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LEVELING THE PLAYING FIELD THROUGH PARTNERSHIPS AND  
COLLABORATION: NEIGHBORHOOD REVITALIZATIONS AND THE INFLUENCE  
OF SOCIAL DETERMINANTS OF HEALTH AND INSTITUTIONAL LOGICS

By

J.M. Bohn

B.S., University of Louisville, 1992  
M.B.A., University of Louisville, 2006

A Dissertation  
Submitted to the Faculty of the  
School of Public Health and Information Sciences of the University of  
Louisville

In Preparation for the Requirements  
For the Degree of

Doctor of Philosophy in Public Health Sciences

Department of Health Management and System Sciences  
University of Louisville  
Louisville, Kentucky

May 2016

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A Dissertation Approved on

March 25, 2016

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## DEDICATION

To Myself

*Recognize that the real battle is inside yourself.*

Neil Ohlenkamp, Rokudan (6<sup>th</sup> Degree Black belt, Judo)  
Author, Judo Unleashed

## ACKNOWLEDGEMENTS

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An academic journey starts a new chapter having started 29 years ago. It’s about “Finding our feet...” as Clifford Geertz said in 1973.

J.M. Bohn (1968-present)

*Faith is taking the first step even when you don't see the whole staircase.*

Martin Luther King, Jr. (1929-1968)  
American Clergyman and Civic Rights Leader

## ABSTRACT

### LEVELING THE PLAYING FIELD THROUGH PARTNERSHIPS AND COLLABORATION: NEIGHBORHOOD REVITALIZATIONS AND THE INFLUENCE OF SOCIAL DETERMINANTS OF HEALTH AND INSTITUTIONAL LOGICS

J.M. Bohn

March 25, 2016

A qualitative study guided by grounded theory was on a Midwest US city (population > 50,000 people), three of its inner city neighborhoods, and community coalition and partnership efforts in neighborhood revitalizations. A two-phase semi-structured interview methodology assessed interviewees' experiences in initiatives focused on improving social determinants of health in the neighborhoods. Phase I interviews (n= 11) identified the spectrum of partnerships and initiatives while Phase II interviews (n=28) captured detailed experiences of interviewees.

Inter-institutional systems and institutional logics theory were applied in the post-data collection analysis. Interviewees were from public and private sectors including: built environment, economic development, residential/commercial property development, higher education, urban policy, healthcare services, social services, fitness & wellness, financial institutions, and arts & cultural advancement.

This study produced evidence of inter-institutional collaboration and community challenges and solutions, policy implications, and multidimensional community health impacts. The importance of trust (personal and institutional), local policymaking, 'local social bridges', and the importance of institutional logic elements under the Community and State institutional order in formal and informal networks were key findings in the conclusion. Insights for future research included engaging actors from multi-sectoral partners, recognize importance of "mutual interdependences", and themes at the intersection of public health and sociology—local bridges, impact of trust and institutional order influence on urban policies.



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## CHAPTER 1. BACKGROUND

### 1.1 Introduction

In the United States (US) today, there is persistent struggle for health, social and income equality in neighborhoods saddled with poverty, food insecurity, violence, low education attainment, and drug and alcohol abuse that lead to higher risk of poor health and subsequently shorter life expectancy.(Avendano & Kawachi, 2014; Mayer, Hillier, Bachhuber, & Long, 2014) In fact, the integrated nature of environmental and social dynamics in neighborhoods across the globe is a complex issue influencing the occurrence of health inequities experienced especially for low-income and underserved populations.(Dulin & Tapp, 2012; Hunter, Neiger, & West, 2011) Other factors that continue to affect the occurrence of health inequities include residential segregation, employment discrimination, income inequality, unequal access to quality education, growth in computer-based skills needed in the workforce, the decline of manufacturing work, and federal tax policies that continue to affect social, economic, and health inequality in the United States.(Ananat, 2011; Swank, Fahs, & Frost, 2013; Tam & Jiang, 2014) As Dupont noted in his 2001 dissertation, “Inner city pathologies create a cycle of poverty. Existing pathologies contribute to the further deterioration of the physical environment and poverty of residents.”(Kevin T. DuPont, 2001b) Today, some 15 years since DuPont’s study, these ‘pathologies’ may be identified as the social determinants of health and the institutional and policy issues that contribute to sustained levels of poverty in urban inner cities. These issues often contribute to the prevalence of health inequalities people experience throughout life.(Pickett & Wilkinson, 2015; Richard G. Wilkinson & Pickett, 2006)

Neighborhoods are important contributors to community health. The multi-year study known as the Moving to Opportunity (MTO) experiment emphasized neighborhood influences, and longitudinal results from the study suggested the health effects over extended periods of time.(Clampet-Lundquist & Massey, 2008) DeLuca

and Rosenbaum, for example, note that “...new long-term findings from the MTO program have produced convincing evidence that the consequences of living in high-poverty, violent neighborhoods are significant, just as has long been assumed.”(DeLuca & Rosenbaum, 2014)

Efforts to reduce poverty, eliminate unhealthy living conditions, and improve neighborhood safety are at the heart of federal and local urban policy-making initiatives along with population health interventions supporting neighborhood revitalization in America.(Brown, Perkins, Blust, & Kahn, 2015; Cerdá, Tracy, Ahern, & Galea, 2014; Corburn, Curl, Arredondo, & Malagon, 2014; Thomas, Pate, & Ranson, 2015; Zusman et al., 2014)

The subject community of this research project is called Southwest Horizon. A geographic area within the City of Horizon, a Midwest US city, has over 60,000 residents, higher crime, unemployment, and health disparities than the remainder of the city of Horizon. This area is comprised of nine neighborhoods and this research project focused on three of these neighborhoods (CreativeCast and its border neighborhoods—NewDawn and Riverbend). At the ecosystem level there are several organizations that interact and engage across multiple projects in this community and others related to economic development, housing, health promotion, education programs ranging from early childhood development through elderly and health literacy support, and overall community revitalization.(Boyle & Silver, 2005; Cunningham & Hall, 2015) One way to view such ecosystems is through the lens of inter-institutional systems. Thornton, Ocasio, and Lounsbury in 2012 discussed inter-institutional systems as comprised of seven different institutional orders: family, community, religion, state, market, profession, and corporation.(P. Thornton, Ocasio, & Lounsbury, 2012c) These orders are characterized around elemental categories of sources of legitimacy, power, authority, identity, and basis of norms, strategy, control mechanisms, and economic systems.

Each institutional order is defined for this research project in Table 1.

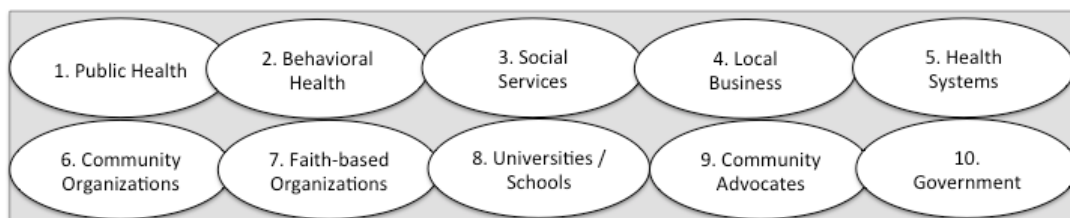
Table 1. Definitions for Institutional Orders(Merriam-Webster, 2015)

<b>Institutional Order</b>	<b>Definition</b>
Family	“a group of people who are related to each other”
Community	“the people with common interests living in a particular area”
Religion	“a personal set or institutionalized system of religious attitudes, beliefs, and practices”
State	“a politically organized body of people usually occupying a definite territory”
Market	“the area of economic activity in which buyers and sellers come together and the forces of supply and demand affect prices”
Profession	“a calling requiring specialized knowledge and often long and intensive academic preparation”
Corporation	“a body formed and authorized by law to act as a single person although constituted by one or more persons and legally endowed with various rights and duties including the capacity of succession”

These definitions will serve as a set of boundary for these “cornerstone institutions of society” as applied by Thornton and colleagues emanating from the original work of Friedland and Alford in 1991.

Thornton and colleagues asserted (and originally by Friedland and Alford) that there is a logic that guides the decisions and activities of organizations and individuals. (Friedland & Alford, 1991) Appendix A provides a table illustrating the institutional logics around these seven institutional orders. This concept will be applied throughout this dissertation along with Figure 1 that illustrates the different types of organizational fields represented by participants in this study and serves as a representative view of the stakeholder fields that exist in community ecosystems across the United States.

Figure 1. Inter-institutional System: Organizational Fields





Powell and DiMaggio offer a statement for framing the context of organizational fields:

“...highly structured organizational fields provide a context in which individual efforts to deal rationally with uncertainty and constraint often lead, in-the aggregate, to homogeneity in structure, culture, and output.”(DiMaggio & Powell, 1983)

The engagement of several organizations from across these fields requires collaboration, trust, efficient coordination of work, effective communication, and recognizing the effects of intersectoral policies (e.g., social, healthcare, economic development, zoning and housing, tax, environmental, education, fiscal) as was brought to light throughout this study. The forthcoming chapters bear evidence from the literature about other neighborhood revitalization efforts ongoing across the country and the relevance of this research project’s findings.

Tackling the spectrum of social determinants of health challenges in any community requires planning and implementing “Sustainability initiatives...addressing social, economic, and environmental well-being and the interconnectivity of those issues.”(Metropolitan Housing Coalition, 2014) Such initiatives can serve as community-level interventions and should consider a community’s culture recognizing the importance of collaboration and having a shared vision and goals that focus on community outcomes.(Trickett et al., 2011) From an anthropological perspective, understanding the community’s culture, can require, as Geertz noted,

Looking at the ordinary in places where it takes unaccustomed forms brings out not, as has so often been claimed, the arbitrariness of human behavior...but the degree to which its meaning arises according to the pattern of life by which it is informed.(Geertz, 1973c)

AND

...an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge about and their attitudes toward life.(Geertz, 1973b)

These two definitions of culture from Geertz help shape the importance of looking beyond existing secondary data and first to the people who are working within a community and experiencing these ‘patterns of life’ [and work] that result in needed

healthcare, economic, social, and educational support in efforts to revitalize impoverished neighborhoods. To Geertz's point, to include the essence of a community's culture one has to peer through the lens of those in different organizational fields within the community to capture their insights on the projects and initiatives in which they are or have been engaged. An ethnographic process to account for influence of the social determinants of health impacting the community and serve as examples of community-level interventions driving the need for the application of inter-institutional systems theory.

### **1.2 Study Anonymity**

To protect the confidentiality of interviewees and their organizations in support of this study, the city, neighborhoods, individuals, and organizational names have been modified in Chapters 1 and 3, 4, and 5. In the course of the research project's development these modifications were tracked through a translation index to ensure that dissertation committee members were aware of consistent application.

### **1.3 Research Question and Methodology Summary**

This research project is a qualitative study that examines collaboration, policy and community health impacts of revitalization projects and organizational initiatives focused on improving social determinants of health issues and reducing health disparities.

It focused on answering the question:

*What are the 'collaboration essentials', 'policy implications' and 'community health impacts' of revitalization projects and organizational initiatives focused in the CreativeCast, NewDawn and Riverside neighborhoods as related to mitigating social determinants of health challenges and reducing health and economic disparities?*

A two-phase semi-structured interview methodology (July 2015-November 2015) was used to assess a) the scope of on-going projects in these neighborhoods and b) interviewees' experiences in on-going or past revitalization projects and organizational initiatives related to the above primary research question. Phase I interviews (n= 11) were the scope assessment to identify relevant projects and initiatives while Phase II

interviews (n=28) captured the detailed experiences of interviewees on specific projects and / or organizational initiatives in the neighborhoods being studied. Following the analysis of these interviews to identify the most reoccurring sensitizing concepts (terms that, "...gives the user a general sense of reference and guidance in approaching empirical instances."(Blumer, 1954; Bowen, 2008)) will be an alignment analysis with the institutional logics from Appendix A. More details on the methodology are discussed in Chapter 3 and Chapter 4 provides insights from the Phase II interviews.

Table 2 provides a list of projects and organizational initiatives discussed in Phase I and / or II interviews involving public, private and not-for-profit sector organizations.

Table 2. Southwest Horizon Revitalization Projects and Organizational Initiatives Covered in the Study—Phase I and II

<b>Number</b>	<b>Neighborhood</b>	<b>Title</b>	<b>Category</b>
1	NewDawn	Vacant Lots Repurposing	Built environment
2	NewDawn	Springhill Initiative	Economic development
3	CreativeCast	Central Health Education Centers	Education
4	NewDawn	Horizon Central Community Center	Community services
5	Riverside	Riverside Christian Healthcare Center	Healthcare
6	NewDawn	HUD Planning Grant Committees for NewDawn Redevelopment	Built environment community coalition committee
7	NewDawn	Southwest Horizon YMCA	Integrated wellness / health / education
8	CreativeCast	CreativeCast Arts Venue	Performing arts / art gallery and artist studios
9	CreativeCast	Entrepreneurial Methodist Organization	Faith-based and community services
10	CreativeCast	Community House	Community services (non-profit)
11	CreativeCast	CreativeCast Neighborhood Association	Community services
12	CreativeCast	Riverfront Park Phase II Development	Built environment
13	CreativeCast	Middle School Junior Achievement Center	Education

<b>Number</b>	<b>Neighborhood</b>	<b>Title</b>	<b>Category</b>
14	CreativeCast	Elementary School Academy for Teaching and Learning	Education
15	NewDawn	Local College	Education
16	Southwest Horizon	Banner Resident Advisory Council	Community engagement
17	NewDawn	Metro Youth Adverse Conditions Support Program	Education
18	Southwest Horizon	Banner Community Partnership Advisory Board	Community engagement
19	CreativeCast	Presbyterian Church	Faith-based
20	Horizon	Family Education Center	Education / community service (non-profit)
21	CreativeCast	CreativeCast Help Center	Faith-based / community service / education
22	Southwest Horizon	Choice International Health Literacy Program	Education
23	Southwest Horizon	Dual-diagnosis Team Project	Community collaborative (behavioral health / medical care related)
24	Horizon	Choice International Adolescent Diversion Program	Education
25	Southwest Horizon	Horizon City Gardens	Urban agriculture (non-profit)
26	Southwest Horizon	Southwest Horizon Family Education Center- Low Income Housing Tax Credit (LIHTC) Initiative	Financial services / non-profit partnership
27	Horizon	City Housing Initiative	Policy advocacy (non-profit)
28	Southwest Horizon	Banner Collaborative	University-driven community coalition
29	CreativeCast	CreativeCast Investment Initiative and Neighborhood Ventures	For profit and non-profit partnership transitioning low-income renters to home ownership
30	Southwest Horizon	Choice International U-Business School Capstone Consulting Initiative	Education / community service (non-profit)

Appendix C of this report provides a summary description of the subset of projects and initiatives from this list that were covered in Phase II interviews.

Policy implications were an important topic in each Phase II interview and interviewee insights covered a broad spectrum of intersectoral policy topics. These topics spanned public housing and urban planning; tax incentives for economic development; Center for Medicare and Medicaid (CMS) physician workforce development; property zoning related to property ownership, affordable housing, and property usage; public school policies related to youth support services for youth exposure to violence in neighborhoods; state welfare and state child support service funding; and local brownfield site remediation. Some of these policies have had a sustaining affect on poverty level conditions in inner city neighborhoods across the country—and Southwest Horizon as illustrated throughout this research project. Details on these insights and others will be discussed in Chapter 4.

#### **1.4 Neighborhoods in the Project**

In Southwest Horizon there are demographic differences across the neighborhoods and it is important to note that these differences have changed over the area’s history. In the first half of the 20<sup>th</sup> century Southwest Horizon was a more affluent area in the City of Horizon, with a higher percentage white population than exists today in some of the neighborhoods. Table 3 will highlight the ethnicity and demographic differences across the three neighborhoods included in this research project. Shifts in population culture and socioeconomics over the last several decades have had dramatic impacts on the evolution of these neighborhoods.

##### *CreativeCast*

The CreativeCast neighborhood was the place of origin for the City of Horizon. Some points on the current state of the neighborhood are provided to help understand the sociocultural landscape. Healthcare services in the CreativeCast neighborhood are provided by the CreativeCast Family Health Center (a federally qualified health center (FQHC)) with integrated care delivery services including primary care, behavioral health, pharmacy, dental care, and social services. The organization also has strong ties to the city’s academic healthcare center, their specialty physician group, and one of the city’s largest non-profit mental health service providers—an extensive network for

extending care services needed for their patient population. The demographics of the CreativeCast neighborhood differ from its bordering neighborhoods (e.g., higher percentage of whites) but interviewees indicated that the balance of racial diversity continues to change in the community in light of affordable housing stock availability and ethnic and racial migration across the neighborhoods. Social services in CreativeCast are provided across the intergenerational spectrum (infants to elderly) by both faith-based organizations and not-for-profit organizations who both draw support from private sector organizations, government agencies, and larger not-for-profits. Primary education is provided through the public school system and there is a strong support system with two social support service organizations that provide education and nutrition support for the children and youth in the neighborhoods. Additionally, with new private development creeping into the east side of the CreativeCast neighborhood for both residential redevelopment and commercial development, there are some concerns for future gentrification resulting from increases in property tax values. However, while property development is occurring there are continued challenges with reducing the number of abandoned homes and vacant buildings in the neighborhoods. These challenges include: inflexible federal tax liens, banking organization property and mortgage valuations, and barriers to getting such properties into the local government Landbank Authority to make distressed properties available for purchase and reuse.

#### *NewDawn and Riverside*

The NewDawn neighborhood is to the southeast of CreativeCast where there has been a history of high crime and violence and has a large public housing development currently undergoing revitalization planning. However, today there have been improvements in single-family housing, and economic development initiatives taking place including a future Southwest Horizon YMCA campus to be integrated with a Choice International University educational and medical center, and continued growth of the Horizon Central Business Center. The neighborhood is a blend of old and new properties, both single-family residences and public housing, that provide a backdrop for the movement underfoot to bring the NewDawn neighborhood back to a prominent place in Horizon's network of neighborhoods.

The Riverside neighborhood has one of the City of Horizon’s largest public parks (over 120 years old) and has been through a major demographic shift over its last 60 years going from a predominantly white neighborhood to a predominantly black neighborhood (see Table 3). In 2007 neighborhood residents voted to ban liquor sales and this has helped reduce crime in the neighborhood. A second FQHC (with a faith-based organizational mission) was established in the Riverside neighborhood initially in 2011 and focuses on primary care and neighborhood transformation services in the community.

The social and economic class differences that exist in these neighborhoods have led to some of the highest health disparities in the city of Horizon. As indicated in the March 2014 report, *Healthy Horizon 2020: Creating a Healthier City*, “...where we live impacts both the quality of our lives, as well as how long we live.” In her seminal book *Unequal Childhoods: Class, Race, and Family*, Lareau posited,

Social group membership structures life opportunities. The chances of attaining key and widely sought goals—high scores on standardized test such as the SAT, graduation from college, professional jobs, and sustained employment—are not equal for all the infants whose births are celebrated by their families.(Lareau, 2011)

Those living in socioeconomically disadvantaged situations (e.g., poverty, lack of access to healthy foods or healthcare, lower education) such as Lareau’s study portrayed, have a greater likelihood of being impacted negatively throughout their lives if they remain in these situations. As an example, one interviewee addressed a City of Horizon-led coalition project focused on improving children’s resiliency for dealing with adverse conditions. In it the interviewee said, “Unstable school environment layered upon an unstable community and an unstable home environment creates high risk for children. So we are interconnecting with the community in that regard by addressing social determinants of health.”

This is one example of a community coalition with public and private sector partners focused on mitigating social determinants of health issues that are greatly affected by socioeconomically disadvantaged conditions.

### 1.4.1 Indicators of Health Inequality In Southwest Horizon

In addition, current evidence of the health inequalities emanating from the persistent social and income inequalities in these neighborhoods was captured in Horizon's *Center for Health Equity 2014 Horizon Metro Health Equity Report: The Social Determinants of Health in Horizon Metro Neighborhoods*. From this report a set of six select disparities identified include:

- Heart disease- CreativeCast has the second highest rate of heart disease related deaths in the City of Horizon;
- Cancer- NewDawn and CreativeCast have the second and third highest cancer related deaths in the City of Horizon;
- Diabetes- NewDawn and Riverside are in the top five neighborhoods for deaths related to diabetes;
- Poverty- percentage of adults living in poverty: NewDawn (52.7%), CreativeCast (37.1%), and Riverside (24.3%);
- Vacant and Abandoned Properties (3 years or longer)- CreativeCast (12.3%), NewDawn (7.6%), and Riverside (7.2%); and
- Neighborhood Safety (# of violent crimes in 2012-13)- NewDawn (2,606), CreativeCast (2,255), Riverside (1,536).

These facts substantiate the importance of understanding the interwoven nature of neighborhoods, the social determinants of health that become stressors driving negative health outcomes and health inequities between the rich and underserved populations, and the interconnected social / economic / housing / health / environmental policies that serve as enablers or disablers of neighborhood revitalization.(Corburn et al., 2014) Revitalization efforts have been underway in these neighborhoods to stimulate the neighborhood economies, improve quality and stock of affordable housing, and increase access to healthy foods and social services.(Bowling, July 17, 2015) Throughout Chapter 4's Discussion and Analysis of Phase I and Phase II interviews, patterns, trends and examples will be spotlighted to show where the current landscape of identified development projects have been and where they are forging a path for a brighter future for these historic neighborhoods in the City of Horizon. Table 3 (an excerpt from a data set provided by Horizon Metro Health Department on 7/22/15 (with



unemployment data updated) provides a snapshot of data on demographic characteristics of the three neighborhoods in comparison to figures for all of the City of Horizon.

Table 3. Neighborhood Demographics

Neighborhoods	NewDawn	CreativeCast	Riverside	All of Horizon
<b>Population Size<sup>^</sup></b>	10,000	10,000	18,000	
<b>Age*</b>				
>18	36%	29%	27%	23%
18-64	56%	63%	59%	64%
64+	9%	9%	14%	13%
<b>Sex*</b>				
%Male	42%	47%	44%	48%
%Female	59%	53%	56%	52%
<b>Race/Ethnicity*</b>				
%White	8%	66%	8%	74%
%Black	88%	31%	90%	21%
<b>Life Expectancy~</b>	71	67	76	77
<b>Children Under 18 yrs. in Poverty</b>	78%	58%	35%	24%
<b>% of adults &gt; 25 without high school*</b>	25%	33%	19%	12%
<b>% with income below 100% federal poverty level*</b>	60%	42%	26%	16%
<b>Unemployment**</b>	30%	24%	18%	7%
<b>Average household income*</b>	\$22,000	\$29,000	\$36,000	\$65,000
<b>Rent (% renters spending &gt;35% income on rent)*</b>	44%	50%	44%	37%
<b>Heart Disease Death Rate (per 100,000)~</b>	330	454	218	197
<b>Diabetes Death Rate (per 100,000)~</b>	63	9	57	29
<b>Cancer Death Rate (per 100,000)~</b>	272	413	258	203
<b>Stroke Death Rate (per 100,000)~</b>	15	102	65	39

\* 2007-2011 5-year ACS Estimates

\*\* Data from the 2014 neighborhood profiles from the Network for Community Change (<http://makechangetogether.org/data/>). Underlying data source 2012 American Community Survey 5-year estimates

<sup>^</sup> 2010 Census counts

~ 2010 geocoded death records for Horizon

These opening sections have intended to provide a qualitative description for understanding some of the socioeconomic and community health challenges that are foundationally linked to the neighborhoods included in this study. Social and

income inequality have been inextricably linked in the literature to the persistence of health inequities in depressed neighborhoods in the United States and globally.(Koh, Graham, & Glied, 2011; Pickett & Wilkinson, 2015) This issue contributes to the generalizability of findings in this research project to be covered in Chapter 5.

### **1.6 Higher Education Community Engagement in Southwest Horizon**

Many urban universities often play a vital role as an anchor institution in their communities through educational opportunities, local research initiatives, economic development, and student and faculty engagement.(Birch, Perry, & Taylor Jr, 2013) Such is the case with Choice International University and its history of community engagement initiatives in the Southwest Horizon neighborhoods. Community engagement in these neighborhoods has been an ongoing effort since the 1970s following a period of civil unrest and loss of companies and jobs in this area of the City of Horizon. Today, Choice International's Banner Collaborative program, having started in 2007, has a goal to collaborate with community partners (e.g., local government, not-for-profits, public school system, faith-based organizations, and for-profit businesses) to strengthen the education, health, and social status of the population residing in the City of Horizon's urban inner-city neighborhoods with a long-term goal of reducing health and economic disparities.

The Banner Collaborative is playing an active role in Southwest Horizon neighborhood revitalization with over 100 partnership activities, and a current focus (as of Fall 2015) on efforts to strengthen primary and secondary education with five public schools to raise education level attainment. Interviewees noted that improvement has been made in primary school student test scores and a 99% teacher retention rate in reversal of historically high teacher turnover.

Choice International's leadership team started the Banner Collaborative approach nearly a decade ago by going out and engaging residents and community partners. Today a few of the key projects include:

- Strategic support (academic and professional development) with five Southwest Horizon's public schools;

- Junior Achievement Center located in Southwest Horizon;
- Healthcare partnership with YMCA Southwest Horizon site development; and
- Banner Collaborative Resident Advisory Council.

Within the Banner Collaborative is a coordinated effort among the university's schools and centers that work to identify future projects to engage in and evaluate current collaborative projects. Interviewees indicated that most engagement came from education, nursing, medicine, public health and business—to varying degrees based on needs of the community partner and specific projects.

### **1.7 Purpose and Aims of This Study**

The purpose of this research was to capture and assess community stakeholders' past / current / planned experiences (through qualitative interviews) that impact social determinants of health challenges in some of Horizon's most impoverished neighborhoods. Aims of the research included:

- Assess interviewee inputs across three elements of the primary research question:
  - Collaboration essentials;
  - Policy implications; and
  - Community health impact.
- Assess alignment of these elements with an institutional logic framework.
- Generate new insights for intersectoral policies and community intervention planning and implementation in the local context and with generalizability to similar distressed neighborhoods.
- Ensure that results and findings are not biased based on the mission or objectives of any one organization.

These aims culminated in a set of research results that also support recommendations at the end of this dissertation. As part of this analysis and the research project's findings it was important to recognize a key gap identified in the literature for which the discussion, results and recommendations of this research may

provide at least initial evidence to support filling this knowledge gap as other qualitative and quantitative studies move forward.

### **1.8 Literature Gaps to Address**

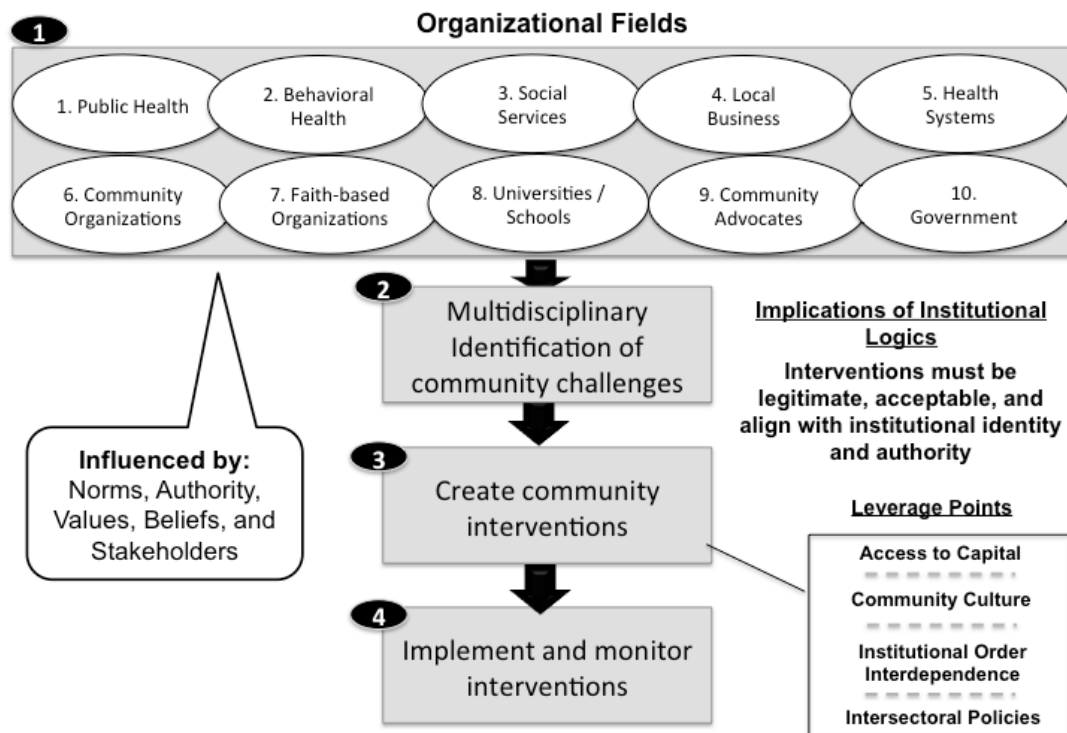
A literature gap addressed in this research project is related to the literature published to date on inter-institutional systems theory and institutional logics. The most recent and primary work on the theory of inter-institutional systems is by Patricia H. Thornton, William Ocasio, and Michael Lounsbury entitled, The Institutional Logics Perspective. A New Approach to Culture, Structure, and Process. During the course of this research several interviewees highlighted various intersectoral policies (e.g., social, healthcare, economic development, zoning and housing, tax, environmental, education, and fiscal) that have had lasting effects on the sustained poverty in the neighborhoods in this study. Given the findings in Chapter 2's literature review, this issue is similar and generalizable to other urban neighborhoods across the United States faced with similar social determinants of health challenges (e.g., lack of education, food insecurity, access to quality healthcare, high crime, violence and drugs). In the work of Thornton, Ocasio, and Lounsbury, intersectoral policy implications across the inter-institutional system was not addressed nor were effects of collaborations (e.g., community partnerships or coalitions) on the inter-institutional system and subsequent community health impacts. One of the aims of this research project was to provide an original critique of the importance of collaborations (e.g., formal and informal community partnerships and coalitions) and intersectoral policies in relation to the inter-institutional system and its institutional logics to gain new insights on health and socioeconomic disparities as the underlying social determinants of health impact different dimensions of a community's health.

Chapter 2 will provide additional insight to the limited availability of literature on inter-institutional systems.

## 1.9 Theoretical Framework

From the onset of this research, institutional theory was the initial theoretical focus.(DiMaggio & Powell, 1983; R. W. Scott, 2010; R. W. Scott & Meyer, 1991) As the research project evolved, the primary focus for a theoretical framework transitioned to inter-institutional systems theory and institutional logics which has emerged from the domain of new institutionalism and institutional theory.(DiMaggio & Powell, 1991; Kraatz & Zajac, 1996) The qualitative nature of this project and the ecosystem level focus on data collection with input from across multiple organizational fields, made for a clear fit and logical application of this theory. Figure 2 provides an illustration that will be discussed in more detail in Chapter 4 after its introduction here as a central model to the analysis of findings and generation of recommendations and implications for future research.

Figure 2. Inter-institutional Systems: Pathways to Community Interventions



There are four stages to this model. Each stage represents a part of the solution-making process to identify community-level interventions and then evaluate their effectiveness and impact post-implementation. Amidst these stages lie the factors that influence the effectiveness of community interventions to community challenges. While there are many issues (e.g., trust, communication, competition, work styles,

resource availability) that affect the effectiveness and efficiency of collaborative work. Chapters 4 and 5 will have sections that explore the importance of trust within the formal and informal social networks that exist in a city or neighborhood's inter-institutional system. These issues are central to creating community health interventions with the social cohesion needed to reduce health disparities through mitigation of social class and income inequality challenges.(Kushner & Sterk, 2005; Pickett & Wilkinson, 2015) The logic behind how an entity moves through these four stages is to some degree dependent on its applicable 'institutional logics' shown in Appendix A. This topic is further addressed in Chapter 4.

### **1.10 Key Topics in Literature Review**

The literature review with this research project is provided as a qualitative companion to support and compare with findings from the field interviews conducted as the core part of the methodology. As such, a qualitative analysis of select literature on relevant topics that emerged both at the beginning and throughout the interviews is provided. The topics to be addressed in Chapter 2 include:

- Neighborhood revitalizations;
- Inter-institutional systems and institutional logics; and
- Social determinants of health.

### **1.11 Future Research Implications**

There are a number of issues that will be addressed in the final chapter but the focus for future research will be discussed as the intersection of public health and sociology—resolving inequalities.

### **1.12 Remainder of this Study**

The remaining chapters will shed light on the impact of different types of community and project-level interventions and the challenges associated with implementing them. Such interventions are occurring in neighborhoods across the country and as Trickett and colleagues indicated, there is a paradigm shift occurring with community development interventions everywhere as they ultimately increase or decrease the community's capacity to improve overall population health and ability to address social problems that impact the overall health of the community.(Trickett et al., 2011) In order

to implement such interventions, collaboration is critical and is the reason for its emphasis in this research project. As noted by Alan R. Weil, JD, MPP, Editor-in-Chief for Health Affairs, "...healthy communities emerge from concerted efforts that stretch across public and private sectors and break down barriers between the longstanding silos of different government agencies and programs."(Weil, 2014)

Efforts have been underway in the City of Horizon for years to improve collaboration across the inter-institutional system and its fabric of public and private stakeholders with efforts such as:

- Local government facilitates initiatives to track and measure the impact of health behaviors, social & economic factors, physical environment, and clinical care on the overall health of the community and its residents;
- Not-for-profit collaboratives focuses on vulnerable populations;
- Faith-based organizations (FBOs) providing social service support and collaborating with health education and mental health service provides for counseling on addiction, overcoming adversity, and other health related issues for vulnerable populations; and
- Community coalitions that focus on helping youth deal with adverse situations and the community deal with environmental sustainability.

In Chapters 4 and 5 linkages between the insights from the fieldwork (Phase I and II interviews) with key points in the literature review and alignment with institutional logics will be discussed. Particular focus will be on the most frequently occurring sensitizing concepts and groupings that emerged from the qualitative data. Included in Chapter 5 are the top five findings summary, implication of local social bridges and trust in formal and informal community networks, multi-dimensional community health impacts, thoughts for community stakeholders on planning and implementing community interventions, federal policy/program implications (e.g., CMS Accountable Health Community 5-year demonstration program), and future research recommendations.

## CHAPTER 2. LITERATURE REVIEW

Neighborhood revitalization efforts have been well studied for several decades and documented in the literature. As the Southwest Horizon and its three neighborhoods were described in Chapter 1, it's clear that there are forces in each community, over its history, that lead to positive and negative impacts on its community health and the social determinants embedded within each community's ecosystem. The various institutional orders and organizational fields identified in Chapter 1 provide a framework for this literature review and the four key topics to be qualitatively explored in this chapter. Articles and publications selected for review were relevant peer-reviewed materials (e.g., academic journal articles, books, book chapters, doctoral dissertations, and government reports) for ensuring that such materials included in this review were academically evaluated. The four topic areas include:

- Neighborhood revitalizations and inequality;
- Inter-institutional systems;
- Institutional logics; and
- Social determinants of health.

Attempts in each of these sections are to offer a qualitative dissection of a collection of relevant source materials that are reviewed and noted. This is not intended to provide an exhaustive bibliography. Appendix D provides a collection of tables with quantitative results of searches conducted in the October to November 2015 timeframe on key words noted for each of the four topics.

### **2.1 Neighborhood Revitalization and Inequality**

For decades communities have dealt with neighborhoods that have experienced disinvestment and at some point start a process of revitalization with positive and negative impacts (economic, physical, psychological, holistic) on the marginalized and underserved populations that live in these neighborhoods.(Mills, 2005; Neman &



Ashton, 2004) Health disparities, social class, demographics, and business changes all are all social determinants that impact different dimensions of a community's health and are illustrated in Figure 3.(M. Marmot, 2005; M. Marmot, Bloomer, & Goldblatt, 2013; M. Marmot et al., 2008)

Figure 3. Social Determinants of Community Health



Often forces driving change and revitalization may be of an economic and/or political nature, and policies may be put in place that create sustained poverty or displace residents.(Palen & London, 1984) With this in the background an initial search was done in the Web of Knowledge database on key words for this section that included: neighborhood revitalization coupled with Midwest, collaboration, community health, and social determinants of health. Table 4 illustrates these results along with a set of references on inequality. The systematic search for this topic was focused through the Web of Knowledge search engine and was limited to: years 2003-2015; research domain of social sciences; and research areas that included: urban studies, public / environmental / occupational health, or sociology; country of USA; search executed November 10, 2015.

Table 4. Systematic Search for Neighborhood Revitalization

Key Search Words	Number of References
Neighborhood and inequality and health	568
“Neighborhood revitalization” and "social inequality" and health	61
Neighborhood revitalization	43
“Neighborhood revitalization” and socioeconomic	4
Neighborhoods and inequality and health and revitalization	3
“Neighborhood revitalization” and collaboration	1
“Neighborhood revitalization” and “Community health”	0
“Neighborhood revitalization” and “social determinants of health”	0

From these search results a set of 11-neighborhood case examples was selected and inequality (e.g., social, health, income) sources. Table 5 highlights this set of 11 based on a criteria of: a) frequency cited, b) search criteria shown in the footnotes, and c) topic relevance to this research project.

Table 5. Neighborhood Revitalization and Equality Sources

Year	Source	Title / Authors	Focus
<b>Communities</b>			
2015	(Article) American Journal of Community Psychology	The Crosstown Initiative: Art, Community, and Placemaking in Memphis / E Thomas, S Pate, A Ranson(Thomas et al., 2015)	Memphis, TN (Crosstown)
2014	(Article) Journal of Urban Health	Health in All Urban Policy: City Services through the Prism of Health / J Corburn, S Curl, G Arrendondo, J Malagon (Corburn et al., 2014)	Richmond, CA
2012	North Carolina Medical Journal	Communities Matter. The Relationship Between Neighborhoods and Health / M Dulin & H Tapp(Dulin & Tapp, 2012)	Melbane, NC
2011	(Article) Health Affairs	Bringing Researchers and Community Developers Together to Revitalize a Public Housing Project and Improve Health / D Jutte, KZ	San Francisco, CA (Sunnydale)

Year	Source	Title / Authors	Focus
		LeWinn, MA Hutson, R Dare, J Falk(Jutte, LeWinn, Hutson, Dare, & Falk, 2011)	
2007	(Article) Journal of Affordable Housing and Community Development	In the Face of Gentrification: Case Studies of Local Efforts to Mitigate Displacement / DK. Levy, J. Comey and S. Padilla(D. K. Levy, Comey, & Padilla, 2007)	St. Petersburg, FL (Bartlett Park)
2007	(Article) Journal of Affordable Housing and Community Development	In the Face of Gentrification: Case Studies of Local Efforts to Mitigate Displacement / DK Levy, J Comey and S Padilla(D. K. Levy et al., 2007)	Atlanta, GA (Reynoldstown)
2005	(Article) Critical Public Health	Urban Redevelopment and Neighborhood Health in East Baltimore, Maryland: The Role of Communitarian and Institutional Social Capital / MB Gomez & C Muntaner (Gomez & Muntaner, 2005)	Baltimore, MD (East Baltimore)
2005	(Book) Promise and Betrayal. Universities and the Battle for Sustainable Urban Neighborhoods	Chapter 2 Universities Providing Human Services / J Gilderbloom, RL Mullins (Gilderbloom & Mullins, 2005)	Louisville, KY (Russell)
2004	(Article) Cities	An Asset-based Approach to Policymaking: Revisiting the History of Urban Planning and Neighborhood Change in Cincinnati's West End / M Arefi(Arefi, 2004)	Cincinnati, OH (West End)
1995	(Book) Rebuilding the Inner City: A History of Neighborhood Initiatives to Address Poverty in the United States	Chapter 7: Emerging Neighborhood-Based Initiatives / Robert Halpern(Halpern, 1995)	Boston, MA (Dudley St Neighborhood)
1995	(Book) Urban Revitalization: Policies and Programs	Chapter 4. The Revitalization of New Orleans / FW Wagner, TE Joder, and AJ Mumphrey. (Lauria, Whelan, & Young, 1995)	New Orleans, LA
<b>Inequality</b>			
2015	Social Science and Medicine	Income Inequality and Health: A Causal Review / K Pickett; RG Wilkinson	Income inequality and health

<b>Year</b>	<b>Source</b>	<b>Title / Authors</b>	<b>Focus</b>
2014	Health Affairs	Integrating Public Health and Community Development to Tackle Neighborhood Distress and Promote Well-being / M Pastor; R Morello-Frosch	Social inequality, health disparities and built environment
2011	American Sociological Review	The Enduring Association Between Education and Mortality: The Role of Widening and Narrowing Disparities / R Miech, F Pampel, J Kim, & RG Rogers	Education disparities and effect on mortality disparities
2011	Health Affairs	Reducing Racial and Ethnic Disparities: The Action Plan From the Department of Health and Human Services / HK Koh; G Graham; SA Giled	Health disparities, inequality and federal reforms
2006	Social Science and Medicine	Income Inequality and Population Health: A Review and Explanation of the Evidence / RG Wilkinson; K Pickett	Income inequality and population health
2003	Social Science and Medicine	Poverty, Affluence, and Income Inequality: Neighborhood Economic Structure and its Implications for Health / W Ming; CR Browning; KA Cagney	Income inequality and health
2002	Health Affairs	Socioeconomic Disparities In Health: Pathways And Policies / NE Adler; K Newman	Inequality and health disparities

These case examples all discussed various elements of community challenges and some solutions that were undertaken at different points in time. The challenges were related to various social determinants of health (e.g., economic disadvantage, housing stock challenges such as vacant and abandoned houses, poverty, low education attainment, culture/ethnic clashes, violence, food deserts, and lack of affordable and quality healthcare services). Each community has its own ecosystem with different organizations, multi-sectoral collaborations, and goals based on the most urgent needs of these communities. Below is a sample of these communities highlighting key points regarding each neighborhood's situation and revitalization efforts.

