category of services to target populations in their locale. This study hereby attempts to examine the use of collaborative governance by surveying members' perception on conceptual dimensions such as deliberation, consensus and collaboration with complementary questions geared toward assessing perception of the Councils within a five-year time span (2009-2014) while also comparing members' response to 2008-2009; and 2009-2014 surveys on collaborative governance. The results will provide insight into the Councils' HIV/AIDS collaborative governance in an attempt to provide care and treatment to target populations. The subsequent sections of the paper consist of conceptual framework, materials and methods, results and analysis, comparative segment, dimensionality, discussion, and conclusion.

Conceptual Framework of Collaborative Governance

The rising complex problem at various levels of government in this globalized and interdependent world renders traditional top-down governance approach to peoples' affairs somewhat inadequate. The traditional governance inadequacy is partly due to enough lack of engagement of relevant constituencies/stakeholders in policy process with resultant truncated approach to problem solving. Nonetheless all is not lost as the new pragmatic inclusive collaborative governance provides impetus for collective action.

Collaborative governance has emerged as a viable model for addressing complex challenges/problems because it fosters inclusiveness of all relevant stakeholders in decision making and/or implementation. The inclusion of relevant stakeholders enables formulating effective strategies and solutions for likely positive societal impacts. Collaborative governance has therefore been embraced across various domains and regimes in both developed and developing countries to address health, environmental, law enforcement, socio-economic and other pertinent governance and societal crises (Gray, 1989; Choi & Robertson, 2014; DuPraw, Brennen & Placht, 2013; Metze & Levelt, 2012; Kettl 2002; Koontz and Thomas 2006; Rittel & Webber, 1973; Nicholson-Crotty and O'Toole 2004; Freeman, 1997; English, 2000; Healey, 1997; Biddle & Koontz, 2014; and Farazmand 2007; Cooper-McCann, 2014). Scholars in their respective capacities use terms such as deliberative democracy, collaborative management, participatory management, collaboration, collaborative governance among others to relate joint efforts of state and non-state stakeholders in collective problem solving. This study uses the term collaborative governance consistently to reference such multi-stakeholder efforts as it relates to addressing the HIV/AIDS conundrum in South Florida. The frequent use of collaborative governance for collective problem solving thereby warrants detailing the conceptual rudiments and the associated importance.

Gray's (1989) scholarly piece entitled *Collaborating: Finding Common Ground for Multiparty Problems* is considered to be a good foundational work on collaborative governance. Gray elucidates 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" (p.5). This explication points to the coming together of various stakeholders from different sectors with divergent interests to coalesce around a common mission in order to address a complex problem for mutually beneficial societal impacts. Other scholarly explications of collaborative governance equally accentuate multi-stakeholder engagements in making decisions and/or implementing decisions in order to promote societal wellbeing (Ansell and Gash, 2008; Rene, & Tharsi, 2004; Johnston et al., 2011; and Weber, 2012; Leach, 2006; Healy, 1997; Bingham & O'Leary, 2008; Agbodzakey, 2015; Chrislip & Larson, 1994; Echeverria 2001; Coggins, 1999; and Beierle 2000).

Emerson, Nabatchi, and Balogh (2012) conceptualization of collaborative governance acknowledges engagement of various stakeholders across sectors and domains for the common good. These authors relate collaborative governance "as the processes and structures of public policy decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres in order to carry out a public purpose that could not otherwise be accomplished" (p.2). The inclusion of state and non-state stakeholders as implied allows for divergent thinking and convergent actions in addressing a common complex concern in a particular locale. In fact, Emerson et al (2012) builds on Bryson, et al. (2006) explication of 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" (p.44), which further points to the common resolve by stakeholders to harness human and material resources for the common good (also see Agranoff, 2012; Purdy, 2012; Biddle & Koontz, 2014; Innes et al., 2010; Rittel & Webber, 1973; Wear 2012) among others.

Collaborative governance in the perspective of Ansell and Gash (2008) further alludes to multi-stakeholder engagements in the policy process for societal wellbeing. In their view, collaborative governance is about "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" (p.544). Thus, the authors lay emphasis on regular face-to-face deliberations by all relevant participating stakeholders to make decisions regarding how best to achieve a public purpose. The inclusive nature of the deliberations and the drive for consensus despite the divergent interests of the stakeholders in collaborative governance foster addressing complex societal problems (Taylor, 2006; Agbodzakey, 2012; 2015). This study will rely on Ansell and Gash's conceptualization of collaborative governance with particular attention to dimensions such as deliberation, consensus and collaboration to ascertain the use of collaborative governance

by the Councils in South Florida for HIV/AIDS care and treatment.

