

Klinga C et al, 2023 How do management in civic society organisations, strategic managers and policy-makers reason about their own role in collaborative community-based prevention and outcomes thereof, within health and social care in Sweden? International Journal of Integrated Care 23(S1):097 DOI: doi.org/10.5334/ijic.ICIC23097

CONFERENCE ABSTRACT

How do management in civic society organisations, strategic managers, and policy-makers reason about their own role in collaborative community-based prevention and outcomes thereof, within health and social care in Sweden?

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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Introduction: From a societal perspective an aging population with deterioration of health contributes to rising costs for social and health care. This project acknowledges health in older adults as a complex matter, that includes physical, social, and psychological dimensions, that needs to be targeted at individual, societal and structural levels. Thereby, we recognize that collaborative efforts by diverse actors are necessary to prevent deterioration of health. Today, however, research-based models for successful collaborative prevention are scarce, and collaboration is hampered by administrative gaps between municipal social care and regional health care. Therefore, this project uses a participatory action research approach and a multiple case study design. Results from a first study will be presented comprising what perspectives management in civic society organizations, policymakers and managers on the strategic level within social and health care have on community-based prevention, collaborative prevention, outcomes thereof, and their own role in facilitating such collaboration in the Stockholm Region, Sweden.

Methods: A qualitative interview study design was used. 24 semi-structured individual interviews were conducted with a strategic sample of regional and municipal policymakers, managers involved in decision making related to prevention of deterioration of health within health and social care, and management in civic society organizations. The framework method was used to analyze the data.

Results: Preliminary results elucidate policymakers' and managers' views on present preventive collaboration, their own role in enabling and facilitating collaboration, and how they see the need for change in the future. The respondents reflect on their role from different perspectives depending on their position, being involved in either administration or management at the operational or strategic level or in politics. In the latter, the collaboration is described as more abstract and of a strategic nature. Several positive examples of collaboration initiated by the different actors in respective organizations are brought up. At the same time, the informants problematize the challenges when others drive the collaborative governance, and one needs to wedge oneself into the context of collaboration. The word 'collaboration' is not used by all respondents, instead, some talk about e.g., multi-professional cooperation. Collaboration is discussed from the perspective of the respondents' own role (I), and from the perspective of the organization (we). Further analysis of the results is needed, but overall, there is reasoning about

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structural and cultural aspects and prerequisites for collaboration, as well as the need of personal qualities, skills and competence that favor collaboration. Furthermore, respondents' reason about whether collaboration could be seen as a means or a goal, or both. In the informants' reasoning about how to evaluate collaboration three main effects are emphasized: 1) improved outcomes for the elderly, e.g., earlier preventive interventions, 2) positive outcomes for the organization, e.g., financial savings, and 3) positive effects for professionals, e.g., competence building, work becomes more productive and creative). In addition, these outcomes and effects are said to not be achieved without collaboration and these effects don't occur, i.e., have a direct negative impact when cooperation fails. At the conference, the final results will be presented.