### **Memphis, TN (Crosstown)**

A case study of the Crosstown neighborhood in Memphis, TN, another Midwest US city comparable to the City of Horizon, examined the influence of the Crosstown Arts organization and its ‘intentional arts based practices’ as a contribution to “creative placemaking and inclusive community building.”(Thomas et al., 2015) As the situation was described, the neighborhood faced community challenges that included:

- Poverty rates above 20%;
- Population decrease between 2000 and 2010; and
- Increase in vacant housing between 2000 and 2010.

In addition, Memphis’s poverty rate has been cited as higher than 15 other comparable cities in the United States between 1960-2005.(Raymond & Menifield, 2011) But for the Crosstown neighborhood the stakeholders in the community made a collective decision to establish a “vertical urban village grounded in the arts.”(Thomas et al., 2015) This approach to neighborhood revitalization was viewed as a means of “bridging social capital” in the community and reducing the cultural divide.

#### **Atlanta, GA (Reynoldstown)**

This is a 2007 case study on the Atlanta, Georgia (GA) neighborhood Reynoldstown. Atlanta’s metropolitan area is the ninth largest city in the United States. Reynoldstown is located just east of the downtown area. After the 1996 Olympics revitalization efforts started in this neighborhood spearheaded by the Reynoldstown Revitalization Corporation (RRC) along with the Reynoldstown Civic Improvement League (RCIL). Levy and colleagues noted challenges with property acquisition, gentrification and the importance of ‘community building’ and task forces to address freezing property taxes for home owners over 65-years old, improving the land banking system, and development of resident leadership.(D. K. Levy et al., 2007) Two of these issues (e.g., improving the land banking system and freezing property taxes for elderly long-time home owners) arose in Phase II interviews regarding policy issues that need to be addressed in the CreativeCast neighborhood.

#### **West Louisville, KY (Russell)**

Louisville, Kentucky's West Louisville community has been recognized as one of the most impoverished neighborhood areas of the country with 62 percent of residents living in poverty.(US Housing and Urban Development, January 16, 2015a) Poverty for the purposes of this research project was considered based on a Miriam-Webster general definition of, "the state of one who lacks a usual or socially acceptable amount of money or material possessions." In January 2015 the US Housing and Urban Development announced West Louisville as one of 10 Promise Zone Finalists. While considered an accomplishment, this recognition will not provide priority access to federal grants but will increase communication between federal agencies on future funding opportunities.(US Department of Housing and Urban Development, 2015) Federal program awards such as the \$3 million Enterprise Community grant award for West Louisville back in 1994, is an example of a history of federal aid provided to help support the revitalization efforts in this part of Louisville.(Kevin T. DuPont, 2001a) More recently, two important initiatives led by the Louisville Metro Department of Health and Wellness's Center for Health Equity (CHE) were the Healing Futures Fellowship and the Healing Possible Quorum.(Louisville and Jefferson County Metro Government Department of Health and Wellness & Center for Health Equity, January 2015; Louisville Metro Department of Public Health and Wellness, 2015) The Healing Futures Fellowship program provides an intensive summer learning program facilitated by the CHE for 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade students to help prepare them with focused education and experience about culture, equality, collaboration, public health, and community program assessment and advocacy related skill development. Second, the Healing Possible Quorum was a year long study by a multi-cultural and diverse collection of community stakeholders who examined issues of "income, employment, housing, environmental quality, education, transportation, health care and prevention services, criminal justice, and community safety" resulting in a proposal to local government for improving racial equity in existing and future policies for the city.(Louisville and Jefferson County Metro Government Department of Health and Wellness & Center for Health Equity, January 2015) Both of these projects have been important to neighborhood revitalization in Louisville's West end neighborhoods contributing to improvement of the local social determinants of health. One final issue that has affected West Louisville youth for the last several decades is

racial segregation and efforts at integration in the Jefferson County Public School system. Equality in education and opportunities for education attainment are key elements of the social determinants of health as noted by Marmot and the World Health Organization.(M. Marmot et al., 2008) An underlying issue historically was the ‘student assignment plan’ that guided student bussing policy to reduce racial isolation. A US Supreme Court opinion by Justice Kennedy in 2007 on *Parents Involved in Community Schools vs. Seattle School District* was reflected upon by Wilson,

...the problem of racial isolation in JCPS (and across America) defies a troublefree solution. Just what type of voluntary student-assignment plan Justice Kennedy would approve is still unclear. While each district's voluntary student-assignment plan is unique, a controlled-choice plan is an effective means to attack the problem of racial isolation.(Wilson, 2008)

Regarding this case, “...the plaintiffs challenged a similar voluntary student-assignment plan that used race as a tie-breaker in high-school admissions. Seattle, unlike Louisville, suspended its programs after the plaintiffs sued.”(Wilson, 2008) Achieving racial equity in the school system is believed to help improve racial relations for current and future generations. Actions such as these education policy reforms may bring the opportunity for rebalancing these factors to support education equality for all and help improve the education component of the impacted neighborhood’s social determinants of health.

One of the most impoverished neighborhoods in West Louisville is the Russell neighborhood. In January 2015, the Louisville Metro Housing Authority was granted a Choice Neighborhoods planning grant from the US Department of Housing and Urban Development (HUD) providing \$425,000 for “place-based” planning for the replacement of the Beecher Terrace family public housing complex (768 units) in the Russell neighborhood.(Khare, 2015; US Housing and Urban Development, January 16, 2015b) This grant brought the opportunity to help “...improve educational outcomes and intergenerational mobility for youth with services and supports delivered directly to youth and their families.”(US Housing and Urban Development, January 16, 2015a) In April 2015 West Louisville was recognized as a ‘Second Round Finalist’ for President Obama’s Promise Zone Initiatives—which aim to improve opportunities, health, safety,

and economic conditions in depressed neighborhoods.(US Department of Housing and Urban Development, 2015)

In addition, in a 2002 paper, authors Mullins and Gilderbloom summarized the results of a qualitative study on a “\$2 million university-community partnership programme” that took place in the prior decade involving federal grant funded programs aimed at housing development in the Russell neighborhood.(Mullins Jr & Gilderbloom, 2002) These two programs are summarized in Table 6.

Table 6. HANDS and SUN Programs

<b>Program Title</b>	<b>Description</b>
Housing and Neighborhood Development Strategies (HANDS)	Started in 1992, with program funding provided by the US Department of Education and local sponsors, HANDS focused on urban infrastructure development assistance with education for community leaders, residents, and minority contractors—all geared toward neighborhood and urban renewal.
Sustainable Urban Neighborhoods (SUN)(University of Louisville, 2015)	Follow on program to the HANDS program. Today stands as the UofL Center for Sustainable Urban Neighborhoods. Center is led by Dr. John Gilderbloom.

Additionally, in regards to the Russell neighborhood, Gilderbloom and Mullins noted in 2005, that Russell is, “...one of the most economically disadvantaged areas in the city of Louisville, characterized by excessive poverty, unemployment, crime, and homelessness, along with relatively low levels of educational attainment and training.” (Gilderbloom & Mullins, 2005) Having done work on redevelopment of housing stock and building new housing stock in the neighborhood Dr. Gilderbloom and his colleagues have been contributors to efforts to improve the built environment in Russell through the 1980s and 90s.

In summary, while challenges still exist, the quality of life and economic revitalization in Russell neighborhood is improving today and there is a history of progress that started over three decades ago. Programs such as those led and facilitated out of the University of Louisville, Louisville Metro Government, and several non-



profits serve as case examples that can start to change the course and quality of life for residents and economic sustainability for businesses operating in West Louisville.

### **Baltimore, MD (East Baltimore)**

The neighborhood of East Baltimore in Baltimore, MD is considered one of the poorest neighborhoods in the United States. In this neighborhood, where 94% of residents are African American, over 40% live below the poverty threshold and only 32% have a high school diploma or general education development (GED). While East Baltimore has been a focus of redevelopment efforts for the last several decades.(Linton et al., 2013) There is a history of “distrust” and “mistrust” between residents of this neighborhood and the area’s largest employer, local government, and private developers stemming from increased homelessness, continued physical development in expansion into residential neighborhoods for teaching and research facilities, and increased boarded up houses.(Gomez & Muntaner, 2005; Harvey, 2000) Additional searches on East Baltimore, MD and neighborhood revitalization did not produce any findings. However, other important literature findings on Baltimore were identified. First, the City of Baltimore has a substantial problem with abandoned and vacant homes, with a May 26, 2015 article noting there are 17,000 homes “...deemed unfit for habitation.” This was coupled with noting the city has lost 35% of its population since the 1950s.(Calvert, May 26, 2015) This problem, though on a larger scale, mirrors that of West Louisville. Second was a 2011 study done by the Johns Hopkins Bloomberg School of Public Health focusing on Southwest Baltimore that identified the importance of “place” and the resources available in neighborhoods as the most essential factors to consider in policy changes targeted to “...close racial disparities in health.”(LaVeist, Pollack, Thorpe, Fesahazion, & Gaskin, 2011)

As noted in Chapter 1, Table 3, racial disparities are also a key issue in the Southwest Horizon neighborhoods. These authors also noted the importance of health impact assessments as tools to support and provide evidence needed for health in all policies approaches to social and urban policy change. Third was a 2014 paper on a community psychology study between 2005 and 2012 that assessed the affects of socioeconomic factors and race on depressive symptoms experienced by African Americans in Baltimore.(English, Lambert, Evans, & Zonderman, 2014) The study

included two cohort waves (Wave 1- 2005-2009; Wave 3- 2009-2012) with a mix of African Americans (Wave 1 n = 2,197; Wave 3 n = 505) and Whites (Wave 1 n = 1,523). Results concluded that,

...the percentage of White individuals within in a neighborhood is positively associated with experienced racial discrimination for African Americans within that neighborhood. This finding provides support for the framework proposed by Gee and Payne-Sturges (2004) that stipulates that neighborhood characteristics affect stress experienced by individuals within that neighborhood...experienced racial discrimination is a contributor to the etiology of depressive symptoms in African American adults. (English et al., 2014; Gee & Payne-Sturges, 2004)

This last reference is indicative of the importance of race relations especially in urban inner city neighborhoods and their overall community health. Racial tensions contribute to, "...rates of morbidity, mortality, and overall well-being that vary depending on socially assigned race."(Ford & Airhihenbuwa, 2010) This point has direct impact on the community health experienced in neighborhoods such as Southwest Horizon's NewDawn, Riverside and CreativeCast neighborhoods and other inner city urban neighborhoods included in this chapter such as Memphis, TN, Atlanta, GA, West Louisville, KY, and Baltimore, MD.

### **Cincinnati, OH (West Cincinnati)**

In 2004 Arefi published an article on West Cincinnati's challenges and a specific approach to its revitalization—asset-based vs. needs-based. The key focus of the study was on housing policies (e.g., Model Cities Program, Empowerment Zone Program, and HOPE VI) from two time periods: 1930s-70s which were more 'non-participatory and 1980s-90s that leveraged resident engagement more heavily. In it, Arefi noted that between 1960-1980 this Cincinnati neighborhood lost 70% of its population and its "...mayor and city officials were not willing to share power with constituencies" which impeded public housing revitalization progress decades ago.(Arefi, 2004) The case stressed the importance of the Empowerment Zone and HOPE VI programs as more asset-focused approaches that better leveraged and strengthened social capital in the community. Complementing this case Demeropolis's article in 2008 highlighted the City West public housing redevelopment that started in 1999 and replaced 1940s housing whose, "...tenants of those homes were economically mixed when they were

built, but it devolved into mostly non-working, welfare-dependent tenants.(Demeropolis, April 28, 2008)

## **2.2 Qualitative Insights on Neighborhood Revitalizations and Inequality**

The distressed neighborhood conditions described in these city case examples are symbolic of the challenges seen across the country in similar situations. Some neighborhoods such as East Baltimore are still entrenched in poverty that is sustained due to varying social and economic determinant factors. However, as described, many of these situations improve with infusions of economic development, culture change, new and improved affordable housing options, education support, safer neighborhoods for raising children, and improved walkability. As improvements are made through focused community interventions the root causes of inequality can be mitigated. From the review of these literature sources three themes are elaborated upon: a) entrenched poverty and overcoming it, b) economic and built environment development, and c) impact of inequality.

### **2.2.1 Entrenched Poverty and Overcoming It**

The presence of intergenerational poverty is a common trait among all of the neighborhoods discussed in this chapter. While not noted in all the literature sources, the presence of poverty typically is accompanied by a higher percentage of the neighborhood's population being made up by ethnic minorities, higher crime rates, unemployment, violence, excessive drug and alcohol abuse, and health disparities.(L. A. Walker, 2015) After years of urban decline, place-based interventions, health promotion initiatives, primary and secondary education support initiatives, along with Obama administration neighborhood revitalization programs over the last eight years, have been helping many communities make the turnaround.(Cunningham & Hall, 2015; Turner, Edelman, Poethig, & Aron, 2014) Importantly, champions and leaders emerge in every community. Supported by federal programs, local coalitions, intersectoral community partnerships, and university engagement, opportunities to rise above the impoverished conditions start with residents of the neighborhood. Changes can take a generation or more to take hold as youth are engaged in education, lifestyle, and moral conduct programs that can lead to healthier lives for those living in these communities today and make them better places for tomorrow. Regarding education, university

community engagement is crucial in many neighborhood revitalization efforts and each university may focus on different priorities based on their resources and community needs.

Related to the West Louisville case example noted above is the University of Louisville's Signature Partnership initiative. This initiative is one of its priority efforts to strengthen primary and secondary education in West Louisville. Since starting in 2007, particularly in five targeted public schools, "Some of these schools have experienced increased test scores, promotion and graduation rates, college-going rates, and parental involvement."(Cunningham & Hall, 2015) From the literature, other universities have provided evidence of university-community engagement such as with Duke University and their healthcare infrastructure's lengthy community engagement in the Raleigh-Durham, NC community.(Michener et al., 2008)

Last, it is important to recognize the importance of faith-based organizations (FBOs) in these communities. These organizations often engage in health and social service community partnerships (in line with the US Surgeon General recommendation) with non-profits, public and private organizations to help families and individuals with health prevention, health promotion, education and other essential needs and often in poverty stricken neighborhoods.(Kegler, Hall, & Kiser, 2010; Levin, 2013) This is not an issue noted in any of the case examples cited in this chapter but it is an important issue for the Southwest Horizon community neighborhoods to be addressed in Chapter 4 based on Phase II interviews.

### **2.2.2 Economic Development and Built Environment Issues**

Job opportunities or the lack of them are often a critical challenge to be addressed in these poverty stricken neighborhoods. Unemployment was a noted factor in a number of the neighborhoods cited in this chapter. In order for people to be empowered and take charge of their own lives, there is a need for jobs to allow residents the financial means to afford healthy foods, invest in educational opportunities, and move to better housing.(Arefi, 2004; Gilderbloom & Mullins, 2005; Gomez & Muntaner, 2005) Built environment development has been stimulated in many of these communities since by the support of federal programs such as HOPE VI, Choice Neighborhoods, Empowerment Zone, and Promise Zone initiatives.(US Department of Housing and

Urban Development, April 28, 2015; L. A. Walker, 2015) This sets the context for the Southwest Horizon neighborhood revitalization effort described in Chapter 1. The situation is difficult and challenging, but not insurmountable and definitely similar in some respects to what is experienced in other cities across the United States and even globally.

The built environment is a major factor to consider in the context of each neighborhood revitalization effort. Most often in these revitalization efforts there is need of a stimulus, a ‘community intervention’ that empowers the local population and local governments as well as provides an influx of resources and capital.(L. A. Walker, 2015) An influx of resources and cooperation is needed in community coalitions and local government to drive policy change on land use, zoning and rehabilitation or else social, economic and built environments remain stagnant and continue to be engulfed by negative neighborhood traits discussed in the above ‘Entrenched Poverty’ section.(Calvert, May 26, 2015) In these situations there are prolonged negative health disparities. However, the examples discussed above in West Cincinnati, OH and the Russell neighborhood in Louisville, KY highlight positive efforts that change the built environment landscape and can have a positive impact on social determinants of health for people living in these neighborhoods.(Demeropolis, April 28, 2008; Mullins Jr & Gilderbloom, 2002) In 2015 Gilderbloom and colleagues published an updated study covering data on the Russell neighborhood from 1992-2012 and in it noting,

...the efforts of the revitalization did have some successes: 575 housing units were renovated, homeownership increased, property valuations increased, crime rates declined sharply, single automobile usage fell, foreclosures were among the lowest in the city, and employment increased. (Meares, Gilderbloom, Squires, & Williamson, 2015)

As will be noted in Chapter 4, one of the key challenges for built environment improvements are public and private investment. One stimulus to spurring built environment activity is the federal Low-Income Housing Tax Credits (LIHTC) program that has grown to be an enabler for generating private equity investment in funding new public housing developments.(Woo, Joh, & Van Zandt, 2014) Financial institutions engaged in neighborhood revitalization efforts play a vital role in securing access to these federal tax credits and securing the private equity investment partners needed to

fund new low-income housing development often working with non-profits, FBOs, local governments and other community stakeholders. In a public health context these types of financing instruments serve as enablers to help improve the built environment and support creation of more pedestrian-friendly neighborhood areas, improve street lighting, and create safer and affordable housing options for neighborhood residents.(Houston, Basolo, & Yang, 2013)

These two themes provide a qualitative view of some of the key issues surrounding neighborhood revitalizations. The context of this view is to illustrate some of the challenges and solutions in this random sampling of neighborhoods that is representative of other mid-sized urban inner city neighborhoods. Challenges and solutions that stretch across the community health domains of economic, cultural, built environment, and holistic health for the consumers, residents and organizations most impacted in distressed neighborhoods across the United States.

### **2.2.3 Impact of Inequality**

Social and income inequalities are often at the root of distressed communities. Sometimes the emergence of these factors occur due to historical changes in economic conditions and business closures, environmental issues that prevent land and property reuse without remediation investment, natural disasters, or social unrest that occurs in some urban inner city environments across the United States. Understanding the spectrum of determinants and implementing community interventions focused on education, economic development, access to healthcare/mental health services, and access to healthy foods is critical to mitigating the balance of resources and opportunities. Dulin and Tapp noted,

The relationships between neighborhoods and health outcomes are complex, and they are related both to physical /environmental factors and to social dynamics.(Dulin & Tapp, 2012)

Such is the case for this research project with its exploration of the Southwest Horizon neighborhoods and the stakeholders working to bring about positive change. The unequal distribution of resources contributing to social, income, and health inequality has been a challenge in society since the dawn of time. In Diamond's 1997 Pulitzer prize winning work, Guns Germs and Steel. The Fate of Human Societies, a

profound question was asked, “Why did wealth and power become distributed as they now are, rather than in some other way?”(Diamond P, 1997) The rise of one social group versus another has always been part of human history in neighborhoods and countries around the world and it continues today but with more efforts from political forces instituting reforms to try and achieve a better balance of social, health and income equality for vulnerable and minority populations. In the United States there is persistent health inequity in neighborhoods due to poverty, lack of access to healthy food, violent crimes, drug and alcohol abuse, and higher risk of poor health and shorter life expectancy. But as communities advance with new technologies, social structures, and new economic developments, the root causes of disparities can shift over time.

As disparities in today’s major health outcomes eventually diminish, new disparities will emerge or widen in health outcomes that come to predominate in the future—a process this study shows is continual and ongoing. Identifying upstream processes that make this shift possible offers a unique opportunity to better specify the macro-micro link between social inequality and individual health.(Miech, Pampel, Kim, & Rogers, 2011, 2014)

In the United States, to counteract these inequalities in the current environment, several reforms have been initiated in recent years by the federal government. The federal housing and education reform programs (Choice Neighborhoods and Promise Zone) noted under the West Louisville section, healthcare reforms under the 2010 Patient Protection and Affordable Care Act, 2009 American Recovery and Reinvestment Act, and the Healthy People 2020 initiative are examples of strategic federal policies with intersectoral reach.(Connors Elenora & Gostin, 2010; Koh et al., 2011; Weatherford & McDonnell, 2011) These reforms provide the tools and the resources but collaboration and engagement from public and private stakeholders has been required for their implementation.

Finally, as Pickett and Wilkinson have studied the connections of income inequality to health extensively over the last decade, a simple conclusion was stated, “The body of evidence on income inequality and health points strongly to a causal connection...large income differences increase social distances, accentuating social class or status differences.”(Pickett & Wilkinson, 2015; Richard G. Wilkinson & Pickett, 2006; Richard G Wilkinson & Pickett, 2009) Reducing the negative effects of social determinants of health and health disparities would seem to be served by a continued

focus on social and urban policy reform along with intersectoral economic development.

## **2.3 Inter-institutional Systems and Institutional Logics**

### **2.3.1 Inter-institutional Systems**

The foundation of inter-institutional systems theory is the broader body of work done on institutional theory and new institutionalism. The body of literature available on inter-institutional systems theory is limited but emerged from the early work on institutional theory of Karl Marx, Max Weber, Emile Durkheim, and Talcott Parsons, and Peter L. Berger in the 19<sup>th</sup> and 20<sup>th</sup> centuries. Late in the twentieth century institutional theory would be advanced with works of John W. Meyer, Roger Friedland, Ronald Jepperson, Walter W. Powell, Paul DiMaggio and W. Richard Scott. For the purpose of this research project, the focus is on “sociological” perspectives of institutional theory and not economic or political perspectives. While all three are related, distinguishing between these disciplines is key as each has recognized subject matter experts in the literature. As a precursor to furthering a discussion on inter-institutional theory, one should consider a few definitional views of institutions for a frame of reference. First, W. Richard Scott, in 1987 surmised that,

The concepts of institution and institutionalization have been defined in diverse ways, with substantial variation among approaches. Thus, the beginning of wisdom in approaching institutional theory is to recognize at the outset that there is not one but several variants.(W. Richard Scott, 1987)

Second, and one of the variants highlighted by Scott in 1987 is from Berger and Luckman’s 1967 influential work, The Social Construction of Reality: a Treatise in the Sociology of Knowledge. In it, they surmised that “Institutionalization occurs whenever there is a reciprocal typification of habitualized actions by types of actors.”(Berger & Luckmann, 1966) Third, a view of defining institutions is from W. Richard Scott’s 2014 Fourth edition book, Institutions and Organizations: Ideas, Interests and Identities, in which he stated, “Institutions comprise regulative, normative, and cultural-cognitive elements that, together with associated activities and resources, provide stability and meaning to social life.”(W.R. Scott, 2014) Fourth, and last is a definition of institutions coupled with institutionalization provided by Ronald Jepperson,



...*Institution* represents a social order or pattern that has attained a certain state or property; *institutionalization* denotes the process of such attainment. By order or pattern, I refer, as conventional, to standardized interaction sequences. An institution is then a social pattern that reveals a particular reproduction process. (Jepperson, 1991)

Jepperson’s definition may be most important in considering the spectrum of the seven institutional order categories introduced in Chapter 1 by Thornton and colleagues. From these views of institutions one takeaway in layman’s terms is this: the culture, people and their interactions, standardized rules and laws created by society, give structure to the phenomena that is an institution. As noted in Chapter 1, the seven institutional orders (e.g., family, community, religion, state, market, profession, and corporation) represent ‘cornerstone institutions of society.’

A search for literature on inter-institutional systems and institutional theory are shown in Table 7. The systematic search for this topic was focused through the Web of Knowledge search engine and was limited to: years 2003-2015; research domain of social sciences; and research areas that included: sociology OR public environmental occupational health OR urban studies; country of USA; search executed November 12, 2015.

Table 7. Systematic Search for Inter-institutional Systems and Institutional Logics

Key Search Words	Number of References
Inter-institutional systems	0
Institutional theory	131

There were no references found in the search on inter-institutional systems but there was an extensive set of references on institutional theory. For the purpose of this research project, as introduced in Chapter 1, the focus here for an understanding of the inter-institutional system is the work of Thornton, Ocasio, and Lounsbury who posited inter-institutional systems theory as a metatheory that,

...the concepts of “individual” and “organization” can be transposed, and the Interinstitutional system provides a framework for understanding a levels metatheory of institutions. This levels metatheory is conceptualized as a matrix in which institutional orders are represented on the X-axis and the elemental categories that compose an institutional order are represented on the Y-axis.(P. Thornton, Ocasio, & Lounsbury, 2012a)

The X and Y-axes noted are shown in Appendix A, but in summary, the X-axis institutional orders are: family, community, religion, state, market, profession, and corporation. For the Y-axis, there are nine elemental categories: 1) root metaphor, 2) source of legitimacy, 3) source of authority, 4) source of identity, 5) basis of norms, 6) basis of attention, 7) basis of strategy, 8) informal control mechanisms, and 9) economic systems.(P. Thornton, Ocasio, & Lounsbury, 2012b) As will be discussed in Chapter 4, the interviewees that participated in the semi-structured interviews were from the religion, state, market, profession, and corporation institutional orders. Chapter 4 will also provide discussion on the analysis of coded selections of qualitative input from interviewees with a number of these institutional logics for the represented institutional orders. Literature on the application of institutional logics is scarce but will be summarized within this section.

Preceding the work of Thornton and colleagues, one other reference on inter-institutional systems is from Friedland and Alford in 1991,

...The project we propose is the development of a nonfunctionalist conception of society as a potentially contradictory interinstitutional system. An adequate social theory must work at three levels of analysis—individuals competing and negotiating, organizations in conflict and coordination, and institutions in contradiction and interdependency.(Friedland & Alford, 1991)

The notion of ‘contradiction and interdependency’ of institutions is a critical point in understanding the importance of the multi-level metatheory of inter-institutional systems. The nature of each institutional order’s institutional logics serves as a collection of mechanisms that evokes contradictions and interdependencies as it is highly relevant in the literature that has been produced on institutional logics over the 24 years since Friedland & Alford’s work was published.

### **2.3.2 Institutional Logics**

Institutional logics is a topic that has been increasingly present in the literature as evidenced by the breadth of available references. The search results are shown in Table 8. The systematic search for this topic was focused through the Web of Knowledge search engine and was limited to: years 2003-2015; research domain of social sciences; and research areas that included: sociology OR public environmental occupational health OR urban studies; country of USA; search executed November 15, 2015.

Table 8. Systematic Search for Institutional Logics

Key Search Words	Number of References
Institutional logics	402
Institutional logics	47
“Institutional logics” and health	42
“Institutional logics” and neighborhood	2
“Institutional logics” and “social determinants”	0

This search was focused on the Web of Knowledge database that produced a broad array of references but also shows the limited literature in specific relation to neighborhoods and social determinants. Thornton and Ocasio in 1999 defined institutional logics as,

...the socially constructed, historical pattern of material practices, assumptions, values, beliefs, and rules by which individuals produce and reproduce their material subsistence, organize time and space, and provide meaning to their social reality.(P. H. Thornton & Ocasio, 1999)

This was followed by a number of works on institutional logics until their 2012 book was released which addressed the seven institutional orders and nine elemental categories discussed previously.

From these references a set of six source articles was selected for detailed review based on a mixed criteria of: frequency cited, search criteria shown in the footnotes, and topic relevance to this research project as case examples of key points regarding institutional logics. This set of references is shown in Table 9. The Key Issues column gives an overview, select focus points, and concluding INSIGHTs on each article. Numbers in parentheses after some points reference page numbers in the articles. Additional related references are included in the Qualitative Insights section following Table 9.

Table 9. Institutional Logics Select References

Year	Journal	Title / Authors	Key Issues
2015	Sociological Forum	World Culture, Uncoupling, Institutional Logics, and Recoupling: Practices and Self-	OVERVIEW: “The study focuses on two types of institutional carriers through which persons adopt institutional logics: routine practices and self-identifications associated

Year	Journal	Title / Authors	Key Issues
		<p>Identification as Institutional Microfoundations of Political Violence / Ana Velitchkova(Velitchkova, 2015)</p>	<p>with three institutional logics: the familial, the ethnic, and the religious logics.” (698)</p> <p>FOCUS POINT 1: Conclusion: “Alternative institutional logics, such as the patriarchal familial, the oppositional ethnic, and the politicized religious logics compete with the world-culture logics. This competition may breed violence, as the findings in this study demonstrate.” (716)</p> <p><i>INSIGHT 1:</i> People’s adoption of institutional logics different from primary global logics (e.g., gender equality) has been a contributor to political violence. This raises the importance of the global Civil Society agenda that focuses on pluralism and peaceful co-existence of different cultures (inherently guided by rival logics).</p> <p><i>INSIGHT 2:</i> Study of a global nature that highlights the importance of applying institutional logics theory to help explain the emergence of politically and religiously stemmed international violence. In these scenarios the competing logics are not able to co-exist (as the rivalries have existed for thousands of years) unlike the case of rival logics finding ways to co-exist as illustrated in the case of Reay and Hinnings study of Canadian healthcare.</p>
2015	Journal of Health and Social Behavior	<p>Professionalism Redundant, Reshaped, or Reinvigorated? Realizing the “Third Logic” in Contemporary Health Care / Graham Martin, Natalie Armstrong, Emma-Louise Aveling, Georgia Hrbert, and Mary Dixon-Woods(Martin, Armstrong, Aveling,</p>	<p>OVERVIEW: Article explores the role of “new professionalism” with today’s market and managerial logics in an application setting of three English healthcare system quality improvement projects.</p> <p>FOCUS POINT 1: authors noted the importance of professionals needing to be mindful in interactions with other logics.</p> <p>FOCUS POINT 2: “Thornton et al. (2012:164) identify several ways in which field-level logics can mutate:</p>

Year	Journal	Title / Authors	Key Issues
		Herbert, & Dixon-Woods, 2015)	<p>one may displace another, or interaction between logics may result in the characteristics of one being incorporated into another.” (381)</p> <p>FOCUS POINT 3: “...to be influential, professionalism must be underwritten by collective, institutionalized arrangements.” (394)</p> <p><i>INSIGHT 1:</i> Study leveraged Thornton, et. al. premise that “field-level logics” can change and that for the logics for the institutional order of Profession to continue to be relevant, it will need support from organizational field stakeholders and those operating under the logic’s tenets (see Appendix A).</p> <p><i>INSIGHT 2:</i> Those operating under the Profession institutional logic must carefully manage relations with those operating under other logics. Lest they end up in conflict at the institutional boundaries based on norms, values, beliefs, or sources of legitimacy, authority, or identity.</p>
2015	German Journal of Research in Human Resource Management	Herding Cats–Future Professionals’ Expectations of Attractive Employers / B. Bullinger & C. Treisch(Bullinger & Treisch, 2015)	<p>OVERVIEW: Study was on HR management research examining the implications for professional service firms (PSFs) needing to consider multiple institutional logics (profession, corporation and family) in their job advertisements and recruitment messages for professional applicants.</p> <p>FOCUS POINT 1: Methodology involved use of “...conjoint analysis to assess the “influence of attributes (and their levels) on the total utility of a combination of attributes (stimuli).” (161)</p> <p>FOCUS POINT 2: Benefit of the conjoint analysis method is that it “excludes socially desirable responses.” (161)</p> <p>FOCUS POINT 3: Study concluded that: a) institutional</p>

Year	Journal	Title / Authors	Key Issues
			<p>logics theory can explain the influence of “expectations, beliefs and values” shared among collective groups; and b) PSFs should put organizational values in job advertisements as apposed to desired attitudes.</p> <p><i>INSIGHT 1:</i> Study was an example of a qualitative analysis that strictly coded data to the institutional logics from Thornton and colleagues.</p> <p><i>INSIGHT 2:</i> Study showed importance of understanding nature of overlapping and competing institutional logics to gain insights on the decisions and actions that people make that impact their affiliated organization.</p>
2012	Journal of Management & Organization	Partner Attachment to Institutional Logics: The Influence of Congruence and Divergence / Stuart Napshin & Arash Azadegan(Napshin & Azadegan, 2012)	<p>OVERVIEW: study of global R&amp;D partnerships involving state-controlled firms and different institutional logics that affect “new product development performance.” inter-institutional systems are mentioned in the context of global R&amp;D partnerships.</p> <p>FOCUS POINT 1: “Organizations can simultaneously be influenced by multiple social groups, each with their own behavioral expectations or institutional logics.”(483)</p> <p>FOCUS POINT 2: Emphasized importance of the policy system and its control over firms.</p> <p>FOCUS POINT 3: Methodology included secondary data from 2002 survey (n= 1,500 Chinese firms) by “... World Bank and Chinese National Bureau of Statistics titled ‘The Study of Competitiveness, Technology &amp; Firm Linkages...’”(487)</p> <p>FOCUS POINT 4: “... similar institutional logics enhance inter-organizational performance while different institutional logics deteriorate them.” (493)</p>

Year	Journal	Title / Authors	Key Issues
			<p><i>INSIGHT 1:</i> This study provided evidence of the importance of competing / different institutional logics and effect on partnerships.</p> <p><i>INSIGHT 2:</i> Findings of this study are generalizable to neighborhoods with partnerships in different organizational fields and the influence of rival institutional logics (e.g., religion vs. profession, market vs. government, profession vs. government) on community and project challenges.</p>
2010	American Journal of Sociology	The Oncomouse That Roared: Hybrid Exchange Strategies as a Source of Distinction at the Boundary / Fiona Murray(Murray, 2010)	<p>OVERVIEW: article by MIT professor about how overlapping institutional logics can lead to hybrid logics; and issues for operating at the boundaries of institutions based on a case study for academic and commercial sciences.</p> <p>FOCUS POINT 1: Contrasts competing institutional logics for academic and commercial science (“...conceptually distinct, but they do not operate in isolation.”);(350)</p> <p>FOCUS POINT 2: Patents help create a “new social order” between academic and commercial science partners; (374)</p> <p>FOCUS POINT 3: Patents are a “tool for reinforcing” academic logic; (375)</p> <p><i>INSIGHT 1:</i> The author focuses on the importance of productive tensions created by competing logics. Maintaining flexibility within the institutional logic is key and that hybrid logic strategies become important when actors feel their means of earning money, home, and or their position is jeopardized.</p> <p><i>INSIGHT 2:</i> Secondly, the author emphasizes the importance of emergent hybrid institutional logics as a possible precursor to “blending, collapse or co-existence” with overlapping logics.</p>

Year	Journal	Title / Authors	Key Issues
2009	Organizational Studies	Managing the Rivalry of Competing Institutional Logics / Trish Reay & CR Hinings(Reay & Hinings, 2009)	<p>OVERVIEW: Study (1994-2008) of Canadian healthcare system’s transition from a dominant medical professionalism logic to a business-like health care logic and how these competing logics evolved.</p> <p>FOCUS POINT 1: “...competing logics can co-exist and rivalry between logics can be managed through the development of collaborative relationships.” (629)</p> <p><i>INSIGHT 1:</i> Researchers identified 4 specific mechanisms (for managing the logics rivalry) germane to healthcare relations between physicians and government for delivery of healthcare services.</p> <p><i>INSIGHT 2:</i> While focused on a single organizational field (healthcare), researchers contributed to the literature determining that “multiple-levels of analysis is needed” when institutional change is eminent, rival logics can co-exist and collaborate even when there is a lack of trust but a common goal to be worked toward.</p>

This collection of research-based articles provides evidence and direction to support the discussion and analysis that follows in Chapter 4 of this research project. First it focuses attention on the importance of considering the differences in institutional logics that organizations within a community or neighborhood operate under. Second, it provides insight to the fact that different institutional logics can co-exist but when there is overlap, there exists the potential for emergence of ‘hybrid logics’ that may only be applicable for organizations and actors engaged in ‘boundary work’.(Murray, 2010) Boundary work relates to the projects and or initiatives that involve organizations operating under different institutional logics but working in collaboration on joint projects that bear blended or integrated traits of multiple logics. This type of work is also typical for collaborative neighborhood revitalization projects that involve universities, non-profits, local government, small businesses, FBOs, healthcare



organizations, and other organizations across an inter-institutional system. Third is the importance of the concept of ‘productive tension’ between organizations working on collaborative activities but having different cultures, beliefs, norms, and basis of operations (e.g., institutional logics).(Murray, 2010) Productive tension can also be considered the positive friction that exists for different institutional actors operating at the boundary of those institutions.

#### **2.4 Qualitative Insights on Inter-institutional Systems and Institutional Logics**

From the review of the literature on these two topics there are several important themes. Three in particular are context of the inter-institutional system, complimentary institutional logics and competing / conflicting logics.

##### **2.4.1 Context of the Inter-institutional System**

As described in Section 2.3 the concept of the inter-institutional system serves as a metatheory for application of the broader body of literature and research on institutions and institutional logic. While there has been no other literature specifically addressing inter-institutional systems as a metatheory, one can suppose that the broader body of work on institutional logics assumes the existence of an inter-institutional environment, as it would be necessary to posit concepts and theory around the idea of complementary and competing institutional logics. As shown in Appendix A, the inter-institutional system is composed of multiple institutional orders (consisting of different organizational fields), each of which may ascribe to differing, similar or the identical institutional logics and institutional orders. It is the creation of an ecosystem, which for the purpose and framing of this research project, exists at the neighborhood and broader City of Horizon level in accounting for the various stakeholders engaged in the neighborhood revitalization efforts. This is the context for which inter-institutional system theory serves as the foundational backbone and ecological framework for this research project.

