

Quantitative Evidence of Leadership in Collaborative Governance: The South Florida EMAs' Experience with HIV/AIDS

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Abstract

The enactment of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in 1990 enabled establishment of Health Services Planning Councils across the U.S. in areas disproportionately impacted to help provide care and treatment to infected and affected populations. These Councils impacted areas called Eligible Metropolitan Areas (EMAs) that used collaborative governance model to complement implementation efforts. To promote cross sector stakeholders' representation and participation in collaborative governance, these Councils relied on collaborative leaders to ensure effectiveness, collaborative success, and sustainability of outcomes. Using quantitative evidence from surveys on dimensions of collaborative governance, this research analyzes the efforts of leaders in collaborative governance in the Councils of Broward and Palm Beach Counties of South Florida. The results highlight similarities between the two Councils in terms of the leadership's contributions to deliberativeness, consensus, and collaboration. The results also accentuate the iterative and multi-dimensional nature of collaborative governance as a viable postmodern alternative to traditional bureaucratic governance in collective problem solving with integrated collaborative leadership to foster multi stakeholder engagements, and exemplify local governments' constructive efforts as part of the overall national response to issues surrounding HIV/AIDS.

Keywords: Leadership, HIV/AIDS, Collaborative Governance, Health Services, Collaborative Process, Outputs/Outcomes

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1. Introduction

The HIV/AIDS epidemic presents challenges of unimaginable proportion to governments at the various levels and locales. The complexities associated with the epidemic i.e. health, economic, and socio-cultural among others (Gray 1989; Bingham and O'Leary, 2008) require emergent and somewhat non-traditional measures to help provide needed care and treatment to infected and affected populations. The U.S. government's response through the enactment of the Ryan White Comprehensive AIDS Resources Emergency Act (hereafter referred to as the CARE Act) was one example of a non-traditional approach that mandated care and treatment especially to areas disproportionately impacted by the epidemic that were termed Eligible Metropolitan Areas (hereafter referred to as EMAs). The legislation created Health Services Planning Councils (EMAs) and they were tasked to help make care and treatment decisions to foster services to target populations. These Councils embrace collaborative governance which entails multi stakeholder engagement in collective problem solving, an approach that is different from traditional adversarialism or top down management typical of the bureaucracy (Freeman, 1997, Bryson et. al., 2006; Jung et. al., 2009). Collaborative governance also encourages cross sector representation and participation in decision making and/or implementation usually in consonance with a policy intent as collectively determined by parties concerned with a specific public problem (Ansell & Gash, 2008; Provan & Kenis, 2008).

As an emergent approach to collective engagement and collective problem solving, collaborative governance is embraced by governments across various levels and even by international regimes to help address the growing complexities of governance, socio-economic, environment, and law enforcement situations among others (Farazmand, 2009; Agbodzakey, 2017; Choi and Robertson 2014). The use of collaborative governance by the Councils at the various EMAs across the U.S. allows for representation and participation of HIV/AIDS infected and affected populations, service providers and non-elected community leaders to engage regularly for implementation related reasons and in consonance with the legislative mandate (CARE Act 1990; Agbodzakey, 2012).

One important aspect of the Council's multi stakeholder engagement using collaborative governance is leadership at the various levels of engagement. Leadership can influence antecedent conditions, collaborative process and attendant output/outcomes of collaborative governance (Bryson et. al., 2015; Ansell & Gash, 2012; Ospina, 2017). This study seeks to ascertain likely contributions of leadership in collaborative governance using the experiences of the Councils in Florida's Broward and Palm Beach Counties. The study will be guided by the

hypothesis that leadership's contributions in collaborative governance fosters care and treatment of target populations. The study will rely on quantitative evidence using descriptive statistics, Independent Samples T-Test, and factor analysis to help ascertain likely leadership contributions to collaborative governance at the Councils, and to help draw some implications for public management.

The selection of the Councils in South Florida for this study is partly due to the established tradition of the two counties in embracing multicultural facilitation in collective public problem-solving situations (Stanisevski 2006; Agbodzakey, 2010). It is also due to similarities in various people group/racial compositions, use of related collaborative governance mechanisms, proximity of both locations, recipients of Minority AIDS Initiative (MAI) funds to supplement Ryan White Funds, and researchers' extensive exposure to the work of both Councils (U.S. Census 2009; HRSA 2009). Furthermore, the literature supports the use of relevant and related cases to promote knowledge and understanding of phenomena of interest (Stake, 1998; Yin, 1994; Agbodzakey, 2010). By focusing on collaborative governance of the Councils, the role of leaders will help to relate to the phenomenon of multi-stakeholder engagement in collectively addressing the HIV/AIDS problem in South Florida with leadership, as one of the core components.