The formal face-to-face and inclusive stakeholder engagement across sectors in collaborative governance differentiates it from other forms of governance, particularly, network governance. For instance, Jones, Hesterly and Borgatti (1997) point out 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” (p.914). Thus participation in network governance is not that inclusive of all relevant stakeholders and engagement is driven by beneficial exchanges among the parties. To the contrary, collaborative governance enables participation of all relevant state and non-stakeholders to make and/or implement decisions that will create beneficial outcomes/impacts for society sometimes without any direct benefits to those stakeholders involved in the process. Furthermore, the formal face-to-face engagements on a regular basis in collaborative governance as is the case with the Councils in South Florida promotes effective dialogue for collective problem solving unlike network governance that sometimes enables informal engagements and partnerships (Kreiner & Schultz, 1993).

Collaborative governance is equally different from bureaucratic form of governance which places emphasis on command and control as a conduit to acceptable performance (Weber, 1947; Fry, 1989; Goodsell, 1985). In the scholarly work of Innes, Connick, Kaplan and Booher (2006), they equate “bureaucratic system of public agency decision making” (p.9) as authoritative form of governance. Bureaucratic agencies and their top level bureaucrats at usually the central level make decisions and require compliance and implementation of those decisions at the local government level without necessarily entertaining contributions from those local entities and their officials (Matland, 1995; Gormley, 1989; Pressman & Wildavsky, 1973). Unlike bureaucratic form of governance, collaborative governance welcomes participation of all relevant stakeholders from public, private/nonprofit and community spheres in the decision making and/or implementation actions as essential to addressing complex and multifaceted problems (O’Leary, et al., 2006; McGuire, 2006; Kwi-Hee, 2004; Agbodzakey, 2015; and Johnston et al., 2011).

The inclusiveness associated with collaborative governance makes it such a viable model in addressing the HIV/AIDS conundrum even more so in view of the challenges associated with top-down decision making. The HIV/AIDS problem cuts across sectors and spheres for instance, geographic, demographic, economic, political, and socio-cultural among others with unfavorable consequential impacts on society (Donovan, 2001; Theodoulou, 1996). Collaborative governance thereby fosters proactive measures to address a complex problem through the collective engagement of all relevant stakeholders at the various levels of the policy process and undoubtedly promotes sustainable solutions for the common good (Emerson et al., 2012; Weber, 2012; Rogers & Weber, 2010; Brown, Gong & Jing, 2012; Silvia, 2011; Wear, 2012; Kim, 2010; Leach, 2006).

Collaborative governance through its multi-stakeholder engagement in decision making and/or implementation as is the case of the Councils in South Florida enhances governance capacity of entities and individuals to effectively address common concerns (Ansell & Gash, 2008; Allison & Allison, 2004; Donohue, 2004; Nicola, 2006; Rogers & Weber, 2010; and Innes, Booher, & Di Vittorio, 2010). Local public entities’ capacity to address complex problems is enhanced by intentionally including other non-state stakeholders in the governance regime. Together, the various state and non-state stakeholders pool resources to collectively address those complex challenges/problems.

The inclusive representation and participation of various stakeholders in collaborative governance enables ownership of decisions, accountability, responsibility, power sharing, and innovative approaches to collective problem solving for mutual benefits (Abrams, 2003; Sirianni, 2009; Norris, 2014; Choi & Robertson, 2014; and Weber 2012; Agbodzakey, 2012; 2015). Furthermore, collaborative governance enhances commitment formation, trustbuilding, consensus and shared understanding which translate into judicious allocation priorities as outputs with some attendant medical outcomes in the case of HIV/AIDS care and treatment (Gray, 1989; Ansell & Gash, 2008; Emerson et al., 2012; Johnston et al., 2011; Agbodzakey, 2015). In fact, the collaborative governance experience of the Councils in South Florida involving service providers, target populations and non-elected community leaders exemplify such a common resolve against the complex HIV/AIDS problem for decades.