##### **2.4.2 Complimentary Institutional Logics**

The notion of complimentary (e.g., overlapping) logics ties in with the idea that individuals and organizations from different institutional orders and organizational fields, even when guided by differing institutional logics, can find ways to capitalize on

their differences. This was first discussed in Murray's conceptualizing of productive tension. As noted earlier, maintaining flexibility within the institutional logic can become important when actors feel their sense of legitimacy and identity are jeopardized.(Murray, 2010) When organizations and individuals can find a common ground in balancing their objectives to respect their varying sources of authority (e.g., community-commitment to community values and ideology vs. profession-professional association) then their opportunities to maintain a non-confrontational position can yield greater gains in community health improvement. As Skelcher and Rathgeb Smith discuss 'productive tension' and co-existence, they proposed five forms of hybrid institutional logics named as: segmented, segregated, assimilated, blended, and blocked.(Skelcher & Smith, 2014) The closest of which to addressing an emergent hybrid of a complimentary nature is their 'assimilated' hybrid. They identified it's key characteristic as, "The core logic adopts some of the practices and symbols of a new logic."(Skelcher & Smith, 2014)

### **2.4.3 Competing Institutional Logics**

Most of the literature identified on institutional logics addressed them from the perspective of being competing. Bullinger & Treisch's study showed the importance of understanding the nature of rival institutional logics (e.g., family, community, religion, state, market, profession, and corporation) as they can provide insights to the decisions and actions that people will make that impact the organization for which they are affiliated.(Bullinger & Treisch, 2015) Put in the context of a neighborhood ecosystem, this study highlighted that individuals with differing beliefs and values originating from differing institutional logics, when brought together to enable change across institutional boundaries, hybrid logics can emerge to accommodate multiple positions of legitimacy, identity, strategy, and control. Singularly they may retain their individual logic identities, but as a collective, compromise is needed to achieve a greater good and alter the policies, economic conditions, attitudes, and culture that have prevailed historically.

An additional relevant example comes from a qualitative study done on public-private partnerships in Spain and the notion of competing institutional logics focused on the market and corporation institutional orders. In the study, the researchers, Saz-

Carranza and Longo, noted several specifics of such competing logics, one of which noted in their results,

We infer that division among private and public partners regarding temporal issues arose due to the ultimate concept of value creation persistent in the public and the private sectors...This has particular and conflicting implications regarding time and public participation when making decisions: efficiency requires fast and straightforward decisions while the common good requires involving diverse stakeholders – which takes longer – to generate legitimacy.(Saz-Carranza & Longo, 2012)

The researchers go on to discuss the differences in strategy, control and communications for the stakeholders in the partnership they learned about through individual and group interviews. The notion of driving toward “efficiency and speed” for decisions as an aim with the private sector vs. a focus on achieving the “common good” with “diverse stakeholders” is a problem in public-private partnerships.(Saz-Carranza & Longo, 2012) However, this is not always captured in the sense of institutional logics and being driven by the core norms, sources of authority, and informal control mechanisms as delineated by Thornton & colleagues.(P. Thornton et al., 2012b) In relationship to the neighborhood revitalization efforts in communities such as Southwest Horizon, there are many public-private partnerships focused on implementing different community interventions to improve economic sustainability, quality, and availability of affordable high quality housing for lower income residents, education levels, and to mitigate health inequities and disparities as evidenced between the rich and poor as discussed in Section 1.4 and Table 3 in Chapter 1.

People and organizations deal with change in the course of developing and implementing community interventions. The adoption of any one or blended institutional logics can impact how they handle issues and circumstances when they change (e.g., influx of resources, loss of resources, population changes, new market entrants as competitors or partners). According to Powell and Dimaggio, institutional isomorphism can occur to varying degrees of coercive (political influence), mimetic (uncertainty) and normative (professionalization) change within and among institutions in the inter-institutional system.(Powell & Dimaggio, 1991) All of which can result in the emergence of hybrid logics to accommodate the needs of the community, the

intervention, and strive to bring balance to the health and social inequities that plague distressed neighborhoods.

A final point from the work of Thornton, Ocasio and Lounsbury is regarding the notion of both complementary and or competing institutional logics,

...the availability and accessibility of logics is dependent on individuals' and organizations' vertical specialization within one or more institutional orders and horizontal generalization across institutional orders. Different types of recombination of institutional logics are affected by influences at the structural level. That is, the contradictory versus complementary nature of elemental categories differentially affects blending and segregating of logics and thus recombination.(P. Thornton, Ocasio, & Lounsbury, 2012d)

Organizations do not exist in isolation and in the case of neighborhood revitalization efforts this notion of a 'recombination' logics aligns well with the notion of emergent hybrid logics and resultant productive tensions' discussed earlier in this chapter. What is also important here is the issue of 'vertical specialization' and 'horizontal generalization'. As organizations from across different institutions engage in collaborative efforts such as community coalitions and 'value alliances', each participant brings their own expertise to the table.(Leavitt & McKeown, 2013b) Then it is only through trust, communications and effective management that consensus can be reached for following common values and principles in working toward a common set of goals.

In Chapter 4, an analysis of the evidence collected will be aligned with Appendix A's spectrum of logics in an attempt to provide insights or linkages for consideration on the cross-boundary work that emerges with community partnerships, coalitions, and public-private partnerships focused on neighborhood revitalization.

## **2.5 Social Determinants of Health**

Social determinants of health are at the heart of the challenges faced in neighborhood revitalization efforts across the United States. Neighborhoods and their social and economic factors have been extensively studied over the last 15 years. The social determinants of health have been more widely studied and referenced in the literature as evidenced by the breadth of available references. Table 10 shows a systematic review of Web of Knowledge database that started with citing over 1,340 total

references. The systematic search for this topic was focused through the Web of Knowledge search engine and was limited to: years 2003-2015; research domain of social sciences; and research areas that included: sociology OR public environmental occupational health OR urban studies; country of USA; search executed November 6-14, 2015.

Table 10. Systematic Search for Social Determinants of Health

Key Search Words	Number of References
“Social determinants of health”	1,341
Health and neighborhoods	1,270
Health and neighborhoods and “social determinants”	130
Health and neighborhoods and “community partnerships”	9
“Social determinants of health” and “community partnership”	9
“Social determinants of health” and “neighborhood revitalization”	0
“Social determinants of health” and “institutional logics”	0

From these references a set of 10 readings were selected for detailed review based on a mixed criteria of: a) frequency cited, b) search criteria shown in the footnotes, and c) topic relevance to this research project. This set of references is shown in Table 11 and was reviewed to highlight some (but not all inclusive) implications with social determinants of health. The Key Issues column gives an overview, select focus points, and concluding INSIGHTs on each article. Numbers in parentheses after some points reference page numbers in the articles. Additional related references are included in the Qualitative Insights section following Table 11.

Table 11. Select References on Social Determinants of Health

Year	Journal	Title / Authors	Key Issues
2015	Social Psychiatry Psychiatrist Epidemiology	Shifting From Policy Relevance to Policy Translation: Do Housing and Neighborhoods Affect Children’s Mental Health / Osypuk, Theresa(Osypuk, 2015)	OVERVIEW: Article out of the University of Minnesota School of Public Health that addresses the differing perspective on policy translation of an issue like housing and neighborhoods affecting children’s development and mental health vs. applying these issues to

Year	Journal	Title / Authors	Key Issues
			<p>their existing policy relevance.</p> <p>FOCUS POINT 1: Housing policy can be examined for translational research purposes from 2 perspectives: “place based or neighborhood revitalization interventions” and “people-based interventions (often subsidies) relieve housing costs and expand range of housing choices.”(215)</p> <p>FOCUS POINT 2: Gave example of the “Moving to Opportunity (MTO) demonstration as an example of housing mobility policy. Highlighted point that this demonstration (15 year longitudinal study) indicated that women and their daughters “benefited from moves into private rental units in lower-poverty neighborhoods” but that “adolescent boys” [with health or development challenges] in similar situations experienced negative mental health affects. (216)</p> <p>FOCUS POINT 3: “Opportunity mapping” was noted as a tool being used more frequently in neighborhood revitalizations to steer policy translation. (217)</p> <p>FOCUS POINT 4: Central study in the article showed evidence that youth in “social housing” had more mental health issues than those that grew up outside these environments.</p> <p><i>INSIGHT 1:</i> For a study’s findings to have policy translation value they must be exchangeable, consistent, and generalizable.</p> <p><i>INSIGHT 2:</i> There are often youth development and support programs in poverty-level neighborhoods. These studies provide evidence as to the need for such programs to combat community challenges related to youth development. This issue can link to the Family and Community institutional orders and</p>

Year	Journal	Title / Authors	Key Issues
			their associated logics.
2014	Health Affairs	Cross-Sector Collaboration To Improve Community Health: A View Of The Current Landscape / Paul, Mattessich; Rausch, Ela(Mattessich & Rausch, 2014)	<p>OVERVIEW: 2013 study of a national electronic survey with 2,600 members (25% responded) of 12 professional groups that focused on improving social determinant factors to improve community health.</p> <p>FOCUS POINT 1: study supported by Robert Wood Johnson Foundation Commission to Build a Healthier America.</p> <p>FOCUS POINT 2: participants came from community development, finance, housing, transportation, childcare, education, and public health.</p> <p>FOCUS POINT 3: Factors to influenced successful collaboration: "...skilled leadership, mutual respect and understanding among partner organizations, and shared vision and common goals."</p> <p>FOCUS POINT 4: 297 of 661 respondents said their collaboration was successful.</p> <p>FOCUS POINT 5: five social determinant areas of focus included: 1) healthcare access, 2) healthy food access, 3) early childcare and education, 4) physical activity options, and 5) culture of wellness.</p> <p>FOCUS POINT 6: Community development financial organizations were a focused topic. In addition to financing built environment projects they engaged by: 1) financial literacy training, 2) improving social connectedness awareness, and 3) wellness promotion.</p> <p>FOCUS POINT 7: Financial interviewees (n=43) identified lack of "skilled leadership" and strong relationships as barriers to successful collaboration.</p> <p>FOCUS POINT 8: Measurement of outcomes for collaboratives is a key</p>

Year	Journal	Title / Authors	Key Issues
			<p>challenge. Collaboratives need stronger better capabilities to measure outcomes and community health impacts.</p> <p><i>INSIGHT 1:</i> Study highlights the importance of multisectoral collaborations in resolving SDH challenges.</p> <p><i>INSIGHT 2:</i> There is a continued need for better means to measure outcomes from multisector collaborations.</p> <p><i>INSIGHT 3:</i> While institutional logics were not part of this study, with multisector partners, the impact of overlapping / rival logics should be considered for addressing barriers to collaboration, setting priorities, and measurement of outcomes.</p>
2014	Maternal Child Health Journal	<p>The Building Blocks Collaborative: Advancing a Life Course Approach to Health Equity Through Multi-Sector Collaboration / Bina Patel Shrimali, Jessica Luginbuhl, Christina Malin, Rebecca Flournoy, Anita Siegel (Shrimali, Luginbuhl, Malin, Flournoy, &amp; Siegel, 2014)</p>	<p>OVERVIEW: Case study of an Alameda, CA multisector collaborative (Building Blocks Collaborative) with over 100 partners focused on identifying and starting projects to improve conditions that influence health.</p> <p>FOCUS POINT 1: Partners were from public and private sectors and multiple organizational fields.</p> <p>FOCUS POINT 2: Collaborative launched in 2009 and engaged a “life course approach.”</p> <p>FOCUS POINT 3: Three projects were launched- providing “fresh food for pregnant women”; financial planning assistance for residents; community transformation with resident leadership development.</p> <p>FOCUS POINT 4: Final recommendation was for public health to “advocate for flexible funding streams to support cross-sector approaches.”(379)</p> <p><i>INSIGHT 1:</i> Partners chose not to identify a single outcome focus as it would eliminate some partners from</p>



Year	Journal	Title / Authors	Key Issues
			<p>participation.</p> <p><i>INSIGHT 2:</i> Case study did not address institutional logics but gave example of having a set of guiding principles that served to establish a common basis of norms, authority, and strategy.</p>
2013	Public Health Reports	<p>Achieving a Healthy Zoning Policy in Baltimore: Results of a Health Impact Assessment of the TransForm Baltimore Zoning Code Rewrite / Rachel L Thornton, Amelia Greiner, Beth J Feingold, Jonathan M Ellen, Jacky M Jennings(R. Thornton, L, Johnson, et al., 2013)</p>	<p>OVERVIEW: Johns Hopkins Bloomberg School of Public Health led health impact assessment (HIA) study on Baltimore rezoning (2012) and its affect on social determinants of health (SDHs).</p> <p>FOCUS POINT 1: Study team was multidisciplinary with "...public health, epidemiology, urban planning, zoning law, and criminology researchers..." (89)</p> <p>FOCUS POINT 2: Primary focus of the HIA was on "physical activity, violent crime, and obesity."</p> <p>FOCUS POINT 3: Qualitative and quantitative tools concluded that plans for mixed-use developments would improve resident options for physical activity and new zoning would reduce new alcohol outlets in high poverty neighborhoods.</p> <p><i>INSIGHT 1:</i> From the qualitative analysis it was noted that many key interviewees did not make the mental link between the zoning to health or crime (due to lack of knowledge).</p> <p><i>INSIGHT 2:</i> Potential for considering HIAs as a tool for evaluating community interventions (pre-implementation) and their impact on subpopulations with competing institutional logics (i.e., Christian vs. Muslim; Latino vs. whites vs. blacks; non-profits vs. market).</p>
2012	North Carolina Medical Journal	<p>Social Determinants of Health / Laura Gerald, Laura(Gerald, Sep-Oct 2012)</p>	<p>OVERVIEW: Article gives a 2012 stance on the importance of addressing SDHs in North Carolina communities focusing on factors impacting racial and ethnic health inequalities and the role of</p>

Year	Journal	Title / Authors	Key Issues
			<p>government.</p> <p>FOCUS POINT 1: Related to racial and ethnic minorities: “Efforts to eliminate health inequities must address...racism, the effects of chronic stress, and the systemic and institutionalized disadvantages experienced by this group.”(356)</p> <p>FOCUS POINT 2: “...it is clear that increased collaboration among government agencies and with other sectors of society is essential in order to achieve more efficient use of resources and better health outcomes.”(356)</p> <p><i>INSIGHT 1:</i> Article highlights the relevance of this research project with its focus on neighborhood social determinant factors and collaboration issues.</p> <p><i>INSIGHT 2:</i> Emphasizes the importance of looking at underlying issues that are systemic factors (racism, stress, and institutionalized disadvantages) that contribute to SDHs impact in every community.</p>
2012	Journal of Urban Health	Revitalizing Communities Together. The Shared Values, Goals, and Work of Education, Urban Planning, and Public Health / Alison Klebanoff Cohen & Joseph W Schuchter(Cohen & Schuchter, 2013)	<p>OVERVIEW: Article highlights the common ground shared by urban planners, public health practitioners, and educators for place-based and youth-focused work efforts.</p> <p>FOCUS POINT 1: These three professional groups participate in to varying degrees in the Obama administration’s Promise Neighborhoods (education focus), Choice Neighborhoods (built environment focus), and community health centers (health disparities reduction for poverty level neighborhood residents).</p> <p>FOCUS POINT 2: These three professions share having a common set of values tied to “place-based, participatory, youth-focused, and equitable work.” (188)</p> <p><i>INSIGHT 1:</i> Shared values and</p>

Year	Journal	Title / Authors	Key Issues
			community goals across these three interdisciplinary professions shows that while they may belong to different institutional orders, they have an overlapping institutional logics. Not directly addressed in the article, but the value system is an inherent part of the institutional logic of each order (see Appendix A).
2011	Health and Social Care in the Community	The Importance of Addressing Social Determinants of Health at the Local Level: the Case for Social Capital / Bradley Hunter, Brad Neiger, Joshua West(Hunter et al., 2011)	<p>OVERVIEW: A study based on a systematic literature review related to SDH and social capital producing results that indicate that community interventions focused on improving social capital can lead to better community health.</p> <p>FOCUS POINT 1: A literature review of articles between 1975-2010 on SDHs and social capital challenges, and local health department efforts to solve both.</p> <p>FOCUS POINT 2: Provided a model illustrating social capital as a mediating factor between SDHs and health outcomes.</p> <p>FOCUS POINT 3: One key example noted that such interventions would strengthen "...community assets, including neighborhood associations, church and school-based programs, library services..." (526)</p> <p><i>INSIGHT 1:</i> Community assets are an important to the infrastructure of each community. Strong social capital improves trust and communications through empowerment of residents and community stakeholders.</p>
2010	Journal of Primary Prevention	Community Health Development: A Strategy for Reinventing America's Health Care System One Community at a Time / Michael RJ Felix, James N Burdine, Monica L Wendel, Angie	<p>OVERVIEW: Article provides two case studies on taking a "partnership approach community health development. Cases are focused on healthcare service delivery case management and mental health and substance abuse services.</p> <p>FOCUS POINT 1: The partnership approach is a four phase model that</p>

Year	Journal	Title / Authors	Key Issues
		Alaniz(Felix, Burdine, Wendel, & Alaniz, 2010)	<p>included “framing the partnership”; “organizing sponsors” and information acquisition; planning the intervention; and evaluating outcomes and progress.</p> <p>FOCUS POINT 2: Authors emphasized that “community health development” is a strategy that accounts for social determinants (Phase I) of health and should be considered for improving population health</p> <p><i>INSIGHT 1:</i> The proposed strategy offers a replicable approach with a built in analysis step to account for social determinants of health.</p> <p><i>INSIGHT 2:</i> While not created to account for institutional logics within a community, an added factor to consider within this partnership approach is the potential varying rival logics between public and private partners. Should differences in philosophy and values lead to conflicts that can threaten sustainability of the partnership then hybrid strategies may lead to more cohesive partner alignment.</p>
2008	Lancet	Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health / Michael Marmot, Sharon Friel, Ruth Bell, Tanja AJ Houweling, Sebastian Taylor(M. Marmot et al., 2008)	<p>OVERVIEW: Article that summarizes the findings and recommendations of the World Health Organization (WHO) Commission on Social Determinants assessment of the impact of SDHs on a global level.</p> <p>FOCUS POINT 1: Overarching recommendations identified: a) “improve daily living conditions”; b) “tackle the inequitable distribution of power, money, and resources”; and c) “measure and understand the problem and assess the results of action” (1662)</p> <p>FOCUS POINT 2: Improving daily living conditions included early childhood development support, improving urban living environments, bettering employment</p>

Year	Journal	Title / Authors	Key Issues
			<p>options, and universal healthcare for all.</p> <p>FOCUS POINT 3: Tackling health inequity included actions to address: getting health equity in all policies, gender equity, political empowerment, and strong global governance.</p> <p><i>INSIGHT 1:</i> Recommendations served as a framework of global goals for developed and developing nations to work toward improving national to community health and are directly applicable to the study of Southwest Horizon.</p> <p><i>INSIGHT 2:</i> Where a person is born, grew up, works and lives can greatly impact their opportunities for a healthy life. These conditions and the people, culture and place a person is affiliated with can link to the institutional logics that each person follows.</p>
2005	Lancet	Social determinants of health inequalities / Michael Marmot(M. Marmot, 2005)	<p>OVERVIEW: Sir Michael Marmot's foundational work on health inequalities identifying social factors as key contributors to variation in life expectancy and the occurrence of communicable and noncommunicable disease.</p> <p>FOCUS POINT 1: Inequalities are broken down by children, adults and elderly.</p> <p>FOCUS POINT 2: Poverty and inequalities are affected by social determinants.</p> <p><i>INSIGHT 1:</i> Landmark article by Sir Michael Marmot on social determinants of health.</p> <p><i>INSIGHT 2:</i> Article was the most highly cited (767) on social determinants.</p> <p><i>INSIGHT 3:</i> Institutional logics were not addressed in this article but relationships between each of the seven institutional orders and their</p>

Year	Journal	Title / Authors	Key Issues
			respective logics are apparent.

This collection of research-based articles brings to light three topic areas to be elaborated on in Section 2.6. First is a discussion of a few ‘evidence-based’ foundational notions on the social determinants of health followed by discussions on the importance of place, and importance of multi-sectoral collaborations—meeting community needs.

## **2.6 Qualitative Insights on Social Determinants of Health**

### **2.6.1 Social Determinants of Health—Foundational Notions**

The occurrence of health and economic inequalities stems from a variety of factors. Families, culture, place of origin, access to opportunities, and inborn chronic conditions and disabilities, all have a huge impact on a person’s life. In one of his seminal papers on the topic of the social determinants of health and global health inequality, Sir Michael Marmot surmised,

To reduce inequalities in health across the world there is need for a third major thrust that is complementary to development of health systems and relief of poverty: to take action on the social determinants of health. Such action will include relief of poverty but it will have the broader aim of improving the circumstances in which people live and work.(M. Marmot, 2005)

Marmot went on to note this ‘action’ includes a focus on ‘non-communicable diseases’ and ‘violent deaths’, both of which are also major contributing factors to the social determinants of health. These factors are impacted by the multiple institutional logics that are embraced by the various organizations and individuals that co-exist within each community. Individuals and organizations ascribe to values and beliefs. These factors give them legitimacy, attention, and a basis of norms aligning with one logic or another and how and where they are impacted by the social determinants of health.

Neighborhoods across America (as noted previously in this chapter) are addressing the following issues:

- Changes to their built environments;

- Combatting drug/alcohol abuse;
- Improving health service access;
- Increasing healthy food options;
- Striving to create more job opportunities in neighborhoods impacted by disinvestment; and
- Investing in early childhood development and primary and secondary education.

All of these issues contribute to the betterment of the social determinants of health. Prior to this work, Marmot led the landmark WhiteHall Studies of the British Civil Servants that produced foundational insights on the importance of the social gradient of health.

One of the dominant features of the health situation of all industrialized countries is the social gradient in health and disease. The Whitehall Study of British Civil Servants showed that, even among people who are not poor, there is a social gradient in mortality that runs from the bottom to the top of society.(M. G. Marmot, 2003)

These gradients exist across the globe in every country and in every society. While not the focus of this section's topic, this concept is important to acknowledge for the connection between the presence of the social determinants of health in every neighborhood and the influence of the social gradient of health on outcomes experienced by people across the spectrum of social classes that live in each neighborhood / state / and nation's population.

Neighborhoods change and migration occurs on local and international levels, resulting in both an influx and exodus of individuals with varying health conditions, socioeconomic and ethnic backgrounds. For example, on an international level we see with refugees that have fled war-torn countries in the Middle East and North Africa in light of the rapid deterioration of infrastructure, lack of safe and sanitary living conditions, escalation of violence, reduced availability of healthy food and drinking water, lack of education and work opportunities—all contributors to deterioration of their social determinants of health in the place they once called home.(Gostin & Roberts, 2015; Hjelmgaard & Lackey, September 4, 2015) While global conflicts result in such 'forced migration' across global borders, at local levels, as in the case of

Southwest Horizon and other neighborhoods discussed in this chapter, migration also occurs within cities and across neighborhoods that have varying social determinants of health and availability of resources. The “residential mobility” effects of social and urban policies and their effects on social determinants of health have driven vulnerable populations, living at or below the poverty level, toward living in impoverished neighborhoods and metropolitan areas.(Crowder, Pais, & South, 2012) People need the opportunity to improve their quality of living conditions when faced with adverse social determinants of health. While determination, effort, and desire are necessary traits for any individual working toward improving their living conditions, community leaders and governments can strive to create an environment that mitigates some of the social determinant challenges experienced by many living in inner city urban neighborhoods.

This introduction has established a context for the social determinants of health. Two broad themes that emerged from the literature were: importance of place and multi-sectoral collaborations. A short discussion will provide a deeper perspective and context on the literature reviewed.

### **2.6.2 Importance of Place**

“Life chances differ greatly depending on where people are born and raised.”(M. Marmot et al., 2008) Health inequity arises in every community in light of varied resources and opportunities available to people for maintaining their health and wellbeing and quality of life. In 2008 the World Health Organization’s Commission on the Social Determinants of Health (The Commission) outlined global and national recommendations for improving health equity. The Commission noted that health inequity is caused by a spectrum of social determinant factors including,

...distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. (WHO Commission on Social Determinants of Health & World Health Organization, 2008)

The Commission went on to make recommendations to “improve daily living conditions” and “tackle the inequitable distribution of power, money, and resources.” Since the release of this report, nations including the United States have taken action in



an attempt to improve opportunities for individuals to have more equality and live in better health in the communities in which they choose to live. The importance of “place” (e.g., neighborhood) cannot be overstated. It can have a profound effect on the good or bad health any person experiences over the course of their life. In a paper on the need for a convergence of “public health and community development” initiatives, Pastor and Morello-Frosch noted,

Much of scientific research indicates that the inequitable distribution of health is linked to social conditions that put people at “risk of risks,”<sup>2(p 331)</sup> and thus the institutions that create or perpetuate privilege and inequality in health must be transformed.<sup>3</sup> One important aspect of this “ecosocial” framework is examining the ways in which neighborhood environments affect health.<sup>4,5</sup> (Pastor Manuel & Morello-Frosch, 2014)

‘Social conditions’ are often the root cause of health inequality experienced by people all over the world. Negative or deteriorated social conditions give rise to migration that occurs globally, from state to state, and from city to city. Focusing on the urban community environments across the United States, developing community assets is a critical aspect of repairing the social fabric and infrastructure of each neighborhood. These assets can serve as a lifeline for many in distressed communities. FBOs and non-profits provide social services (both individually and in community partnerships) that help with early childhood development, skills training for youth and adults, addiction/abuse counseling, and food and meals programs especially for youth and low-income elderly all of which contribute to efforts to stop the occurrence of malnutrition.(DeHaven, Hunter, Wilder, Walton, & Berry, 2004; Pipes & Ebaugh, 2002) Hunter and colleagues summarized earlier studies on the importance of strengthening community assets (e.g., neighborhood associations, church and school-based groups, library systems, social services,) and community building through implementing local interventions targeted to improve the built environment and social services.(Hunter et al., 2011) These types of efforts may improve the community’s capacity to drive change with stronger social capital, trust, communications, and strengthened resources for residents to better manage life circumstances impacted by social determinants of health.

The multi-year study known as the Moving to Opportunity (MTO) emphasized neighborhood influences, and while there was no early evidence that neighborhoods

were important for health and life outcomes, results from the study suggested otherwise over a longer period of time.(Clampet-Lundquist & Massey, 2008; Sanbonmatsu, Kling, Duncan, & Brooks-Gunn, 2006) DeLuca and Rosenbaum, for example, note that “...new long-term findings from the MTO program have produced convincing evidence that the consequences of living in high-poverty, violent neighborhoods are significant, just as has long been assumed.”(DeLuca & Rosenbaum, 2014) Among individuals, social determinants of health manifest in terms of factors like stress and diminished psychological and physical health, while factors like workforce inefficiency, health illiteracy, increased healthcare costs, crime rates, and widespread poor health behaviors tend to be observed at the population level. Reducing income inequality is an important strategy to reduce health disparities in a population subjected to adverse social determinants of health and is a strategy consistent with US social and health policy reform efforts over the last seven years. (Pickett & Wilkinson, 2015; Richard G. Wilkinson & Pickett, 2006; Richard G Wilkinson & Pickett, 2009) As noted earlier each neighborhood, as a place, will have varying community assets and will be combatting many of the negative effects that impact people’s lives that can only be accomplished with a strong network of such assets as they are part of the social and resource fabric of the neighborhood.

A final point on the importance of place in relation to the social determinants of health is that of tools and techniques for evaluating the impact of community interventions (e.g., new programs, social policies, organizations) on the conditions that permeate neighborhoods in need of revitalization. One such tool cited in the literature was the health impact assessment (HIA). Thornton and colleagues conducted an extensive qualitative and quantitative analysis in the city of Baltimore, MD’s Transform Baltimore rezoning initiative. This type of assessment produces valuable insights related to social determinants of health and the impact of community level changes such as this one on a neighborhood.(R. Thornton, L, Johnson, et al., 2013) In the case of the Baltimore study the tool identified that new zoning has the potential to lead to reduced violent crime and also restrict the presence of additional liquor outlets in poverty-stricken neighborhoods. Tools such as this can also be used for evaluating community interventions (pre-implementation) in community development initiatives

to determine the potential for new built environment projects before funds are committed.(Rogerson, Lindberg, Givens, & Wernham, 2014)

### **2.6.3 Multi-sectoral Collaborations—Meeting Communities Needs**

Collaborative efforts in neighborhood revitalizations involving multidisciplinary and multi-sectoral engagement by organizations and individuals is often the needed force to enable social change and improve the health of a community's population. Collaboration as such can be defined as,

...a process through which parties who see different aspects of a problem can explore constructively their differences and search for solutions that go beyond their own limited vision of what is possible.(Lasker, Weiss, & Miller, 2001)

In the course of the Phase II interviews conducted for this research project, interviewees were asked to define collaboration in regards to their project so this definition could be compared with results of the interview question in Chapter 4. Community-centered collaborations (in the form of partnerships, coalitions, alliances and participatory networks) have been growing in importance over the last several years as communities have grown to realize the influence of social determinants of health and the fact that most often no one organization has all the resources, knowledge, and expertise to tackle these problems. Two case studies on community health development highlighted the importance of social change theory, taking a “partnership approach” involving public and private sectors, and including social determinants of health factors to address population level health problems with community level interventions.(Felix et al., 2010) These authors posited a four-phase approach to establishing a needed partnership, implementing interventions to solve specific problems, and evaluating outcomes in the two case studies focused on healthcare service delivery case management and “lack of access to mental health and substance abuse services” for two separate communities.

Finding common ground and shared values are essential for participants from diverse organizational fields to ensure their commitment for working toward common goals.(Cohen & Schuchter, 2013) As Mattessich & Rausch noted other successful factors for collaborations include “...skilled leadership, mutual respect and understanding among partner organizations, and shared vision and common goals.” A

deficiency of many collaborations is the need for better tools for evaluating outcomes from these multi-stakeholder initiatives who often evaluate their own performance via disparate systems.(Mattessich & Rausch, 2014) One focus of the Phase II interviews to be covered in Chapter 4 was on collaboration. The results of which will be compared to these broader national study findings on multi-sectoral collaborations. In addition, the need to evaluate progress toward collaborative goals, in 2010, was also emphasized by Fawcett and colleagues identifying it as one of seven key recommendations for “strengthening population health partnerships.”(Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010b)

With multi-sectoral partners, the impact of rival logics should be evaluated as a source of conflicts within the collaborative rather than just the operational issues that focus on achieving socioeconomic or health improvement goals for the community. As a closing point on this issue of multi-sectoral collaboratives, consider the notion of ‘value alliances’, a term defined in the work of Leavitt and McKeown’s Finding Allies, Building Alliances. 8 Elements That Bring and Keep People Together. In their opening chapter they define the concept of value alliances as,

A group of participants with aligned interests pursuing an outcome with value for each of them....A value alliance is a formally organized entity following a process that has been deliberately designed to achieve a collective advantage...most often coalesce in response to a complex but common problem.(Leavitt & McKeown, 2013b)

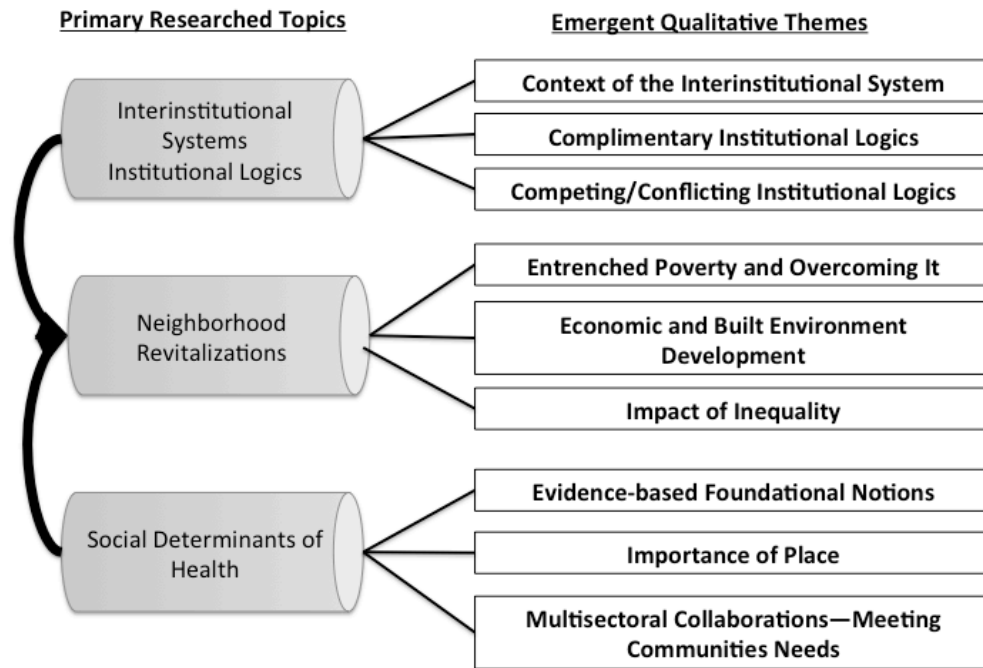
Leavitt and McKeown close their opening chapter noting that every value alliance (partnerships, coalitions, or other collaborative structures) “begin with a common pain.”(Leavitt & McKeown, 2013a) In every neighborhood revitalization discussed there is the presence of common pain. Impoverished conditions with high crime, high rates of drug / alcohol abuse, low educational attainment, limited job opportunities, high vacant and abandoned housing, and zoning that leads to segregation and negative social determinants of health—all of which symbolize the common pain of poverty. This is the context of the environment faced by communities that look to multi-sectoral collaborations to bring about social change across various dimensions of community health. Stakeholders (public and private) should seek alignment of not only interests but more broadly, the logic models that guide their organizations and recall the evidence

and value of leveraging productive tension that arise with organizations ascribing to rival institutional logics.(Murray, 2010)

### **2.7 Literature Review- Conclusions**

Nelson and colleagues noted with regard to changing communities that, "...community structure changes over a course of time, in both its elements and its dimensions. The changes may arise in various ways, either from within or without the community."(Nelson, Ramsey, & Verner, 1962) Written over 50 years ago, their statement holds true. The examples discussed on neighborhood revitalizations, various aspects of institutional logics, and the ramifications of place and collaborations in solving social determinants of health challenges are symbolic of these changes in elements and dimensions. Figure 4 summarizes the key sub-topics identified in this literature review.

Figure 4. Literature Review Summary



These three topic areas were explored in the chapter as illustrated in Figure 3 conveying the influence of institutional logics and social determinants of health on neighborhood revitalizations.

It is often the multi-sectoral collaborative that is chartered to effect changes (e.g., urban zoning changes, economic development, or launching of new health and wellness services in distressed neighborhoods) and or address their root causes when they are having a negative effect on the health of a community (e.g., business closures, loss of social service funding, escalation of drug abuse).

These examples and themes from this literature review are assimilated with the findings of the Phase I and II interviews in Chapters 4 and 5. The analysis of which will convey the current issues, challenges, and examples of community interventions across the Southwest Horizon neighborhoods in relation to the emergent themes from Chapter 2.

## CHAPTER 3. RESEARCH METHODOLOGY

### 3.1. Research Plan

This research project schedule followed a five-stage approach as shown in Table 12. It was a qualitative study whose, "...research findings are the grounded theories, ethnographies, phenomenologies, and other integrated descriptions or explanations produced from the analysis of data obtained from interviews, observations, documents, and artifacts."(Sandelowski, 2004)

This research project attempted to build an ideographic explanation in that it, "...seeks an exhaustive understanding of the causes producing events and situations in a single or limited number of cases."(Babbie, 2013b) Achieving theoretical saturation was a key goal for this project, in seeking to answer the exploratory research question "What are the 'collaboration essentials', 'policy implications' and 'community health impacts' of development projects for Southwest Horizon revitalization?" The effort entailed assessing that saturation was achieved based on the input obtained from interviewees in synthesis with literature reviewed.

It served as a social science attempt to attain a "thick description"(Geertz, 1973a) of the participants' experience within the cultural, political, and business context of the projects they engaged in efforts to improve the social determinants of health challenges in the studied Southwest Horizon neighborhoods. Table 12 presents an overview of the research project plan and the timeframe for which it was executed.

Table 12. Research Project Plan: Five-Stage Approach

Stage	Timeframe	Actions
<b>I. Planning</b>	Summer 2015	a) Develop and vet topic idea with select faculty advisors, b) Secure dissertation committee, c) Finalize prospectus, d) Determine theoretical framework, and

Stage	Timeframe	Actions
		e) Finalize research methodology
<b>II. Methodology</b>	Summer 2015	a) Submit research methodology and interview guide to IRB for approval, b) Start literature review, c) After IRB approval, commence one-on-one semi-structured interviews, and d) Transcribe interviews after each interview is completed
<b>III. Data Collection</b>	Fall 2015	a) Complete field interviews, b) Complete literature review, c) Finish transcribing interviews, and d) Code all interview data
<b>IV. Processing &amp; Analysis</b>	Fall 2015 - Winter 2016	a) Analyze coded qualitative data, b) Assess alignment of institutional orders and logics with most highly occurring sensitizing concepts, and c) Determine preliminary findings
<b>V. Write Up</b>	Spring 2016	a) Finalize findings, limitations, conclusions and potential for future research, b) Prepare final dissertation report, and c) Defend dissertation

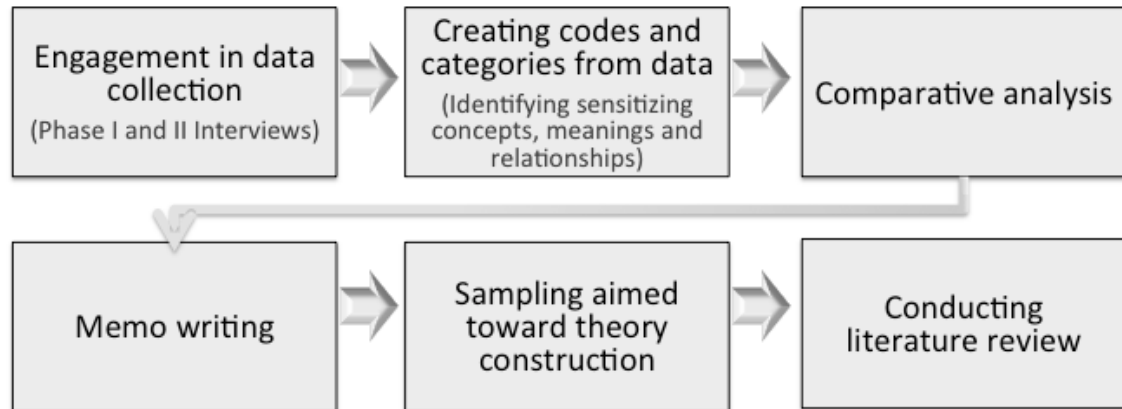
This five-stage methodology provided a general guide and schedule to be worked toward in this research project.

### 3.2.Method- Grounded Theory Approach

As a qualitative research project, this engagement followed a grounded theory methodology approach. This is "...a research approach or method that calls for a continual interplay between data collection and analysis to produce a theory during the research process."(Bowen, 2008) Figure 5 illustrates an overview of this overarching approach that guided the data collection and analysis of the study.(Emerson, Fretz, & Shaw, 2011; Glasser & Strauss, 1967)



Figure 5. Grounded Theory Approach



These six elements of the grounded theory approach provided the framework for moving forward with the research project at its inception and to be executed between Stages 2 and 4 in Table 12’s Research Project Plan.

### 3.2.1 Qualitative Technique: One-on-One Interviews

The primary data collection technique planned for this research project was one-on-one interviews that were semi-structured and face-to-face interviews. This technique is, “...characterised by synchronous communication in time and place.”(Opdenakker, 2006) Social cues, location selection, ambiance, note taking and digital recording, and ability of the interviewer to manage the dialogue and bring it to a close are all issues that impact the comfort level of the interviewee and the flow of the interview.

Two phases of interviews were conducted. The first was an informal assessment to obtain better understanding of the multi-stakeholder projects and organizational initiatives on-going across the Southwest Horizon neighborhoods with a focus on CreativeCast, NewDawn, and Riverside (along with any projects identified that impact all of Southwest Horizon). 11 Phase I interviews were from across the sectors of organizational fields illustrated in Figure 1 in Chapter 1. In these interviews, interviewees were asked one question:

“Tell me what you know about Southwest Horizon in terms of neighborhood revitalization projects, the neighborhoods they are taking place in and the organizations or people involved.”

