Commitment to the Community in Community-Based Research

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Coming in as a freshman student to a university in a new city can be an intimidating situation. I was in this situation two years ago and felt I had no connections to the surrounding community outside of campus. This city was my new home away from home and I did not feel like a part of it. Therefore, I got involved in the local neighborhood association as the only student participant. My first night at a meeting included a question and answer session with a representative from the hospital located in the neighborhood, adjacent to the university. There was talk of a neighborhood garden partnership and I was getting the impression that the neighborhood felt betrayed regarding the construction of a sign at this garden. This moment was the beginning of an interesting journey.

I learned later that this garden is a partnership between the neighborhood association and the hospital to provide community members the opportunity to lease garden plots. The hospital provides the land, water, electricity, and financial support. The neighborhood association contributes the labor to: advertise, coordinate leases, divide up plots, produce compost, and other gardening work such as tilling and mulching. There are many positive outcomes of this program, chief among them: the gardens are a gathering place for neighbors and promote outdoor activities and support healthy living and eating, rental fees are donated to the local free clinic, and a portion of everyone's produce is donated to local food banks.

As the school year progressed I did not think much more about that first meeting night; however, I was reminded of it when I had the opportunity to complete a community-based research project. The research project explored the concept of an anchor institution by examining how a hospital partners in the local community. I was interested in the project because I am interested in a healthcare career. However, I also felt a connection to the project because I had this connection to the neighborhood association. I had been attending meetings for a year and liked the idea of being able to contribute more than just being a body at a meeting.

The process began with a literature review of anchor institutions to better understand the terminology and concepts involved. In the report *Achieving the Anchor Promise*, anchor institutions are described as "place-based institutions that are tied to their location by reason of mission, invested capital, or relationships to customers or employees and hence have a vested interest in improving the welfare of their surrounding communities" (Dubb, McKinley, and Howard 2013, 7). Noteworthy examples of anchor institutions in the healthcare sector are Mayo Clinic, Gundersen Health System, Bon Secours Health System, Henry Ford Health System, and the Cleveland Clinic (Zuckerman 2013, 4). While universities and hospitals frequently meet these criteria, community or national organizations can also be included.

My research mentor and I thought the exploration of anchor institution partnerships in our community was important because the literature often considers what and who in partnerships, but neglects to address the how. How are communities being included or excluded from the planning process? How do people in the community feel partnerships and programs interact with their organization? How do people feel an anchor institution is treating them? These are important questions because projects that are done on behalf of people serve to widen the gap between "us" and "them." Johnson, in his book *Privilege, Power, and Difference*, comments, "In fact, the act of helping – of being able to help – can reaffirm the social distance between the two

groups and heighten everyone's awareness of it" (Johnson 2006, 72). Conversely, projects that are done in a truly collaborative effort bring "us" and "them" closer to "we." In order to explore this aspect of anchor institutions, I interviewed six key informants involved in one or more of the following groups: the local neighborhood association, a community of Catholic sisters, the city government, and the White House Office of Faith-Based and Neighborhood Partnerships. I was able to find all but one of these key informants because of my work with the neighborhood association.

Next, I reviewed the interview transcripts and it was apparent that this garden sign was this collaboration's major negative aspect. The sign has unequally sized names of the two contributing partners. The hospital's name is significantly bigger than the name of the neighborhood association, which is a point of contention for many of the neighborhood members. Additionally, the sign contains an acronym of an initiative started by the hospital to promote healthy living, but the neighborhood association was never contacted to be a partner in this initiative.

It was difficult at first to look beyond the lack of communication that could explain the poor outcome of the sign, because I was there to try to better understand the perception and functioning of the anchor institution. I realized that interpersonal relationships surrounding the garden sign played a role in the community members' perception of the hospital as an anchor institution. Community partners conflated their strained relationships with hospital personnel involved in the garden sign project with their relationship to the entire institution. For instance, one past chairperson of the neighborhood association stated, "You know she [a specific hospital employee] doesn't have a handle on what it takes to be a good partner in the community." The neighborhood member's relationship with the hospital liaison changed how he felt the hospital functioned in the community after it formalized its affiliation with a much larger, multi-community health system. "[Y]ou know," he continued, "the difference between [the old hospital] and [the new health system] was like night and day." This quote shows how people can expand their opinion about one person associated with an institution to the institution as a whole. Economics describes this phenomenon as the fallacy of composition. This fallacy "is the presumption that a relationship that is valid for each individual must automatically be valid for the entire group of these persons" (Baumol 2005, 171).