The many advantages of collaborative governance make it more attractive and germane to collective problem solving compared to traditional managerialism. However, the collaborative engagement of various stakeholders presents some challenges such as turf battles, trust issues, conflicts of interests, time constraints, and delayed decisions among others (Memon & Kirk, 2010; Metzger & Levelt, 2012; Emerson et al., 2012; and Daniel et al., 2013; Hageman & Bogue, 1998; Aubrey, 1997; and Booher, 2004). The challenges as referenced can somewhat negate making judicious decisions in a timely manner, especially, if the basic protocols of engagement are not properly defined and agreed upon by the stakeholders. Despite the aforementioned challenges, collaborative governance remains a much more viable approach to collective problem solving as is the case of the HIV/AIDS collaborative governance in South Florida.

The HIV/AIDS Services Planning Councils in Broward and Palm Beach Counties have existed for decades in compliance with a legislative mandate to promote care and treatment to infected and affected populations. The Councils’ composition representing service providers, target populations, and non-elected community leaders in collaborative governance and the promotion of continuum of care through allocation priorities to various medical and attendant categories epitomizes adherence to Ryan White CARE Act intents and purposes (CARE Act, 1990, 1996, 2000, 2006, 2009; Agbodzakey, 2012; 2015; Schneider & Ingram, 1993). Like other Eligible Metropolitan Areas (EMAs), these Councils in their respective capacities enable providing various services to target populations. This study is thereby directed toward examining the use of collaborative governance by surveying

Council Members perception as it relates to their efforts over the years. The results of the study will provide insight into the usefulness and viability of collaborative governance in addressing the complex HIV/AIDS problem and draw implications for policy, research and administration.

MATERIALS AND METHODS

This study aims to ascertain members' perception of collaborative governance as it relates to efforts to provide care and treatment to HIV/AIDS infected and affected in South Florida from 2008-2009 and 2013-2014 time periods. The paper focuses on conceptual dimensions of collaborative governance such as deliberation, consensus, and collaboration. Furthermore, the paper highlights members' perception of collaborative governance within a five year period (2009-2014) for similarities and/or differences in perception of engagement. Consequently, members and some affiliates of each Council are asked to complete a basic survey instrument on the dimensions. The composition of the Councils reflects various gender, age, ethnic background and educational levels among others. Of the fifty-five (55) respondents from both Councils, 36% were male and 64% were female. Forty-five percent (45%) of the members fall within 50-59 year bracket; 34% within 40-49 year bracket; 15% within 60 or more year bracket; 4% within 30-39 year bracket; and 2% within less than 30 year bracket. Thirty-four percent (34%) of the members have graduate or professional degree; 24% have bachelor's degree; 14% have high school diploma; 13% have some college degree; 4% have less than high education and 11% have PhD.

In compliance with the legislative mandate, each Council has, at least, 33% of the members being HIV infected and affected. Mostly service providers and non-elected community members make up the rest of each Council's membership with occasional few affiliates. Most of the respondents in the 2008-2009 survey were Council members: twenty-one (21) out of thirty-three (33) which is sixty-four percent (64%) of the respondents from Broward Council while seventeen (17) out of twenty-four (24) which represents seventy-one (71%) of the respondents were from Palm Beach Council. Members' participation in the 2013-2014 survey were as follows, twenty-one (21) out of twenty-five (25) which is eighty-four percent (84%) members from Broward Council and nineteen (19) out of twenty-five (25) members which is seventy-six percent (76%) of members from Palm Beach Council. The rest of the respondents were affiliates and regular attendees of the Councils' meetings. The members and affiliates represent state and non-state stakeholders in the HIV/AIDS collaborative governance. For purposes of clarity, the term member as used in this paper refers to all survey respondents.

The garnered data was analyzed using Statistical Package for the Social Sciences (SPSS) with descriptive analysis that focused on the median. Independent Samples T- Test was used to compare the Councils on collaborative governance and Factor Analysis helped explore possible dimensions of collaborative governance and its iterative nature. The results highlight the use of collaborative governance for HIV/AIDS collective problem solving in South Florida.

RESULTS AND ANALYSIS

This segment of the paper reports members' perception of collaborative governance as it relates to the Councils' efforts in addressing the HIV/AIDS epidemic in Broward and Palm Beach Counties. The survey instrument focuses on deliberation, consensus and collaboration dimensions of collaborative governance with an added aspect on members' perception within a five-year span on the use of collaborative governance to enable care and treatment to target populations. The dimensions are based on Ansell and Gash (2008) publication on collaborative governance.