Interviewees for this Phase I round of interviews all had a strategic perspective on ongoing efforts to rejuvenate the neighborhoods in this part of the City of Horizon. Each interviewee was a manager, director, or higher-level operator with a strategic sense of challenges encountered in these communities. Following this Phase I interview process were the semi-structured Phase II interviews with interviewees chosen based on the interviewee selection criteria in Table 13 below and snowball sampling technique illustrated in Figure 6. Interviewees answered questions about their personal demographics and the revitalization-related project or initiative they were involved in with regards to: a) collaboration issues, b) policy implications, and c) community health impact.

Chapter 4 contains a number of graphs (e.g., bar charts and pie charts) to illustrate a breakdown of participants along with additional demographics collected.

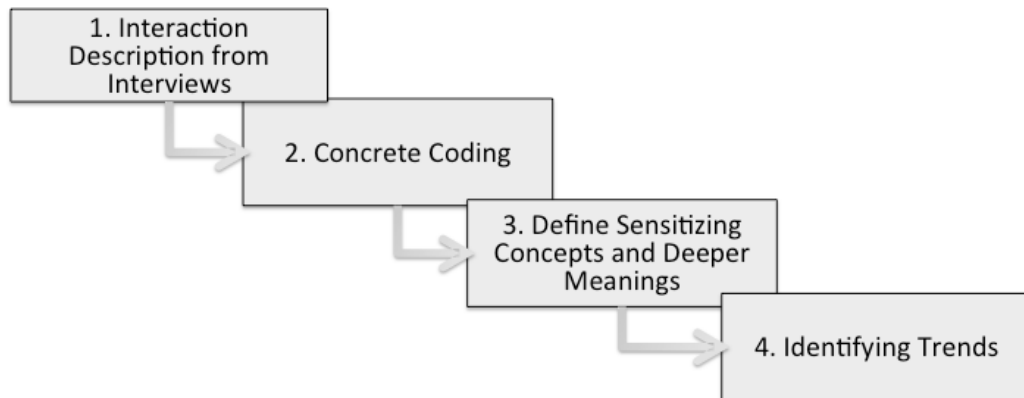
In the course of the analysis and distillation of data (Figure 6) after it was transcribed, critical to the method was the identification of ‘sensitizing concepts’, those terms that, “...gives the user a general sense of reference and guidance in approaching empirical instances.”(Blumer, 1954; Bowen, 2008)

Noting the sensitizing concepts in the course of review and analysis of interview narratives was part of drawing out the crucial meanings that have the potential to support identification of emergent trends. This is related to “conceptual and symbolic utilization” in identifying those topics in each interviewee’s narrative that give greater ‘understanding’ to key trends and relationships that emerge through analysis across interviewee stories.(Sandelowski, 2004)

Prior to starting each interview, the interviewees received an informed consent letter to acknowledge participation in the research project and to note that their confidentiality would be maintained. The one-on-one interviews were ‘semi-structured interview sessions’ trialed with three neutral “test or sample” candidates with a core set

of 7 questions and a set of demographic questions. A copy of the final Interview Guide used in the Phase II interviews is provided in Appendix B.(Gillham, 2000a) Interviews were flexible and interactively focused. Each interview was digitally recorded with an electronic recording device to support transcription of both Phase I and II interviews and concrete coding of facts discussed in the interview.(Gillham, 2000b) As each interview was completed, and after being transcribed, the emergent data from each interview went through a distillation process as illustrated in Figure 6.

Figure 6. Qualitative Data Distillation Process



The coding of “interactions” and narrative from each interviewee was a critical step in the qualitative methodology. It is important to “Make your codes fit the data” as opposed to “...forcing the data to fit them.” In addition it is important to “Remain open, stay close to the data, and keep your codes simple and precise.”(Charmaz, 2011) This was an emergent process as coding was conducted in an unbiased and objective manner based on the input received from each interviewee. In addition, an emergent property from each one-on-one interview was the uncovering of concepts and meanings from the data that would lead to emergent trends that contribute to or lead to identification of important relationships across interviewee responses. In Chapter 5, a final and refined view of Figures 5 and 6 combined will be presented based on the completion of the data collection and comprehensive analysis process.

### 3.2.2 Sampling Method and Interviewee Selection Criteria

The sampling method employed was snowball sampling. According to Babbie, snowball sampling is, "...a nonprobability sampling method often employed in field research whereby each person interviewed may be asked to suggest additional people in interviewing."(Babbie, 2013a) Figure 7 provides a model for this type of sampling. The sample size was 11 for Phase I interviews and 28 for Phase II interviews as noted previously.

Figure 7. Snowball Sampling Flow Model

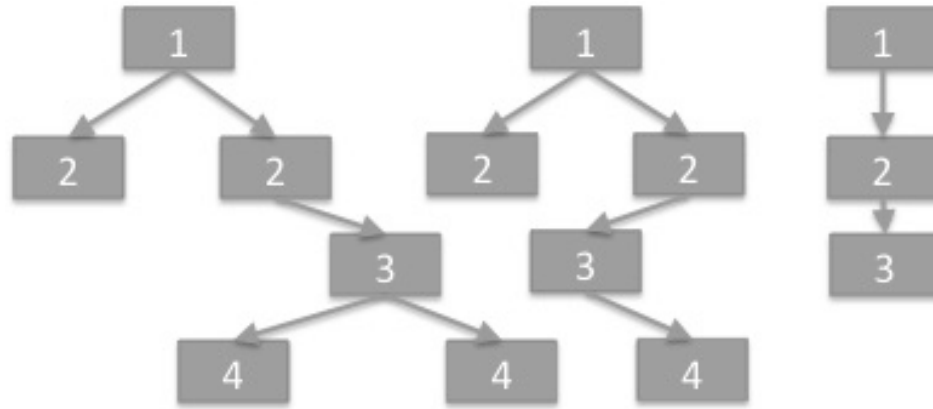


Table 13 describes the interviewee selection criteria.

Table 13. Interviewee Selection Criteria

Number	Selection Criteria
1	Has been, is, or plans to be involved in a Southwest Horizon revitalization project or organizational initiative focused on some aspect of neighborhood revitalization in the CreativeCast, NewDawn or Riverside neighborhoods.
2	Academic knowledge of social determinant issues affecting urban city areas like Southwest Horizon.
3	Possess factual knowledge of and experience (personal / professional) of Southwest Horizon neighborhood development projects.
4	Recommended for participation in study by fellow participants and meet criteria 1 or 2 or 3.

The only exclusion criteria were if someone did not meet the inclusion criteria or was under the age of 18. No one was excluded from the study based on race, religion,

gender, sexual orientation, gender identity, ethnicity, creed, social or income status.

All interviewee identities remained confidential. Confidentiality of interviewees was maintained except that they were referred to participate in the study by someone in the community and their answers to demographic questions (as shown in the Interview Guide in Appendix B) will provide some generic identifying information but nothing specific to them will be included in the research project's final report.

Interviewees for Phase I and II interviews were aligned to a cross-section of organizational field entities as illustrated in Figure 8.

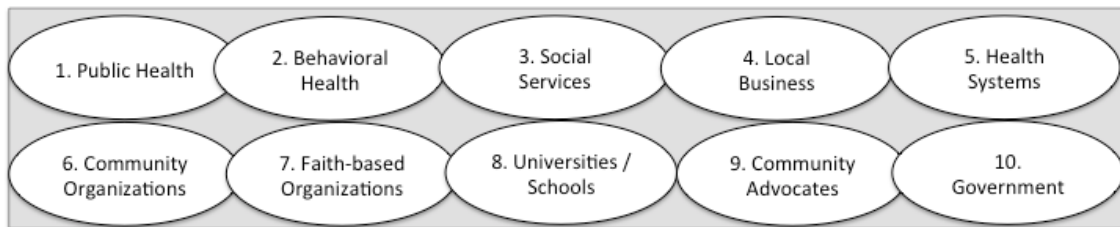


Figure 8. Inter-institutional System- Organizational Fields

The numbering sequence of the organizational field entities was not based on any ranking, but was only done for tracking, coding, and correlation purposes in the analysis of interview results.

### **3.2.3 Risks / Benefits to Study Participants**

There were no known risks to a person for participating in this research project. It was a social / behavioral interview based study in which all identities were kept confidential. There was no benefit to the subjects who participated in the research project. There was no use of private, educational or medical records and no manipulation of any social variables. No information was collected that could render an interviewee prosecutable under any law and no deceptive techniques were used. There were no known physical, psychological, social, legal, or economic risks to those who voluntarily chose to participate in this research project.

### **3.2.4 Study Sites for One-on-One Interviews**

Interviews were done at a site that was mutually agreed upon between interviewer and interviewee.

In addition, IRB approval was requested for EXPEDITED status since every person interviewed in the research project was told that they would not be identified in any way, and agreed to participate per the consent letter (no signatures were required). This research presented no more than minimal risk of harm to subjects based on their responses to interview questions and involved no other procedures that for which written consent would normally be required outside of the research context. Expedited status was requested due to low risk personal questions in the Interview Guide (see questions 1c, 1d, 1e, and 1g).

### **3.2.5 Sample Size**

The sample size for the Phase I interviews was n=11 key interviewees from across the community (those with broad knowledge of Southwest Horizon redevelopment projects). The sample size for the Phase II interviews had an original goal of a range of 20-40 interviews (based on availability and scheduling) to achieve theoretical saturation and the final count was n=28.

### **3.3 Process to Obtain Informed Consent**

The interviewees received a paper copy of the informed consent statement to read before agreeing to move forward with participation with in an interview. Discussion with interviewees was limited prior to going through Interview Guide questions (e.g., greetings exchange and thanking them for taking the time to participate in the study) as the informed consent letter provided a description of the study and the intent and use of their information. The interviewer answered any concerns that interviewees' had after they read the informed consent letter.

### **3.4 Theoretical Saturation**

A key issue in any qualitative study is achieving the level of theoretical saturation. This entails conducting a sufficient number of interviews to identify trends, relationships and

correlations to substantiate application of existing theory and or a foundation for development of new theory.(Guest, Bunce, & Johnson, 2006) In the course of this research project, theoretical saturation was achieved on a number of key topics including collaboration challenges, community health impacts (e.g., healthcare access and healthcare improvement), most important collaboration factors (e.g., leadership, trust and individual performance), and interconnectedness (e.g., faith-based activities, healthcare implications, and government engagement). Recognizing theoretical saturation on these topics and others emerged based on asking consistent interview questions followed by a reflective and comparative review across interviewee responses.

### **3.5 Limiting Access to Data and Maintaining Confidentiality**

Maintaining confidentiality of interviewee responses to interview questions was of the utmost importance. It was acknowledged that several key interviewees had working relationships with other key interviewees in the community. As stated on the Interview Guide, their name and project affiliations was not shared with anyone else being interviewed unless explicitly granted permission was obtained. Access to the interview records was limited based on the following safeguards:

- a) Records were not stored in any cloud-based storage site;
- a) Interview transcripts were only shared with dissertation committee members;
- b) Interviewee's names did not appear on any transcript;

#### **3.5.1 Identifiers and Limiting Access to Them**

Subjects participating in the research project's interview sessions were only identified by an identifier that was in sequential order as Interviewee #1, Interviewee #2, Interviewee #3, etc. Only the doctoral candidate researcher had access to the record and it was maintained on a separate paper notebook and not on any computer. The interviewee names and organizations were listed on a separate sheet of paper identifying them to a numeric sequence of interviews. This paper notebook was kept in a locked storage cabinet in the School of Public Health in a folder for the doctoral candidate's personal information. All digital recordings of interviews were stored on a

password-protected computer and all hard copies were kept in a locked file cabinet at the school.

### **3.6 Validity, Reliability and Generalizability of Findings**

Three key issues to address regarding any qualitative study are the validity, reliability, and generalizability of the findings. Creswell and Tracy provide insight on useful strategies to apply in approaching each of these issues. To safeguard and help ensure validity it is important to "...present any negative or discrepant information", clarify any bias the researcher may hold, use "member checking" of the final distilled findings, and if possible use "peer debriefing" if a peer is available who participates or assists in the study.(John W Creswell, 2014b) Steps taken during the research project to check for validity included the doctoral candidate reviewing subgroups of de-identified data with one or more dissertation committee members and distilled findings (presented in Chapter 4) were reviewed with the full dissertation committee.

Second, is the issue of reliability. This issue was addressed by review of transcripts for any mistakes and review for consistent definition and meanings of codes.(John W. Creswell, 2014) As the researcher performed all transcription personally (reviewing each audio recording and transcribing verbatim accounts of the interview) a stream of consciousness flow that allowed for greater consistency in identifying meanings and trends across interviews. While the effort required several hundred hours to transcribe each of the 39 interviews, it created a deeper understanding and a "mental map" of key points that crossed interview boundaries and ultimately across institutional logic boundaries.

Last is the issue of generalizability. Creswell notes that due to the nature of qualitative studies they are intended to be specific in nature to the people and places under study; however, if the study involves multiple cases (e.g., such as in the case of exploring member meanings derived from project experience in multiple neighborhoods and over different time periods in this research project) then a degree of generalizability can be obtained.(John W Creswell, 2014a) Last is Tracy's point regarding generalization. Key points emphasized are to strive to produce findings that achieve resonance and "aesthetic merit" with the reader, along with a sense of



transferability of the insights from the study participants in a manner to allow the reader to sense having similar experiences.(Tracy, 2010) In light of the challenges faced with social determinants of health in inner city urban communities across the United States and abroad, generalizability may seem easily apparent. But to assess this point of generalizability, the findings from the field interviews were compared with the findings from the Chapter 2 literature review in Chapter 4. The discussion in chapters 4 and 5 serves as the attestation to resonance and the “aesthetic merit” of the social determinant of health issues in Southwest Horizon in comparison with those of other similar cities noted in the literature review.

This research project was centered around the narrative input from participants and their project/initiative experiences. Addressing these three issues in Chapter 4 aided in substantiating the quality of the final findings and research recommendations.

### **3.7 Post Data Collection Analysis**

As a qualitative research project focused through a grounded theory approach, the post data collection analysis consisted of a few key steps. First was the coding to identify high-level sensitizing concepts and their subgroups. Second was assessing the institutional logic framework application across the 700 sensitizing concept occurrences that emerged from the 260+ pages of interview transcripts. Third, was a reflective assessment of the application of Figures 2 from Chapter 1. This analysis took place after the focused coding was concluded on all the interview results for identification of trends, common meanings, and relationships. The principal underlying theory applied was inter-institutional systems and institutional logics to the field of neighborhood revitalization,(P. Thornton et al., 2012c)

### **3.8 Application of Literature Findings**

The literature review in Chapter 2 provided a rich source of peer-reviewed articles and studies that were used to strengthen and substantiate findings in the fieldwork. A number of contemporary dissertations from other universities were also reviewed that included, but were not limited to:

- University of Louisville (2001). The Urban Empowerment Zone/Enterprise Community Initiative: A study of policy implementation in Louisville. DuPont, Kevin;(Kevin T DuPont, 2001)
- The Johns Hopkins University (2001). An evaluation of the public health and environmental aspects of brownfields in Baltimore, Maryland. Litt, Jill Suzanne;(Litt, 2001)
- University of Florida (2003). Toward an understanding of the organizational life course and culture of a community coalition. Scott, Sabrina Nichelle;(S. N. Scott, 2003)
- University of Maryland (2008). The Community Capacity Building Impact of the Baltimore Empowerment Zone. Clinch, Richard P.(Clinch, 2008)
- University of Oregon (2009). Aligning Institutional Logics to Enhance Regional Cluster Emergence: Evidence from the Wind and Solar Energy Industries. Tilleman, Suzanne Gladys;(Tilleman, 2009)
- The Johns Hopkins University (2009). The Neighborhood Physical Environment and Cardiovascular Disease Risk Factors: Implications for Policy. Isaac, Lydia A;(Isaac, 2009)
- The Johns Hopkins University (2011). Collaborative, Competitive Or Co-Opted? The Role of Health in Baltimore's Zoning Rewrite. Greiner, Amelia Louise;(Greiner, 2011)
- Brandeis University (2012). Meaningful Community Voice: Advocacy, Accountability and Autonomy in Community Health Partnerships. Shinn, Carolynnne;(Shinn, 2012)
- University of California, Berkley (2013). Health Equity in a New Urbanist Environment: Land Use Planning and Community Capacity Building in Fresno, CA. Zuk, Miriam Zofith;(Zuk, 2013)

- University of South Florida (2015). It Takes Time to Shift Historical Paradigms: Changes in Structure, Governance, Perception, and Practice During a Decade of Child Welfare Policy Reform in Florida. Vargo, Amy Catherine;(Vargo, 2015) and
- University of Pennsylvania (2015). Anchoring Communities: The Impact of University Interventions on Neighborhood Revitalization. Ehlenz, Meagan M.(Ehlenz, 2015)

These dissertations covered a broad array of topics related to the focus of this research project. While none were generalizable in total to this research project, they provided case examples of past researchers who applied qualitative methods (and or part of a mixed methods approach) to assess their studied topics and some topics of direct relevance including institutional logics, neighborhood revitalization, and community partnerships and coalitions.

## CHAPTER 4. DISCUSSION AND ANALYSIS

The case for neighborhood revitalization in the nation's urban inner cities has spawned since the early to mid-twentieth century public and private initiatives involving federal, state, and local government programs, private sector businesses, faith-based organizations (FBOs), and non-profits working in collaboration or independently.(Liebschutz, 1990) In the twenty-first century there are many neighborhoods as noted in the previous chapters that even with the expanse of intersectoral programs and organizations engaged in revitalization efforts, still face challenges amidst the signs of progress. Prior to his election in 2008, then presidential candidate, Barack Obama famously commented,

If poverty is a disease that infects an entire community in the form of unemployment and violence, failing schools and broken homes, then we can't just treat those symptoms in isolation. We have to heal that entire community. And we have to focus on what works.(Obama, July 18, 2007)

While all the pain points associated with social determinants of health were not touched on in this quote, President Obama captured some of the key challenges that are symbolic of distressed neighborhoods in sustained poverty still today. Ultimately it is the organizations and their people who choose to come together (or not) in collaborative manners to resolve many of these issues. As Gareth Morgan noted in his 1986 classic, *Images of Organization*,

As organizations assert their identities they can initiate major transformations in the social ecology to which they belong. They can set the basis for their own destruction. Or they can create the conditions that will allow them to evolve along with the environment.(Morgan, 1986)

Morgan's statement can be generalized to any of the neighborhood environments discussed in this research project. Each has its own integrated social ecology at the meso and macro levels with organizations, community coalitions, and partnerships.(Wandersman et al., 1996) Each organization (as a stakeholder in the inter-institutional system) plays an

active role in the mitigation of social determinant of health challenges through the development and implementation of community interventions.

The analysis of primary data collected in this research project is presented in four sections plus a set of analytical observations. First was an assessment of the demographics for all interviews. Second, was a detailed coding process that followed completion of the manual interview transcription leveraging interviewer recall and a mental map of emotions and points of emphasis made by interviewees. This process helped identify a set of sensitizing concepts that would span all of the interviews. Third was a second review of the data to objectively assess alignment of the 707 occurrences of sensitizing concepts (plus 20 different definitions of collaboration) with one of the 56 institutional logic elements illustrated in Appendix A. Fourth, was a triangulation and synthesis of the evidence from the field interviews with findings in the literature. A series of graphs supported by qualitative examples from the interviews are presented to characterize the essence of the challenges learned about in the course of the interviews. This includes examples of the formal and informal community partnerships and collaborative network efforts in the Southwest Horizon neighborhoods to improve overall community health across multiple dimensions.

#### **4.1 Field Interviews—Demographics of the Interviewees**

The field interviews for this research project were divided into two phases with 11 Phase I interviews and 28 Phase II interviews. For the Phase I interviews organizational fields represented included: local university, FBO, financial institution, healthcare provider, real estate development, urban design non-profit, and local government. Demographics were not collected on Phase I interviewees as each person was asked a single question:

What do you know about Southwest Horizon and any revitalization projects or organizational initiatives occurring in the neighborhoods?

The results of these interviews provided a foundational set of sensitizing concepts that were expanded in the Phase II interviews. Phase I interviewees were also integral to the snowball sampling and identification of interviewees for Phase II. For Phase II, demographics were collected based on the questions asked in the Interview Guide in

Appendix B. First, Table 14 shows the distribution across organizational fields for the 39 interviews.

Table 14. Organizational Field Distribution of Interviewees

<b>Organizational Field</b>	<b>Number of Interviewees</b>
Community organizations	6
Education- universities	6
Government	5
Banking organizations	4
Medical care- physician practices	3
Faith-based organizations	3
Not-for-profits	3
Education- public health	3
Education- social services	2
Real estate development	2
Local business	1
Medical care- hospitals	1
<b>TOTAL</b>	<b>39</b>

This table illustrates a diverse array of participation in the study by interviewees from several different organizational fields. The two most highly represented organizational fields were education-university and community organizations. All of the education-university interviewees were from different areas of Choice International University while community organizations included neighborhood associations, social services (youth and family support), economic development, health and fitness, and urban policy advocacy. The one local business was represented by a long-standing arts & entertainment business that provides a site for multi-cultural performing arts along with an art gallery, art studio, and a minority owned and operated eclectic coffee shop.

The remaining demographic graphs focus on the Phase II interviewees. Figures 9 and 10 illustrate the distribution of Phase II interviewees on three dimensions—gender, degree and age.

Figure 9. Phase II Interviews- Distribution by Gender and Degree (28)

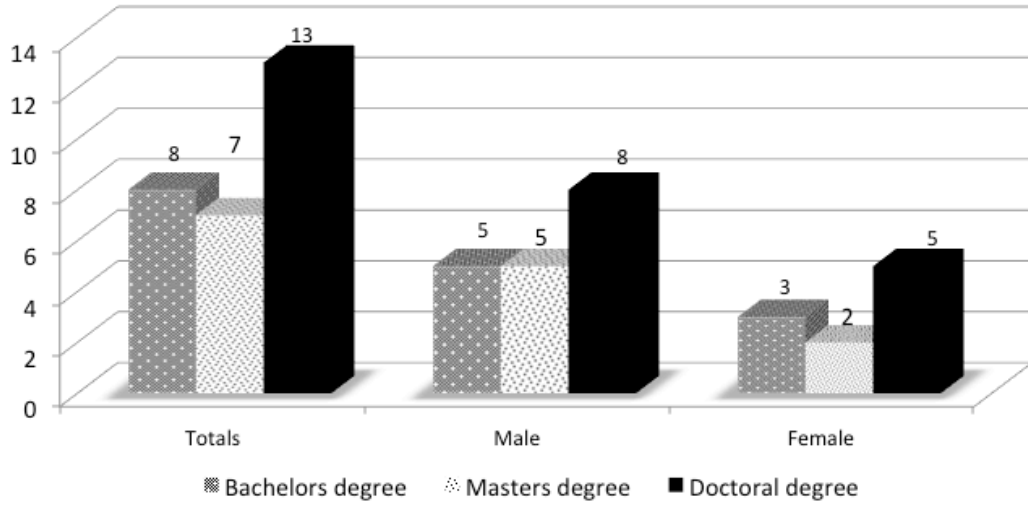


Figure 9 indicates that there were more doctoral degree-level interviewees in Phase II than any other education level and the number of male interviewees was nearly double that of the female interviewees. Figure 10 illustrates the distribution by age.

Figure 10. Phase II Interviews- Distribution by Age Group (28)

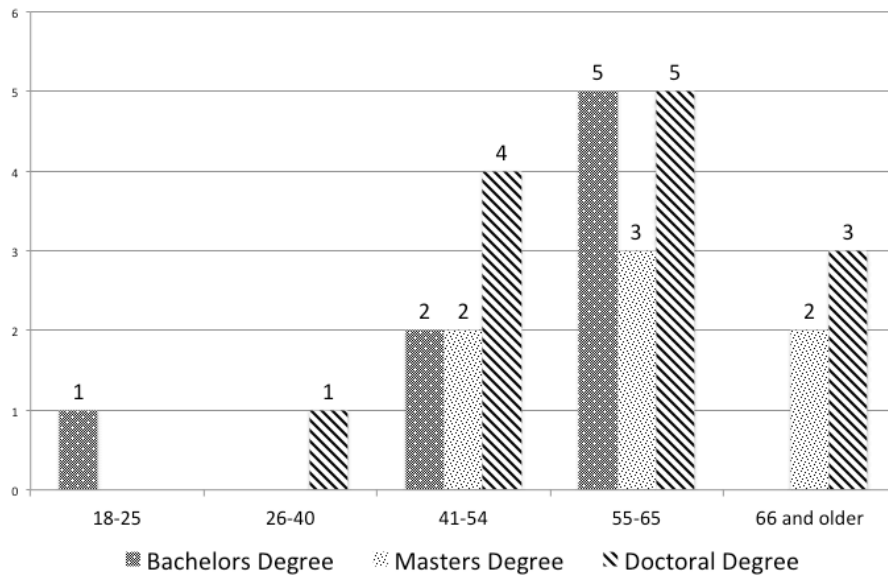
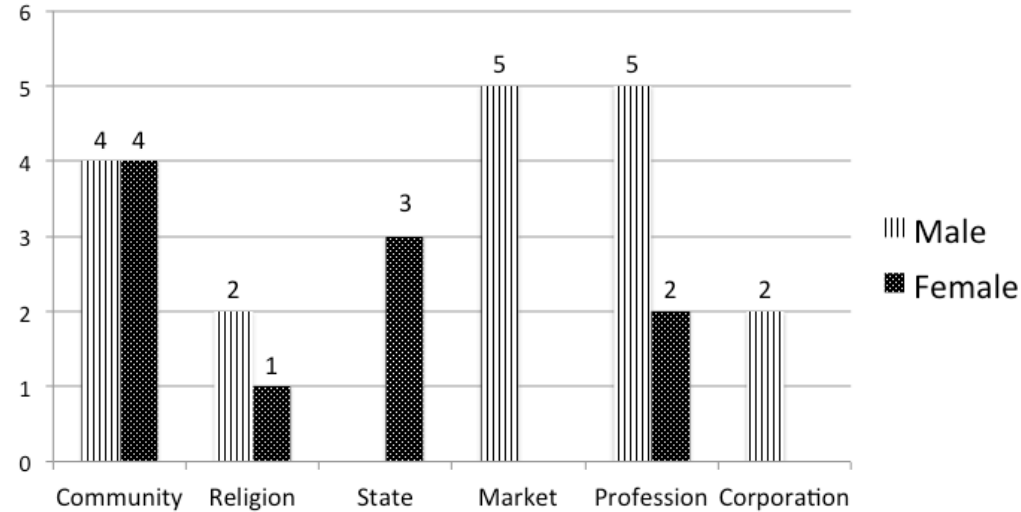


Figure 11 shows that the predominant age group represented was the 55-65 year olds and within that group the bachelors and doctoral degree interviewees were equally

represented. Next is a set of graphics illustrate these demographic distributions according to their institutional order alignment.

Figure 11. Phase II Interviews- Institutional Order and Gender (28)



Of the 28 Phase II interviews conducted 15 of them fell into the Profession institutional order. There were no interviewees categorized in the Family institutional order. The following table shows the distribution of organizational field types included in each institutional order for the Phase II interviews.

Table 15. Organizational Fields Per Institutional Order for Phase II Interviews

Institutional Order	Number of Organizational Fields	Description
Community	8	Non-profits such as neighborhood associations, YMCAs, health education organizations, and advocacy
Profession	7	University and non-profit health education
Market	5	Banking organizations, real estate development, local business (arts & entertainment)
State	3	Local government

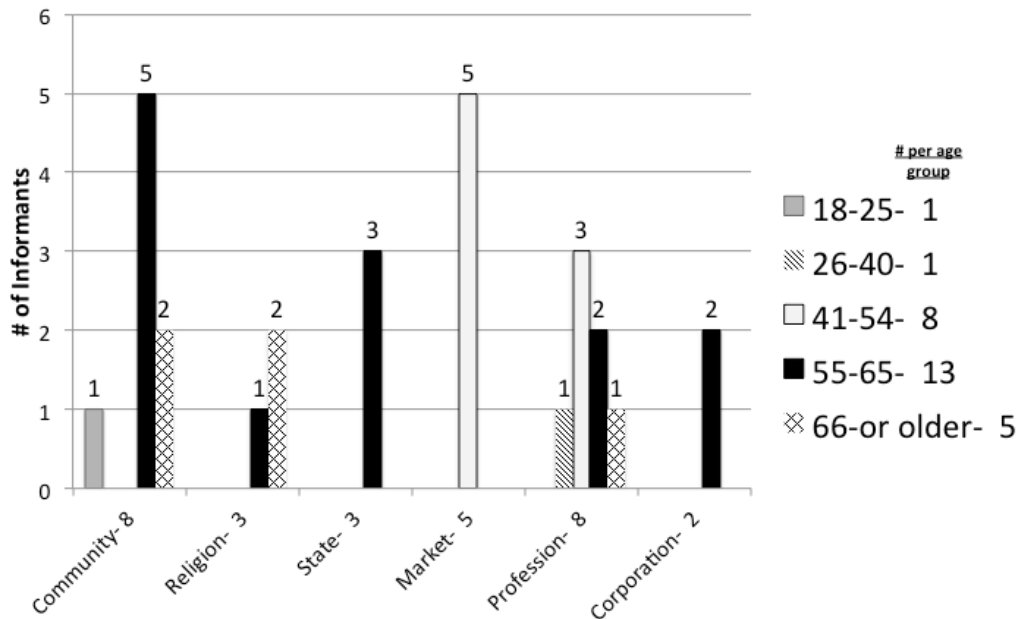


Institutional Order	Number of Organizational Fields	Description
Religion	3	Faith-based organizations (churches) Medical practice
Corporation	2	Banking organizations

Achieving this distribution occurred through snowball sampling technique that was employed to secure interviews and was guided by the interviewee participation criteria presented previously.

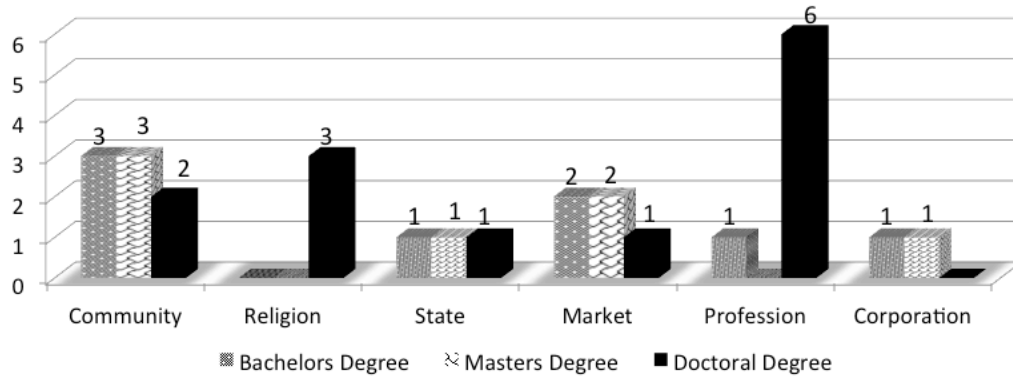
Next is a distribution of age group to institutional order.

Figure 12. Phase II Interviews- Institutional Order to Degree (28)



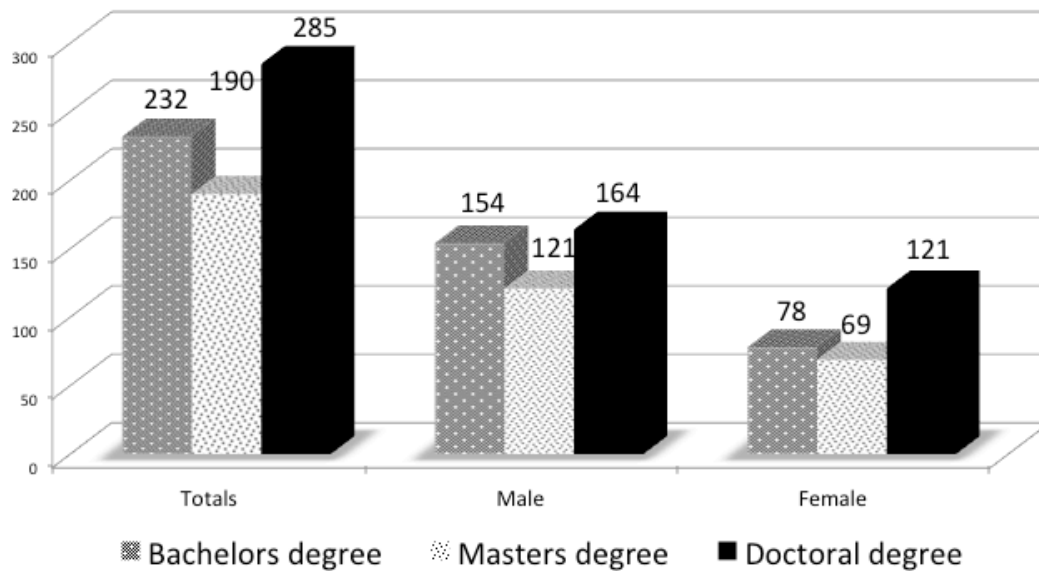
This graph illustrates that the largest number of interviewees in any one age group was the 55-65 group (13) and the Community and Profession institutional orders were almost equally represented. Figure 13 is a view of the distribution of degrees per institutional order.

Figure 13. Phase II Interviews- Institutional Orders to Age Group (28)



This graph shows that in the Profession institutional order the highest number of interviewees held doctoral degrees. For the Religion institutional order, all of the interviewees held doctoral degrees. Market, State, and Corporation institutional orders were balanced in representation. Figure 14 shows a distribution of the 707 occurrences of sensitizing concepts based on gender and education degree.

Figure 14. Phase II Interviews- Number of Sensitizing Concepts by Degree and Gender (707 Total Occurrences)



Of the 28 Phase II interviews and across the 707 different occurrences, for all degree types, male interviewees provided more comments than females. A qualifying factor was that while the number of occurrences varies, what was also evident was the amount of “story telling” that several interviewees wanted to do in the course of their interviews. Many stories provided background and contextual information, but did not qualify for a categorized sensitizing concept occurrence.

#### **4.1.1 Demographics—Qualitative Insights**

One of the key takeaways from the demographics is the breadth of diversity representative of the interviewee group—diverse in age group, gender, education, and represented organizational field. The selection criteria and sampling methodology used did not create any constraints for these demographic characteristics other than targeting a wide range of organizational fields. One key demographic question also focused on where the interviewee lived and of the 39 interviews, only five interviewees lived in the Southwest Horizon neighborhoods.

The age group representation across all the institutional orders was not unexpected given the selection criteria presented in Chapter 3, Table 13. There were only two interviewees who were 40 years old or younger in Phase II as shown in Figure 12. This was one result of requiring that interviewees had knowledge of social determinant issues, experience on neighborhood revitalization related projects in Southwest Horizon, and / or personal and / or professional experience on related projects outside the City of Horizon. Regarding the research project demographics, the representation from banking organizations was recognized as significant in light of their role as: key stakeholders in HUD grant programs, financial intermediaries and brokers of financial resources between community stakeholders engaged in revitalization projects, and as “...investors and lenders in low-income housing tax credit (LIHTC)-financed projects.”(Office of the Comptroller of the Currency, March 2014) Last, regarding the overall distribution of educational degrees (and occurrences of sensitizing concepts captured) among the Phase II interviewees. The highest representation was by doctoral degreed individuals. These individuals were distributed across the Profession, Community, Religion, Market, and State institutional orders with the highest number in the Profession group (6). The number of comments and

sensitizing concept occurrences by the doctoral degreed interviewees represented 40.3% of the total comments captured in the review and analysis of all 28 Phase II interviews. In reflecting upon the quality of the comments received, it is important to note the high percentage of advanced education across all interviewees that translated to a strong cohort with excellent command of descriptive vocabulary and familiarity with the social determinants of health issues germane to their revitalization projects and initiatives. Examples included children needing and getting education tutoring and meals at community service centers; addiction counseling and social support at FBOs; urban housing policy challenges in residential property development and contributing to sustained impoverished neighborhood environments.

The last demographic category to highlight is the influence of education level. All 39 interviewees had a minimum of a bachelors degree education. This was not planned but was an unintended consequence of the sampling method and interviewee selection criteria shown in section 3.2.2. This led to an interviewee group who were all involved in some level of management or engagement in a variety of neighborhood revitalization projects as described in Table 2 (Chapter 1) and Appendix C. Throughout the Phase II interviews the importance of trust was articulated by a number of the interviewees (insiders and outsiders) both from the resident and organizational perspective. Therefore, the interviewee comments received are characterized based on their education level. These qualitative insights are intended to provide some descriptors for the demographics just presented.

#### **4.2 Interview Results and Analysis**

As previously noted, the original research question was:

*What are the 'collaboration essentials', 'policy implications' and 'community health impacts' of revitalization projects and organizational initiatives focused in the CreativeCast, NewDawn and Riverside neighborhoods as related to mitigating social determinants of health challenges and reducing health and economic disparities?*

Several issues arose in the course of the analysis. First was a taxonomy of sensitizing concepts based on the information provided by interviewees. Second was a prioritization of

these sensitizing concepts based on the frequency of which topics emerged from the interviewees. Third was a set of subgroups for each of the top five sensitizing concepts. Fourth was an alignment of all 707 occurrences with the framework of 56 elements of institutional logics shown in Appendix A.

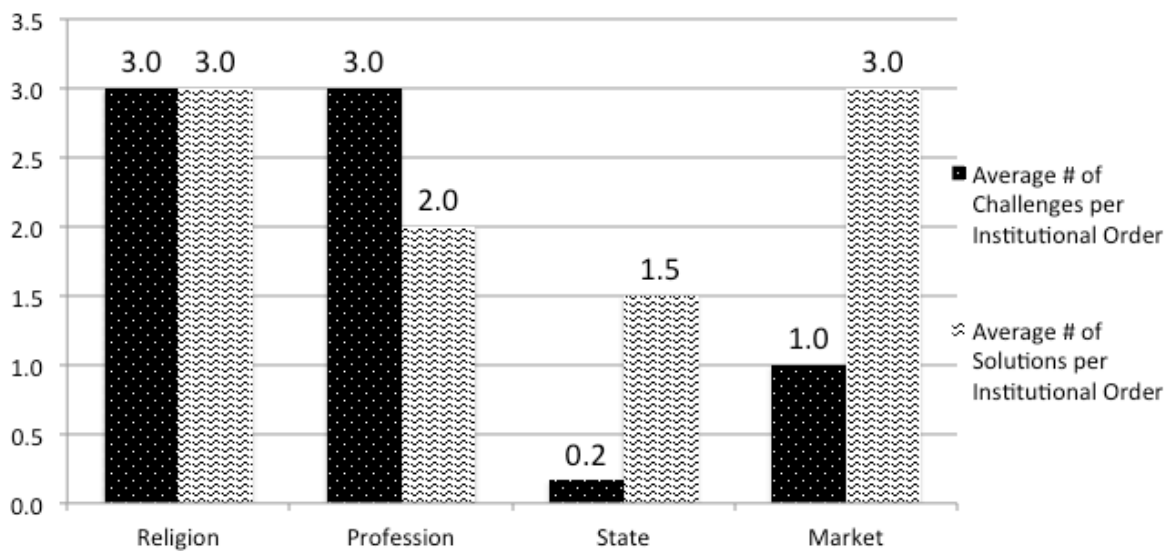
The Phase I interviews served a strategic purpose in setting the scope of this research project. They identified a baseline set of projects/initiatives to investigate (e.g., included in Table 1, Chapter 1), who some key stakeholders were and formal or informal community partnerships or collaboratives they were involved in, and the neighborhoods to include in the research project as described in Chapter 1. From these interviews an original set of sensitizing concepts emerged as shown in Table 16 and Figure 15 based on their institutional order alignment. They were all characterized as either community challenges or community solutions but there is no intended connection or correlation between the two sets.