The paper is organized as follows: Following this introduction is a discussion of leadership in collaborative governance in Section II, and this is followed by the Section III that outlines the methodology. Section IV presents and analyzes the quantitative results, and Section V, the summary completes the paper.

2. Leadership in Collaborative Governance

Collaborative governance as a conduit to solving complex public problems is now mostly used by local, state, federal/national governments and by also international regimes to enable constructive solutions to problems for societal benefits. The opportunity to enhance cross sector collaboration and promote common resolve among concerned stakeholders on complex issues requiring collective solutions makes collaborative governance very appealing. Scholars such as Gray, 1989; Bingham & O'Leary, 2008; Jung et al., 2009; Bryson et al., 2015; Johnston et al., 2011; McGuire, 2006; Ansell & Gash, 2012; and Emerson et al., 2012 conceptually explicate the features of collaborative governance (its emergent nature and appeal, use of horizontal/lateral relationships, and leadership structures) to generate outputs/outcomes for the greater good.

Leadership in this context implies responsibility for facilitating and/or steering collaborative governance by using lateral approaches and/or building horizontal relationships devoid of command and control to foster likely collaborative success. Leadership's role in collaborative governance can enhance the nature of deliberation, consensus and eventual collaboration among the various stakeholders involved, towards purposeful ends. Leaders' efforts in promoting representation and participation of relevant state and non-state stakeholders through intentionally helping to recruit stakeholders and to constructively steer regular dialogue create a forum for generation of ideas reflective of multiple perspectives and segments of community/society relative to the public problem. In essence, leaders' convening and facilitative roles in collaboration with other relevant parties are integral to creating relevant solutions to collectively help address the public problem(s) and to ensure eventual sustainability (Levine et al., 2005; Button & Ryfe, 2005; Gutmann & Thompson 1996; Chambers, 1996). Thus, leaders' role in steering stakeholder' deliberations in collaborative governance creates synergy for consensus.

Consensus which in context could be agreement among the stakeholders on various subjects of deliberation based on leaders' facilitative efforts (Gray, 1989; Ring and Van de Ven 1994; Spekman et al., 1997) enhances some sense of ownership relative to the common resolve among the stakeholders to help address the public problem. Consensus among the stakeholders does not necessarily have to reflect unanimous position on the various subjects of deliberation, but majority position that signifies convergence of perspectives on what constitute prevalent and legitimate deliberative output (Young, 1990, 1999; Benhabib, 1996; Warren, 1996). Such an output within the context of public discourse in a public space would enable creation of public value not only for target populations, but society/community at large (Moore, 1995; O'Leary et al. 2006; Bryson et al., 2014).

The multisector stakeholders' deliberations which is usually facilitated by the leadership and the attendant consensus on subjects of deliberation relative to collective problem solving for the most part, reflect cross sector stakeholders' resolve for collaboration through an established forum or council. The established forum/council becomes an avenue for collaboration which is usually aided by leaders' fairness in enforcing policies and procedures including protocols of engagement to enable relevant outputs and/or outcomes emblematic of deliberate stakeholder intents for the community's benefits. Leaders' open and fairmindedness in constructively utilizing opportunity for collaboration (including target populations participation which is atypical policy paradigms within the implementation context), bolsters generative and sustainable solutions (Margerum, 2001; Weech-Maldonado & Merrill, 2000). Thus, the embrace of non-traditional leadership in cross sector stakeholders engagement within the collaborative governance context, adds a new dimension to policy implementation decision making and/or efforts, in the public service domain.