The deliberation dimension centers on dialogue at the various meetings; the consensus dimension highlights how members endeavors to reach consensus on various subjects of deliberation, for instance on allocation priorities; and the collaboration dimension draws on perception of members on collective engagement for HIV/AIDS collective problem solving, and the aspect on five-year span perception of the Councils underlines consistency and/or change in the use of collaborative governance. Together, the dimensions help us to understand collaborative governance in South Florida on HIV/AIDS remedial efforts in order to promote health and general wellbeing of those infected and affected. There are twenty-one statements measuring the various aspects of collaborative governance: three statements each on deliberation and consensus dimensions; and five statements each on collaboration dimension and five-year span perception of collaborative governance. The statements in context fairly capture essentials of collaborative governance concepts, but do not in anyway represent an exhaustive list of the conceptual components. The statements are rated on a five-point Likert Scale (1-5: strongly disagree to strongly agree) Overall, the analysis of data on the dimensions provides an insight into collaborative governance of the Councils in meeting needs of target populations. Table 1 below highlights Council members' response to the statements with a median score of 4 which is "agreed" being the common response among members on the dimensions. The aspect on members' perception of collaborative governance within a five-year span is presented in a separate table.

The next segment of this paper compares responses of the Councils on dimensions of collaborative governance to point out members' perspective on the use of collaborative governance for HIV/AIDS care and treatment efforts. The responses provide insight into collaborative governance to meet needs of target populations at both counties. The segment comprises of three tables (1, 2 and 3) on deliberation, consensus and collaboration respectively.

Deliberation of the Councils

The deliberation dimension of collaborative governance focuses on dialogue between members of the Councils relative to funding various service categories for target populations. To measure this dimension, members were asked to rate their participation in deliberations by responding to three formulated statements. The statements were subjected to reliability analysis and yielded a coefficient alpha of .80,

indicating satisfactory reliability. The statements were: Members have the same opportunity to actively participate in the process Members freely express their opinion on issues during the process, and Divergent contributions of Members are welcomed during the process. The descriptive outputs associated with members’ perspective on deliberations of the Councils are contained in Table 2. Members tend to “agree” that the Councils are deliberative, as indicated by the median score of at least 4 to the statements in both the 2008-2009, and 2013-2014 surveys. It appears Broward County’s

Table 1 Members’ Perspective on the Councils’ Collaborative Governance

Questions	2008-2009				2013-2014			
	Mn	Mdn	SD	N	Mn	Mdn	SD	N
Broward County’s Council								
Members have the same opportunity to actively participate in the process	4	4	1.06	31	4	5	0.8	
Members freely express their opinion on issues during the process	4	5	1.1	31	4	5	0.71	
Divergent contributions of Members are welcomed during the process	4	4	1.01	31	4	4	0.9	
Members contribute to decision process to ensure consensual output	4	4	0.89	31	4	4	0.7	
The council aims to make decision by consensus	4	4	1.12	31	4	5	0.67	
Members put differences aside to make decision	3	3	1.22	31	4	4	1.09	
The council represents collaborative governance	4	4	0.83	31	4	5	1.02	
The council represents democratic governance	4	4	1.02	31	4	4	1.02	
The council represents government of all concerned parties	4	4	1.22	31	4	4	1.11	
The council represents participatory management	4	4	0.72	31	4	4	0.78	
The council represents collaborative management	4	4	1	31	4	4	0.74	
Palm Beach County’s Council								
Members have the same opportunity to actively participate in the process	4	4	0.73	24	4	4	0.97	
Members freely express their opinion on issues during the process	4	4	0.62	24	4	4	0.97	
Divergent contributions of Members are welcomed during the process	4	4	0.89	24	4	4	0.76	
Members contribute to decision process to ensure consensual output	4	4	0.77	24	4	4	0.69	
The council aims to make decision by consensus	4	5	0.71	24	4	4	0.94	
Members put differences aside to make decision	4	4	1.04	24	4	4	0.97	
The council represents collaborative governance	4	4	0.75	24	4	4	0.67	
The council represents democratic governance	4	4	0.57	24	4	4	0.88	
The council represents government of all concerned parties	4	4	0.64	24	4	4	0.9	
The council represents participatory management	4	4	0.64	24	4	4	0.94	
The council represents collaborative management	4	4	0.83	24	4	4	0.71	

Table compiled by the author (2015)

Council is more deliberative as shown by a median score of 5 which suggests “strongly agree” to 2 of the 3 statements

measuring the deliberation dimension of collaborative governance.