Table 16. Phase I Interviews- Emergent Sensitizing Concepts- Community Challenges and Community Solutions

<b>Community Challenges</b>			<b>Community Solutions</b>	
<b>Phase I Community Challenges</b>	<b>Number of Occurrences</b>		<b>Phase I Community Solutions</b>	<b>Number of Occurrences</b>
Housing: values and affordability	2		Community engagement	2
Youth recidivism	1		Community gardens	1
Civic engagement	1		Economic development	3
Collaboration coordination	1		Education	5
Housing and liens	1		FBO-oriented community services	1
Education	1		Federal grant programs	3
Hospital redevelopment	1		Healthcare services	2
Lack of healthcare: access and services	1		Parks development	1
Lack of trust	1		Residential development	3

Community Challenges		Community Solutions	
Phase I Community Challenges	Number of Occurrences	Phase I Community Solutions	Number of Occurrences
Structural and institutional racism	1	Sit-down restaurants	1
Race tensions	1		
Resentful residents	1		

Figure 15. Phase I Interviews- Average Number of Sensitizing Concept Occurrence per Institutional Order

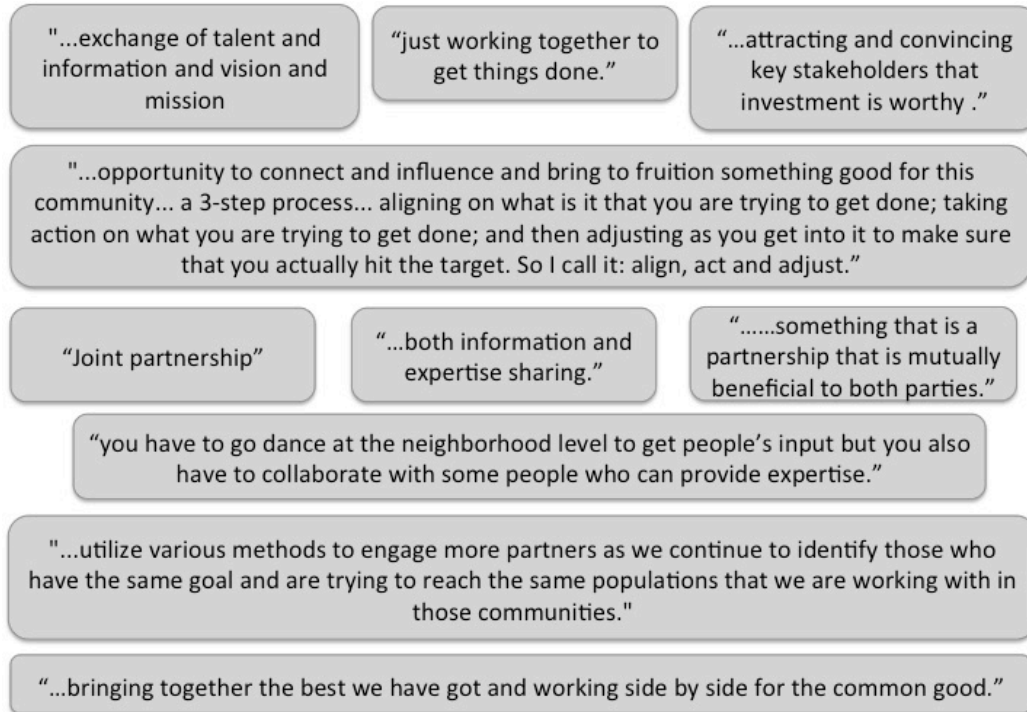


As the Phase I interviews were posed with only one structured open-ended question, all responses identified revitalization projects and initiatives in the Southwest Horizon neighborhoods and gave insights at a high level of community challenges and community solutions. As a collective, these interviewees identified many more solutions than they did challenges. The average view in Figure 15 shows the Market and Religion institutional orders to be more equal than State and Profession institutional orders in their identification of solutions. It is important to note that Community Challenges and Community Solutions were both aligned with their most relevant institutional orders. This set of sensitizing concepts would prove to set the foundation for a more detailed set of sensitizing concepts in the project or community intervention specific Phase II interviews.

### 4.2.1 Phase II Interviews

In Phase II, 28 field interviews were conducted with representatives from across a spectrum of organizational fields. One of the first questions asked in each interview was for the interviewee to give their own definition of collaboration with regard to the project / initiative they were to describe. Figure 16 illustrates the variation in their definitions.

Figure 16. Variation in Definitions of Collaboration

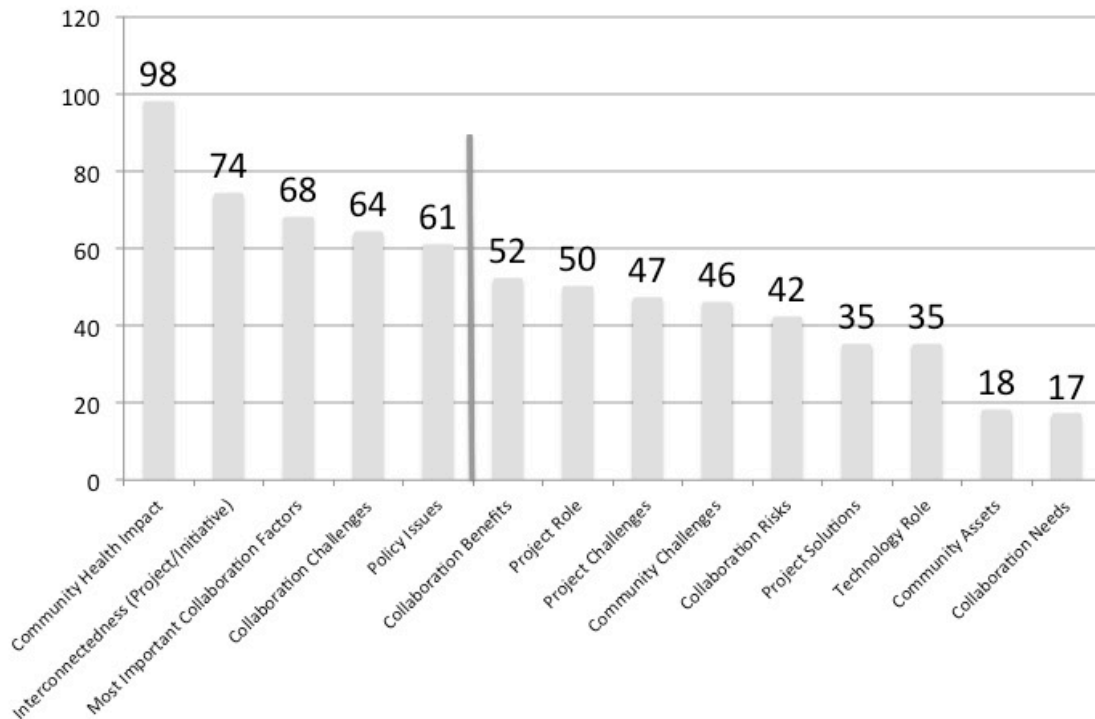


One can see from these examples the differences in how people from different organizational fields, have a varied perspective on what it means to collaborate. Intentionally, these various definitions are not shown with any link to the interviewee they came from to provide an unbiased view of the variation. In some of the interview sessions an interviewee would start off talking about who they collaborate with and or describe a situation where they collaborated. In those cases the interviewer would bring them back to refocus on the original question to draw out a definition. Qualitatively what this illustrates is the variety of ways people who are asked the same question provide a different answer.

Next and most importantly for this section of the Phase II interviews is a discussion on the emergent sensitizing concepts. In the beginning of the coding process, the sensitizing concepts from the Phase I interviews (Table 14) provided a foundation. As interview

transcripts were reviewed and processed a new set of concepts was generated from the 28 interviews. Figure 17 illustrates a scree graph that shows the distribution of occurrences across 14 sensitizing concepts.

Figure 17. Phase II Interviews- Scree Plot of Sensitizing Concept Occurrences (707)



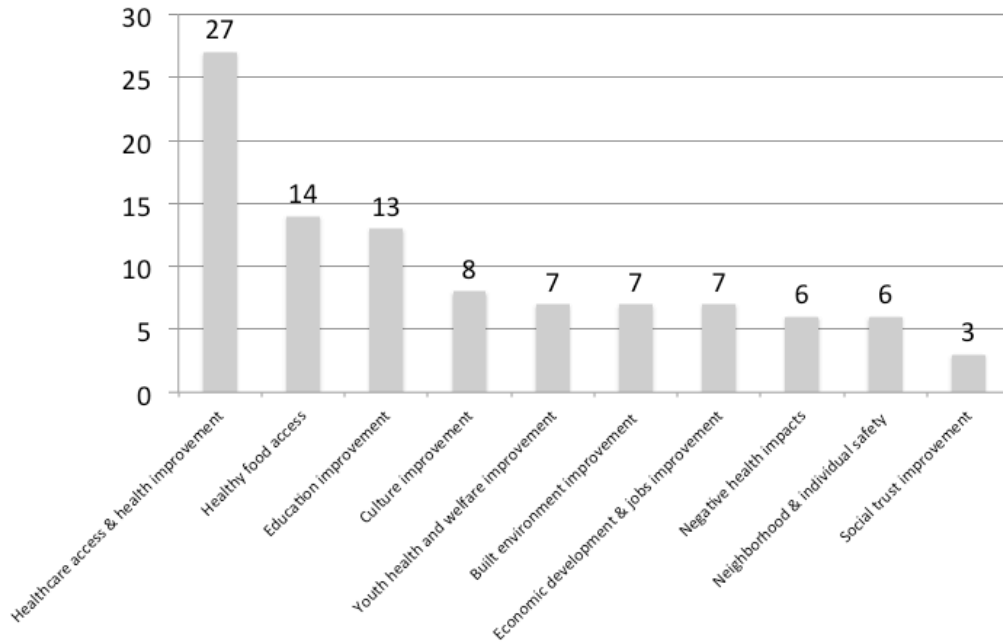
There are a few key insights from this scree plot. First, the scree plot provides a visual assessment of frequency drop off points. For the purpose of this research project, detailed analysis focused on the top five occurring sensitizing concepts. Second, this ranking based on number of occurrences was subjectively based on the researcher's sole review of the data so there was no second reviewer to challenge the classifications of the 707 occurrences into these categories. What follows is a discussion of four of these top five sensitizing concepts coupled with examples from the field interview data on each and the fifth (policy issues) will be addressed in the concluding section of this chapter. Throughout the narratives that follow each graph are several quotes from interviewees. The comments shown were transcribed and are shown verbatim except for the names of any organizations that have been changed uniformly throughout this paper to preserve confidentiality in the analysis and findings.



#### 4.2.1.1 Community health impact

The most occurrences of any of the sensitizing concepts were for ‘community health impact.’ In the second round analysis the 98 occurrences were categorized into 10 subgroups shown in Figure 18.

Figure 18. Occurrence of Subgroups in Community Health Impact



The most often occurring sensitizing concept was ‘healthcare access & health improvement’ (27). Some examples of these occurrences include:

1. Assisting consumers with accessing health insurance;
2. Improving health literacy;
3. Ensuring kids get immunizations;
4. Increasing fresh fruit and vegetable availability;
5. Improving care coordination;
6. FBOs working with strategic partners providing mental health and addiction support;
7. Providing health promotion guidance;
8. Improving patient population asthma and blood pressure control; and

## 9. Healthcare students and faculty engagement in providing health services.

From this list a few examples stand out. First is from an interviewee whose organization focuses on health promotion and education in these neighborhoods as well as rural areas outside of Southwest Horizon. In regard to ‘providing health promotion guidance’ the interviewee noted,

We know that people need to raise their education levels and we work on health promotion, violence prevention, and making it safe for kids in their neighborhood so they can play in their front lawns...I didn’t realize the differences till coming here and seeing how people are living. A little girl at church told me that “I can’t go outside without my Mommy.”

Health promotion initiatives in distressed inner cities with minority populations are critical community health interventions that can help improve the overall health of a neighborhood population.(Leviton, Snell, & McGinnis, 2000) The interviewee’s organization is focused on health promotion and health education along with working to improve the perception of the Southwest Horizon neighborhoods. During their interview they noted working with local churches and law enforcement to ‘bridge’ efforts from differing institutional orders. Such bridging actions tie in with Bullinger’s point of how institutional logics theory helps explain the influence of “expectations, beliefs and values” of organizations from different institutional orders (in this case religion, profession, and state) to achieve collective goals.(Bullinger & Treisch, 2015)

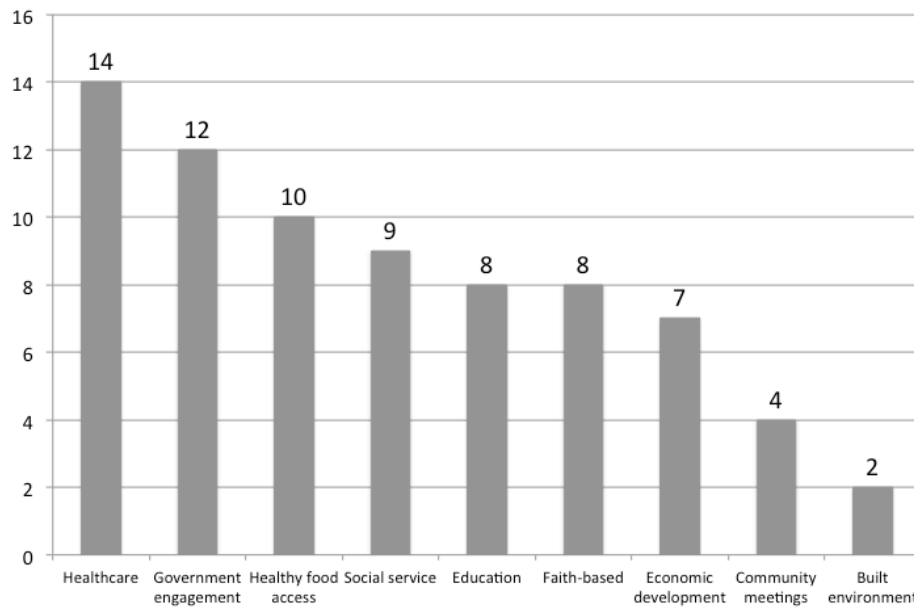
Next, ‘assisting consumers with accessing health insurance’ and ‘improving health literacy’ were two related community health impacts targeted at the individual consumer level with specific project initiatives. University engagement in the community is focused through education and research to affect both of these issues in the community. Last, ‘improving patient population asthma and blood pressure control’ was a positive community health impact cited by one federally qualified health center (FQHC) as an observed improvement in the patient population they serve. Making improvement in asthma cases in these neighborhoods was especially promising in light of research evidence that this condition is prevalent in low socioeconomic status (SES) communities and for minority populations.(Leong, Ramsey, & Celedón, 2012; Moorman, Zahran, Truman, Molla, & Centers for Disease, 2011)

The other occurring themes and topics in Figure 18 were all of importance in the research project’s findings. While not addressing policy impact, these examples did touch on their relevance to social determinants of health and neighborhood revitalizations.

#### 4.2.1.2 *Interconnectedness*

The next most often occurring sensitizing concept was Interconnectedness. In the second round analysis, the 74 occurrences were categorized into 9 subgroups shown in Figure 19.

Figure 19. Occurrence of Subgroups in Interconnectedness



Of these sensitizing concepts a few examples from across all of these occurrences to highlight include:

1. Healthcare: Collaborating with FBOs on health clinics;
2. Healthcare: Collaboration between health and fitness organization and FQHCs on diabetes prevention;
3. Healthcare: Collaborate with regional mental health service provider for patients needing specialty mental health services;
4. Government Engagement: parental engagement in youth school programs facilitated by local health department led coalition;

5. Government Engagement: HUD planning grant committee—partner representatives participate on different projects across different neighborhoods;
6. Government Engagement: changed local ordinance to allow locally grown vegetable sales on public property;
7. Faith-based: collaborate with Community House to meet community social service needs;
8. Faith-based: collaboration between local FBO and non-profit to deliver complimentary social services needed in the community; and
9. Faith-based: partnership with Dare to Care, Kentucky Harvest, and Panera Bread for food pantry operation.

This issue of interconnectedness is crucial to achieve sustainability in any partnership or community coalition. With a focus on specific neighborhoods and subpopulations, having participants with common goals (common pain) is needed to plan and implement community interventions.(Leavitt & McKeown, 2013a) Especially those that can mitigate social determinants of health challenges and reduce health disparities.(Cohen & Schuchter, 2013; Felix et al., 2010) Consider the following examples for each of the three categories in the above list.

First the local public health department led a community coalition focused on improving children’s resiliency to dealing with adverse experiences. Sometimes harm is done to the children themselves and sometimes harm can come from exposure to seeing and hearing violence, drug and alcohol abuse, or other adverse situations that can impact the development of an adolescent. Engagement in this coalition included non-profits, the county school system, local foundations, regional healthcare providers, local government, and mental health service providers. However, a key ingredient for this coalition and its intervention starts at the home of each child,

...parental engagement is one of the hardest parts of this program...then we are working with the community, neighborhood, the homes, families at the same time. So that helps revitalize the community.

The interviewee discussed having organized a diverse group of partner organizations for the coalition effort and that they were focused on “root causes of poor health” in vulnerable children. They examined data on several issues and focused in on “teenage pregnancy and homelessness of youth...”

This project would wrap around adverse childhood experiences and how can we as a society and a community counteract that. The model is built upon the CDC’s best practice model of coordinated school health.

The coalition’s effort had been piloted at one primary school and was in the process of being started with a second school based on the successes of the program with applying the Centers for Disease Control and Prevention’s (CDC) model for coordinating school health.(Rasberry, Slade, Lohrmann, & Valois, 2015)

A second example came from an FBO and their partnering efforts to operate a food pantry program and provide complimentary (not duplicative) services in the CreativeCast neighborhood,

We have partnerships with Dare to Care, State Harvest, Panera Bread everything we do is in partnership with somebody.

AND

We want to make sure everything dovetails. There is no reason for us to start a preschool or a prekindergarten. So if people talk to us about it we send them over to Community House. They quit trying to keep clothes and food to give out because they didn’t have the space and they didn’t have the means to do it so they send the people this way.

This FBO leader noted another partnership with a local university’s school of music for providing free piano lessons to children at the church as they had gotten pianos donated from the community. These examples show a leveraging of community partners’ strengths with FBO leadership to support community needs in a distressed urban inner city,(Kegler et al., 2010; Levin, 2013) acknowledgement of institutional logic differences (e.g., sources of identity and legitimacy), and the strength of embedded social ties and trust within a community ecosystem. This is an example of an emboldened and passionate FBO leader who has stayed the course amidst adversity and continues to make a difference in the CreativeCast community.

One final example comes from the city of Horizon’s metro council involvement in supporting the Horizon City Garden’s urban agriculture initiative.

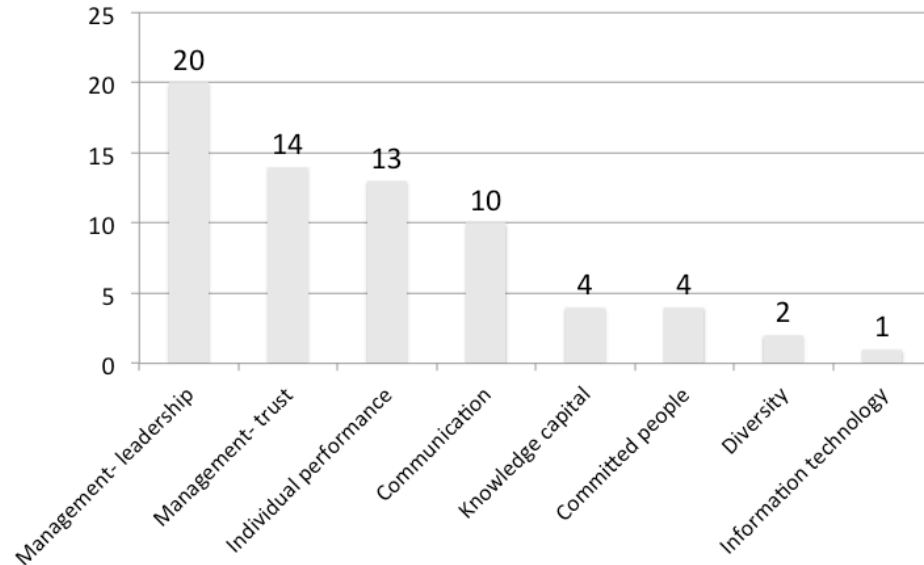
One of the policy changes we did is to change the ordinance where you could not sell vegetables on the property. We had to make a change to the land development code so that they could have a retail market periodically. It’s building community.

The City Gardens initiative served multiple purposes as was learned in the research project but required cross-sector collaboration and resident engagement. This initiative strengthened trust among participating residents and with local government. It also provided a new source for intergenerational education and a new healthy food source to help mitigate part of the neighborhood’s food desert problem and access to healthy foods—a key social determinant of health challenge and an area of emphasis for community development and health concerns.(Mattessich & Rausch, 2014) As the initiative grew, it was recognized there was a need for local policy change to allow for free market capitalism on a micro level where residents using the garden to produce vegetables and fruits could engage in selling activities there on the property. To do this required government intervention and there was an expressed interest in a longitudinal study to evaluate the health impact on the population from participation in all the community garden initiatives and their increased intake of healthy fruits and vegetables.

#### ***4.2.1.3 Most important collaboration factors***

The next most often occurring sensitizing concept was Most Important Collaboration Factors with 68 occurrences that were categorized into 8 subgroups shown in the Figure 20.

Figure 20. Phase II Interviews- Subgroups for Most Important Collaboration Factors



The two most often occurring subgroups were ‘management-leadership’ (20) and ‘management-trust’ (14). Examples of these occurrences include:

1. Leadership- sustainability of the leadership circle;
2. Leadership- having a chain of command;
3. Leadership- establishing a ‘culture of honor’;
4. Leadership- getting the right people to the table; and
5. Leadership- accepting responsibility to give back to the community.
6. Trust- trust is the glue that holds everything together;
7. Trust- partners yielding space and finding the “win-win”;
8. Trust- respect other organizations and people (everyone has their own agenda);
9. Trust- relationships (buy-in and trust); and
10. Trust- face-to-face interaction is needed.

Two examples to focus on from this list are the ‘culture of honor’ and ‘trust being the glue that holds everything together. Both examples originated from FBO interviewees (each a doctoral degreed leader) and had intersectoral application. First is the ‘culture of

honor' example. This was expressed as an environment attribute to be upheld by all stakeholders. As such the interviewee noted,

Deferring to their others gifts. If there is another organization that is stronger at something than I am then I need to defer to them. If there is a person on that team that is stronger than I am then in collaboration I defer to them when we need to do something they are good at. Then there is the whole honor and courage where you lift the other one up; Kind of a humble approach. It's not an "I want to do this to make my organization look good", I want us to do this together so we can reach the goal and the mission and the vision and I do that by creating a culture of honor.

This quote highlights a focus on the importance of capitalizing on the strengths of each person or contributor to any collaboration. It also links to the concept of hybrid logics and exchange strategies as discussed by Murray,

...hybrid exchanges themselves are produced through the actions of participants...a few key actors...define the productive tension at the institutional boundary and the hybrids emerge from it. In doing so, they bring together a rich set of rules, resources (Sewell 1992), and property (Stark 1996) and combine them to become sophisticated producers of new hybrids.(Murray, 2010)

What underlies this 'culture of honor' is this notion of bringing together different actors from different organizations to focus on a common goal. This may be applied in many different activities ranging from social support, to volunteering on a property renovation, to establishing a novel community gathering space with an FBO-mission, and the first sit-down restaurant in the neighborhood for decades. Regardless, it is through collaboration of actors from across various organizational fields and institutional boundaries that this productive tension results in progress made in neighborhood revitalizations.

Second is 'trust being the glue that holds everything together'. This emerged because the interviewee commented on what he/she felt were the three most important collaboration factors—honesty, forthrightness, and compassion for the community and people in general. After hearing this response, the interviewer was prompted to ask a follow on question of "what about trust?" And at that moment, almost in a sense of enlightenment, the interviewee responded,

It's the glue that holds it all together. Those things don't work without trust. It's one of those givens to make it more important than anything else. Because it's basically the foundation that all the rest is built on.



At this moment it was recognized that trust, as had been signaled in past interviews, was an important factor to consider not only at the resident level but also at the organization level. Section 4.4.1 provides an in depth discussion on this issue of trust but an initial conceptualization of what engenders someone to be trustworthy is the value placed on the information, knowledge, and experience they bring to any given project. Granovetter in a paper on the problem of embeddedness and to be revisited in Chapter 5 as part of the broader discussion on applicability of findings in Chapter 4, provided one view of this issue of what makes someone and their information trustworthy,

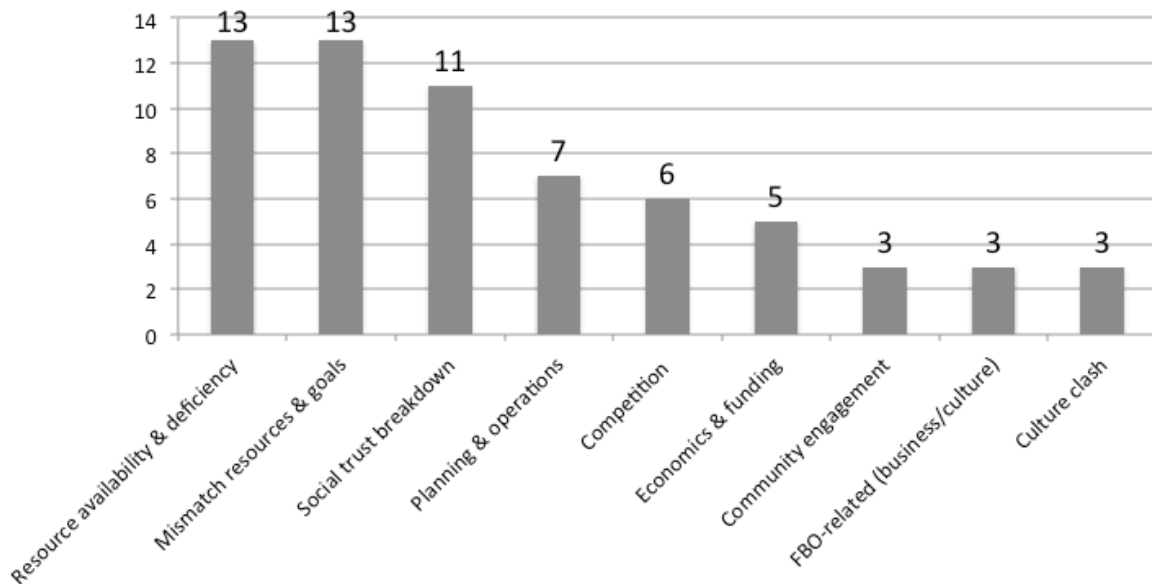
Better than the statement that someone is known to be reliable is information from a trusted informant that he has dealt with that individual and found him so. Even better is information from one's own past dealings with that person. This is better for four reasons: (1) it is cheap; (2) one trusts one's own information best...(3) individuals with whom one has a continuing relation have an economic motivation to be trustworthy... and (4) ...continuing economic relations often become overlaid with social content that carries strong expectations of trust...(Granovetter, 1985b)

Granovetter's statement offers a way of considering the value of an interviewee's (or potential collaboration partner) information that may be the basis for trusting them (hence making them worthy of being considered honest and forthright). Without a degree of trust with those engaged in community interventions targeted at resolving social determinants of health challenges, other collaboration or project specific challenges can emerge. Two types of trust applicable in the inter-institutional landscape and to this research project will be addressed in Section 4.4.1.

#### ***4.2.1.4 Collaboration challenges***

The fourth most often occurring sensitizing concept was Collaboration Challenges with 64 occurrences that were categorized into 9 subgroups shown in Figure 21.

Figure 21. Phase II Interviews- Collaboration Challenges Subgroups



The three most often occurring subgroups were ‘resource availability & deficiency’ (13), ‘Mismatch of resources & goals’ (13), and ‘social trust breakdown’ (11). Examples of these occurrences include:

- Resource availability & deficiency- greenhouses had to be built with volunteers which took 1.5 years;
- Resource availability & deficiency- access to people and their time;
- Resource availability & deficiency- more difficult to collaborate with other small non-profits due to too little time and too few resources;
- Mismatch of resources & goals- lack of multi-organization alignment of mission and agenda;
- Mismatch of resources & goals- field and sector language differences;
- Social trust breakdown- confusion and overlap of services leads to mistrust;
- Social trust breakdown- disconnect between workers and residents (insiders vs. outsiders); and
- Social trust breakdown- opposition is defining collaboration as collusion.

Two examples to focus on from this list are the ‘access to people and their time’ and ‘disconnect between workers and residents (insiders vs. outsiders).’ The first of these two came from a doctoral level interviewee who serves as a board member for a local non-profit. In the interview when asked about challenges to effective collaboration one of the points noted was,

...being able to garner people’s time to listen to what is it you are trying to get done. Being able to gain time on their schedules to come together.

People across educational and gender spectrums in every neighborhood have life factors that influence their availability of time to devote to volunteer activities. Gaining their attention for engagement and support can require social marketing and promotion of underlying social determinant of health that appeal to the institutional order and logics they personally ascribe to in their daily lives. This creates an appeal for their engagement. However, the engagement of volunteers can also be a matter of establishing priority with them. If it is not an issue imparted upon them by an employer, a church they attend, or a place of secondary or higher education (organizations that have engrained in their culture the importance of volunteerism and social responsibility) then it can be more difficult to secure their engagement. For some, after formal education is done, they continue to set aside time for volunteer and socially responsible efforts—tutoring kids, engaging in urban agriculture initiatives, providing free income tax return preparation services for low income individuals and families, or perhaps self-defense and martial arts coaching in health and fitness organizations such as YMCAs—all of these are examples that can make a difference in a neighborhood’s culture and evolving ecosystem. But it requires tapping into what is important to the individual based on their value system.

The second example came from a doctoral level interviewee working in the education field. In the interview when asked about collaboration challenges they commented,

So one of the challenges that comes up is the disconnect between people working in a certain place and people who live there. It turns out really that of the people who are working in Southwest Horizon very few of them in our advisory group live there. So it’s still insiders and outsiders. And I feel like in other parts of Horizon its not such a stark contrast between outsiders and insiders.

For the interviewee sample there were 5 of 39 who lived in the Southwest Horizon neighborhoods. Each of them that lived in the neighborhoods expressed the importance of this insider vs. outsider effect and from the quote above it was about needing more residents from the neighborhood to be engaged in the underlying project on health literacy. While it was a limitation of the study, not having more of an insider to outsider balance, there was enough to highlight the importance of this issue. From the literature, both, Mazanti and Pløger, and Ryan and Hoff later demonstrated in their underlying studies the differences in,

...the experience and meaning of place from the perspectives of residents and professionals working in a particular neighborhood.(Ryan & Hoff, 2010)

AND

...the political symbolic construction of place (outside understanding / construction) and the residents' social construction of place (inside understanding / construction).(Mazanti & Pløger, 2003)

These studies provide historical evidence of the importance of place in a neighborhood and how it can be viewed differently by people from outside the neighborhood versus those on the inside, even with a gradation of perspectives across generations and demographics of the insiders. One example is to the outsider, a neighborhood with depressed housing values and what they may consider 'slums', to residents who have lived in the neighborhood for decades, there may be an acknowledgement of "pockets of undesirable homes" but "some parts [of the neighborhood] are OK."(Ryan & Hoff, 2010) A second insider example came from one of the interviewees who described in detail the presence of a drug house (noting potential prostitution occurring on site along with other unethical / potentially illegal activities) near their residence and that law enforcement policies prevent local drug addicts from being taken into custody in light of the jail system being overcrowded.

In determining the significance of social determinant of health effects upon those inside a neighborhood this insider vs. outsider perspective is important to consider. To those members of a city who are of a higher income group, what they see as slums and deteriorated neighborhoods may be adequate housing for those who are in lower fixed income groups and do not want properties with higher taxes, higher insurance, higher

maintenance. This example also illustrates that income inequality may drive geographic separation between social classes, but the social challenges associated with living in poverty stricken neighborhoods needs to be considered from the insider perspective especially in the case of urban housing redevelopment projects and the unintended consequences of gentrification that can occur.(D. K. Levy et al., 2007)

### **4.3 The Inter-institutional System—Implications of the Model**

How do we apply the model (Chapter 1, Figure 2) of the inter-institutional system to these examples of sensitizing concepts and their subgroups? To start, we know that the inter-institutional system model consists of several intersectoral institutions. The interactions of the actors across these fields may be viewed as guided in part by their institutional logics (to be discussed in the next section), the social / cultural influences, and trust among actors. Granovetter in his paper on the problem of embeddedness, noted the importance of cultural influences, “More sophisticated (and thus less oversocialized) analyses of cultural influences (e.g., Fine and Kleinman 1979; Cole 1979, chap. 1) make it clear that culture is not a once-for-all influence but an ongoing process, continuously constructed and reconstructed during interaction.”(Fine & Kleinman, 1979; Granovetter, 1985a) In a neighborhood ecosystem such as Southwest Horizon there are strong social and cultural influences on resident relations among residents and residents relations with government, non-profits, and private sector organizations. These influences are rooted in the ‘importance of place’ as discussed in Chapter 2 and its link to the, “...inequitable distribution of power, money, and resources” in relation to the social determinants of health(WHO Commission on Social Determinants of Health & World Health Organization, 2008) and their effect on distressed neighborhoods. Thus reinforcing the significance of these changing cultural influences in community interventions needed in neighborhood revitalization efforts.

Figure 2. Inter-institutional System: Pathways to Community Interventions

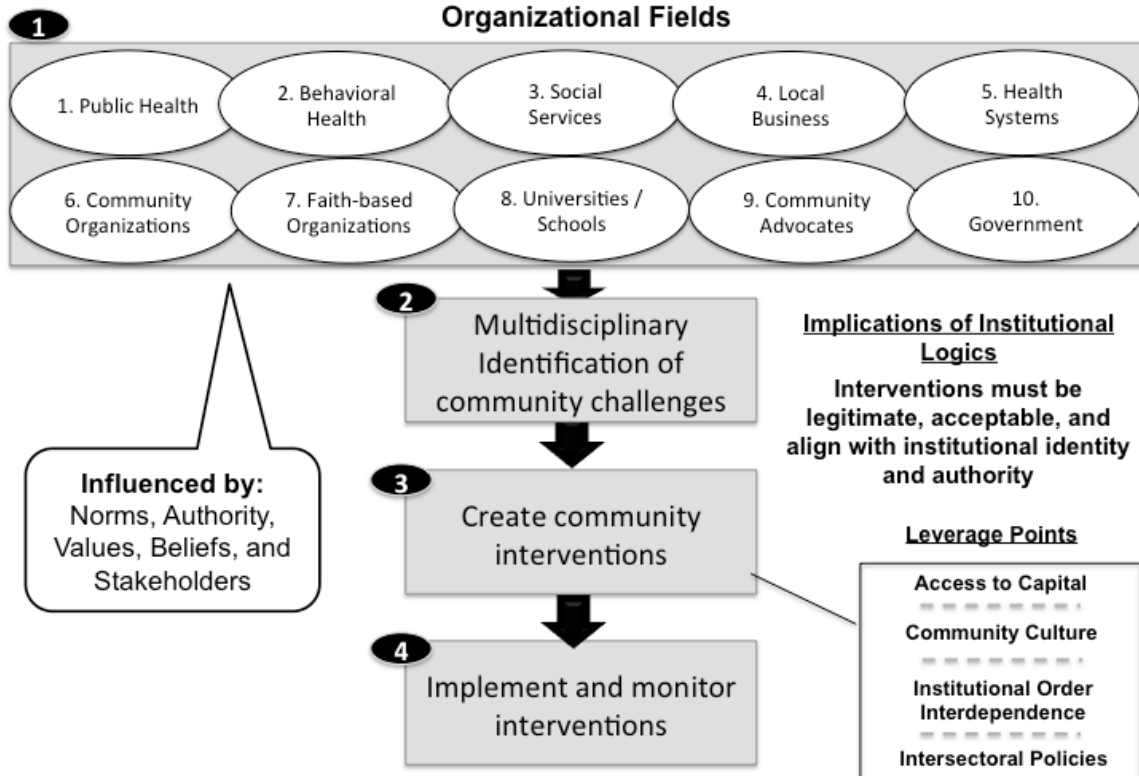


Figure 2 is broken down into four stages. **Stage 1** is the array of organizational fields. All of the organizational fields in the model were engaged directly by at least one interviewee with the exception of the behavioral health field. Behavioral health was addressed by two FBOs in light of their direct community intervention programs and / or partnership with a local behavioral health provider. The behavioral health organizational field was in part discussed as an element of the Dual Diagnosis project and support service programs noted by two FBOs. **Stage 2** is recognition of the norms and values of the variety of organizations represented and expressed by the interviewees. Challenge identification was more uniform in nature as interviewees from multiple institutional orders and organizational fields would agree on the existence of negative social determinants of health. Examples include persistent poverty conditions, lack of access to healthcare, lack of access to fresh vegetables and fruits, and drug abuse, and violence. **Stage 3** is creating solutions that take into account leverage points which are critical factors for leaders to consider in the planning and implementation of any community intervention.

### **'Leverage Points'- Issues for Leaders to Consider in Community Intervention Planning**

Each element of the leverage points is an important consideration for any leader involved in community intervention planning. Consider the following notes on each leverage point:

**Access to Capital.** Virtually every community intervention will require some amount of funding. None of the revitalization projects covered in this research project were possible without funding from some source. Leaders must consider the funding the revenue stream options for any intervention in order to ensure sustainability and ability to achieve intended outcomes.

**Community Culture.** A critical aspect of any community intervention is understanding the culture and how the intervention supports or impacts the existing culture of the neighborhood.

**Institutional Order Interdependence.** All organizations and people follow or ascribe to one or more of the seven institutional orders noted in Chapter 1 and Chapter 4. As these institutional orders follow different sets of institutional logics (Appendix A), leaders should understand how these varying logics can impact the implementation and outcomes of any community intervention.

**Intersectoral Policies.** Social, health, urban planning (e.g., zoning, taxation, housing), welfare, and economic development policies can all impact community intervention implementation. Leaders need to consider the consequences of all local, state, or federal policies (a Health in All Policies approach) in the planning for community interventions.

However, all the neighborhood revitalization projects and initiatives covered in this research project involved some degree of collaboration and consideration of the leverage points described above. One example was that of the progress toward establishing a new Southwest Horizon YMCA, one of the projects cited in Chapter 1, Table 2. Regarding this project the interviewee summarized,

... basically we have designed a facility that would be health oriented considering a broad definition of health to go much beyond just fitness with ... a footprint that

would include pediatric family medical services, mental health services, a YMCA and some educational endeavors ..., a potential bank branch that would be located in the facility and the bank would be committed to doing fiscal literacy training in the local community. So we are looking at a very broad continuum of health. In an area where the demographics show that there are gaps in education, high rates of chronic disease, high rates of violence, lower access to transportation, lower access to healthy foods. A lot of it exists in a food desert.

This project will take a number of years to complete and bring it to life as a new multi-disciplinary complex.(Jones, Adamson, Shepard, & Easton, 2009) Stakeholders (residents and businesses from multiple organizational fields including Choice International University and their Banner Initiative) from across the neighborhoods and the City of Horizon will continue to play an active role in making this project a reality and an enriching YMCA to the neighborhoods of Southwest Horizon. This is a project that brings with it the potential to make an impact on social determinants of health issues for many residents.

A second project was the Horizon City Gardens project, an urban agriculture initiative that has been cultivated (literally) since 2011 in the Riverside, CreativeCast and other neighborhoods in Southwest Horizon. This project has involved a non-profit at the nucleus with strong support from local government, private and public sector sponsors from multiple organizational fields, and most importantly resident engagement. One of the strong benefits witnessed with this project discussed by the interviewees who addressed it has been its ability to improve trust on dimensions of residents with other residents and residents with local government.

The community was able to get involved with their board to help run the organization. People paid for plots so they had an investment in the success of the garden. You could go down there any day after work and would see a gathering of people talking, communicating about the gardens, it was just a good space for the community to gather.... We had to make a change to the land development code so that they could have a retail market periodically...It brings about a lot of trust and a lot of understanding of government and what we do here.

