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The Urban Context: A Place to Eliminate Health Disparities and Build Organizational Capacity

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Abstract

This study seeks to examine the process of building the capacity to address health disparities in several urban African American neighborhoods. An inter-organizational network consisting of a research university, community members, community organizations, media partners, and foundations was formed to develop a community-based intervention designed to provide health promotion and disease prevention strategies for type 2 diabetes and hypertension. In-depth qualitative interviews ($n = 18$) with foundation executives and project directors, civic organization leadership, community leaders, county epidemiologist, and university partners were conducted. Our study contextualizes a process to build a public health partnership using cultural, community, organizational, and societal factors necessary to address health disparities. Results showed 5 important factors to build organizational capacity: leadership, institutional commitment, trust, credibility, and inter-organizational networks. These factors reflected other important organizational and community capacity indicators such as: community context, organizational policies, practices and structures, and the establishment of new commitments and partnerships important to comprehensively address urban health disparities. Understanding these factors to address African American health disparities will provide lessons learned for health educators, researchers, practitioners, foundations, and communities interested in building and sustaining capacity efforts through the design, implementation, and maintenance of a community-based health promotion intervention.

Keywords

African American health disparities; community-based health; organization development; organizational networks; transformative change

ORGANIZATIONAL DEVELOPMENT TO BUILD ORGANIZATIONAL CAPACITY

Developing inter-organizational networks in public health can develop, expand, and extend a culture of funding strategies to eliminate health disparities. More importantly, these networks represent transformational change (Cummings & Worley, 2009) as a result of at-risk populations becoming more vulnerable to mortality and morbidity. These networks shape organizational cultures by enabling multiple organizations to become leaders that foster internal and external collaboration, building cooperative goals across organizations, and building trust to achieve a common vision (Hartley & Allison, 2002; Kouzes & Posner, 2006; Marcoulides & Heck, 1993; Szeto, 2000). The large-scale interest of public health organizations, researchers and practitioners to eliminate disparities catalyzed a movement and several organizations fueled the movement by adopting new strategic initiatives to work towards the elimination of disparities. Effective organizations and inter-organizational networks respond to both internal and external environments to build collectivities that are consciously constructed to realize purposeful joint action (Hanf & O'Toole, 1992; Lewin & Minton, 1986). Organizational development or the approach organizations utilize to develop a top-down, organizational-wide plan to improve their effectiveness (Beckhard, 2006) leads to opportunities in public health to improve health outcomes of the most vulnerable populations.

Effective organizations meet the challenges of adapting to internal and external environments through mechanisms such as building organizational capacity, a process considered to be achieved when its subsystems are functioning at an optimal level (Katz & Kahn, 1978; Steckler, Goodman, & Kegler, 2002). These subsystems are defined by Steckler et al. (2002) as:

- production of services or products,
- maintenance of organizational operations,
- support from the social and political environments,
- adaptation of organizational operations based on changing environmental conditions,
- management of these subsystems as a coherent whole (Steckler et al., p. 341)

McLeroy and colleagues (1995) suggest that these subsystems are integrated into two functions of organizations: (1) provide a comprehensive range of services by coordinating and linking local organizations and (2) provide linkages between social organizations and the local citizenry.

The coalition literature characterizes organizational capacity in several ways. First, organizations need a strong and transformative leadership base with the skills, relationships, and vision that can motivate individuals and organizations into a collective force for change (Butterfoss, Goodman, & Wandersman, 1993, 1996; Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001; Goodman, 2009; Roussos & Fawcett, 2000; Wandersman, Goodman, & Butterfoss, 1997). Second, organizations need defined roles and formalized processes with clear guidelines for collaborative work (Florin, Mitchell, & Stevenson, 1993; Foster-Fishman et al., 2001; Gray & Wood, 1991; M. C. Kegler, Steckler, McLeroy, & Malek, 1998; Wandersman, et al., 1997). Third, organizations need a well-designed system of communication that promotes information sharing and problem discussion and resolution (Butterfoss et al., 1993, 1996; Foster-Fishman et al., 2001; M. Kegler, Steckler, Malek, & McLeroy, 1998; Wandersman et al., 1997). Fourth, organizations need human and financial capital to perform collaborative work (Foster-Fishman et al.,

2001; Roussos & Fawcett, 2000; Wandersman et al., 1997). Fifth, organizations need to be adaptive in the sense that continuous learning occurs using multiple sources of data to remain relevant to the changing contextual conditions of communities (Foster-Fishman et al., 2001; Roussos & Fawcett, 2000; Wandersman et al., 1997).