Legend Mn=means; Mdn=median; SD= standard deviation; SKN=skewness; N=population per Council

Table 2 Analysis of the Deliberation Dimension of Collaborative overnance

Questions	2008-2009				2013-2014			
	Mn	Mdn	SD	N	Mn	Mdn	SD	N
Broward County’s Council								
Members have the same opportunity to actively participate in the process	4	4	1.06	31	4	5	0.8	
Members freely express their opinion on issues during the process	4	5	1.1	31	4	5	0.71	
Divergent contributions of Members are welcomed during the process	4	4	1.01	31	4	4	0.9	
Palm Beach County’s Council								
Members have the same opportunity to actively participate in the process	4	4	0.73	24	4	4	0.97	
Members freely express their opinion on issues during the process	4	4	0.62	24	4	4	0.97	
Divergent contributions of Members are welcomed during the process	4	4	0.89	24	4	4	0.76	

Compiled by the author (2015)

Consensus of the Councils

This dimension on consensus of collaborative governance as it relates to the efforts of the Councils focuses on how members reach agreement on the various subjects of deliberation at the various meetings. Members were asked to rate three related consensus-oriented statements. The statements were subjected to reliability analysis and yielded a coefficient alpha of .75, indicating satisfactory reliability. The statements were: Members contribute to the decision process to ensure consensual output. The Council aims to make decision by consensus Members put differences aside to make decisions

The descriptive statistical output of members’ response to the Councils’ making decision by consensus are shown in Table 3. Members tend to “agree” the Councils’ make decision by consensus as indicated by a median score of 4 on two of the three statements measuring the dimension. However, there was a significant difference in median score per Council and within Council on question 6 which highlights putting differences aside in order to make decision by consensus. Broward County’s Council recorded a median score of 3 which is “neutral” in the 2008-2009 survey, but recorded a median of 4 which is “agree” in 2013-2014 survey which suggests positive progression of members’ perception on reaching consensus on subjects of deliberation. Palm Beach County’s Council recorded a median score of 5 which is “strongly agree” on question 6 in the 2008-2009 survey, but recorded a median score of 4 which is “agree” in the 2013-2014 survey which points to some regression in members’ perspective on making decision by consensus. However, it is worth noting that a median score of 4 which is “agree” indicates members tend to agree on making decision by consensus at both Councils (see Table 3).

Councils and Collaboration

Collaboration dimension of collaborative governance highlights members’ perspective of the Councils as a decision-making entity to enable care and treatment services to target populations. Members were asked to rate five related statements on the Councils’ semblance to a collaborative entity. The statements were subjected to reliability analysis

which yielded a coefficient alpha of .85, indicating satisfactory reliability. The statements were:

Table 3 Analysis of Consensus Dimension of Collaborative Governance

Questions	Mn	Mdn	SD	N	Mn	Mdn	SD
Broward County's Council							
Members contribute to decision process to ensure consensual output	4	4	0.89	31	4	4	0.7
The council aims to make decision by consensus	4	4	1.12	31	4	5	0.67
Members put differences aside to make decision	3	3	1.22	31	4	4	1.09
Palm Beach County's Council							
Members contribute to decision process to ensure consensual output	4	4	0.77	24	4	4	0.69
The council aims to make decision by consensus	4	5	0.71	24	4	4	0.94
Members put differences aside to make decision	4	4	1.04	24	4	4	0.97

Table compiled by the author (2015)

- The Council represents collaborative governance
- The Council represents democratic governance
- The Council represents government of all concerned parties
- The Council represents participatory management
- The Council represents collaborative management

The attendant descriptive statistics of members' perception of the Councils as a collaborative decision-making entity is contained in Table 4. With a median score of at least 4 on all the five statements measuring the collaborative dimension, members tend to "agree" the Councils represent a collaborative entity. Broward County's Council recorded a median score of 5 which is "strongly agree" on the statement "the Council represents collaborative governance" in the 2013-2014 survey which suggests a positive progression in perception when compared with 2008-2009 members' response. Members of the Councils participate in deliberations on various subjects as part of collaborative governance and make conscious efforts to work together to promote health and general wellbeing of HIV/AIDS infected and affected. Nonetheless, members are at liberty to agree and/or disagree on various subjects of deliberation and can vote "yes" or "no" on issues which is common with multi-stakeholder engagements. Members' responses seem to suggest perception of the Councils as collaborative decision making entities (see Table 4).