Leadership contributions to collaborative governance can be ascertained either directly or indirectly in various aspects, especially in the collaborative process. While antecedent conditions, outputs and/or outcomes may

embody leadership contributions to some extent, leaders' efforts in the collaborative process represent a more palpable evidence with direct impact on outputs and/or outcomes. In fact, the leaders' contributions in terms of process variables such as trust building, commitment formation, shared understanding, communication, consensus and consequential empowerment of stakeholders, offer more opportunities for collaborative success (Ansell and Gash, 2008; Agbodzakey, 2010, 2017; Emerson et al., 2012; Bryson & Crosby, 1992). Thus, the extent of collaborative governance likely positive impact on target populations and society at large is partly contingent on integral leadership as one of the critical variables. Scholars such as Thomson & Perry, 2006; Bryson et al. 2006; Huxham, 2003; Susskind & Cruikshank, 1987 highlight the essential role of the collaborative process and leadership's contributions to collaborative governance.

Some scholars point out the importance of leadership in collaborative governance in collective public problem solving. In their perspective, leadership serves as the pivot in ensuring collaborative success. For instance, as part of their seminal piece on collaborative governance, Ansell and Gash (2008) highlight leadership as one of the critical variables in collaborative governance because of its centrality in enabling stakeholders' engagement in helping fulfill established mission. Relatedly, Lasker, Weiss & Miller, 2001; Gray, 1989; Vangen & Huxham, 2003; Huxham and Vangen, 2005, Rees, 2001; and Bingham & O'Leary, 2008 emphasize the critical role of leadership in multi stakeholder engagement in tackling complex societal challenges.

Lasker and Weiss (2001) persuasively advocate for collaboration between state and non-state stakeholders to enable comprehensive and constructive solutions to complex public problems with leaders creating a conducive environment for engagement. In their viewpoint, collaboration aided by the leadership variable will create the needed synergy among the stakeholders for participation, consensus, and action on the public problem. The leaders' effective facilitative role thereby empowers participation of the divergent stakeholders regardless of status.

Rees (2001) highlights empowerment of state and non-state stakeholders in collaborative governance as one of the key responsibilities of leaders in helping achieve established objectives. By promoting listening, asking relevant questions, soliciting contributions and talking less, these leaders empower the stakeholders to "share the responsibilities of planning and decision making" (Rees, 2001; p.21). Consequently, the leaders' direct and indirect encouragement of inclusive participation help generate outputs that help create collective impact in terms of collaborative outcomes.

The leaders' role in collaborative governance, especially the collaborative process is also the focus of Ryan's (2001) publication. Ryan highlights how leaders safeguard the process, facilitate stakeholders' engagement in a group setting, and help navigate collaborative governance in general toward realizing a commonly established intent (p.230). The leaders' process custodian, participatory, active, deliberative oriented engagement contributions, thereby helping to set the pace for likely consensus and representative decisions for collective action on the common problem. The convergence of divergent interests toward a common problem, which is mediated by the leadership variable in collaborative governance, help to navigate challenges with a likely sustainability of the realized outcome for societal benefits.

Huxham and Vangen (2005) research shows empowerment to be one of the key leadership responsibilities. In their perspective, leaders' intentional act in promoting cross sector representation and participation, openness and fairness in information sharing, enabling judicious application of protocols of engagement and creating space for effective utilization of talent and resources, foster proactive stakeholder response to the collaborative intent. Leaders are therefore essential in building relevant process and participatory structures and conditions for collaborative success.

Due to associated complexities and it being a conduit to possibly effective solutions driven by collective stakeholders' actions, collaborative governance within the HIV/AIDS context is peculiar when it embraces non-traditional measures. The mandate of representation and participation by various segments of the population at each EMA, with leadership serving as one of the critical variables, creates likely synergy for success. The leaders, whether in a mandated and/or nonmandated context help shape collaborative governances in all intents and purposes. The leadership is even more essential when the mandate of cross sector engagement is partly driven by a local system context, policies and procedures, and institutional design (Emerson et al., 2012; Ansell and Gash, 2008; Agbodzakey, 2017). The leaders' regular and fair engagement of the three mandated groups at Broward and Palm Beach Counties as well as other EMAs, is essential to the fulfillment of committee and general council tasks. The service providers represent the service delivery segment of implementation; the target populations help to enrich the deliberations, care and treatment actions based on personal and service-related experiences; and the non-elected community leaders' advocate for both general and specific concerns of infected and affected populations. These three groups embody collaborative governance at the EMAs with leadership and support from various local governments, state and federal agencies. The leaders in this context are mostly chairs and co-chairs of the Councils and affiliated committees, including ad hoc ones geared toward promoting realization of the established mission to benefit the target populations and the community at large.