A number of points can be drawn from this quote. It signals there was community engagement that was a tremendous 'social benefit' and continues to be essential.(Beilin & Hunter, 2011) The urban agriculture initiative has helped improve resident relations and what was originally one multi-acre community garden has expanded to have multiple urban



garden sites throughout Southwest Horizon. These gardens have become an important part of the community solution to reducing the food insecurity problem in Southwest Horizon (common to depressed urban inner cities). They have also provided constructive places for forging healthy relations among residents and educational settings for multi-generational teachings about multiple benefits derived from urban garden initiatives.(Shannon, 2014; R. E. Walker, Keane, & Burke, 2010)

**The fourth stage** of Figure 2 Inter-institutional System: Pathways to Community Interventions, is implementing and monitoring solutions. It is a stage of the model that was validated based on comments of interviewees who had long-term experience on specific projects or community interventions and could attest to the benefits derived. One example came from the Banner Collaborative and its impact on primary and secondary teacher retention rates at schools where they had been partnering on professional development and academic performance issues in the Southwest Horizon neighborhoods. In that interview the interviewee noted,

Because of the community, teachers would get a job in one of our schools and then they would teach there for a while and then transfer out at the earliest opportunity they got...One of the schools that had a high turnover now has a 99% retention rate.

This statement focused on the teacher retention problem that existed prior to the start of the Banner Cooperative's initiatives. In addition to reducing the teacher turnover rate the interviewee also noted that student test scores at one of the primary schools had also improved. Lack of educational advancement and achievement is one of the social determinants of health challenges that contributes to health inequality.(Blane, 1995; M. Marmot, 2005)

These examples have provided some qualitative insights that support the value of the inter-institutional system view and viewing community challenges and solutions as community interventions through this model. The 'leverage points' noted in the model are critical to support leaders' and stakeholders' decision-making in the development and implementation of community interventions. For instance, in the interviews, acquiring and managing resources and information was noted as both an important collaboration and leadership factor,

Ability to acquire and manage resources. There is leadership on this project that has ... been very good at building these relationships and people have seen the benefits of doing this type of work, calling the right people when you have roadblocks.

AND

...if you have the type of relationships where people are happy to work with you on this and where there is mutual alignment of interests and perspective on this one thing then it creates something that we can all agree on and we can all collaborate on that agreement.

AND

Sharing of ideas, understanding each other's system, working together to form a program that addresses everyone's systematic needs.

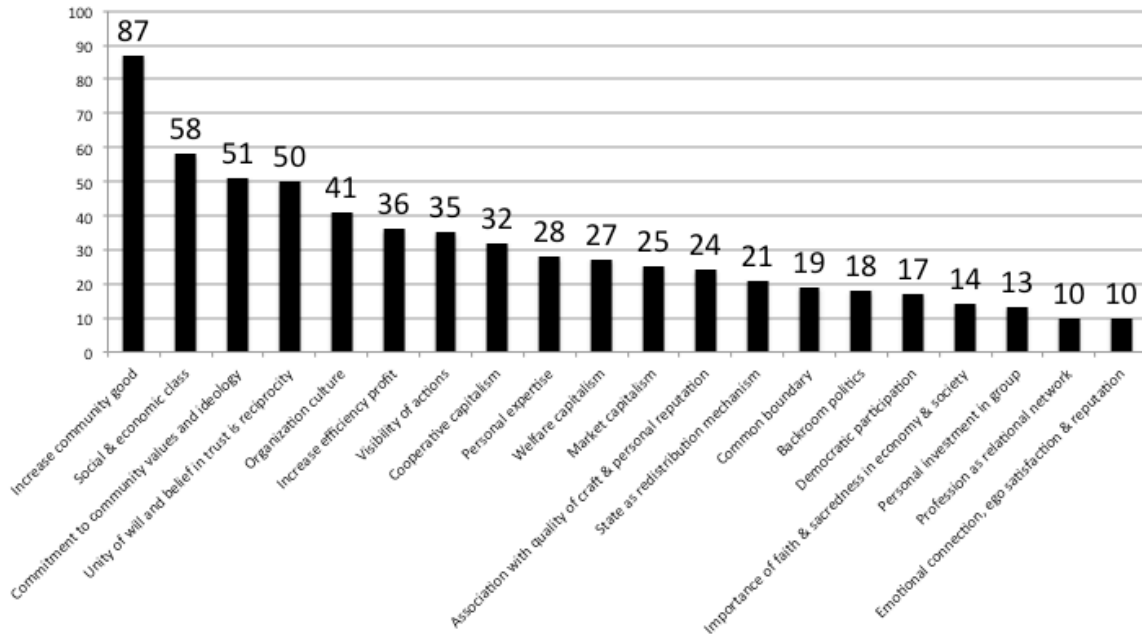
These examples highlight the interviewees views of the need for resource engagement, management and being able to communicate and understand the underlying issues to make a their community intervention work effectively. Next banking organization interviewees described the importance of low-income housing tax credits (LIHTCs) for securing private equity investment in public housing developments.(Office of the Comptroller of the Currency, March 2014; Woo et al., 2014) Leveraging these types of resources in an effective manner is an important part of structuring and implementing community solutions. Regarding the issue of intersectoral policies and their implications in specific projects, many of the interviewees knew of specific policies that impacted their efforts. Several related to property/mortgage valuation policies for distressed neighborhoods, tax policies, state welfare rules and regulations, and zoning ordinances. Next is the issue of institutional logics and how the logics framework illustrated in Appendix A ties in with the Figure 2 model.

#### **4.4 Institutional Logics—Examples of Application**

One of the most intriguing elements of this research project was assessing the implications of the institutional logics. After conducting 39 semi-structured interviews and completing the analysis in Section 4.3, the last step was to assess the implication of this dimension of the study. As such, two graphics were developed in the final analysis that objectively assessed how would each of the 707 sensitizing concept occurrences align with the 56

institutional logic elements in Appendix A. Figure 22 illustrates the distribution of the elements with 10 or more occurrences.

Figure 22. Sensitizing Concepts Distribution Across Institutional Logics Elements



With this analysis completed, Figure 23 was created as a version of Appendix A to highlight the logic elements identified most frequently in the analysis.

Figure 23. Institutional Logics Mapping to Sensitizing Concept Occurrences

Y-Axis: Logics	X-Axis: Institutional Orders						
	Family 1	Community 2	Religion 3	State 4	Market 5	Professions 6	Corporation 7
<b>Root Metaphor 1</b>	Family as firm	Common boundary	Temple as bank	State as redistribution mechanism	Transaction	Profession as relational network	Corporation as hierarchy
<b>Sources of Legitimacy 2</b>	Unconditional loyalty	Unity of will and belief in trust is reciprocity	Importance of faith & sacredness in economy & society	Democratic participation	Share price	Personal expertise	Market position of firm
<b>Sources of Authority 3</b>	Patriarchal domination	Commitment to community values and ideology	Priesthood charisma	Bureaucratic domination	Shareholder activism	Professional association	Board of directors & top management
<b>Sources of Identity 4</b>	Family reputation	Emotional connection, ego-satisfaction & reputation	Association with deities	Social & economic class	Faceless	Association with quality of craft & personal reputation	Bureaucratic roles
<b>Basis of Norms 5</b>	Membership in household	Group membership	Membership in congregation	Citizenship in nation	Self-interest	Membership in guild & association	Employment in firm
<b>Basis of Attention 6</b>	Status in household	Personal investment in group	Relation to supernatural	Status of interest group	Status in market	Status in profession	Status in hierarchy
<b>Basis of Strategy 7</b>	Increase family honor	Increase in status & honor of members & practices	Increase religious symbolism of natural events	Increase community good	Increase efficiency profit	Increase personal reputation	Increase size & diversification of firm
<b>Informal Control Mechanisms 8</b>	Family politics	Visibility of actions	Worship of calling	Backroom politics	Industry analysts	Celebrity professionals	Organization culture
<b>Economic System 9</b>	Family capitalism	Cooperative capitalism	Occidental capitalism	Welfare capitalism	Market capitalism	Personal capitalism	Managerial capitalism

Represent the top 4 occurring elements
  Represents the next 7 occurring elements

Figure 23 Source: Thornton, P., Ocasio, W., & Lounsbury, M. (2012). Chapter 3: Defining the Interinstitutional System (Table 3.2. Revised Interinstitutional System Ideal Types) *The Institutional Logics Perspective: A New Approach to Culture, Structure and Process* (pp. 73). Oxford, UK: Oxford University Press.

Several observations emerged after this exercise. First was the dominance of the Community and State institutional logics. In Figures 12 and 13 earlier in this chapter, one can see that the Community institutional order had eight interviews and Profession had seven interviews. What was intriguing about this was the exceptionally high number of sensitizing concept occurrences that fell under “increasing community good”, a State institutional logic. While in the literature review there were no studies found that linked institutional logics to neighborhood revitalizations, this element and the second most often occurring sensitizing concept, “social / economic class”, were most directly applicable to many social determinant issues that contribute to the factors that sustain impoverished neighborhoods.

Second, in the course of analyzing all 707 occurrences, the majority of occurrences were expressed as positive or negative views while all 56 institutional logic elements in

Figure 23 were characterized as neutral. To fit the sensitizing concept occurrences with an element of the Figure 23 grid a decision had to be made as to which element the occurrence was best aligned.

Third, in reflecting back on the literature review on institutional logics, two of the primary takeaways were the importance of recognizing inter-institutional boundary work where projects overlap or engage stakeholders from multiple organizational fields and productive tensions that emerge when organizations have strong positions on one institutional logic or another but find a “common pain” that drives them to collaborate proactively toward achieving a common goal. (Leavitt & McKeown, 2013a; Murray, 2010; Skelcher & Smith, 2014)

#### **4.4.1 Importance of Trust in Relation to Institutional Logics**

Throughout this research project the topic of trust emerged as an issue in interviews. In Section 4.2 under the discussion of Most Important Collaboration Factors, the issue of what makes someone and their information trustworthy was addressed. In community coalitions and various formal and informal partnerships focused on developing and implementing interventions remedying a social determinant of health challenge trust is needed. As Leavitt and McKeown noted in relation to trust in value alliances,

Achieving trust requires an unusual degree of transparency as the parties determine the underlying assumptions sources of information, and standards upon which they will rely.(Leavitt & McKeown, 2013c)

##### **4.4.1.1 Trust defined**

A brief discussion to define trust and how it applies in some of the interview examples of institutional logics is offered here. The notion of trust has been developed over the years from economic, psychological, and sociological perspectives. For the purpose of this research project and in the context of the interview data collected, a sociological notion of trust and its implications for neighborhood ecosystems and the actors involved in their revitalization is the focus. In a paper by Talcott Parsons concerning human subjects and research, he defined trust as, “...the attitudinal ground—in affectedly motivated loyalty—for acceptance of solid relationships.”(Parsons, 1969) In Diego Gambetta’s 1985 social sciences seminar at King’s College, Professor Gambetta asserted that,

...trust (or, symmetrically, distrust) is a particular level of the subjective probability with which an agent assesses that another agent or group of agents will perform a particular action, both before he can monitor such action (or independently of his capacity ever to be able to monitor it) and in a context in which it affects his own action... When we say we trust someone or that someone is trustworthy, we implicitly mean that the probability that he will perform an action that is beneficial or at least not detrimental to us is high enough for us to consider engaging in some form of cooperation with him.(Gambetta, 1988)

Gambetta's notion of "agent or group of agents" is applicable to the context of neighborhood ecosystems. The notion of 'probability' in regard to trust asserts the importance of underlying risk that an actor may not fulfill their obligation—as in their role or responsibility in any given community intervention related to neighborhood revitalization.(Lewis & Weigert, 1985)

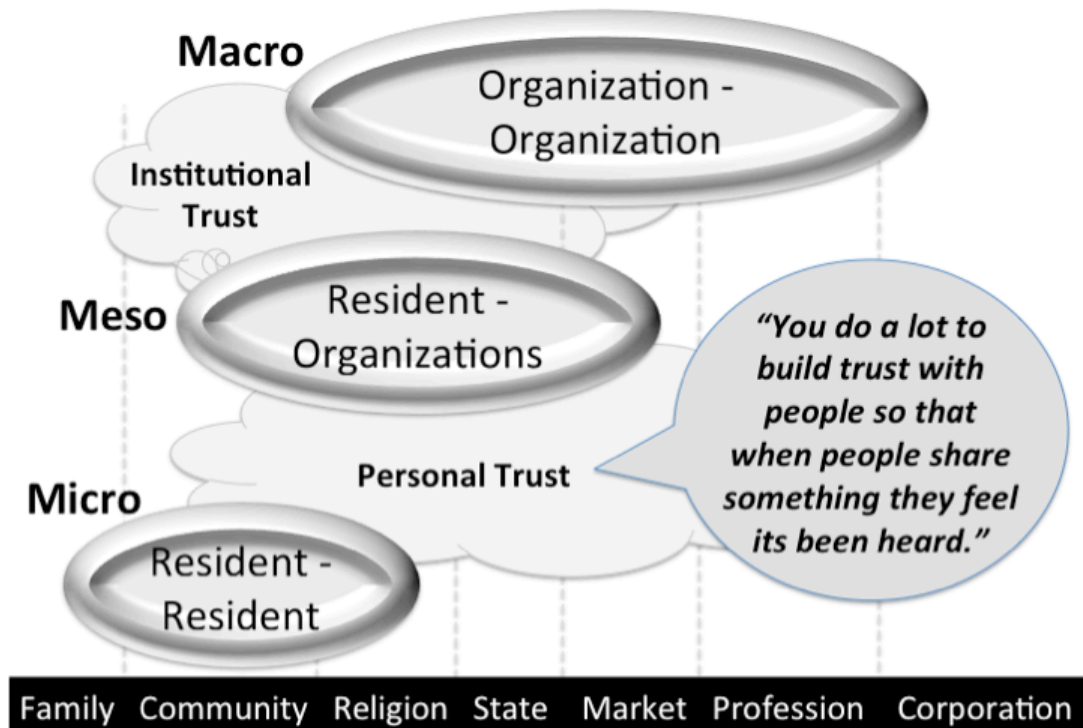
These roles and responsibilities are embedded elements for each actor (e.g., resident, group, or organization) that set parameters for their relationships at three levels—micro, meso, and macro. Trust is needed at all three levels as it can serve as an enabler of progress in projects and community interventions. Recognizing the influence of multiple institutional logics (norms, values, beliefs, legitimacy, and authority) introduces a layer of complexity to issues that can cause a breakdown of trust in community coalitions and formal or informal community partnerships if transparency of these logics are not acknowledged and made part of the equation for successful intervention implementation.(P. Thornton et al., 2012a)

Trust can be viewed as a mechanism for enabling stronger social cohesion when it is present, and a disabler when it is not present—a contributor to the health of any community's population.(Giordano & Lindström, 2016; Kushner & Sterk, 2005) Over the course of the Phase II interviews this fact became apparent across all three levels of relationships. Lewis and Weigert noted that "...trust is based on a cognitive process which discriminates among persons and institutions that are trustworthy, distrusted, and unknown."(Lewis & Weigert, 1985) Previous scholars such as Goffman and additional works by Parsons both dealt with the notion of trust as well and was foundational to the work of the authors noted in this section along with Granovetter noted previously in this chapter.(Goffman, 1959; Parsons, 1967)

**4.4.1.2 Trust across the neighborhood ecosystem**

Collectively, this sampling of definitions of trust gives a sense of the complexity that exists with this issue. As it emerged from the fieldwork it was clear there was a distinction of trust at the three levels of relations. To understand this distinction, consider Williamson’s work on “hyphenated forms” of trust and the applicability of the notion of personal trust and institutional trust as a governance mechanism within the relationships at work in the ecosystem.(Williamson, 1993) Figure 24 illustrates the interplay of these two notions of trust as they exist as a characteristic in every neighborhood ecosystem and are impacted by the social determinants of health, economic environment, and both personal and professional relationships and networks.

Figure 24. Trust Implications in Relationships Across a Neighborhood Ecosystem



First, note that none of the three levels are connected but micro and meso share an embedded degree of personal trust and meso and macro share an embedded degree of institutional trust. The cloud underlying each of the ovals at the three levels is to represent the idea of trust being embedded. This notion of embedded trust of an institutional and personal nature arises from the work of Granovetter and Williamson. Granovetter was first to note, “The embeddedness argument stresses instead the role of concrete personal

relations and structures (or “networks”) of such relations in generating trust and discouraging malfeasance.” This would be followed by Williamson, who defined the two types of trust as,(Granovetter, 1985a)

Personal trust is therefore characterized by (1) the absence of monitoring, (2) favorable or forgiving predilections, and (3) discreteness....Institutional trust refers to the social and organizational context within which contracts are embedded.(Williamson, 1993)

Part of the formation of trust at both levels is the concept of structural embeddedness. In 1996, Brian Uzzi would define the concept of structural embeddedness as, “The type of network in which an organization is embedded defines the opportunities potentially available; its position in that structure and the types of interfirm ties it maintains define its access to those opportunities.”(Uzzi, 1996) This issue of embeddedness is important as it relates to the formal and informal local social bridges that exist and evolve with trust across a neighborhood ecosystem. Chapter 5 will address this issue of local social bridges in regards to community coalitions and formal or informal community partnerships but why are these notions of trust important to understanding the nature of collaborative projects in neighborhood revitalizations?

First, it became clear in the course of the interviews that there was a difference between trust at the resident level between residents versus trust at the organizational level between organizations. Second, it provides evidence that substantiates the nature of the underlying importance of trust for individuals and organizations to gain access to resources through community coalitions and formal or informal community partnerships. Third it gives credence to how trust can impede progress or accelerate progress in community interventions targeted at mitigating social determinant of health challenges.

With this understanding of trust, some examples from the interviews provide a canvas for application of these concepts. An interviewee from a non-profit noted that,

Unfortunately, there are oppositional forces with whom we have had some collaboration here and there in the past, you know neighborhood based opposition, but frankly those collaborations never ended very well.

This example was related to collaborations involving residents in formal and informally structured networks and a history of clashes. To put it in context, it was also in relation to



the Springhill Initiative (e.g., an economic development effort to establish a regional food distribution center) noted in Chapter 1, Table 2 and Appendix C. This particular case lent itself to fitting in both the micro and meso level types of relationships and was hampered by a lack of personal trust between opposing groups. Starting at the micro level, there were clear indications of a lack of personal trust between residents from multiple interviews. Some of the root issues were related to racial tensions and others to social class tensions. A lack of personal trust between residents from different neighborhoods and between residents and organizations was related to race or social class tensions and past history with a lack of government support in the neighborhoods.

These tensions flow into organizations in the neighborhoods as noted by an interviewee from another non-profit, "...we have staff members who wouldn't bring their kids to our program because it's a different culture. And they would say it is not because they are black or white but they are not comfortable."

Even though the programs were of value, the cultural influences (generating a lack of personal trust) inhibited engagement in educational or social service support programs that could have benefited children and youth in the neighborhood regardless of race, ethnicity, or social class. As the literature in Chapter 2 under the Baltimore case example indicated, racial tensions (and historical racial discrimination) can contribute to negative physical and mental health disparities.(English et al., 2014; Ford & Airhihenbuwa, 2010)

At the meso level an interviewee involved in property development gave a perspective on the lack of trust with residents in regard to how they feel they are perceived as a population,

In general there is a sense of US vs. THEM. "Oh they are those people in the Southwest Horizon," "Oh they must not work because they are poor." And there is a lot of victimization and finger pointing. It's one of the biggest challenges.

This notion of 'victimization' can be deeply rooted in past experiences where trust was lost due to failed projects, lack of government support, or health and income inequalities.(Gomez & Muntaner, 2005; Kissane & Clampet-Lundquist, 2012) This interviewee would also go on to note the importance of "embedding in the neighborhood" and establishing trust as it can relate to both the meso and macro level.

Embedding in the neighborhood association is critical. Even if you think you have better ideas than the locals you have to be able to sell it. That is the challenge of leadership is you have to listen to everybody and then sell your ideas if they feel like they are the best for the neighborhood. And it takes a while sometimes. There have to be results and you have to build trust.

This statement spoke to the importance of a leader both selling their ideas to those who are vested in a neighborhood and the need to prove themselves as trustworthy. Relating this comment to Williamson's two notions of trust, there is a need in the neighborhood association for gaining a degree of both personal and institutional trust where delivery of results (e.g., bringing in new businesses, renovating abandoned properties) is accompanied by improving the strength of human relationships. Leveraging both the strong ties (e.g., those well defined in groups) and weak ties (e.g., those loosely defined between and across groups) that exist in the neighborhood inter-institutional ecosystem is required.(Granovetter, 1973; Williamson, 1993) At the macro level (e.g., organization-organization) interviews, the comments from interviewees were that trust is very important among collaborators. Four executive interviewees noted,

...there is a pretty high degree of willingness to collaborate here. Horizon is recognizing that #1 government, and organizations and businesses cannot make a difference in the community by themselves. So that has led to a strong collaborative environment that we enjoy here...

AND

Trust is definitely important and communication. I want to tie those two together. I think that communication builds trust and trust builds communication. But I think without those 2 things it's pretty much impossible to collaborate.

AND

It comes down to having realistic expectations in the beginning and trusting people. And I think it's almost always about: organizations don't collaborate. People do. It's about developing relations and trusting people...

AND

Trust is one of them yes, and respect. That all comes with defining roles and doing your job. I shouldn't have to stand over and tell you what to do. The people here come in to work. It's very much a reward system. There isn't anybody in here I wouldn't trust with my kids...

From these examples institutional trust was the primary message in the first quote with embedded attributes of politics, professionalization, networks, and corporate culture. The first quote was in regards to the planning for a new state-of-the-art multi-disciplinary and innovative YMCA campus in Southwest Horizon. This project is requiring engagement with banking organizations, Choice International University, local government, local public schools, area businesses, FBOs, and local healthcare providers. As this interviewee indicated, at the organizational level, there is a strong propensity for organizations to collaborate in Southwest Horizon, which means sharing of information and working collaboratively to accomplish project goals that require institutional trust. Calculativeness, bounded rationality, and opportunism are critical to the establishment of institutional trust (and to some degree personal trust) and Williamson and Granovetter offered a description of each of them.

Calculativeness was addressed by Williamson (though not explicitly defined) in relation to trust as taking into account the probability of risks for factors that can affect transactions (e.g., transaction economics) and governance decisions in the institutional environment.(Williamson, 1993) Bounded rationality per Granovetter was noted as, "...the inability of economic actors to anticipate properly the complex chain of contingencies that might be relevant to long-term contracts."(Granovetter, 1985c) Granovetter also described opportunism as "...the rational pursuit by economic actors of their own advantage, with all means at their command, including guile and deceit."(Granovetter, 1985c)

In the second quote from a board member of a non-profit in the Southwest Horizon neighborhoods, trust was considered one of the most important collaboration factors and there was a sense of this on the institutional and personal level (perhaps equally a meso-level perspective). The third quote was from a long-standing executive in the Southwest Horizon neighborhoods who had extensive experience in collaborations with multiple organizations. His/her message was clear that trust has to be at the "people level" as it is the people who make up any organization. The fourth quote was from a long-standing for-profit entrepreneur in the Southwest Horizon community. This interviewee's perspective was on 'people knowing their roles' and their view was business focused in nature—

reducing ambiguity and risk of misunderstandings in the business relationship—but with a clear combination of personal and institutional trust.

Another interesting point on trust that emerged from the interviews with the banking organization representatives was regarding community development initiatives. In the second of four of interviews, achieving community buy-in was seen as a key requirement for the collaborative project involving the planning for a public housing redevelopment project,

Identifying what we see that is similar and different perspectives is really important to make sure it's a plan that is inclusive and its a plan that the community will buy into and support and will create the kind of positive change where everyone is benefiting socially, economically, from a health perspective, and from a safety perspective. Without those different voices then its something that gets laid upon a community which means it's not likely to be adopted very readily and its not likely to be as effective.

The importance of place as illustrated with the city examples in Chapter 2 on West Louisville, Cincinnati, OH, and Memphis, TN point to the impact and opportunities that built environment changes can bring for current and future generations to improve health and income equality.(Arefi, 2004; Demeropolis, April 28, 2008; Kevin T DuPont, 2001; Gilderbloom & Mullins, 2005; M. G. Marmot, 2003; Meares et al., 2015; Pickett & Wilkinson, 2015; Thomas et al., 2015)

In two other banking organization interviews regarding community development projects and LIHTCs, trust was not seen as a important issue due to the nature of the relationships involved. One interviewee commented,

Biggest risk is that a partner can pull out before a transaction is closed. That is about the only risk that we see because ours is purely financial. Once the transaction closes and we see the deal then it is in the hands of the borrower. Purely business and financial risk.

To both of these interviewees business partners or borrowers legally accept financial responsibility for their loans at which point business and financial risk are alleviated. The nature of lending agreements is one of the purest examples of institutional trust exhibited by interviewees.

**What qualitative insights can be derived from this issue of trust in relation to the institutional orders, their institutional logics, and the social determinants of health?**

First, we can see that the three levels of relationship can cross multiple institutional orders and have an influence on their institutional logics. Second, based on the results of the institutional logics analysis, we can assert that “Unity of will and trust in reciprocity” is one of the highest recurring logic themes—hence the importance raised with trust being an enabler or inhibitor of progress in a wide spectrum of neighborhood revitalization projects. Third, when one considers today’s conflict-laden inner city environments across America, there is distinct distrust that exist between residents and government organizations (e.g., gun control debate, privacy rights, refugee immigration, and healthcare).(Gershtenson & Plane, 2015; Gomez & Muntaner, 2005) Often, clashes of institutional logics between community or family and the state, can lead to disruptions that negatively impact social determinants of health. Examples include business disruptions, child welfare regulations that inadvertently create artificial income ceilings for parents, and peaceful protests that turn violent.

Chapter 4 has devoted a great deal of attention to the issue of trust. The reason for the attention is because in the course of this research project examples of this issue of trust were expressed as being enablers and disablers of effectiveness relating to community health improvement. In the literature trust or distrust has been linked to socioeconomic disparities and income inequality contributing to health disparities.(Adler & Newman, 2002; Pickett & Wilkinson, 2015; Richard G Wilkinson & Pickett, 2009) In inner cities with ongoing neighborhood revitalizations there is a need for strong elements of trust—both personal and institutional.

To bring cultural walls and social barriers down there may often be a need for conveners to facilitate strategic change. Such facilitation requires buy-in and gaining trust as noted in the comments from the interviewees working in property development with neighborhood associations and banking organization engaged in community partnerships and development issues. It is on this path of gaining and maintaining trust that social / healthcare / mental health related intervention initiatives can ultimately be implemented

successfully to help reduce the socioeconomic inequalities and health disparities that are endemic of distressed neighborhoods and communities.

#### 4.4.2 Increase Community Good

The element of trust was one of the most important logic elements but three others emerged in the most relevant top four. “Increase community good” was the top element overall. Its 87 occurrences were distributed across the following sensitizing concepts:

Table 17. "Increase Community Good" Distribution

Sensitizing Concept	Number of Occurrences	Percentage of Total
Community health impact	39	45%
Community assets	13	15%
Collaboration benefits	12	14%
Interconnectedness	8	9%
Policy issues	6	7%
Project role	4	5%
Collaboration needs	2	2%
Project solutions	2	2%
Collaboration challenges	1	1%
TOTALS	87	100%

Assessing this distribution, the first point is that 13 of the 18 total “community asset” occurrences were categorized here. Examples of some of these occurrences included having started six new urban community gardens since 2011, the re-establishment of a more than 100-year old church that had burned down in a modernized facility in CreativeCast that also provides a food pantry and clothing pantry operation for the community. A second was an innovative faith-based organization that created a 45,000 square foot collaboration space and CreativeCast’s first sit down restaurant in decades with a “farm-to-table” menu and an innovative “pay-what-you-can” operating model. This model was as the FBO leader described a few of their goals for leveraging the urban agriculture efforts in the community and providing a meaningful pricing structure as,

“Some people will pay it forward, some people will pay in full, some will pay with their time, that will be a really valued exchange.”

Locating a new Choice International University School of Public Health satellite office at the new Horizon Central Community Center in the NewDawn neighborhood. Community health impact having the highest number of occurrences was expected given it was the top occurring sensitizing concept (39 of its 98 occurrences falling under this element). A final point is regarding the interconnectedness occurrences. Examples here that contributed to “increasing community good” were a collaboration between the YMCA and School of Public Health on planning for the City of Horizon’s healthy foods corner store initiative, collaboration between Habitat for Humanity and an entrepreneurial faith-based organization on some neighborhood home renovations, engagement of the Mayor’s office with a new School of Public Health facilitated program to help address neighborhood youth violence, and commitment of a faith-based social services organization to partner with area colleges to provide tutoring services for kids.

These examples show where people in the community and stakeholders in the ecosystem are collaborating to reduce the impact of long-standing social determinants of health challenges. Often these initiatives did not require policy change from a federal, state or local level, but in all cases they required people rallying around a collective cause to improve the quality of life, the built environment, and the future opportunities for those in Southwest Horizon neighborhoods.

#### 4.4.3 Social and Economic Classes

Third was “social and economic classes”. Its 58 occurrences were distributed across the following sensitizing concepts:

Table 18. "Social & Economic Class" Distribution

Sensitizing Concept	Number of Occurrences	Percentage of Total
Community challenges	22	38%
Community health impact	13	22%
Policy issues	9	16%

<b>Sensitizing Concept</b>	<b>Number of Occurrences</b>	<b>Percentage of Total</b>
Project challenges	8	14%
Collaboration challenges	2	3%
Project solutions	2	4%
Collaboration risks	1	1%
Technology roles	1	2%
<b>TOTALS</b>	<b>58</b>	<b>100%</b>

From this distribution consider the top three sensitizing concepts. Community challenges was the top recurring sensitizing concept. Examples from the interviews included: CreativeCast neighborhood children having limited access to books contributing to low reading proficiency;; NewDawn neighborhood burdened with concentrated poverty and a food desert; 95% of the neighborhood children being on free or reduced lunches at schools; "... a culture of poverty without any hope"; and high unemployment with racism in the neighborhoods. For community health impacts, some examples cited included: "...concentrated poverty contributes to prevalence of diabetes, high blood pressure, and other bad health outcomes"; "...federal housing policies have historically reinforced sustained poverty"; and regarding one social services program that provides housing and education opportunities for single mothers it creates a "...decreasing likelihood of crime, abuse, potential alcoholism, and prostitution." Last was policy issues. Key examples were "Metro Council expansion of planning ordinance for other county areas to be zoned for multi-family and low-income housing"; parents trying to re-enter the workforce after incarceration; and the need for revising state policy on parent eligibility for the childcare assistance program (CCAP).

These examples highlight some of the critical social determinants of health challenges that can be considered as linked to social & economic class status. Whereas many of the issues noted in the previous section did not require policy intervention to make improvement, many of these issues will require federal, state or local policy intervention to make change happen for the affected population.



#### 4.4.4 Commitment to Community Values and Ideology

Fourth was “commitment to community values and ideology”. Its 51 occurrences were distributed across the following sensitizing concepts

Table 19. "Commitment to Community Values and Ideology" Distribution

<b>Sensitizing Concept</b>	<b># of Occurrences</b>	<b>Percentage of Total</b>
Community health impact	12	24%
Interconnectedness	11	22%
Collaboration challenges	6	12%
Most important collaboration factors	6	12%
Project solutions	6	12%
Collaboration benefits	3	6%
Community assets	3	6%
Project role	2	4%
Collaboration need	1	1%
Policy issues	1	1%
<b>TOTALS</b>	<b>51</b>	<b>100%</b>

In this distribution, a first point of note is that policy issues is last with only one occurrence as compared to other top three institutional logic elements where it was much more prevalent. Examples of community health impact for this element included: healthy children’s activities conducted at the community gardens; residents nutrition needs being supported by an FBO food pantry operation and children’s meals programs at two social services non-profits; future YMCA will help increase the health and fitness level of the community; and the Metro Youth Adverse Conditions Support Program reducing the number of children in severe disciplinary situations. Next interconnectedness examples included: an FBO partnering with substance abuse counseling organizations and a second FBO running an addiction counseling program; and future YMCA planning to partner with an elementary school across from its future campus. Last was ‘most important collaboration factors’ which included: compassion for the community, comradery, mutual alignment of interests and perspective, and “sustainability of the leadership circle”.

Social determinants of health are part of every neighborhood and community in the United States and abroad. The history, culture, and multi-generational populations of every community are critical factors that must be understood for shaping health interventions targeted to achieve positive outcomes and population health improvement shape community values.(Stewart et al., 2013) The examples above highlight the focus on efforts to reduce substance abuse, strengthen programs to support youth, and the need for compassionate and committed leadership in such neighborhood revitalization efforts.

These four institutional logic elements were identified objectively and show the importance of considering the community and state institutional orders and their specific logic elements when considering how to shape future interventions. Understanding the interconnectivity of the population within the economic environment and the social and healthcare support services available is critical to targeting interventions that will strengthen community capacity to improve its community health.(Liberato, Brimblecombe, Ritchie, Ferguson, & Coveney, 2011; Stewart et al., 2013)

#### **4.5 Conclusion—Policies and Fusion at the Boundaries**

In this chapter, the demographics of all the interviews and their categorical breakdown has been discussed. An effort has been made to surface some of the qualitative insights from the interviews based on the most recurring themes integrated with points of relevance from the literature review. In addition, the issue of trust was defined and put in the context of this research project and its importance to community coalitions and formal and informal community partnerships focused on neighborhood revitalization efforts to strengthen community health.

As a concluding element of analysis, this final section will examine two topics. First is the importance of policy issues raised by interviewees and second is a brief discussion on three projects that crossed institutional boundaries.

##### **4.5.1 Policy Issues across the Inter-institutional System**

In the course of the Phase II interviews one of the key questions was to assess the interviewee's perspective on policies that could be changed that would help advance the neighborhood revitalization project or initiative they were working on implementing.

Policy issues were the fifth highest occurring group among sensitizing concepts with 61 occurrences. Table 20 shows the distribution of occurrences.

Table 20. Policy Issues Distribution

<b>Sensitizing Concept</b>	<b>Number of Occurrences</b>	<b>Percentage of Total</b>
Property and business taxation	11	18%
Property zoning ownership/use	10	16%
Government healthcare and standards	8	13%
Workforce development	7	11%
Mortgage lending and valuation	6	10%
Welfare and social issues	6	10%
Fair housing	6	10%
Education-primary and secondary	3	5%
HUD home investment	2	3%
Justice system reform	2	3%
<b>TOTALS</b>	<b>61</b>	<b>100%</b>

The distribution of these policy issues covers a broad spectrum of social and urban issues and may be said to fairly mirror the distribution across organizational fields represented in Figure 8 (distribution of Phase I and II interviews). For the context of policy issues, interviewees were asked about policies in relation to their neighborhood revitalization projects and initiatives, but in some cases the answers they offered related to policies with personal concerns. Two examples to consider come from the most often occurring subgroup of ‘property and business taxation’ and ‘welfare and social issues.’ A comment on each of these topics includes,

...some places in the country also do a waiver for resident owners who have been in the property for so many years. So you are giving a benefit to the long-term property owners. So that they do not see their property taxes go up as quickly.

AND

I have 2 staff members who say, “I can’t accept another raise because if I do my

children lose their benefits.” People have taken demotion because if they don’t they lose benefits.

These comments address two important policy issues. First is the impact of tax burdens (personal or property) on elderly residents living on fixed incomes and their ability to absorb increases to annual property tax bills, which is similar to the situation noted in the literature on Reynoldstown in Atlanta, Georgia.(D. K. Levy et al., 2007) Changes in the cost of living (such as tax increases and healthcare cost increases) can have a significant effect on vulnerable population’s quality of life and wellbeing. Marmot, Bloomer and Goldblatt noted,

The health impacts of an economic crisis include an increase in suicides, homicides and cardiovascular mortality, a fall in road traffic accidents, and worse infectious disease and mental health outcomes...As the cost of living rises faster than incomes, more households fall below a minimum income necessary to live a healthy life...Health inequalities are likely to widen following an economic crisis...(M. Marmot et al., 2013)

Having the resources to afford high quality healthcare services and access to healthy foods along with living in a safe environment can be compromised when cost of living increases outpace individuals’ income. Income inequality affects health of all individuals and especially vulnerable populations.(Pickett & Wilkinson, 2015; Richard G Wilkinson & Pickett, 2009)

The second comment concerns welfare system payments and the program’s ceiling that deters people from taking increases in income for fear of losing their welfare benefits. The scope of such benefits were summarized as being highly variable by each state in a September 2013 article in *The Economist*,

...some worry that welfare is once again encouraging idleness...A recent study by the Cato Institute, a libertarian think-tank, tried to add up what a jobless single mother with two children might receive in each state from seven types of benefit: TANF, food stamps, Medicaid (health care for the cash-strapped), housing assistance, utilities assistance, emergency food aid and the programme for Women, Infants and Children. There was huge variation between states. Such a mother might receive a whopping \$49,175 worth of benefits in Hawaii, the most generous state, but only \$16,984 in Mississippi, the least.(Anonymous, 2013)

What this indicates is the dilemma in Southwest Horizon is not unique but symbolic of a broader problem with the entire nation’s welfare system. Recipients on safety net

programs find it difficult to make enough incremental income to offset a loss of their benefits, which as shown in this Cato Institute study quote. For the non-profit interviewee who wanted to reward an employee for good performance, a reward system challenge is created by the very nature of the welfare system that the employee is reliant upon. These types of challenges can result in the employee remaining constrained by some of the social determinant of health challenges. Examples include: living in distressed neighborhood, and potential exposure to neighborhood environmental effects (e.g., violence, crime, drug / alcohol abuse) that they may have previously wanted to escape. The State institutional logics (e.g., “State as a redistribution mechanism” and “social and economic class”) factor into these situations as guiding norms(P. Thornton et al., 2012b) that reinforce the value and reliance upon the safety net system for vulnerable populations and indirectly reinforce the persistence of income inequality and health disparities.(Koh et al., 2011; Wen Ming, Browning, & Cagney, 2003)

From the business and economic development sectors, comments are provided from three different interviewees as examples,

...one of the policies we were hoping to advance is the possibility of a tax free zone for businesses that locate in this area that creates jobs. Jobs that at least provide a living wage...reducing taxes on both property and earned income could be a way to incentivize businesses to locate in the area where quite frankly the playing field is uneven.

AND

We are seeking new market tax credits as part of our financing package to help pay for this. Obviously the competitive nature of that has been challenging.

AND

Rand Paul has his “economic freedom zone” idea and I met with his people. I have suggested a MicroTIF ...New market tax credits only work for projects for over \$7M.... in CreativeCast you don’t even get close to \$7M in value...

Tax free zones or tax incentives for businesses are complicated and come in multiple forms through local, state or federal programs.(US Chamber of Commerce Foundation & Praxis Strategy Group, June 2014) The link for these economic business incentives to social determinants of health is through job creation in downtown areas and distressed neighborhoods and hold norms and values of the State and Market institutional logic.

Programs such as the US Internal Revenue Service's (IRS) New Market Tax Credit Program,

The New Markets Tax Credit (NMTC) Program, enacted by Congress as part of the Community Renewal Tax Relief Act of 2000...permits individual and corporate taxpayers to receive a credit against federal income taxes for making Qualified Equity Investments (QEIs) in qualified community development entities (CDEs). These investments are expected to result in the creation of jobs and material improvement in the lives of residents of low-income communities. (US Internal Revenue Service, May 2010)

These tax credits, per the IRS, are intended to help with financing for small businesses and community development projects, and home ownership for “targeted populations” (such as low income or populations who have been hit by natural disasters such as Hurricane Katrina). Banking organizations or development authorities (as CDEs) can capture awards for new market tax credits and then those credits can be distributed to investors for qualified development investments in distressed communities and areas striving to bring in new business or jobs creation opportunities. This federal program is related specifically to the 2<sup>nd</sup> and 3<sup>rd</sup> quotes above. Of the cities noted in Chapter 2, additional research could not find a “tax free zone” but Atlanta’s Central Progress Atlanta organization noted several tax incentives available to businesses for job tax credits, research and development tax credits, LIHTCs, tax abatements on historic properties, new market tax credits, and tax increment financing (TIF) to fund redevelopment expenses.(Central Atlanta Progress, 2015) IRS rules and regulations embody traits of the State institutional order and its logic model.