Table 4 Analysis of Collaboration Dimension of Collaborative Governance

Questions	2008-2009				2013-2014		
	Mn	Mdn	SD	N	Mn	Mdn	SD
Broward County's Council							
The council represents collaborative governance	4	4	0.83	31	4	5	1.02
The council represents democratic governance	4	4	1.02	31	4	4	1.02
The council represents government of all concerned parties	4	4	1.22	31	4	4	1.11
The council represents participatory management	4	4	0.72	31	4	4	0.78
The council represents collaborative management	4	4	1	31	4	4	0.74
Palm Beach County's Council							
The council represents collaborative governance	4	4	0.75	24	4	4	0.67
The council represents democratic governance	4	4	0.57	24	4	4	0.88
The council represents government of all concerned parties	4	4	0.64	24	4	4	0.9
The council represents participatory management	4	4	0.64	24	4	4	0.94
The council represents collaborative management	4	4	0.83	24	4	4	0.71

Table compiled by the author (2015)

Members' Perception of Collaborative Governance in a Five Year Time Span

In an attempt to observe members perception regarding the use of collaborative governance by the Councils, members were asked to rate four statements in the 2013-2014 survey covering 2009-2014 time period. The questions mirror the dimensions of collaborative governance as earlier referenced

and were formulated based on Ansell and Gash's (2008) explication of the concept. Thus, the formulated statements were contextualized to reflect the collaborative governance experience in South Florida.

The descriptive statistics associated with members' response is shown in Table 5. The results suggest members of Broward County's Council tend to "agree" on the continuous use of collaborative governance as indicated by a median score of 4 on a five-point Likert Scale. On the other hand, Palm Beach County's Council recorded a median score of 4 which is "agree" to two of the four statements measuring the use of collaborative governance and a median score of 3 which is "neutral" to two of the remaining statements. Based on the results, it appears the Palm Beach County's Council members have varied opinions on the use of collaborative governance during the five-year period. Nonwithstanding, both Councils have a required membership composition consisting of relevant stakeholders across at least three categories and are guided by a common national strategy, legislative intent, but with bye-laws and procedures relative to each context to guide service provision to target populations (see Table 5).

Table compiled by the author (2015)

Comparing the Councils on Collaborative Governance

In attempt to ascertain the similarities and differences between the Councils on collaborative governance, an independent samples t-test was conducted. The independent samples t-test was chosen in that the calculated t-test is not necessarily contingent on equal population variance and the "p" values are fairly accurate even in instances where the normality assumption is somewhat not met, but the sample size per group is more than 15 cases (Green & Salkind, 2003, pp.156-157). The analysis was based on 95% confidence interval, and a "p" of under 0.05 would indicate significance. The test was conducted on the 2013-2014 dataset. The groups mean is 4.2 for Broward County's Councils and 4.1 for Palm

Beach County's Council and yielded an insignificant result (see Table 6). The test on the 2008-2009 dataset even though the table is not presented in this study produced a group mean of 4.0 and 4.2 for the Councils respectively. The results suggest no statistical significance between the Councils on collaborative governance thereby pointing to more similarities than differences as it relates to the approach to provide services to HIV infected and affected.

Table compiled by the author (2015)

Dimensionality of Collaborative Governance

This section of the paper focuses on relating the dimensionality of collaborative governance concept and in this case as discussed by Ansell and Gash in their (2008) publication. These dimensions are deliberation, consensus and collaboration. The deliberation dimension highlights dialogue among the members at the various meeting; consensus dimension relates how members reach agreement on various subjects of deliberation; and the collaboration dimension presents perception of members of the Councils on collaborative governance. Together, this dimension provides insight into collaborative governance and its use for HIV/AIDS care and treatment in South Florida.

Table 5 Perception of Collaborative Governance in a Five Year Time Span

Questions	2013-2014				
	Mn	Mdn	SD	SKN	N
Broward County's Council					
There were changes in deliberativeness of the Council	4	4	0.92	-0.66	31
There were changes in reaching consensus at the Council	4	4	1.07	-1.29	31
There were changes in Council collaborative governance	4	4	1.18	-1.1	31
The Council is consistent in collaborative governance	4	4	0.93	-1.23	31
Palm Beach County's Council					
There were changes in deliberativeness of the Council	4	3	0.77	0.91	24
There were changes in reaching consensus at the Council	4	4	1.1	-0.33	24
There were changes in Council collaborative governance	3	3	1.14	-0.08	24
The Council is consistent in collaborative governance	4	4	0.77	0.15	24

Table compiled by the author (2015)