3. Methodology

The composition of both Councils reflects the required service providers, target populations, and non-elected community leaders' mandate of 33% per segment membership of relevant stakeholders. Membership demographics of both Councils are presented in Table 1.

Table 1: Broward & Palm Beach Councils Membership Demographics

Gender	Males: 52% Females: 47% Others: 1%	Race	Whites: 31% African Americans: 46% Hispanics: 16% Asian Americans: 3% Others: 4%
Age	Under 30: 6% 30-49: 45% 50-69: 49%	Education	PhD: 14% Grad/Professional Degree: 44% Bachelors: 28% Associate/High School: 14%
South Florida Resident	Under 10 Years: 19% 10-20 Years: 18% 20-30 Years: 25% 30-40 Years: 17% 40-50 Years: 15%	Council Affiliation	< 2 years: 10% 2-4 Years: 36% 4-6 Years: 11% 6-8 Years: 10% 8-10 Years: 3% Over 10 Years: 30%

There were 80 participants in the study, with 40 participants per Council. The participants were mostly Council members, affiliates who are committee members, but not members of the Council, Grantees, support staff, and community members/stakeholders with interest in the Councils' work. Also, they regularly attended the meetings. In terms of membership, 55% of participants at Broward County's Council were members, and 58% of participants at Palm Beach County's Council were members. Collectively, 56% of combined study participants were Council members from both counties. The data was collected between February 2019 and July 2019 at the various meetings. The Council members and affiliates are key stakeholders in collaborative governance collectively helping to address the HIV/AIDS problem as part of U.S. national response to the epidemic.

The collected data was analyzed using Statistical Package for the Social Sciences (SPSS). Descriptive statistics with median as the focal point was used for basic overview of the responses. Independent Samples T-Test was used to help delineate the similarities and/or differences between the two Councils relative to leadership contributions to collaborative governance, and Factor Analysis was used to explore leadership contributions to dimensions of collaborative governance as reflected in the regular face-to-face dialogue among the state and non-state stakeholders at the Councils.

4. Estimation Results and Analysis

This section of the paper focuses on analyzing Council members' perception of the leadership's contributions to collaborative governance in helping address the HIV/AIDS problem at Broward and Palm Beach Counties. Specifically, the section highlights likely leadership contributions in deliberation, consensus, and collaboration dimensions of collaborative governance within the context of multi-stakeholders' collective problem solving based on the study participants' expressed perspectives. The dimensions are derived from Ansell and Gash (2008) seminal work on collaborative governance (also, see Agbodzakey, 2015), with a specific focus on how leaders' facilitation efforts affect outputs and/or outcomes relative to care and treatment of target populations.

The deliberation dimension is about regular face-to-face dialogue among Council members at committee and general meetings; the consensus dimension covers members' eventual collective position on various subjects of deliberation either via unanimous vote or by simple majority vote; and collaboration dimension generally reflects engagement of state and non-stakeholders as part of collaborative governance framework to help address the HIV/AIDS problem. These dimensions help to increase knowledge and understanding of collaborative governance by highlighting leadership contributions to outputs and/or outcomes with resultant categories of services to target populations. These dimensions are measured by a total of 11 leadership in collaborative governance-oriented statements; 3 for the deliberation dimension; 3 for consensus dimension, and 5 for collaboration dimension. They are complemented with 6 other statements that explore leadership contributions to outputs/outcomes. The statements are rated on a five-point Likert Scale (1-5), with 1 indicating strong disagreement and 5, strong agreement. Reliability analysis was used to determine the dependability or consistency of the survey instrument's measure of each characteristic. In summary, analysis of data on the three dimensions and complementary outputs/outcomes related questions will help to ascertain likely leadership's contributions in providing care and treatment to infected and affected populations in need of service.

4.1 Leadership and Deliberation

Leadership contributions to collaborative governance related deliberations among cross sector stakeholders is one of the key functions. Deliberation on service-related issues relative to care and treatment of target populations embodies the Councils' commitment to the community's health and general wellbeing. The dimension of leadership contributions to collaborative governance was measured by asking members to rate formulated statements such as: *Leaders provide same opportunity to actively participate in the collaborative governance process; Leaders enable free expression of opinions on issues during the process; and Leaders welcomed divergent contributions during the process.* The statements were subjected to reliability analysis and yielded a coefficient alpha of .90 indicating satisfactory reliability. The descriptive statistics associated with members perspective on leadership contributions to collaborative governance is illustrated in Table 2. Members appear to "agree" on leadership contributions as indicated by at least, a median score of 4 to the statements.