PUBLIC HEALTH, CAPACITY, INTER-ORGANIZATIONAL NETWORKS, AND HEALTH DISPARITIES

Organizations can avoid the risk of organizational mortality by forming inter-organizational networks to remain innovative and aware of the changing sociopolitical climates, and the changes in health status of community residents (Hodson, 2004; Singh & Lumsden, 1990). Community health partnerships are seen as one strategy to engage communities, using community members and organizations as an asset to provide solutions for health problems.

The linkage between community capacity and health builds on the recognition that the social, political, and physical environment, along with economic forces and social relationships, has an impact on health status. Therefore, to improve health requires changing the broader community in which health disparities exist. One means of addressing health disparities is to enhance the organizational capacity of a community to address the factors contributing to poor health status.

Crisp, Swerissen, and Duckett (2000) identified four approaches to building capacity: a top-down organizational approach; a bottom-up organizational approach; a partnerships approach; and a community organizing approach. The partnership approach seeks to “strengthen the relationships between existing organizations” while a community organizing approach builds upon individual community members’ formation of new organizations or joining with existing organizations (p. 100). The authors describe providing financial and/or other resources to organizations with the goal of enhancing the ability of organizations to identify, analyze, and address their needs with their own resources. This approach recognizes that communities have existing assets, in the form of individuals, networks, and organizations.

Green, Daniel, and Novick (2001) suggest that partnerships, which might include universities, voluntary agencies, local government, civic groups, and others, are necessary for health promotion and disease prevention programs and research for several reasons:

- No one group has the resources, access or sufficient trust to intervene on a broad array of social determinants of health in the community;
- “shared commitment and planning to ensure the resources, mandate, reach and credibility contribute to sustainability”;
- Partnerships help to avoid the narrow perspective that only one group would bring to research or program development;
- Partnerships can help to generate greater public awareness and support as well as create critical mass for action; and finally,
- Partnerships provide the breadth necessary to develop an ecological approach to health disparities (pp. 20–21).

Organizations that reflect an enhanced sense of capacity should have an infrastructure that enables them to become responsive to the existing and emerging health issues of the community.

This study aims to discuss the importance of health partnerships in eliminating health disparities in one urban center. More specifically the purpose is to (1) understand an inter-organizational approach to minority health disparities; (2) assess the function of the Center for Minority Health's partnerships to address health disparities; and (3) understand how organizational capacity was built in an urban context. Swerissen and Crisp (2004) state that there is a dearth of information on funding strategies that work for which types of capacity building across different settings and health issues.

A CASE STUDY TO ADDRESS MINORITY HEALTH DISPARITIES AND CAPACITY BUILDING

The Center for Minority Health (Center) at the University of Pittsburgh's Graduate School of Public Health has been engaging communities since its inception in 1994. The Center operates from a definition of health that embodies a sense of well-being instead of the absence of disease which then allows partnerships to incorporate a wider range of environmental, social, economic, behavioral, and biological factors that contribute to well-being (Lasker, Weiss, & Miller, 2001). The history of the Center and a brief description of its major projects are described elsewhere (Ford et al., 2009). The partnerships developed to initiate building a capacity infrastructure to address health disparities in Pittsburgh, PA culminate in the description of the Healthy Black Family Project (HBFP):

The array of CMH programs enabled the center to engage communities, increase the visibility of the CMH, and build relationships with local residents. It is through these opportunities and culturally tailored messages developed with media partners, that the CMH has enrolled over 6,000 members in the Healthy Black Family Project. The overarching goal of the Healthy Black Family Project (HBFP) is to change common risk behaviors that are associated with Type 2 diabetes and hypertension. The project uses evidence-based interventions from NIH prevention trials, such as the Diabetes Prevention Program, to prevent and control diabetes and hypertension. (Ford et al., 2009)

The HBFP represents a larger vision of eliminating health disparities, and creating healthier communities, one individual, one family, and one social network at a time. It is the success of the HBFP that gave rise to this project, and called our attention to the necessity to understand the uniqueness of the project and the genesis of these partnerships (see Table 1 for a description of partners).