Examples of other policy issues raised by interviewees included:

- Property- The need for local government to expedite rezoning of abandoned properties;
- Healthcare- The need to expand Medicaid coverage to more people;
- Wellness- Influencing policies and licensing on healthy eating and physical activity requirements for “out of school time programs”;
- Education- Give teachers more control over student populations; and
- Fair housing- Get Metro government to waive “cost impact fees” for rehabilitating a house.

Each of these examples poses different dynamics and underlying community challenges for consumers, vulnerable populations and / or organizations. While no graphs were provided here the purpose was to offer a narrative that tells a story about the spectrum of the policy issues raised as feedback to Appendix B, Question 2(h) on policy impact.

#### **4.5.2 Fusion at the Boundaries**

This final section of Chapter 4 is about what is it that happens in ‘fusion at the boundaries’ with regard to the work that occurs across institutional order boundaries?

Different types of recombination of institutional logics are affected by influences at the structural level. That is, the contradictory versus complementary nature of elemental categories differentially affects blending and segregating of logics and thus recombination.(P. Thornton et al., 2012d)

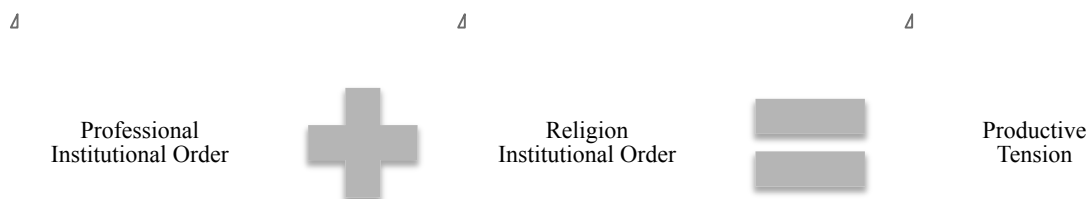
If we assert that ‘fusion’ in the context of this research project is actually a ‘recombination’ of logics, then the result could be emergent hybrid logics. And in the case of neighborhood revitalization projects these hybrid logics may only be applied temporarily or in the times of merged activities. From the spectrum of development projects covered in this research project, two examples are presented where the work crossed multiple institutional orders. They are a combined view of two social services focused organizational initiatives that work to help the neighborhood’s youth and adults, and the future Southwest Horizon YMCA.

##### **4.5.2.1 Youth social services in CreativeCast**

In the course of the Phase II interviews two social service organizations were included. While each provided similar services with tutoring, meals, and after school care for children, and adult social support services, they differ in their foundational guiding institutional logics. While both are non-profit entities and have been in operation in the neighborhood for several decades, one is a faith-based organization, and the other is guided by a professional (secularly oriented) institutional logic. From the interviews it was evident that mutual respect existed and each organization realized the importance of the other’s services, each serving a separate population in the neighborhood. But the fusion happens within the neighborhood’s ecosystem. While ascribing to different sources of legitimacy (‘importance of faith & sacredness in economy & society’ versus ‘personal expertise’) and identity (‘association with deities’ versus ‘association with quality of craft & personal

reputation’) they share a ‘common pain’ which is the recognized importance of youth development (both education support and nutrition) in light of the social determinants of health challenges faced in the neighborhood.(Leavitt & McKeown, 2013a)

Figure 25. Fusion—Profession and Religion Institutional Orders



Sources of funding differ as the FBO-based organization has different business development efforts to raise funding to support needed infrastructure and operations requirements. But the ‘productive tension’ that emerges here is in the benefit derived for the neighborhood and its most vulnerable population—its children and youth. (Murray, 2010)

#### **4.5.2.2 *Future Southwest Horizon YMCA***

One of the most intriguing revitalization initiatives covered in the research project was the development of a uniquely planned multi-disciplinary complex that will be the newest YMCA for the City of Horizon. The development of this unique complex is centered around improving the “health and health equity” with a comprehensive focus on fitness, health, wellness, and education. The fusion for this initiative lies in the overarching importance of three institutional logics and the organizations engaged with the YMCA in making this future complex a reality for the Southwest Horizon community.



Figure 26. Fusion—Community, Profession and State Institutional Orders



When asked about the challenges in collaboration on the initiative, one comment was,

...the opportunity we have to leverage our various missions into something meaningful for improving the overall health and wellbeing of a community. I think that is a challenge that is going to be a very joyful challenge, but it will be a challenge nonetheless.

Working toward a common purpose is leveraging the missions of all engaged stakeholders. The emergent productive tension has resulted in stronger ties between partners to help improve the health and wellbeing of the people across Southwest Horizon. With the overall project being led and facilitated by the YMCA, the central mission is improving members health from a perspective of mind, body and spirit. Multiple organizations are having to engage in order to establish this new community resource.

One of the unique features of this development project is that other organizations that join such a ‘value alliance’ as was defined in Chapter 2, give up an element of their own institutional logic to join forces for a common cause and community benefit.(Leavitt & McKeown, 2013b) As one looks across the Community, State and Profession institutional logics perhaps one that is most important for a long-term development project is Source of Authority—‘Commitment to community values and ideology.’ For local government, private businesses, other non-profits, or FBOs that join the collaborative effort, there is a need to reach a consensus and a ‘level playing field’ for all parties engaged. Only with a commitment to common community values will the ultimate goals of a value alliance be reached—in this case, a new 21<sup>st</sup> century innovative YMCA complex that raises the bar for culture development in inner cities.

#### 4.6 Discussion and Analysis—Conclusion

This chapter has attempted to provide an analysis and view of the qualitative data derived from the field interviews. This was combined with illustrative models that emerged based on inputs received throughout the interview process in this research project. A few of the highlights have included:

- Input from a broad spectrum of community leaders across government, non-profit, for-profit, faith-based, and healthcare focused organizations.
- A qualitative, in depth examination of the topic of trust and what it meant as it emerged as a common priority with many of the interviewees.
- Insights from over 707 occurrences of sensitizing concepts reviewed multiple times to cull out their significance in light of comparison with other interviews relevant to social determinants of health challenges and implications of institutional orders and logics as an analytical lens.
- Policy implications that stretched across the boundaries of organizational fields and institutions.

Every issue raised during the course of the 28 Phase II interviews and the 11 Phase I interviews was not addressed in this chapter. But what was presented and discussed is a qualitative view of many of the key emergent thoughts from interviewees balanced with insights from the literature review (Chapter 2) and additional theoretical concepts. This leads to the final chapter of this research project where conclusions will be made based on generalizability of the findings discussed herein. Application of final concepts and recommendations for future research will be discussed related to the study findings. Before doing so, recall the quote by Morgan that opened this chapter,

As organizations assert their identities they can initiate major transformations in the social ecology to which they belong. They can set the basis for their own destruction. Or they can create the conditions that will allow them to evolve along with the environment.(Morgan, 1986)

Throughout this chapter, examples of consumers and organizations from across institutions demonstrated efforts to make transformational impacts on the social determinants of health factors in the neighborhoods included in this research project. Yet still today the negative effects of poverty and violent crime are ever present. With

continued efforts such as those discussed in this chapter progress can continue to restore these neighborhoods to a place of more equitable balance of income and health equality with the rest of the City of Horizon. A better, safer, healthier, and more economically vibrant place for current and future generations is emerging from the transformational initiatives underway.

## CHAPTER 5. CONCLUSIONS AND RECOMMENDATIONS

### 5.1 Introduction

The discussion and analysis chapter provided a detailed account of many of the issues addressed by interviewees throughout the Phase I and II interviews. These insights shed light on the community health implications for the Southwest Horizon neighborhoods that span the dimensions of built environment, holistic, and economic health. This final chapter starts with a summary view of the overall research methodology, discussion on the concept of local social bridges impact on community health in the inter-institutional neighborhood ecosystem, the importance of community coalitions, and a discussion of three research theme recommendations.

#### 5.1.1 Summary of Top Findings

The Discussion and Analysis chapter showed the importance of trust to the interviewees, the frequency of occurrences across sensitizing concepts, and relationships to the literature. To summarize a few of the most important discoveries, Table 21 highlights key discoveries.

Table 21. Summary of Discoveries

Number	Discoveries
1	Importance of trust at personal and institutional levels—how it can impact community health as an inhibitor or enabler of progress toward implementing community interventions.
2	Productive tension in multi-sectoral partnerships and coalitions is essential.
3	The spectrum of urban, social and health policies can have important effects on community health.
4	Community and State institutional orders were most relevant in neighborhood revitalization analysis with most critical elements being a)

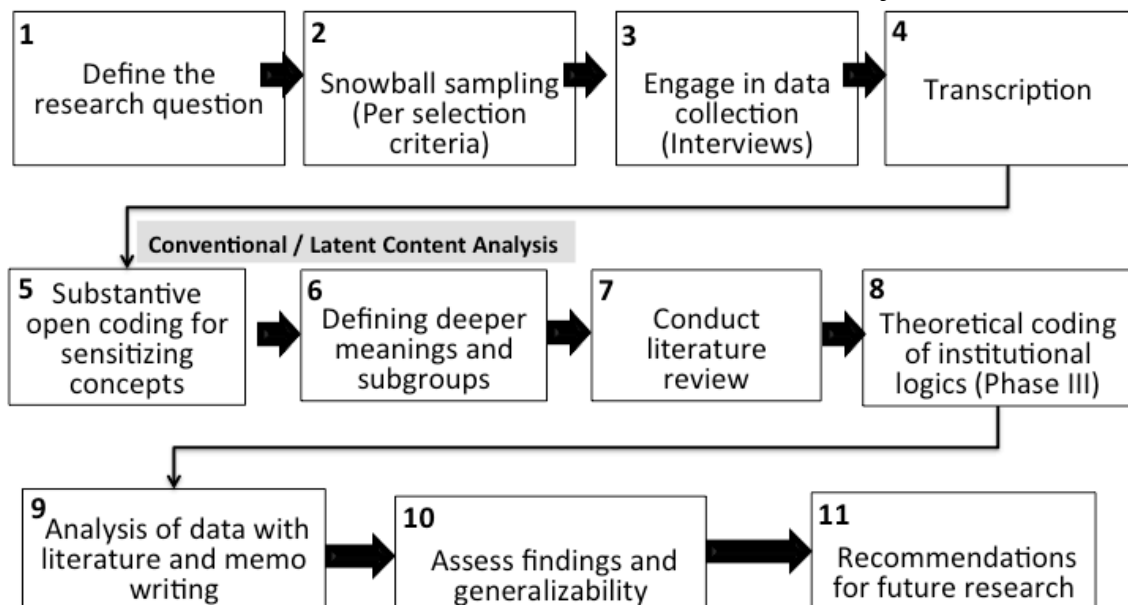
Number	Discoveries
	unity of will and belief in trust, b) commitment to community values, c) social and economic class, and d) increase in community good.
5	Multiple dimensions of community health should be accounted for in community intervention planning.
6	FBOs are part of the “community health safety net” for meeting the needs of those who need it most.

As this was not a quantitative study, there are no statistical metrics to cite to prove or disprove a hypothesis. But the quotes provided throughout Chapters 4 and 5 serve as evidence of the importance of these findings.

## 5.2 A Final View of the Research Methodology

As the research project progressed, a modified model of the qualitative method emerged that was used throughout the course of activities. Figure 27 illustrates the final picture of the steps employed that would combine elements of Figures 4 and 5 from Chapter 3 with modifications and additions based on the discovery process. An 11-stage method resulted that incorporated snowball sampling in the beginning and fused analytical memo writing in the analysis of data.

Figure 27. Modified Grounded Theory Approach Post Project View



Two important distinctions in the method were the importance of ‘substantive open coding’ in Step 5 and ‘theoretical coding’ in Step 8. Step 5 proved to be a critical step that saw the emergence of the taxonomy of core codes shown throughout the set of bar graphs in Chapter 4 (Figures 18-22). This step required line-by-line review (substantive open coding) of over 10,800 lines (266 pages) of interview notes to produce the framework of 14 sensitizing concepts and 707 occurrences of those sensitizing concepts noted in Figure 18.(Holton, 2010) The theoretical coding of the institutional logics model took place after all other coding was completed so it provided a fresh examination of the same data set but through a different lens (institutional logics) which yielded the insights in Section 4.4. Another important point was the task of incorporating analytical memo writing in Step 9. The review of the demographics results of core interview questions in comparison with the literature findings required a ‘constant comparison’ to identify patterns of similarities and differences resulting in development of the theoretical and practical implications presented throughout Chapter 4 and in this.(Corbin & Strauss, 1990) An important point about this process and its application as part of the grounded theory method comes from Corbin and Strauss, one of the originators of the grounded theory method, in a 1990 paper,

Since phenomena are not conceived of as static but as continually changing in response to evolving conditions, an important component is to build change, through process, into the method.(Corbin & Strauss, 1990)

The phenomena under study here was the neighborhood ecosystem of Southwest Horizon and its current slate of revitalization projects and organizational initiatives. Neighborhoods are not static phenomena. They change over time with the ebb and flow of population migration patterns, business and economic activity, stakeholder engagement, and influence of government and community interventions that all affect the presence of social determinants of health. This highlights the fact that the findings presented here are not static and should be expected to change in the future.

### **5.2.1 Potential Study Limitations**

At the beginning of this study three limitations were identified. Those limitations included: time, sufficient qualified participation, and interview transcription workload. As the

research project progressed, a fourth limitation was determined to be theoretical sampling. Each is described below.

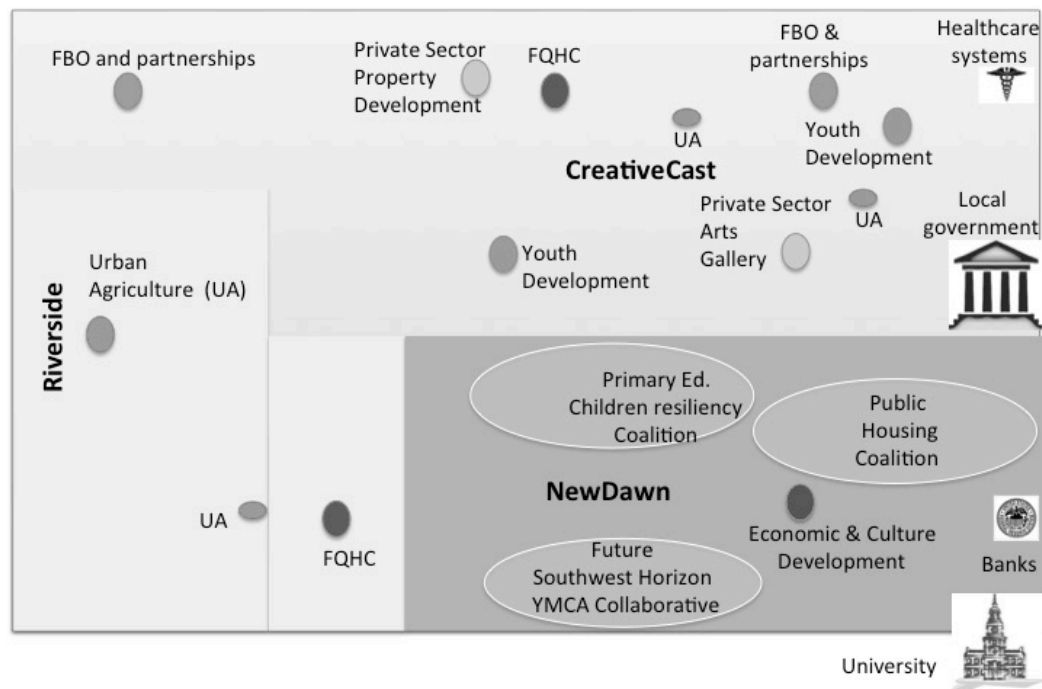
- *Time.* Time was a limitation on the researcher's efforts to complete the research project within a planned time period to allow the researcher to achieve theoretical saturation. However, as the project advanced, the scope was contained to only three of the nine neighborhoods in Southwest Horizon. This limitation decreased the researcher's required effort, and it did not prove to be a fatal limitation in achieving theoretical saturation.
- *Sufficient Qualified Participation.* Finding enough qualified participants was a potential limitation at the onset of this research project recognizing that the researcher may not get to interview enough qualified interviewees to achieve theoretical saturation. This proved not to be the case essentially for two reasons. First, in the three neighborhoods included, interviews were obtained with enough leaders and stakeholders based on the interviewee selection criteria to provide insight to the topics of interest. Second, to some extent, the referral pipeline of participants was exhausted and again it was not detrimental to concluding the study.
- *Interview Transcriptions.* The transcribing process was manual and estimated to take the doctoral candidate researcher 4-6 hours for every 1-hour interview and was initially considered a limitation. With 39 interviews total that ranged between 35 minutes to 3 hours, an estimated 250 hours was spent transcribing all the interviews conducted. However, it became a strength of the study because the researcher was able to determine not only what was said, but how it was said. Other researchers recommended paying a transcription service to prepare the transcript, but intimate knowledge was gained from the researcher's manual preparation of the transcript.
- *Theoretical Sampling.* *Theoretical sampling* was one omission from the original methodology shown in Chapter 3. Theoretical sampling (Figure 4) was not employed due to the time constraints of this doctoral research project. Given additional time to return to the field for a 3<sup>rd</sup> phase of interviews, a number of topics may have been explored further such as the intricacies of informal community networks, community partnerships and relationships in comparison with the formal community coalitions at work in the neighborhoods. Enough data were collected to form the theoretical models

shown in this chapter but additional qualitative data could support more quantitative analysis and application of Granovetter’s theory on strong and weak ties in the community setting which can invoke deep importance of trust and forming of local social bridges.(Granovetter, 1973)

### 5.3 Implications for Local Social Bridges and Neighborhood Revitalizations

Neighborhoods exist as an ecosystem and part of a large complex adaptive system that is continually evolving. As these systems change, relationships evolve between individuals and organizations. In the course of the field interviews in Southwest Horizon a sense of some of the formal and informal community partnerships that exist across the landscape of organizations became apparent. Figure 28 illustrates the network of organizations (along with others outside the neighborhoods) active in improving the social determinants of health in Southwest Horizon.

Figure 28. Organizational Network of the Neighborhood Ecosystem

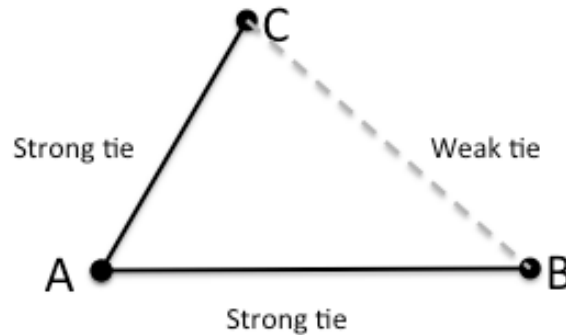


In Granovetter’s 1973 seminal paper, *The Strength of Weak Ties*, he introduced the concept of local bridges as weak ties and their importance to community organization. The strength of a tie Granovetter defined as, “...(probably linear) combination of the amount of



time, the emotional intensity, the intimacy (mutual confiding), and the reciprocal services which characterize the tie.”(Granovetter, 1973) This was further illustrated with a triad of A-B-C as shown in Figure 29.

Figure 29. Granovetter's Triad Model



Granovetter’s concept with the triad was based on the notion of diffusion of information between individuals and the trust within such social, organizational and community networks that can build and develop over time. A strong tie (A-C or A-B) is characterized by higher degrees of each element noted above while a weak tie (B-C) would have less of each element. But it is the weak ties that help people and organizations make the valuable connections for getting information and, in the case of this research project, the shared resources and knowledge needed to positively impact the community’s health. Eventually weak ties (local bridges) can evolve into strong ties with more concrete relationships characterized by contracts, charters, funding, and dedicated resources—those elements needed for formation of a value alliance. Granovetter went on to denote local bridges as,

As with bridges in a highway system, a local bridge in a social network will be more significant as a connection between two sectors to the extent that it is the only alternative for many people—that is, as its degree increases. A bridge in the absolute sense is a local one of infinite degree. By the same logic used above, only weak ties may be local bridges.(Granovetter, 1973)

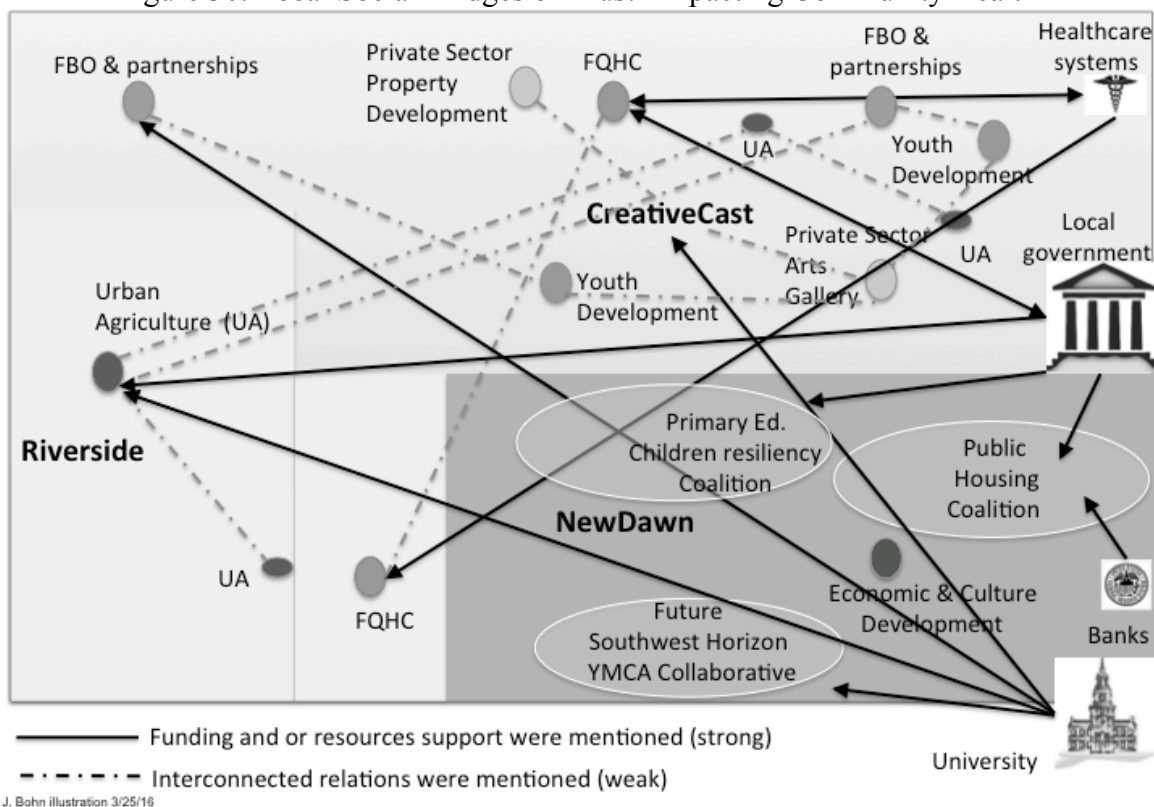
In this research project ‘local bridges’ has been modified to ‘local social bridges’ to emphasize strength of socialization and varying degrees of trust between organizations, residents and organizations, and residents with other residents. In the case of Southwest

Horizon, examples showed that as the neighborhoods have evolved over decades there are varying degrees of trust (some positive and some negative) present for residents and organizations. Certain coalition initiatives and collaboratives (some fixed in time and some ongoing) as well as neighborhood social networks have existed for years and their effectiveness has been impacted by social determinant factors, economic conditions, government / political change, and social changes. But the effects seen here can also be seen in the cities identified in Chapter 2 such as Baltimore, Cincinnati, Louisville, and Memphis—leading to the generalizability of the findings.

This network in Figure 27 is not all inclusive of what exists in the Southwest Horizon neighborhoods as there are additional organizations, value alliances, and social networks at work. However, based on the 39 interviews conducted it illustrates a snapshot of some of the relationships that have evolved. The network involving universities, health systems, local government, non-profits, public and private organizations, also exists in many other cities large and small across the United States.

A final point on this issue is the illustration of interconnectedness across the nodal network. Figure 30 shows the interconnections that were mentioned in the course of interviews and stronger connections where funding and resources are provided from one stakeholder group to another.

Figure 30. Local Social Bridges of Trust- Impacting Community Health



This model conveys two key points. First the dark solid black lines identify where funding and or dedicated resources flows from one of three key entities (local university, health systems, and local government) into various coalition efforts and individual organizational efforts. These relations were not verified by examining contracts but were based on discussion points noted in the course of Phase I and II interviews. Second, the lighter dashed gray lines represent interconnections of relationships and informal partnerships that were mentioned throughout interviews. These were addressed as sharing of experiences, resources, and in some cases leveraging strengths of respective organizations. It is worth noting that in the first Phase I interview with a PhD level interviewee recognized as a leader in efforts to revitalize the area, one of his comments was, “In the past there has been a breakdown in the web of connectivity.” This was based on the withdrawal of successful entrepreneurs from some community engagement in the past. From the perception of this interviewee working to bring his community back to a place of prominence, there is evidence that community and relationship challenges that led

to the current state of the neighborhood environment—and the need to rebuild local social bridges of trust and develop new ones in the future.

In his seminal work, Granovetter addressed the issue of “why some communities organize for common goals easily and effectively whereas others seem unable to mobilize resources, even against dire threats.”(Granovetter, 1973) Granovetter, in part, related some of this to the extent of weak ties as local social bridges that exist allowing information to flow and connect people to needed resources. What was learned from the interviews in Southwest Horizon is the value of the local social bridges over time. Consider this model for each of the cities or neighborhoods reviewed in Chapter 2. Their application in a similar qualitative investigation may produce related and or complementary findings. This example from the project can serve as an impetus for future research.

### **5.3.1 Lack of Technology Implications for Local Social Bridges**

Technology was not a key factor on any of the projects or initiatives explored through all 28 Phase II interviews however; connectivity of people and organizations was emphasized. In the Phase II interviews the question was asked “Is there a role for technology?” and the only interviewees who noted it as essential were the two healthcare providers who discussed the importance of health information technology in today’s environment. All other responses were that it only served a role for communications among partner organizations.

### **5.4 Community Coalitions for Neighborhood Revitalizations**

...community engagement is a critical ingredient in efforts to improve the social determinants of health and the built environment.(Kindig, 2015)

In April 2014 the Institute of Medicine’s (IOM) Roundtable on Population Health Improvement held a public workshop in Los Angeles, CA and in 2015 released the summary entitled, *The Role and Potential of Communities in Population Health Improvement*.(Wizemann & Thompson, 2015) In this workshop David Kindig gave the above comment and continued with an emphasis on the importance of “community leadership, voice and power” in community interventions. Gaining support and involvement from residents and key organizational stakeholders in any neighborhood

revitalization is critical to solving the challenges facing community coalitions or partnerships. A community coalition has been defined as,

...a wide spectrum of social initiatives and typically includes most of the following elements: an intervention intended to change or reform individuals and organizations, usually dealing with a social welfare, public health, or educational problem, by bringing together a number of organizations and other stakeholders and attempting to coordinate their actions through networking, cooperation, and collaboration.(Himmelman, 2001; Kadushin, Lindholm, Ryan, Brodsky, & Saxe, 2005)

One community coalition discussed in this research project was involved in the revitalization of a public housing development in the NewDawn neighborhood. The effort was focused on a HUD grant awarded for planning the redevelopment of the public housing site. The stakeholders engaged included banking organizations, the NewDawn Central Community Center (NCCC), residents, Horizon city government, and other public and private sector organizations. One quote from a key interviewee from the NCCC said,

...the HUD planning grant...which we advocated strongly for will lead to the transformation of NewDawn neighborhood and that transformation is based on creating a diverse economy based on income.

A second interviewee from a different organizational field commented on the collaboration focus of the subject project,

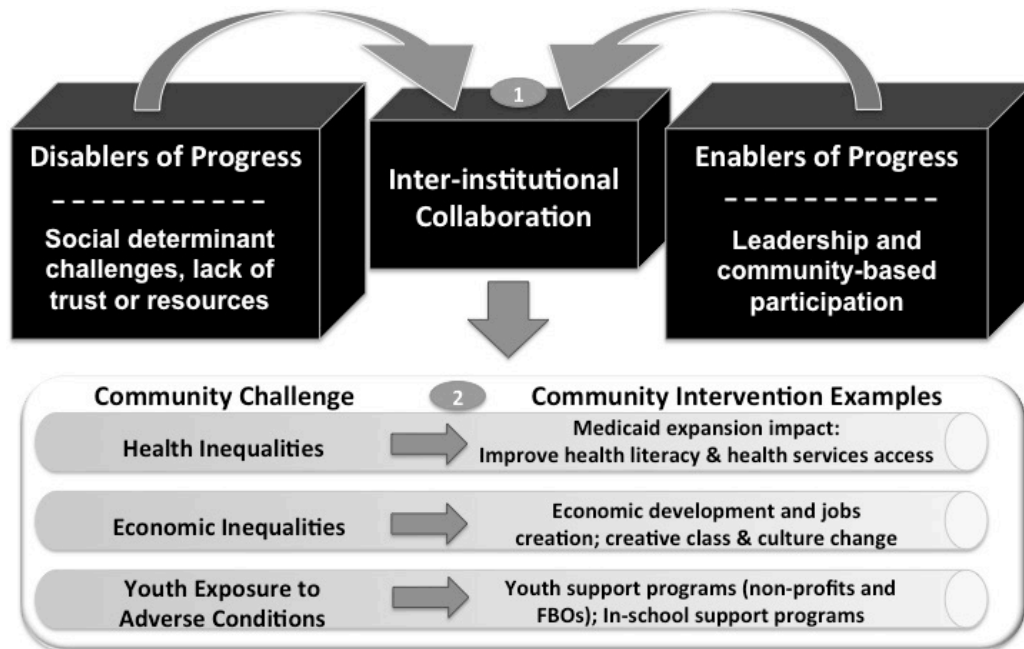
Education, business and faith. Everybody has been brought together to look at what potential solutions can be available to help improve the health and economic wellbeing not just the housing stock but what are the key features that make for a strong community.

The NewDawn neighborhood and this public housing development is in one of the poorest zip codes in the nation. Committed stakeholders are focused on bringing about transformational change to the neighborhood through multiple initiatives. This HUD planning grant was an important part of that effort to help set the course for transformation and revitalization of this long-standing neighborhood in the City of Horizon. If one considers the institutional logics model analysis for this coalition, the logics for community and state institutional orders are clear. There is a strong focus on ‘increasing community good’ to improve the quality of life in this neighborhood, especially amidst the historic social and economic class inequalities that persist today. The efforts of the community

coalition working on the HUD planning grant requires trust that strengthens the weak ties and local social bridges to support implementation of community health interventions.

To apply a visual model for intervention efforts of community coalitions, consider Figure 31. This model emerged as an expanded view of segments 3 and 4 in Figure 2 shown in Chapters 1 and 4.

Figure 31. Inter-institutional Collaboration Model



In creating and implementing community interventions as Kindig noted and as emphasized by a number of interviewees, leadership is critical. These types of interventions, as highlighted in the examples in Figure 31, require a strategic health promotion focus and community-based participation that engages community leaders from across non-profit, private, government, and university organizational fields.(S. R. Levy, Baldyga, & Jurkowski, 2003) Furthermore, engagement of leaders with distributed roles and responsibilities across partners as part of the multisectoral collaborations that are required in community intervention development ties in to the community-based participation requirement and leadership engagement as part of the Institute of Medicine’s original “framework for public health action in communities”.(Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010a; Institute of Medicine & Committee on Assuring the Health of the Public in the 21st Century, 2003)

However, recognizing the underlying disablers and enablers of progress is also essential. Within this model three examples of community challenges identified throughout the research project on Southwest Horizon are noted. The community intervention examples noted on the right all required some degree of policy innovation at a federal, state or local level, the formation of community coalitions or collaboratives, and the strengthening of trust (if it was not already present). An additional enabler of progress could be increasing awareness of the applicable institutional logic elements that tie to the values of the community and the stakeholders involved in devising and implementing such interventions. Using appropriate policy levers and creating local social bridges to engage citizens from stratified social and economic classes can help ensure the success of community interventions focused on improving community health. Last, three lessons from past regional model examples for the implementation of such community interventions by multisectoral community health partnerships and coalitions include:

- Breaking out components of “broad-focused community interventions” and continually measuring progress at the component level for its share of progress toward community health improvement goals;
- Target a “clearly defined community populations”; and
- If the intervention has a broad focus then components will need to be more tightly integrated “to achieve positive community health outcomes.”(Pittman, 2010)

Incorporating these lessons in the health promotion strategy development that supports community interventions such as the three noted in Figure 31 may help improve performance on achieving desired community health outcomes. Together, these two models (Figures 2 and 31) offer a theoretical framework to help illustrate the stakeholders involved in community health partnerships and coalitions and a theoretical pathway to move from acknowledgement of challenges through a sense-making process to generate solutions at project or community levels.

One final point on community coalitions and community health partnerships is the emergence of accountable care communities (ACC), accountable communities for health (ACH), or population health organizations (PHO).(Yasnoff, Shortliffe, & Shortell, 2014) These types of coalitions have been summarized as,

Accountable communities for health are cross-sector organizations that come together to form a governance body or “integrator” entity with the skills and resources to accept responsibility for allocating resources to maintain and improve the health of an entire population of community residents. ACHs emphasize the role played by the social determinants of health.(Shortell, 2015)

AND

The approach integrates health care with public health and social services, and embeds the organization in a community where multiple stakeholders come together as a powerful coalition that shares responsibility for tackling multiple determinants of health.(Tipirneni, Vickery, & Ehlinger, 2015)

While there have only been a few examples of these types of coalitions across the United States, one of the most successful and well documented is the Akron BioInnovation Institute’s Accountable Care Community initiative. This collaborative community effort that launched in 2011 engaged stakeholders from “...hospitals, health care providers, universities, businesses, faith-based organizations, housing groups, transportation authorities, economic developers, and planners”. The nature of this collective served as an integrator coalition with a focus on community-level governance for resolving social determinants of health challenges and resource deployment on prioritized community interventions.(Casalino, Erb, Joshi, & Shortell, 2015; Yasnoff et al., 2014) Significant community improvements have been documented, including diabetes care cost and burden on the community. In 2016 the Centers for Medicare and Medicaid Services (CMS) launched a new five-year demonstration program for Accountable Health Communities (AHCs). The model will have three funded tracks focused on increasing awareness of services, assisting high-risk beneficiaries, and aligning partners for services.(Centers for Medicare and Medicaid Services, 2016) Leveraging the results and insights from this study may present new opportunities to strengthen the future outcomes of this new CMS program in years to come.

No one organization will have all the resources and answers to combat the challenges that are each community’s social determinants of health. Collaboration, trust, “sustainability of the leadership circle”, and strengthening of education and opportunities are all important to bring change to the ecosystem.



## **5.5 Policy Implications for the Inter-institutional System**

In Chapter 1, Section 1.8, a knowledge gap in the literature was identified regards to the lack of literature on the topic of policy implications for the inter-institutional system and institutional logics concept. While no one policy area was considered a focal point to this research, several arose as a matter of insights from the literature review and Phase II interviewee discussions. This concluding discussion does not close the knowledge gap, but is intended to start to build a bridge for that gap in the academic and industry literature. A brief point about each ensues.

First is the Medicaid expansion policy that resulted from the 2010 Patient Protection and Affordable Care Act.(Sommers & Epstein, 2010) As a percentage of the resident population in inner cities may be living on income near or below the federal poverty level, access to healthcare services has been a major challenge for this vulnerable population in the United States. In 2012 there was a change in the access to healthcare services to states that agreed to the federal government program for expanding Medicaid coverage.(Crowley & Golden, 2014; Sommers & Epstein, 2013) The implication of this policy for the inter-institutional system (Figure 2) is the impact it has had on the State, Community, Market, and Profession institutional orders with a wide range of positive and negative impacts that vary by state based on their governor's decision whether or not to participate in the new program. For states that opted in, the expanded coverage for their state's population living below or near federal poverty level meant gaining access to essential health benefits (per the Affordable Care Act) they may otherwise not receive.(Crowley & Golden, 2014) For states that opted out of the federal Medicaid expansion, the decision was projected to have a negative impact on those state's budgets and state taxes, leave millions of people without health insurance coverage, and decrease federal transfer payments to those states.(Price & Eibner, 2013; Sommers & Epstein, 2013) The application of the institutional logics model may or may not benefit the front end policy making process in such federal program expansions but it may serve as a tool for withstanding consequences felt by various segments of a population (e.g., social justice implications) in the post-implementation evaluation process. Additionally, it may serve as a tool for integrated delivery networks (IDNs) and payer organizations seeking a deeper understanding of the impact of

programmatic policy and community intervention changes targeted for specific populations they serve.

Second are the state childcare assistance programs (CCAP). State budget cuts and policy changes often go hand in hand. This one program and policy topic was brought to light in the Phase II interviews in regards to the cutbacks that had been made in previous years which impacted families in need of financial assistance to pay for childcare services and childcare service providers who rely on the stable revenue source to pay for facilities, staff and supplies. In 2015 the state program restored funding that had previously been cut and increased eligibility limits from 140 to 150 percent of the federal poverty level income threshold.(Moody, July 7, 2015; Pugel, October 13, 2015) The implications for policy change such as this one in the inter-institutional system originate out of the State institutional order (where the policy change takes place) but have ramifications on the Family and Profession institutional orders.

While the findings and interviews for this research project did not touch on the Family, a policy change such as this has direct negative consequences for stakeholders in both the Family and Profession (e.g., childcare service providers) when funding is reduced to make up for state budget shortfalls. Often there is not an easy answer to these fiscal policy impacts. Some stakeholder group always lose out when cutbacks are made and they are often at the mercy of the political agenda. For those who are faced with making the actual policy changes and budgetary cuts considering the institutional logic elements may not be an important factor, but for those conducting policy analyses, these elements can serve as an added qualitative lens to view the impact on communities, families, and affected business or social service operators not considered in the past.

Third, is the effect of HUD policies and programs—with special regard to resident income eligibility requirements to qualify for public housing residency. This issue arose in the course when one Phase II interviewee noted that federal housing policies over the years have had a sustaining perpetuity effect on poverty in the NewDawn neighborhood. As noted above in regard to state policy and programs for childcare assistance, these federal policies are also structured with a ceiling on income eligibility for participation and assistance. This creates a threshold where if residents start to make more income they are

then forced to leave the low-income housing space because they have exceeded the income eligibility requirements. These policies while they impact individuals, have a broader impact on Community and State institutional order stakeholders such as the local government organizations and non-profits involved in any city's public housing system. The cycle of poverty persists and is reinforced by the very policies put in place to help consumers overcome it.

These three policy examples are provided to illustrate the interwoven nature of policies within any neighborhood ecosystem. Within the inter-institutional system model, urban, social, and healthcare policies such as these serve as community interventions and often there are estimates as to their anticipated impact on specific populations. Post-implementation monitoring is always necessary to evaluate the real impact on the built environment, economic environment, and health and stability of the population. Policies and policy innovation are an integral part of any neighborhood revitalization and were noted in Figures 2 and 31. Whether devised at the federal, state or local level, policies serve as levers or instruments of coercive isomorphism (e.g., driving desired change based on political influence) with a purpose based on the political forces and influencers behind the policy.(DiMaggio & Powell, 1983) These examples of policy implications for the inter-institutional system hopefully provided qualitative evidence sufficient to open the door for substantiation in future research.