Table 2. Members' Perspective on Leadership's Contributions to the Deliberation

	Descriptive Statistics						
Broward County Council	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Leaders provide same opportunity to actively participate the CG process	40	0	4.3000	4.0000	.79097	-1.257	.374
Leaders enable free expression of opinions on issues during the process	40	0	4.3500	4.5000	.80224	-1.363	.374
Leaders welcomed divergent contributions during the process	40	0	4.3500	4.5000	.73554	-.669	.374
Palm Beach County Council	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Leaders provide same opportunity to actively participate the CG process	40	0	0	4.3000	4.0000	.75786	-.945
Leaders enable free expression of opinions on issues during the process	40	0	0	4.2250	4.0000	.89120	-.929
Leaders welcomed divergent contributions during the process	40	0	0	4.2250	4.0000	.80024	-.754

4.2 Leadership and Consensus

Consensus on the various subjects of deliberations by stakeholders involved in collaborative governance at the Councils reflects constructive outputs for care and treatment, and the leaders play a role in ensuring consensus and/or consensus-oriented decisions. Leaders' steering of divergent contributions of members during the collaborative process with attendant challenges, fosters consensus towards purposeful ends. For instance, leaders' facilitation of allocation priorities related deliberations would enable consensus of service categories funding for target populations. To measure members' perspective on Leadership contributions to the consensus dimension, members were asked to rate statements such as: *Leaders promote making decision by consensus at the Council; Leaders contribute to the decision making process to ensure consensual output; and Leaders promote collaborative governance.* Table 3 contains members' perspective on leadership contributions to consensus of the Councils. Members tend to "agree" on leadership contributions to consensus of the Councils as indicated by a median score of 4 on the statements measuring the dimension. The statements were subjected to reliability analysis and yielded coefficient alpha of .88 which showed satisfactory reliability.

Table 3. Members' Perspective on Leadership to Consensus

	Descriptive Statistics						
	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Broward County Council							
Leaders promote making decision by consensus at the Council	40	0	4.4000	4.5000	.67178	-.684	.374
Leaders contribute to the decision-making process to ensure consensual output	40	0	4.3750	4.0000	.70484	-1.149	.374
Leaders promote collaborative governance	40	0	4.1750	4.0000	.87376	-.843	.374
Palm Beach County Council							
Leaders promote making decision by consensus at the Council	40	0	4.2500	4.5000	.95407	-1.468	.374
Leaders contribute to the decision-making process to ensure consensual output	40	0	4.3750	4.0000	.66747	-.604	.374
Leaders promote collaborative governance	40	0	4.2750	4.0000	.78406	-.538	.374

4.3 Leadership and collaboration

Leadership contributions to the collaborative dimension of collaborative governance is reflected by members' overall perception which accentuates the Councils' as collective decision-making entities in helping promote HIV/AIDS care and treatment. Members' perception of leaders' antecedent, collaborative process, and outputs contributions as part of stakeholders' engagement represents such impact on collaborative governance. For instance, leaders' contributions to enabling constructive decision on services will benefit society at large, but specifically infected and affected populations. Members were asked to rate formulated statements such as: *Leaders facilitate decisions geared toward achieving the purpose of the Council; Leaders facilitate democratic governance; Leaders foster government of all concerned parties; Leaders support participatory management; and Leaders exemplify collaborative management to typify perception on leadership contributions to the collaboration dimension.* Table 4 contains results of members' perspective. Members appear to "agree" on leadership contributions to collaboration. The statements were subjected to reliability analysis and yielded a coefficient alpha of .94 reflecting satisfactory reliability.