I think this conflation's very existence is detrimental to an anchor institution's mission. When neighborhood association members are asked to reflect on the hospital's community involvement they conflate opinions about individuals with the entire organization, therefore impeding the institution's ability to partner in the community. Neighborhood association members are suspicious of future partnerships because as the past chairperson explained, "Why should we bother if we're not getting any support from the organization that's taking credit for our blood and sweat?" This association member reported feeling like walking away from the garden project several times due to the poor working relationships. He is not alone in his frustration. From informal interactions with people at various neighborhood association meetings, I would say approximately half of the neighborhood association feels similarly disappointed in the partnership.

I was in an interesting position throughout this research because I am not only a participant in the neighborhood association, but I am also a volunteer at the hospital. Therefore, I had the unique insider perspective from both sides of the conversation. Some neighborhood association members felt that the hospital had acted in an aloof, domineering way. There was the opinion that the hospital did not have the best interests of the community in mind. However,

from my work experience in the hospital I knew that to be untrue. Not every employee at the hospital is the same or has the same intentions and I can say that the negative opinion did not accurately describe all of the hospital. Therefore, from my perspective the fallacy of composition was clearly at work in this situation.

I felt that anchor institutions' community partnerships' success and perception rely, at least partly, on the interpersonal relationships institution members have with community partners. Thus, I think this understanding has far-reaching implications. For anchor institutions and their personnel it is important to realize when working in the community that relationships are key reflections on the organization as a whole. An individual's actions, even unintentionally, are representative of the institution. For future community-based research projects on anchor institutions, it is important to consider not only how institutions partner, but also how people who make up the institutions relate to one another. Finally, for everyday people who interact or participate in community partnerships, it may help to reflect on this tendency to conflate individuals with institutions because it could prevent one bad egg from spoiling the batch. In other words, an entire community partnership program does not need to suffer or end because of one or two poor working relationships.

Maybe it seems overzealous to emphasize interpersonal relationships in the functioning of community partnerships. In the grand scheme of things, having good working relationships may not make or break a community partnership. The neighborhood garden, regardless of the sign, has continued to function. However, when community members are asked to reflect on the neighborhood garden and the first thoughts in their minds are the negative ones involving the sign, to me that makes looking at interpersonal relationships worth it. People are focused on the negatives instead of immediately reflecting on the outstanding positives of the neighborhood garden. Based on my research experience, I would suggest that considering interpersonal relationships between hospitals and community members is an important, but understudied dimension of anchor institution partnerships. Good interpersonal relationships help everyone involved remain focused on the amazing, good work that is being done for the community. Keeping the positives and the successes at the forefront make the partnership enjoyable, interesting, and worthwhile to its involved members, and in the process can help to retain collaborators who will ensure the program continues to function. When people are excited about something, they are going to want to be involved.

Paul Born, a global leader on issues of place, collective impact, and community innovation, explains in his book, *Deepening Community*, that "through community engagement and collaboration we can create a positive vision, organize ourselves to achieve it, and realize a better future for all" (Born 2014, 9). Navigating these community partnerships is a challenging yet rewarding collaboration. Many programs with amazing outcomes are a result of successful partnerships between community entities. For instance, Mayo Clinic in Rochester, Minnesota partners with the Rochester Area Foundation on a community land trust project called First Homes, which provides 875 units of affordable housing (Zuckerman 2013, 60). To make a program like First Homes a productive partnership there are several components that must function well together. Because of my community-based research project, I learned that interpersonal relationships are one very important component.

In addition to coming to the understanding that interpersonal relationships are very important in anchor institution functioning, I also realized that I would not have had the same experience with this community-based research if I had not been invested in the neighborhood association and hospital. I think it would have been easy as an outsider coming in to see the sign

incident as a lack of communication between the hospital and the neighborhood association. The value of the project becomes so much more when one is able to see the insider perspective that the opinion is being conflated to unrealistic proportions. I was also able to see how later projects after the garden were suffering because some in the neighborhood association did not trust the hospital. It is a shame to see the neighborhood association feel like it cannot work with the hospital or reach out to it for projects when it is the group that may know better than any other what it is the community really needs. Similarly, it is disappointing to watch the hospital that has goals to improve the quality of life of the surrounding community unable to do so because it is seen as a bureaucratic business instead of a well-intentioned and community-invested anchor institution. Now moving forward, while working on the front lines for an anchor institution, I keep in the back of my mind how the perception of my actions may effect someone's perception of the entire organization.

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