## **5.6 Research Recommendations**

Neighborhood revitalizations are critical to the redevelopment of America's inner cities. As local economies change, subpopulations migrate in and out of neighborhoods that can change the needs for local social and healthcare services and research on community health interventions. This dissertation research project provided several qualitative insights for a methodology that incorporated a novel analysis of the influence of institutional logics in the Southwest Horizon neighborhood inter-institutional ecosystem. One operational recommendation for future qualitative studies is to mandate that the research take the time to manually transcribe all interviews. As noted under the Study Limitations, while this activity was estimated at 250 hours of work for 39 interviews (that ranged between 40

minutes to three hours), the exercise of reviewing each audio file in detail strengthened the researcher's intimate knowledge of the qualitative data.

After consideration of the findings and insights gained, two themes have been devised for potential research recommendations as follow-on research efforts.

### **5.6.1 Intersection of Public Health and Sociology**

This research project has taken a blended approach at integrating sociological perspectives with evidence from various scholars from the fields of public health and healthcare. Four study ideas are proposed to build upon the findings.

- a) **Local Social Bridges in Community Partnerships and Impact on Neighborhood Revitalization.** Explore the underlying issues of non-chartered collaboratives implementing community interventions focused on a specific social determinant issue within one or more neighborhoods undergoing revitalization. Apply a social constructionist theory lens in the examination process to gain fresh insights to how residents, non-residents, and organizations involved in the neighborhoods coordinate their activities and what key factors could be changed to improve such coordination and extend / increase the number of local social bridges in the studied neighborhoods. A suggested approach is to consider using qualitative data collection through focus groups and interviews to assess and validate the implications of local social bridges and the influence of institutional logics in neighborhood revitalization initiatives. Additionally whereas this research project focused on inter-institutional systems and institutional logics theory, a follow-on study of local social bridges could be focused through social network analysis theory to continue building upon the seminal work of Granovetter.
- b) **Impact of Trust on Achieving Health and Economic Equality in Urban Neighborhoods.** Capture input from residents of multiple inner-city neighborhoods to evaluate how personal and institutional trust has impacted their ability to achieve health and economic equality. A suggested approach would be to use mixed methods that will involve both primary data collection to include dissemination of surveys to residents to assess degree of trust with other residents, government agencies, private sector companies, and local non-profits. Assessment of the implications of trust and how it inhibits or promotes social and health equality could be done.

- c) **Urban Agriculture Initiatives—Are They Making a Difference in the Health of the Local Population?** The urban agriculture initiative was cited in this study as having a positive impact on trust with residents in the neighborhoods. But is the consumption of more healthy fruits and vegetables really making a difference in the health of the population? A study on this topic was requested in a Phase II interview with a local government official who has been involved in the local urban agriculture initiative for a number of years. They felt that a study to assess if the additional consumption of healthy foods originating from these city gardens by residents is making a difference in the health of the population would benefit the community. A suggested approach could be to initiate a longitudinal (e.g., multi-year) mixed methods study with a study cohort that is vested and involved socially, operationally, and consumption wise in the annual production of fruits and vegetables from the Horizon City Garden initiative. The study could start with a baseline health status for each participant by answering a Quality of Well-Being Self-Administered (QWB-SA) assessment which is, "...a preference-weighted measure combining three scales of functioning with a measure of symptoms and problems to produce a point-in-time expression of well-being."(Kaplan, Ganiats, Sieber, & Anderson, 1998) The cohort would then need to be reassessed in future years. Such a study could yield a multi-dimensional community health assessment of the social, behavioral, and physical health impact from participation in the community garden initiatives and consumption of produce originating from these gardens.

### **5.7 Thoughts for the Community**

This section covers lessons learned from this dissertation research project and suggestions for any community to consider in launching any new community revitalization project or initiative with a focus on improving the community's health. The first four are from my thoughts and experience in the study and the last one comes from a specific point made by a community leader.

1. **Strengthen Neighborhood Trust at the Micro and Meso Levels.** Examine the relationship among peers and those working in positions of influence to gain insight on who is trusted and who is not.

2. **Identify and Strengthen Local Social Bridges (Weak Ties).** The strong ties that exist in any neighborhood ecosystem are strengths to lean on but what are the weak ties that can be cultivated? Focus on the local social bridges that can cultivate innovative ideas, new relationships, and new opportunities that were previously unforeseen. These local social bridges can aid a new community coalition or collaborative in achieving their goals.
3. **Assess Culture and Institutional Logics Impact on Community Health.** One of the main lessons from this study was on how to view the evolving relations in any community through the lens of institutional logics and the importance of culture. The cultural background of individuals or groups and the institutional order they are in gives meaning to what is seen in how they act, both personally and professionally. Adding a layer of analysis for the institutional logics elements provides additional insights to key issues. Linking these elements to ongoing initiatives in a community-based intervention can show decision makers, stakeholders, and researchers alike an underlying or driving cause of progress (or lack thereof).
4. **Use Urban Policies to Reduce Health and Socioeconomic Disparities.** Throughout the Phase II interviews, understanding was gained about the impact of local policy making. There are issues that arise in communities that federal and state policies can't or don't address. Some of the local ordinances discussed by interviewees provided a glimpse of the importance to improving social determinants of health factors.
  - Restricting the opening of new liquor stores and hours they can be open in Southwest Horizon;
  - Passing an ordinance to expand areas where affordable housing can be located in the City of Horizon;
  - Recognizing local zoning codes require an inordinate amount of paperwork to get abandoned vehicles removed (and sometimes make it impossible when a property owner can't be found); and
  - Passing an ordinance or regulation allowing participants in a community garden initiative to have an open market sale.

These were just a few examples of local policy that makes an impact across the dimensions of community health. Advice to others that engage in future neighborhood

revitalization efforts—understand the network of local ordinances and urban policies in relation to your neighborhood revitalization project.

5. **Strengthen the Leadership Circle.** One of the key takeaways came from a long-standing and well-respected community leader in the Southwest Horizon neighborhood. In commenting on his/her view of the two or three most important factors for coordinating work in neighborhood revitalization projects he/she noted,

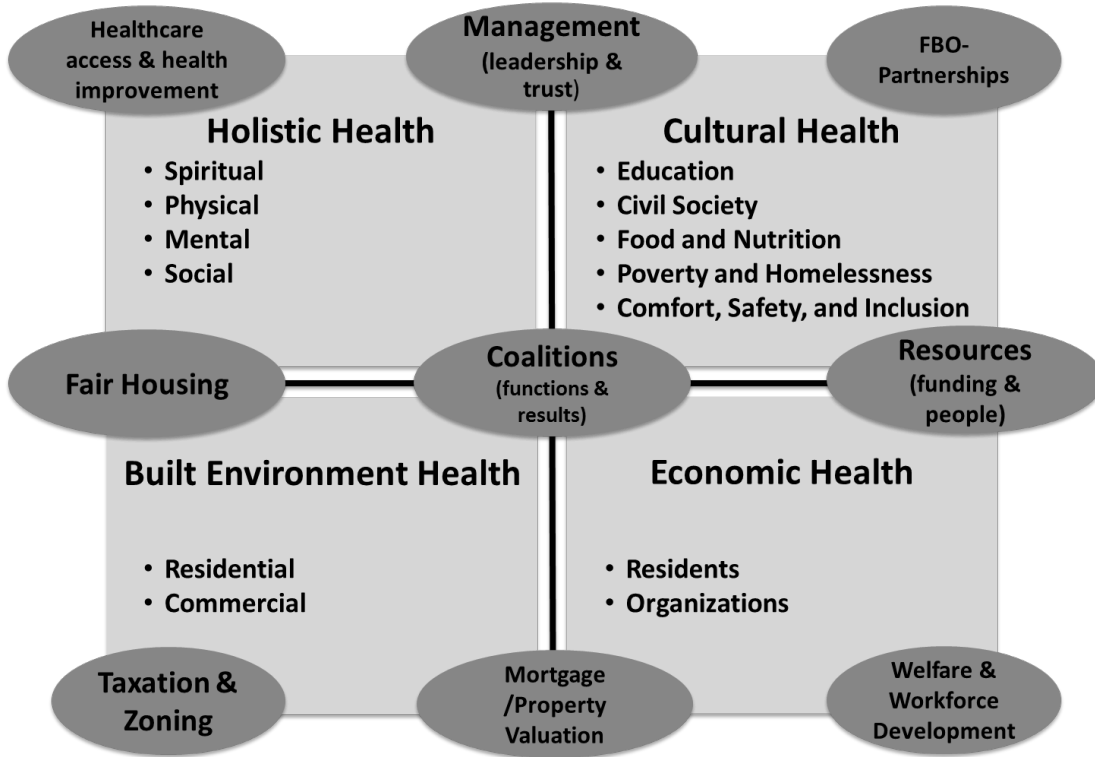
The second most important thing is Sustainability of the Leadership Circle. Inevitably there are gonna be bumps and valleys in the road. Only strong leadership is going to be able to overcome that.

Underlying this point of sustainability is the notion of having a “shared purpose” among the leadership group in the community.(Raskauskas & Bohn, 2015) Neighborhood revitalization projects are often long-term initiatives that require resources, leadership, vision, and dedication to a common goal. If there was a single unifying trait among all 39 of the Phase I and II interviewees, it was that they all shared this common goal of recognizing the potential of Southwest Horizon and the desire to make it great again.

### **5.8 Closing Thoughts—The Social Determinants of Community Health**

This research project took a qualitative look through the lens of inter-institutional systems and institutional logics at neighborhoods in a Midwestern US city and the efforts to revitalize the built environment, quality of life, and economic environment in these neighborhoods. Theoretical saturation was achieved in course of interviews leading to the analysis of all interviewee discussions and the top findings were identified at the beginning of this chapter. In closing this research project, Figure 32 is offered to summarize the impacts on community health in the Southwest Horizon neighborhoods.

Figure 32. Impacting Community Health in Southwest Horizon



This model presents two important points. First the four quads represent four dimensions of community health that emerged from the field interviews and aligned as Figure 3 in Chapter 2. The research project was initiated with no bias as to which domain of community health would be the focus. This was solely determined based on the results of the snowball sampling process for interviewee selection and the projects or initiatives related to neighborhood revitalization that the interviewees chose to discuss. Second and most importantly, the ovals represent the most highly noted reoccurring sub groups from across the top five sensitizing concepts. A remarkable aspect of this model is the breadth of themes that emerge from it. The effects of health and economic inequities can be seen throughout these four dimensions of community health by the population of the neighborhoods of Southwest Horizon and every other similar neighborhood in the United States.

The neighborhoods of Southwest Horizon—CreativeCast, NewDawn and Riverside are all faced with challenges across a spectrum of social determinants of health. In the course of this research project, many initiatives were identified that are making a positive impact



on the quality of life for people living in these communities today. From FBOs, to local government, to non-profits, to universities, and to public or private sector organizations, all are focused on how to bring about social and economic change that will result in health and income equality for part of the City of Horizon. Generalizable to the existing social determinants of health challenges in many other cities in the United States, this research project provides fresh insights into the application of inter-institutional systems and institutional logics theory as a lens to view neighborhoods and their community health.

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APPENDIX A. INSTITUTIONAL ORDERS AND MATRIX OF INSTITUTIONAL LOGICS

Y-Axis	X-Axis: Institutional Orders						
Categories	Family 1	Community 2	Religion 3	State 4	Market 5	Professions 6	Corporation 7
<b>Root Metaphor 1</b>	Family as firm	Common boundary	Temple as bank	State as redistribution mechanism	Transaction	Profession as relational network	Corporation as hierarchy
<b>Sources of Legitimacy 2</b>	Unconditional loyalty	Unity of will and belief in trust is reciprocity	Importance of faith & sacredness in economy & society	Democratic participation	Share price	Personal expertise	Market position of firm
<b>Sources of Authority 3</b>	Patriarchal domination	Commitment to community values and ideology	Priesthood charisma	Bureaucratic domination	Shareholder activism	Professional association	Board of directors & top management
<b>Sources of Identity 4</b>	Family reputation	Emotional connection, ego-satisfaction & reputation	Association with deities	Social & economic class	Faceless	Association with quality of craft & personal reputation	Bureaucratic roles
<b>Basis of Norms 5</b>	Membership in household	Group membership	Membership in congregation	Citizenship in nation	Self-interest	Membership in guild & association	Employment in firm
<b>Basis of Attention 6</b>	Status in household	Personal investment in group	Relation to supernatural	Status of interest group	Status in market	Status in profession	Status in hierarchy

Y-Axis	X-Axis: Institutional Orders						
Categories	Family 1	Community 2	Religion 3	State 4	Market 5	Professions 6	Corporation 7
<b>Basis of Strategy 7</b>	Increase family honor	Increase in status & honor of members & practices	Increase religious symbolism of natural events	Increase community good	Increase efficiency profit	Increase personal reputation	Increase size & diversification of firm
<b>Informal Control Mechanisms 8</b>	Family politics	Visibility of actions	Worship of calling	Backroom politics	Industry analysts	Celebrity professionals	Organization culture
<b>Economic System 9</b>	Family capitalism	Cooperative capitalism	Occidental capitalism	Welfare capitalism	Market capitalism	Personal capitalism	Managerial capitalism

Table Source: PH, Ocasio W, Lounsbury M. (2012) Chapter 3. Defining the Interinstitutional System, In: *The Institutional Logics Perspective. A New Approach to Culture, Structure and Process*. Oxford, UK: Oxford University Press: 73.

## APPENDIX B. INTERVIEW GUIDE

UofL, School of Public Health, Health Management Concentration Doctoral Program

**Interview Period:** August-November 2015

**Dissertation Topic:** Leveling the Playing Field: A Qualitative Study on Collaborations, Policy, and Community Health Impacts In Neighborhood Revitalization Projects

### **Study Overview:**

The purpose of this qualitative study is to assess community stakeholders (academic, faith-based, government, community organization, non-profit, and private sector) perceptions of the “collaboration essentials”, “policy implications” and “community health impact” of their past or present engagement in revitalization projects and organizational initiatives in Southwest Horizon with a focus on the CreativeCast, NewDawn and Riverbend neighborhoods. These are projects that help mitigate social determinant of health challenges in the community.

### **One-on-One Interviews:**

The one-on-one interviews will follow a semi-structured analytic inductive method based on a grounded theory approach to capture demographic and experiential information from each interviewee.

### **Ground Rules for the One-on-One Interview Session:**

1. Location/Date: location and date to be set with each interviewee.
2. Duration: each interview session is planned to be between 45 and 60 minutes.
3. Session will be digitally recorded.
4. Your name and project affiliations will not be shared with anyone else being interviewed unless you explicitly grant permission

### **Interview Questions:**

#### *1. Demographic Questions*

- a. *What sector is your organization in?* Public health  Education-University   
Education-Primary / Secondary  Government agency  Faith-based organization   
 Medical care- hospitals  Medical care- physician practices  Social work services   
 Housing  Foundations  Law enforcement  Behavioral health services   
Local businesses  Managed care organization  Not-for-profit  Community organization
- b. *Where is your organization located?* West Horizon  South Horizon  Downtown Horizon   
Highlands / Crescent Hill / Germantown  East Horizon  Neighbor State   
State- Outside Horizon  Other
- c. *What is your gender?* Male  Female  Other
- d. *What is your age?* 18-25  26-40  41-54  55-65  66 or older
- e. *What is your education level?* Less than High school  High school  Associate degree   
 Bachelors degree  Masters degree  Doctoral degree

- f. *What is your role in your organization?* C-level executive  Middle management   
Community engagement  Business development  Medical care  Social services  
 Behavioral health  Educator
- g. *What part of Louisville do you reside in?* West Louisville  South Horizon   
Downtown Horizon  Highlands / Crescent Hill / Germantown  East Horizon   
Neighbor State  State- Outside Horizon  Other

2. *Core Questions*

- a. DEVELOPMENT IDEAS: Tell me about a project that you have been or are involved in for redevelopment in the CreativeCast, NewDawn or Riverside neighborhoods.
- b. ROLES: What role did / is / could you envision your organization playing in such a project?
- c. COLLABORATION: In the context of this project how would you define collaboration?
- d. COLLABORATION: Do you need to collaborate and if yes, why?
- PROMPT - What benefits do you see from collaboration?
  - PROMPT - What risks do you see?
- e. COLLABORATION FACTORS: What are the 2 or 3 most important factors for coordinating work in such a project? And why?
- PROMPT - Is there a roll for technology?
- f. COLLABORATION CHALLENGES: What challenges exist to effective collaboration among community partners to make such projects happen?
- g. INTERDEPENDENCE: How is the project interconnected with other development projects in the CreativeCast, NewDawn, and or Riverside neighborhoods? It can be interconnected through shared leaders/committees, resources, technologies, policies, funding, etc.
- h. POLICY: Is there a policy (e.g., tax incentives, social responsibility, brownfield land re-use, job training programs, etc.) that could be changed to help the revitalization? If yes, what policy and why?
- i. COMMUNITY HEALTH IMPACT: How did / is / will the development project and broader revitalization impact community health in Southwest Horizon and why?

**Closing:**

3. Are there any other issues or challenges that we did not discuss that you feel are important?

Thank you and if you have any questions contact me any time.

Jo Bohn, MBA (PhD candidate)

**APPENDIX C. DESCRIPTIONS OF INITIATIVES AND PARTNERSHIPS DISCUSSED IN PHASE II INTERVIEWS<sup>1</sup>**

<b>Title</b>	<b>Project / Initiative Description</b>
Springhill Initiative	<b>Economic Development-</b> Initiative in planning stages with community, local government, and private stakeholders to locate food-related businesses in one place for local farmers, food distribution and other related businesses with the intent of creating job opportunities for area residents.
Central Health Education Centers (CHEC)	<b>Education Services-</b> Role is primarily an education organization for students from Choice International and State University that are in the health profession schools. CHEC educates and makes people more aware of the community as a place to consider working once their degrees and training are completed. CHEC has up to 125 students for clinical externships each year and over 100 students annually to shadow or volunteer in some aspect to see what its like in a community health center working with underserved populations. Partners with area faith-based organizations (FBOs) on health promotion and education programs and with over 40 universities on clinical externships.
Horizon Central Community Center	<b>Community Services-</b> Community center focused on economic development, jobs creation, youth development and the arts. Center is attracting small businesses projecting to create over 150 jobs. Organization is completing a community theater to help advance a cultural district, opening a new restaurant in the Center and providing arts education youth development for the community.
Riverside Christian Healthcare Center	<b>Healthcare Services-</b> Faith-based healthcare care organization that integrates primary care and neighborhood transformation services. Center opened in 2011 and received full Federally Qualified Health Center (FQHC) status in 2015. Care delivery philosophy is based on a “whole-person” approach (e.g., physically, psychologically, socially, and spiritually). Healthcare services also include health fairs, health services for high school students, community health education services, and an initiative to open a health academy at a local high school.
NewDawn Redevelopment Initiative	<b>Community Coalition Committee-</b> Grant funding received by Horizon Metro Housing Authority from HUD in 2015 for development of a transformational plan for the NewDawn neighborhood and specifically redeveloping Park Place public housing. A community-planning project with a multidisciplinary focus on education, business, and faith. Bringing people together to conceive solutions to help improve the health and economic wellbeing of residents, not just the housing stock and to make for a stronger community (per Phase II interviewee).
Southwest Horizon YMCA Site Development	<b>Integrated Fitness / Health / Education-</b> Future site under development for a novel YMCA model that will be built on partnerships and have been fitness facilities, healthcare service facilities, and education facilities all on one campus.
Entrepreneurial	<b>Community Services-</b> Methodist church organization in the

<sup>1</sup>

Title	Project / Initiative Description
Methodist Organization	CreativeCast neighborhood FBO with focused on holistic ministry providing community social support services, neighborhood revitalization efforts, and established a new sit-down restaurant (operated based on a “pay-as-you-go” model with volunteer support). The organization focuses on community development at three levels serving as an advocate (for those in need), a sponsor (collaborating with other stakeholders in the community, and a business developer. Organization’s foundational vision is guided by scripture 2 Chronicles 7:14 “...if my people, who are called by my name, will humble themselves and pray and seek my face and turn from their wicked ways, then I will hear from heaven, and I will forgive their sin and will heal their land.”
CreativeCast Arts Venue	<b>Arts Sector Private Business-</b> Entrepreneurial long-standing venue that has grown over eight years from 160 sq. ft. to 28,000 sq. ft. of performing arts, art gallery, and art studio space. Owner is engaged in community support efforts and hosts community functions that are strengthening neighborhood connectivity.
Choice International U- Business School Capstone Consulting Initiative	<b>Education-Service-</b> Business consulting service program run by business school faculty member with rotation of bachelors and masters degree students annually. Specific projects discussed included: a) feasibility study of establishing a new health clinic affiliated with a neighborhood non-profit, b) feasibility of establishing a food processing center in West Louisville, c) small business consulting with some neighborhood small businesses.
Community House	<b>Community Services-</b> From the Community House webpage, A 119 year old non-profit community center “that serves children and families living in CreativeCast and surrounding low-income neighborhoods.” The organization provides intergenerational educational, skills development and social support programs with a mission “to provide individuals with opportunities to enhance the quality of their lives.” Per interviewee the organization runs four programs: early childhood development center for infants through age 12; youth development program; Four Seasons program for senior adults; and family services that includes an emergency food bank, financial coaching, and family advocacy.
City Housing Initiative	<b>Community Housing Policy Advocate-</b> The organization does research, policy analysis and recommendations for fair and affordable housing. For more than 10 years the organization has published an annual report on fair and affordable housing. The project of focus was a recent 20-year action plan for fair housing opportunities that involved several public meetings and focus groups for input to the plan prepared for the city of Horizon.
CreativeCast Neighborhood Association	<b>Community Services-</b> Neighborhood association started in 1970s having created a model neighborhood revitalization plan in the early 200s. Central focus has been on residential housing related policy with the city, economic development, neighborhood safety, and other issues of concern to neighborhood residents.
CreativeCast Promise Center	<b>Community Services-</b> Faith-based non-profit that has been providing early childhood and you development services for kindergarten through 12 <sup>th</sup> grade since 1950s. The center serves approximately 90 kids per day per the interviewee. Interview discussion centered on

Title	Project / Initiative Description
	project for getting a new playground built for the center – a resource used by children from across the community.
Choice International Health Literacy Program	<b>Education Services-</b> Per key interviewee interview, “...the purpose of the project is to ... tailor specific resources to this specific population in ways that are gonna be meaningful to them...it’s a community driven project...” Initially focused on health insurance and health systems literacy but eventually health behaviors literacy.
Choice International Adolescent Diversion Program	<b>Education/Community Services-</b> A program in partnership with local government and court system being led by Choice International University’s School of Public Health that is designed to decrease recidivism for juveniles charged with misdemeanor offenses. The program will engage undergraduate students to go through a semester long curriculum about “how to engage with youth and serve as a mentor to them and build their understanding of case management and working with families. Then these students are partnered with a juvenile charged with a misdemeanor for 10 weeks. Program goal is work with the courts to get charges dropped and reduce recidivism.
Dual-Diagnosis Cross-Functional Team	<b>Community / Healthcare Services-</b> Intersectoral group of organizational representatives from public and private sectors that included: Metro Corrections, police department, Emergency Medical Services, hospitals, and addiction treatment centers all with a goal of organizing the community to be more proactive in care for “familiar faces” of people community-wide care plans and pathways.
Metro Youth Adverse Conditions Support Program	<b>Education / Youth Social Support-</b> Per Program Executive Summary provided by a key interviewee, “Through the collaboration of diverse community partners, we are addressing the root causes of poor health in our most vulnerable children by implementing a trauma-informed model for Metro County Public Schools (MCPS) within a Whole School, Whole Community, Whole Child Coordinated School Health initiative, a CDC best practice model. In addition, we will improve the knowledge and skills of out-of-school-time (OST) providers so that they will recognize the impact of adverse childhood experiences (ACEs) and help youth develop resilience and the ability to cope with trauma. The goal is to infuse and sustain trauma awareness, knowledge and skills into the organizational cultures, practices and policies of MCPS and OST provider agencies so that they can use the best available science to facilitate the resilience of the child and family.”
CreativeCast Presbyterian Church	<b>FBO-Driven Community Services-</b> local church established in late 1800s. Church building destroyed by fire in 2009 but congregation and community supported rebuild in new CreativeCast location. Organization has a novel partnership with Choice International School of Music providing piano lesson program for youth and also has a separately operated food pantry and clothes closet operation serving those living in the CreativeCast neighborhood supported by partnerships and donations from other regional non-profits and for-profit organizations.
Horizon City Gardens	<b>Urban Agriculture Initiative-</b> a garden demonstration site on five acres of property that previously belonged to Horizon Metro Parks that was formerly a tree nursery. An urban garden initiative led by a local non-profit facilitating a public-private partnership including local government. Partnership effort has established urban garden locations

Title	Project / Initiative Description
	including a large fruit orchard, 6,000 square foot green house, and a 20-member community garden. Efforts have increased local healthy foods supply, consumption and trust among residents and local government. Since 2012 the initiative has produced over 3,000 pounds of produce for distribution to local groceries and distribution programs.
Family Education House	<b>Education / Community Service-</b> Non-profit community educational organization with mission "...to end the cycle of poverty and transform our community by empowering families and youth to succeed in education and achieve life-long self-sufficiency."
Southwest Horizon Family Education House LIHTC Initiative	<b>Financial Services / Non-Profit Partnership-</b> Financial institution led effort to secure LIHTC for financing of new low-income housing site development for non-profit.
Banner Collaborative	<b>Community Engagement-</b> University led, multi-stakeholder initiative partnering with stakeholders in the community of Southwest Horizon addressing four different areas: education, health, social services, and economic development. The projects engage use of resources of the entire university including faculty, staff and students from every school and college as well as the administrative offices.
CreativeCast Investment Initiative and Neighborhood Ventures Alliance	<b>Community Developer / Non-Profit Partnership-</b> For-profit entity focused on acquisition, rehabilitation and redeployment of historic residential and commercial properties in an alliance with non-profit home ownership financing organization helping low-income renters become homeowners of rehabilitated historic homes.

\* The titles of these initiatives/partnerships have been modified from their actual titles of those that participated in the research project to preserve confidentiality and anonymity. The descriptions were created based on a combination of interview information and publicly available information.



## APPENDIX D. KEY DEFINITIONS

<b>Term/Phrase</b>	<b>Definition</b>
Collaboration essentials	Elements needed for coordination of work that can vary based on contextual needs include (but are not limited to): leadership approaches, communication tools and techniques (technology and or people-centric), trust factors, power relations intersectoral coordination, priority and goal setting, shared purpose and culture, network and alliance engagement, and connector-oriented leaders. (Gladwell, 2001; Leavitt & McKeown, 2013b; Raskauskas & Bohn, 2015; Rudolph, Caplan, Mitchell, Ben-Moshe, & Dillon, 2013; Thornewill J. & Esterhay R.J., 2014)
Community health impact	The impact on the health of those who work and live in a given neighborhood(s) or city. “Health” considered as the comprehensive wellbeing (e.g., physical / psycho / social / economic) of the community’s population. “Impact” is considered at the population level with effects from built environment issues, socio-economic factors, and demographic characteristics of the local population with respect to any social, health or economic inequalities experienced.
Health equity	“...the attainment of the highest level of health for all people...with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”(Beal, 2011)
Health in All Policies	A Health in All Policies perspective can be considered based on the World Health Organization definition, “HiAP is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.”(World Health Organization, 2013)
Policy implications	The health, economic, social, and state welfare policies generated from a federal, state or local level that can impact any neighborhood.
Social determinants of health	... the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. Circumstances include: housing, neighborhood safety, education, poverty, income inequality, and health literacy.(M. Marmot, 2005; M. Marmot et al., 2008)

# CURRICULUM VITA

J. M. Bohn

## EDUCATION

University of Louisville

School of Public Health and Information Sciences

Ph.D. in Public Health (Health Management and Systems Sciences)

Anticipated award date:

May 2016

*Dissertation Title:* Leveling the Playing Field in Neighborhood Revitalizations: The Influence of Social Determinants of Health and Institutional Logics

*Program Advisor:* Robert J. Esterhay, MD

*Summary: Objective.* Explored collaboration and policy issues impact on community partnerships and neighborhood revitalization projects focused on improving multiple dimensions of community health (holistic, cultural, built environment, and economic). *Methods.* Qualitative, grounded theory-based study used snowball-sampling technique to secure 39 one-on-one semi-structured interviews over 4-month period and conducted three phases of content analysis. *Results.* Identified a taxonomy of subgroups for top five themes and critical factors that influence community health. Factors included leadership, formal and informal partnerships, trust, effective policy, healthcare access/health improvement, interconnectedness, resource availability, social/economic class, increasing community good, community values, and faith-based organization (FBO) engagement. *Conclusions.* Strengthening trust (personal and institutional) is key to improving community health and study of 'local social bridges' (informal networks) with institutional logics consideration may yield new insights to aid community leaders in mitigating social determinants of health challenges and improve aspects of community health.

*Status (02/14/16):* Finalizing dissertation and preparing for defense presentation.

University of Louisville

Master of Business Administration

Focus on Healthcare and Economics

December 2006

University of Louisville, College of Business

Bachelor of Science in Business Administration (Accounting)

May 1992

## UNIVERSITY TRAINING

UofL Grant Writing Academy

April 2015

UofL Entrepreneurship Academy

December 2014

UofL Delphi U: Principles of Online Course Design

July 2014

## RESEARCH EXPERIENCE AND INTERESTS

### EXPERIENCE

University of Louisville, School of Public Health and Information Sciences

Graduate Research Assistant

August 2013-present

Fall 2014, Fall 2015- Introduction to U.S. Public Health, Course Instructor. Designed and revised both course syllabi for 14 week (3 credit hour) and 10 week (2 credit hour) class structure. Fall 2014 course was taught as a hybrid course and Fall 2015 course is 100% online.

Summer 2013 – Fall 2014 - Conceptualized and managed production of Population Health: Management, Policy and Technology. First Edition. Collaborated with department chair, faculty, and external contributors to develop content, coordinate editing process, manage book cover design with publisher, and drive project to completion.

*Spring 2015 – present-* Mentored foreign student on English language proficiency, public speaking, and qualifying exam methodology preparation (approx. 50 hours) over 6-month period. Assisting Interim Associate Provost for Global Affairs and Assistant Dean for Global Affairs with: **a)** developed university-level strategic internationalization plan that included goals, challenges, infrastructure needs, international student enrollment capacity and ranking among benchmark institutions; **b)** developed letters of intent (LOI) collaboratively with academic executives for public health and engineering research program; **c)** drafted international conference key note speech for Associate Provost delivery Fall 2015 in Lahore, Pakistan, and **d)** Supporting Dean of School of Public Health with current research evidence on importance of diversity in the academic workforce and challenges with diversity candidate recruiting.

#### *QUALITATIVE STUDY*

SOC-618 Qualitative Field Research Methods

Spring 2014

*Study Title:* Transgenderism: How Does One Negotiate Transitions?

*Course Professor:* Patricia Gagne, PhD

*Summary: Objective.* Explore the psychosocial, medical, and financial challenges experienced by pre and post-operative male-to-female (M-F) transgender identifying persons. *Methods.* Grounded theory-based qualitative study that included a 2-hour focus group session with 15 M-F study participants from local transgender social / support group and four one-on-one semi-structured in-person interviews with three post-operative M-F interviewees and one pre-operative M-F interviewee followed by extensive literature review. *Results.* Findings included social, career and healthcare challenges along increased awareness of state-variation in court rulings on legal status of post-operative transgender persons.

#### *TEACHING AND RESEARCH INTERESTS*

*Teaching:* Online or in-person. Topics include: Introduction to Public Health, Health Policy and Management, Leadership & Governance, Dissertation Planning, and Community Health Partnerships.

*Research (Qualitative):*

*Methods Focus-* qualitative research using grounded theory, community-based participatory research (interviews and focus groups), and conventional and latent content data analysis. Study topics:

- ◆ Influence of economic and social policies on community and vulnerable population health; and
- ◆ Evaluate ‘weak ties as local social bridges’ and implications for strengthening formal and informal community health partnerships in urban cities.
- ◆ Institutional logics analysis of community health partnerships—do conflicting logics prevent progress in reducing health disparities? If not, how are the conflicts overcome?
- ◆ Explore implications of personal and institutional trust—its effect on vulnerable populations health;

#### **PROFESSIONAL AFFILIATIONS**

American Public Health Association (APHA)

2015 - present

## **HONORS AND AWARDS**

Alice Eaves Barnes Award for Outstanding Achievements in a Masters Program 2006  
Dean's Citation, University of Louisville College of Business 2006

## **TEACHING EXPERIENCE**

University of Louisville, Louisville, KY. Instructor (Intro to US Public Health) Fall 2015  
University of Louisville, Louisville, KY. Instructor (Intro to US Public Health) Fall 2014  
Jefferson County Adult Ed Program; Louisville, KY. Part-time Acct Instructor 1994-95

## **SERVICE AND LEADERSHP EXPERIENCE**

Assistant Youth Class Instructor (Brown Belt), Judo Program, Tampa YMCA 2009-2010  
President. UofL MBA Association, Louisville, KY 2006  
Chair, Tampa Junior Chamber of Commerce, Tampa, FL 2004  
President, Tampa Junior Chamber of Commerce, Tampa, FL 2003  
Business Area VP, Tampa Junior Chamber of Commerce, Tampa, FL 2002  
Program Instructor, Junior Achievement. Western High School; Louisville, KY. 1994

## **GRANT WRITING ACTIVITIES**

Title: Shipboard Advanced Power Management Systems for Future Navy Warships 2003  
Sponsor: Office of Naval Research (ONR)  
Type: Phase I Small Business Innovative Research (SBIR)  
Description: Phase I award for prototype concept design.  
Subcontractors: DRS Technologies and Texas A&M University  
Role: Grant proposal coordinator  
Amount: \$120,000.00

Title: Shipboard Advanced Power Management Systems for Future Navy Warships 2005  
Sponsor: ONR  
Type: Phase II SBIR  
Description: Phase II award for prototype manufacture.  
Subcontractors: Texas A&M University  
Role: Grant proposal coordinator  
Amount: \$500,000.00

Title: Older Worker Education Support Demonstration Project 2009  
Sponsor: U.S. Department of Labor  
Type: RFP response; 3-year demonstration project  
Description: BayCare Health System and WorkNet Pinellas proposal to design develop and implement innovative education service for 55+ workforce segment on new electronic medical record (EMR) system.  
Role: Grant proposal coordinator (technical and budget segment)  
Amount: \$750,000.00 (not awarded)

## **SCHOLARLY ACTIVITIES**

### ***PRESENTATIONS***

Bohn J. (July 2010). University of South Florida (USF) Medical School Presentation. *Healthcare Reform: Select Areas of Interest for Future Physicians*. Presentation for 2<sup>nd</sup> year medical student cohort under Professor and Associate Dean, William Marshall, MD, MBA.

Stoos M, Bohn J. (October 2009). Poster presentation, *The Road Ahead: Risks with Health Information Technology (HIT) Implementations and Risk Mitigation Planning for an EHR Implementation*. Cerner Global Health Conference. Kansas City, MO.

Stoos M, Bohn J. (July 2009). Poster presentation, *The Road Ahead: Risks with Health Information Technology (HIT) Implementations and Risk Mitigation Planning for an EHR Implementation*. University of Maryland School of Nursing Informatics Conference. Baltimore, MD.

#### MANUSCRIPTS PUBLISHED

Flareau B, Bohn J, Korschak C. (2011) *Accountable Care Organizations: A Roadmap for Success. Guidance on First Steps. First Ed.* Convurgent Publishing.

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Terrell GE & Bohn, J. (2012) *MD 2.0: Physician Leadership for the Information Age*. American College of Physician Executives.

Spooner B, Reese B, Korschak C, Bohn J, Eds. (2012). *Accountable Care: Bridging the Health Information Technology Gap*. Convurgent Publishing.

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Flareau B, Bohn J. (2013). *The Six P's of Physician Leadership. A Primer for Emerging and Developing Leaders*. Kumu Press.

Esterhay RJ, Nesbitt LS, Taylor JH, Bohn J, Eds. (2014). *Population Health: Management, Policy and Technology, First Ed.* Convurgent Publishing.

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Yale K, Raskauskas TA, Bohn J, Korschak C, Eds. (2015). *Clinical Integration. Population Health and Accountable Care, Third Ed.* Convurgent Publishing.

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Raskauskas TA, Raskauskas TA, Bohn J. (2015). Clinical Integration: A Bridge to Improved Population Health and Care. In: Yale K, Raskauskas TA, Bohn J, Korschak C. Eds. *Clinical Integration. Population Health and Accountable Care, Third Ed.* Convurgent Publishing. pp. 502-530.

#### MANUSCRIPTS IN DEVELOPMENT

Bohn J, Roelfs D. (2016). Moving Communities Forward: An Institutional Logics Perspective on Neighborhood Revitalization and the Enablers of Progress. *City & Community*. Journal of American Sociological Association. (Article In Development)

Bohn J, Taylor JH, Roelfs D. (2016). Partnerships and Collaboration: Neighborhood Revitalizations and Social Determinants of Health and Institutional Logics. *American Journal of Public Health*. (Article In Development)

Esterhay RJ, Nesbitt LS, Taylor JH, Bohn J, Eds. (2016). *Population Health: Management, Policy and Innovation, Second Ed*. Convergent Publishing. (Book in Development)

## **OTHER CAREER EXPERIENCE**

**Owner/Principal KMI Communications LLC Louisville, KY 1/10 – 1/16**

*Healthcare writing practice focused on research and publishing support services. Engagements included:*

*Convurgent Publishing- Virginia Beach, VA (2010-2016)*

*CIC Advisory- Palm Harbor, FL (2011-2013)*

*Encore Health Resources- Houston, TX (2012-2013)*

*UofL, Office of Executive VP for Research- Louisville, KY (2010-2011)*

*Cornerstone Healthcare- High Point, NC (2011-2012)*

**Analyst BayCare Health System Clearwater, FL February 2007 – April 2010**

*10-hospital Clinically Integrated Network (CIN) based in Clearwater, FL.*

- ◆ Co-developed 5-year Health Information Management (HIM) department strategic plan with regional HIM director.
- ◆ Conducted research on eDiscovery for legal counsel and HIM director.
- ◆ Conducted best practices research resulting in risk reduction for electronic health record implementation.

**Business Development Associate Custom Manufacturing & Engineering, Inc.**

**St. Petersburg, FL**

**June 2001 – January 2006**

*Woman-owned small business in Department of Defense technology research and development.*

- ◆ Drafted 5-year strategic plan for CEO and VP of Government Programs.
- ◆ Managed exhibit and customer relations at 20+ national tradeshows (2004-05) resulting in over \$1.5M in revenue.
- ◆ Managed grant proposal development process for VP of Government Programs on Small Business Innovative Research (SBIR) grants that included coordinating efforts of technical writers, engineers, accountant, and graphic designers.
- ◆ Drafted congressional white papers for VP of Government Programs on earmark funding requests.

## **TECHNICAL KNOWLEDGE**

*Computer: **Advanced:** Microsoft (MS) Word, Excel, PowerPoint, Quickbooks Accounting; **Intermediate:** MS Project, Visio and Outlook; **Novice:** Adobe InDesign CS5.1*

*Writing: Experience with the following style guides: 1) AMA, 10th Edition, 2) Chicago Manual of Style, 16th Edition, and 3) APA, 6th Edition.*

## **TEACHING PHILOSOPHY OVERVIEW**

My pedagogy is focused through four lenses: professional tenets, goals for students, methodology, and evaluation (students and self for continuous improvement). Previous role as a course instructor for hybrid and online Public Health course over the past 2-years at the

University of Louisville is coupled with past ancillary teaching and mentoring activities over the last 20 years and Service and Leadership experience. These activities have been reinforced by my academic work and culminated in my approach to teaching. Interests are in advancing student's learning of principles and theory with real world application along with a focus on advancing the science of qualitative research methodology through continued field research and teaching and mentoring students with interest in qualitative research methods.