Table 4. Members' Perspective on Leadership Contribution to Collaboration

	Descriptive Statistics						
	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Broward County Council							
Leaders facilitate decisions geared toward achieving the purpose of the Council	40	0	4.2000	4.0000	.88289	-1.591	.374
Leaders facilitate democratic governance	40	0	4.2000	4.0000	.82275	-.686	.374
Leaders foster government of all concerned parties	40	0	4.2000	4.0000	.88289	-.885	.374
Leaders support participatory management	40	0	4.1750	4.0000	.84391	-.889	.374
Leaders exemplify collaborative management	40	0	4.2500	4.0000	.74248	-.445	.374

	Descriptive Statistics						
Palm Beach County Council	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Leaders facilitate decisions geared toward achieving the purpose of the Council	40	0	4.2750	5.0000	.93336	-1.190	.374
Leaders facilitate democratic governance	40	0	4.3750	5.0000	.77418	-1.129	.374
Leaders foster government of all concerned parties	40	0	4.2500	4.0000	.74248	-.445	.374
Leaders support participatory management	40	0	4.1750	4.0000	.98417	-1.389	.374
Leaders exemplify collaborative management	40	0	4.1000	4.0000	1.08131	-1.232	.374

4.4 Leadership and Council Outputs

Leadership contributions in the various aspects of collaborative governance has implications for overall collaborative success. Leadership contributions in this area is more pronounced relative to outputs of the Councils. The outputs in context are mostly comprehensive/integrated plans, needs assessment reports, and allocations to various service categories. These show some influence on collaborative governance. Members were asked to rate statements such as: *Leaders efforts enable outputs/outcomes of the Council; Leaders facilitation roles promote priority setting and resource allocation; Leaders efforts enhance comprehensive/integrated planning; Leaders actions support providing services to clients/consumers among others to help ascertain perspective on leaders' output contributions.* The descriptive statistics associated with members' perspective on the output dimension is in Table 5. As indicated by the median score of 4, members seem to "agree" on leadership contributions to outputs. The statements were subjected to reliability analysis and yielded a coefficient alpha of .94 suggesting satisfactory reliability.

Table 5. Members' Perspective on Leadership Contribution to Outputs

	Descriptive Statistics						
Palm Beach County Council	N Valid	N Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Leaders efforts enable outputs/outcomes of the Council	40	0	4.1750	4.0000	.81296	-.640	.374
Leaders facilitation roles promote priority setting and resource allocation	40	0	4.3250	4.0000	.72986	-1.016	.374
Leaders efforts enhance comprehensive/integrated planning	40	0	3.9500	4.0000	1.03651	-.623	.374
Leaders actions support providing services to clients/consumers	40	0	4.2500	4.0000	.92681	-1.551	.374
Leaders help steer recurrent changes at the Council	40	0	4.1750	4.0000	.81296	-.640	.374
Leaders guide evolution of the Council over the years	40	0	4.1000	4.0000	.90014	-.648	.374

Palm Beach County Council	N Valid	Missing	Mean	Median	Std. Dev.	Skewness	Std. Error of Skewness
Leaders efforts enable outputs/outcomes of the Council	40	0	4.2000	4.0000	.91147	-1.061	.374
Leaders facilitation roles promote priority setting and resource allocation	40	0	4.1750	4.0000	.87376	-.843	.374
Leaders efforts enhance comprehensive/integrated planning	40	0	4.2750	4.0000	.71567	-.465	.374
Leaders actions support providing services to clients/consumers	40	0	4.3750	4.0000	.70484	-1.149	.374
Leaders help steer recurrent changes at the Council	40	0	4.2000	4.0000	.93918	-1.400	.374
Leaders guide evolution of the Council over the years	40	0	4.1500	4.0000	.86380	-.805	.374

4.5 Comparison of the Councils

The Councils at Broward and Palm Beach Counties are important players in HIV/AIDS as Eligible Metropolitan Areas, providing care and treatment to target populations. These Councils use collaborative governance to foster collective decisions and solutions to the epidemic with leadership as one of the critical variables. In essence, leaders' contributions at the various stages of collaborative governance could positively impact outputs and/or outcomes. The descriptive outputs on both Councils appear to suggest similarities in leadership contributions with regards to deliberation, consensus and collaboration dimensions, but with minor variations. Broward Council seems to be slightly more deliberative per some of the variables while Palm Beach Council appears to be slightly more collaborative on some of the variables. Collectively, "agreed" constitutes the predominant response to measures of the three dimensions and thereby appears to indicate some positive leadership contributions to collaborative governance at both Councils.

To further ascertain the likely similarities and/or differences between the Councils relative to leadership contributions to collaborative governance, Independent Samples T-Test was performed. This test is commonly used to compare independent samples. At the usual 5% level of significance, the t-value of 0.274 (Table 6) provides evidence of similarity between the Councils on the leadership variables to collaborative governance contributions details.