Table 6 Partial Results of the Independent-Samples T Test

Council affiliation	N	Group Statistics			Std. Error Mean				
		Mean	Std. Deviation						
Broward	31	4.2258	1.02338	0.1838					
Palm Beach	24	4.125	0.67967	0.13874					
Independent Samples Test									
Levene's Test for Equality of Variances		t-test for Equality of Means							
F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference		
							Lower	Upper	
Equal variances assumed	3.738	0.059	0.416	53	0.679	0.10081	0.24216	-0.38491	0.58653
Equal variances not assumed			0.438	51.934	0.663	0.10081	0.23029	-0.36131	0.56293

Table compiled by the author (2015)

The scholarly literature suggests exploratory factor analysis to ascertain patterns of relationship among variables (Hair, William, Barry, Anderson, & Tatham, 2006; 2009; Tabachnick & Fidell, 1996, 2012, Green & Salkind, 2003, 2011). Factor analysis of the formulated eleven (11) statements based on Ansel and Gash (2008) conceptual explication will enable discovery of the connections and/or interconnections between the dimensions of collaborative governance. In order to ensure some conceptual reliability and in consonance with the literature, multiple statements are used to measure each dimension (Hair et al. 2006, 2009; Berman and Wang, 2012, Agbodzakey, 2015). The use of factor analysis will help derive factors based on statistical outputs and not just theoretical explications (Hair et al. 2006, p.773).

Ansell and Gash (2008) appears to make theoretical assumptions for multidimensionality without the attendant statistical analysis. This study uses exploratory factor analysis to relate the dimensions of collaborative governance in an attempt to promote some conceptual understanding (Hair et al. 2006, p.774). The outputs associated with the factor analysis are presented in Table 7 & 8.

The rotated component matrix associated with the dimensions is contained in Table 7. The initial output produced a two-factor solution which explained 71% of the variance. However, the output as presented in Table 7 shows a three-factor solution because of cross loadings of the variables in the initial two-factor solution. The author thereby forced a three-factor solution to better account for the loadings per dimension. Most of the statements associated with collaboration dimension of collaborative governance loaded on factor 1; statements associated with deliberation dimension loaded on factor 2 and statements associated with consensus dimension loaded on factor 3. The cross loading of some of the statements on the dimensions of the collaborative governance variable points to iterative and interconnected nature of the collaborative governance concept as for instance, asserted by Ansell and Gash (2008) regarding deliberation and consensus by state and non-state stakeholders in collaborative governance (p.545). The scree plot, which is a graph of eigenvalues against all the factors help determine how many factors to retain (see Figure 1). The plot suggests items can be retained at level three which thereby makes the decision to retain three factors acceptable.

DISCUSSION OF FINDINGS

The use of collaborative governance for collective problem solving has become such a useful model for various levels of government in an attempt to achieve the public purpose. Such a governance arrangement enables participation of all relevant stakeholders from various sectors and domains in the policy process. The HIV/AIDS Health Services Planning Councils in Broward and Palm Beach Counties have embraced the collaborative governance model for care and treatment efforts. This study thereby aims to examine perspective of Councils' members on collaborative governance as a conduit to meeting medical and related needs of target populations.

The evidence as presented shows relatedness of the Councils on the use of collaborative governance. The description statistics as displayed in Tables 1 through 5 points to similarities than differences between the Councils on various dimensions of collaborative governance. The Councils are related on the deliberation, consensus and collaboration dimensions as shown by, at least, a medium score of 4 which is “agreed” to most of the statements measuring the dimensions in both the 2008-2009 and 2013-2014 datasets. Furthermore, the independent samples t-test indicates there is no statistical significance difference between the Councils on the use of collaborative governance as represented by scores on the dimensions. The analysis suggests both Councils in their respective capacities are making efforts to provide care and treatment services to target populations in their respective capacities. However, there appears to be some variations on the consensus dimension of collaborative governance as it relates to one of the statements.

Table 7 Factor loadings of statements on dimensions of collaborative governance

	Rotated Component Matrix ^a		
	Component		
	1	2	3
The Council represents democratic governance	0.915		
The Council represents government of all concerned parties	0.892		
Divergent contributions of reps are welcomed during the process	0.74		
The Council represents participatory management	0.608		
Reps contribute to the decision process to ensure consensual output	0.502		
Reps have the same opportunity to actively participate the CG process		0.941	
Reps freely express their opinion on issues during the process		0.909	
The Council represents collaborative management		0.586	
The Council aims to make decision by consensus			0.856
Reps put differences aside in order to make decision geared towards achieving purpose of the Council			0.689
The Council represents collaborative governance			0.644

Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 4 iterations.

The Councils recorded varied responses on the statement that focuses on making decision by consensus even though it does not necessarily suggest lack of consensus and/or consensus-oriented decisions for care and treatment.