Table 6. Partial Results of the Independent-Samples T-Test

Group Statistics										
		Council Affiliation	N	Mean	Std. Deviation	Std. Error Mean				
Leaders foster government of all concerned parties		Broward	40	4.2000	.88289	.13960				
		Palm Beach	40	4.2500	.74248	.11740				
Independent Samples Test										
		Levene's Test for Equality of Variances		t-test for Equality of Means						
		95% Confidence Interval of the Difference								
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Leaders foster government of all concerned parties	Equal variances assumed	0.712	0.401	-0.274	78	.785	-.05000	.1824	-0.413	.313
	Equal variances not assumed			-0.274	75.8	.785	-.05000	.1824	-0.413	.313

4.6 Factor Analysis

To explore the dimensionality of leadership contributions to collaborative governance, factor analysis using the relevant variables was utilized. Generating an insight on either uni-dimensionality or multiple dimensionality of leadership contributions could promote an understanding of efforts in helping achieve the goals and objectives of HIV/AIDS collaborative governance at the two Councils. The extant literature affirms the use of factor analysis to identify relationships and examine patterns among variables (Hair et al., 2006; Tabachnick and Fidell, 1996). The dataset was first examined to ensure the assumptions for factor analysis such as sample size homogeneity, multivariate normality, greater than .30 correlation, variables interrelatedness, and expected population size among others were not violated (Berman and Wang, 2012; Yong & Pearce, 2013; Hair et al., 2009; Green and Salkind, 2011). The Kaiser-Meyer-Olkin (KMO) and Bartlett's Test as measures of sampling adequacy yield .948 which is meritorious for factor analysis and remains the same for the exploration of initial two factors and the eventual forcing of three factor solutions for interpretation purposes (see Table 7). The rotated component matrix helps to show the loading of statements measuring leadership elements and to delineate the dimensions of the factor solutions. The initial exploration which yielded two factor solutions relates multidimensionality of leadership contributions to collaborative governance and thereby negate any assumption of uni-dimensionality of the leadership variable. Table 8 lists the eigenvalues of the extracted three factors using Varimax with Kaiser normalization. The extracted factors named deliberation, consensus, and collaboration account for 84% of the response variance.

Table 7: KMO and Bartlett's Test (Sample Adequacy)

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.948
Bartlett's Test of Sphericity	Approx. Chi-Square	924.879
	df	55
	Sig.	.000

Note: The Kaiser-Meyer-Olkin (KMO) and Bartlett's Test measures of sample adequacy at greater than 0.5 signifies appropriateness to utilize factor analysis.

Table 8 lists eigenvalues for the factors from 1 through 3 out of the 11 statements measuring dimensions of the leadership variable and shows extracted factors using Varimax with Kaiser normalization. Factor 1 which is deliberation accounts for 75% of the variance; Factor 2 which is consensus accounts for 5% of the variance, and Factor 3 which is collaboration accounts for 4% of the variance. Collectively, the factors explained 84% of leadership variance to collaborative governance with leaders' role in deliberation playing a major part.

Table 8. Eigenvalues of the variables and the variance explained by the various factors
 Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	8.301	75.462	75.462	8.301	75.462	75.462
2	.498	4.525	79.986	.498	4.525	79.986
3	.467	4.243	84.230	.467	4.243	84.230
4	.372	3.386	87.616			
5	.345	3.139	90.755			
6	.268	2.439	93.194			
7	.215	1.951	95.145			
8	.175	1.594	96.740			
9	.152	1.379	98.118			
10	.108	.986	99.104			
11	.099	.896	100.000			

5. Summary

Collaborative governance as an emergent approach to solving complex public problem is embraced by local governments among others toward purposeful ends. The opportunity for cross sector stakeholders' engagement for collective and sustainable solutions makes collaborative governance more appealing compare to existing adversarial bureaucratic problem-solving measures (Freeman, 1997, Ansell and Gash, 2008). The Councils at Eligible Metropolitan Areas (EMAs) within the context of HIV/AIDS care and treatment regime, employ collaborative governance to help provide categories of services to target populations. This study's aim of uncovering likely contributions of leadership in collaborative governance provides needed insights in understanding their role in ensuring collaborative success. Furthermore, the comparison of the Councils in Broward and Palm Beach Counties as designated EMAs serves as a case to illustrate the practicalities of leadership.

The descriptive and multivariate evidence as presented in this research appear to suggest positive leadership contributions to collaborative governance. The leaders' contributions are apparent in at least, three areas such as deliberation, consensus and collaboration. The deliberation and consensus role of leaders are more pronounced during the collaborative process while the collaboration dimension is reflective of leaders' contributions to antecedent conditions, process and outputs among others as represented by the overall members' perception of leadership influence on collaborative governance. Thus, the leaders are perceived as one of the critical elements in the fight against HIV/AIDS and exemplified by local efforts of the two Councils.

A comparison of the two Councils on the leadership variable as measured by various statements and presented in both descriptive statistics and Independent Samples T-Test points to similarities between the Councils on leadership contributions. While Broward Council appears to be somewhat more deliberative, Palm Beach Council seems to be somewhat more collaborative, but the variations are limited. The similarities could be partly explained by a history of both local systems' use of established structures of multicultural facilitation (Stanisevski 2006; Agbodzakey, 2015). Furthermore, the similarities of both Councils is somewhat attributed to leadership in promoting adherence to legislative intents in membership and committee composition, institutional design relative to protocols of engagement (Ansell & Gash 2008), compliance with core medical and support services, resource allocation, and relative leadership integration and embrace of coordination without hierarchy (Taylor & Agbodzakey 2016). These occur while involving other relevant elements such as Grantees, key stakeholders/members, support staff, and designated local offices in the collaborative governance process.

The use of factor analysis helps to accentuate the multidimensionality of leadership contributions to collaborative governance based on the experiences of the two Councils. Thus, leaders' efforts which is usually reflected in different aspects of collaborative governance negate any pointed and unidimensional categorization. In fact, leaders' deliberative and consensus-oriented contributions entail multiple tasks at general and committee levels which eventually aid outputs and/outcomes to foster core and support medical services to target populations.

Over the years, both Councils have been able to make allocation priorities to core and support service categories for the benefits of target populations with leadership playing critical roles. Annual allocations to categories such as outpatient/ambulatory health, mental health services, AIDS pharmaceutical assistance, substance abuse, medical case management, legal services, foodbank, medical transportation services, and outreach and support services enable such essential services to infected and affected populations (Broward County HIVPC, 2014a; Palm Beach County CARE Council 2014a). For instance, leaders' facilitative efforts, especially deliberation-oriented ones as part of the collaborative process, aided the allocation of resources by Broward Council and Palm Beach Council in the past (Agbodzakey, 2017). The leaders have also been instrumental in helping produce comprehensive/integrated plans, needs assessment and service utilization reports among other

outputs.

Leadership contributions to collaborative governance can be a hallmark for success, especially if the leaders utilize integrated efforts in engaging members, Grantees, support staff and other relevant local government offices and community stakeholders. The experience of Broward and Palm Beach Councils as represented by this study's findings highlights how the robustness of the collaborative process engagements including antecedent conditions and attendant outputs are contingent on positive leadership contributions. The leaders within these two Councils'/EMAs' context, per the findings are integral to collaborative success and sustainability. The findings appear to be in agreement with established perspective in the extant literature on the criticalness of leadership to the eventual success of cross sector stakeholders engagement for collective problem solving, especially in the public domain (Ansell & Gash, 2008; Emerson et al., 2012; Jung et al. 2009). Leadership does have its stakeholder mobilization and facilitation challenges, but teamwork with members and other core elements within the HIV/AIDS collaborative governance context help to mediate those challenges for beneficial outcomes to the community and society at large.

Multi-stakeholder engagement to address complex societal problems using collaborative governance approach is strongly aided by leadership. Leaders' integrated efforts relative to antecedent conditions of collaborative governance, collaborative process contributions to ensure constructive stakeholder deliberations and consensus among others enable outputs and outcomes for the benefits of target populations. The experiences of Broward and Palm Beach Councils in South Florida accentuate the pivotal role of leadership in helping provide categories of core and support medical services to target populations on regular basis. The contributions of leaders among other core elements of collaborative governance enabled fairly effective local care and treatment efforts as part of the overall U.S. national response to combat the HIV/AIDS epidemic and by doing so promote health and general wellness of target populations, and society at large.

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