Table 8 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	6.588	59.893	59.893	6.588	59.893	59.893	3.6	32.727	32.727
2	1.202	10.929	70.822	1.202	10.929	70.822	2.777	25.243	57.97
3	0.936	8.508	79.33	0.936	8.508	79.33	2.35	21.36	79.33

Extraction Method: Principal Component Analysis

For instance, the Palm Beach County’s Council appears to strongly promote reaching consensus on various subjects of deliberations within the 2008-2009 time period, but less enthused doing so consistently within the 2013-2014 time period. Broward County’s Council on the other had appears to

have progress positively in terms of perception on making decision by consensus: from “neutral” in 2008-2009 period to “agree” in the 2013-2014 period. Thus within the Broward County’s Council, members generally perceive concerted efforts is being made nowadays to welcome divergent perspectives with less strong representation of interests on various subjects of deliberation. There is no doubt both Councils in their respective capacities allocate reasonable amount of time for deliberations on various allocation priorities and other outputs at the committee and/or general meetings. The Councils’ decisions by consensus are represented by either unanimous votes or by simple majority votes on various subjects of deliberation and allocation priorities.

The Councils collaborative governance for collective problem solving as suggested by members’ response to statements measuring the various dimensions is equally supported by factor analysis. Based on the loadings and the rotated component matrix, the factor analysis points to the uniqueness and relatedness of the deliberation, consensus and collaboration dimensions of collaborative governance which further illustrates the iterative and multidimensional nature of the concept. However, the experience of the Councils as represented by members’ response to the statements on the use of collaborative governance does not in any way connote an exhaustive explication of all the relevant components of the concept for practical purposes or otherwise. It can be argued other dimensions associated with the process aspect of collaborative governance such as communication, trustbuilding and commitment among others (Ansell and Gash, 2008; Agbodzakey, 2015) are relevant to fully understanding collaborative governance.

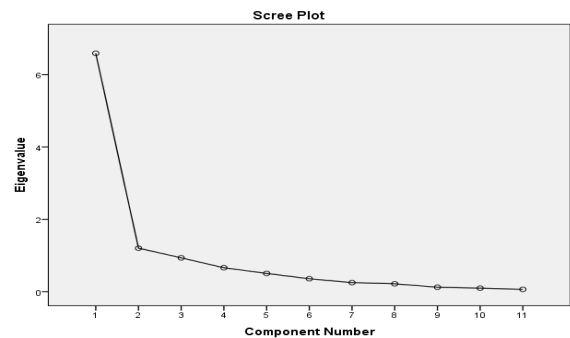


Figure 1 Scree plot of the factors

It is important to note that the selected conceptual dimensions as discussed in this study are to help achieve the stated rationale of relating the use of collaborative governance in

South Florida while laying a foundation for some eventual understanding of collaborative governance in general. Further research could explore related dimensions of collaborative governance by drawing on collective problem solving measures at local and/or state government levels with implications for policy and administration. The experience of

the Councils in Broward and Palm Beach Counties as discussed highlights efforts of state and non-state stakeholders in collaborative governance to enable various services to HIV/AIDS infected and affected as a conduit to promoting their health and general wellbeing.

CONCLUSION

The viability of collaborative governance for collective problem solving has fostered its use by government regimes at various levels. This study draws on the experience of Broward County and Palm Beach County collaborative governance for health services that involves service providers, target population and non-elected community members to make and/or implement decisions for care and treatment. The analysis highlights the use of collaborative governance in addressing the HIV/AIDS conundrum as illustrated by responses from members of the Councils on dimensions of collaborative governance. The Councils are more similar than different on collaborative governance even though Broward County's Council appears to be more proactive in their approach to collaborative governance.

The Councils embrace deliberation, collaboration and makes decisions by consensus and/or are consensus-oriented as it relates to making allocation priorities. The Councils experience with collaborative governance is thereby characterized by collaborative process intricacies of members' agreement and disagreement on various subjects of deliberation because of diverse representation, but eventual consensus as indicated by either overwhelming or simple majority votes signifies decisions on various service categories for target population. Furthermore, complementary factor analysis to the descriptive outputs on collaborative governance dimensions points to iterative and multidimensional nature of conceptual collaborative governance and the attendant practice. Together, the analysis promotes knowledge and understanding of HIV/AIDS collaborative governance in South Florida, especially, how representation and participation of state and non-state holders which includes target populations promote care and treatment efforts.

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