METHOD

This study of partnerships formed to build community capacity called for interviewing 18 participants from nonprofit organizations, government, academic, and civic institutions. Participants represented partners of an academic research center, and one of that center's largest health promotion projects. Two foundations do not actively fund the health promotion project; however they have been long-time partners of the center which provides some evidence of the capacity of the center to recruit local foundations for partnerships to address minority health needs in Pittsburgh. Participants were contacted by U.S.-postal and electronic mail to introduce the study and to obtain consent to contact them to schedule interview times. Interviews ranged from 45 to 90 minutes and all notes and tapes were transcribed verbatim.

Sample

The nonprofit organizations represented community, family, and corporate foundations (see Table 1). The two community-based organizations offered similar and different types of services to their respective communities. The participants ($n = 18$) in this study were:

- 2 Nonprofit CES/Presidents
- 2 Nonprofit Presidents
- 2 Civic Organization CEOs
- 1 Retired Nonprofit Project Officer
- 1 Retired Nonprofit CEO/President
- 1 Media Advertising Executive
- 2 Academic Research Center Executives
- 1 Nonprofit Executive Director
- 1 Nonprofit Vice President
- 3 Nonprofit Project Officers
- 1 Project Officer
- 1 County Health Department Epidemiologist

Data Analysis

All transcripts were reviewed multiple times to identify emerging themes, sensitizing concepts that identified elements of how to sustain partnerships, and to build community capacity. Authors examined the emerging themes and concepts across transcripts and quotes were extracted to illustrate common responses and themes across participants.

RESULTS

Results from this study focus on organizational capacity to address African American health disparities. This project was a collaboration between academic researchers, a county health department, philanthropic-nonprofit organizations, and community-based organizations in Pittsburgh, PA, USA (see Table 1 for list of partners), to assess the influence of these partnerships to create a community-based intervention, the Healthy Black Family Project (HBFP). The HBFP focused on health promotion and disease prevention of type 2 diabetes. The results of this study are organized according to five major themes in the organizational literature: institutional commitment and leadership, trust and credibility, and inter-organizational networks. The results also describe a process by which the Center and its partners collaborated to address minority health disparities that shaped a movement within the city leading to the creation of the HBFP.

Institutional Commitment and Leadership

The rise of health disparities and unmet needs encouraged three foundations to support a research center to examine minority health disparities in Pittsburgh. Establishing a center exhibited institutional commitment within the city and on a university level. Three foundations supported what is now the Center for Minority Health (Center) at the University of Pittsburgh's Graduate School of Public Health. A retired foundation executive reflected on the creation of the Center as establishing:

A nationally-recognized and respected knowledge base, with research capacity, writing and publication capacity, a training center, and information center that embraces and welcomes all facets of the local community, beginning with the institutions and organizations that the African American community values and uses.

The Center operated for several years without a full-time director. During this time, an associate director was hired to re-build community–university relations. The supporting foundations removed their financial support until a full-time director with the academic rank and status of full professor was hired. The Center director places his role into context by stating, “The endowed professorship was a demonstration of institutional commitment ... an important part of putting the leadership platform in place.”

As the Center’s programming grew new partnerships were formed with several foundations in the city and with other community-based organizations. One strategy that helped to sustain a city-wide movement to address disparities was a Funder’s Forum for Health Disparities. This effort was led by a project director of one of the community foundations:

The leadership of foundation leaders was cultivated and shaped to address minority health and health disparities by one foundation project director, by starting a Funder’s Forum for Health Disparities. The Funder’s Forum increased the awareness of the issues concerning minority communities, namely African American communities in Pittsburgh to foundations.

As a result of the Funder’s Forum, one foundation institutionalized their interest in health disparities by making it a strategic goal of the foundation:

Health Disparities and Health Outcomes [became] a niche for the foundation which meant the foundation would invest in that area for the short coming future. This came out of a value that for philanthropy to make a difference it is less efficacious to make one grant here and one grant somewhere else ... you make grants sequentially ... to observe some improvements.

The city-wide interest in health disparities also attracted funding partners who neither supported public-health related projects nor health disparities research and programs: “This entailed for us not just a grant decision on a specific project but the approval of a movement into a whole new area, a broadening of goals and strategies.”

HBFP partners viewed the importance of data collection, monitoring and analysis of health disparities in Pittsburgh. One foundation supported the hiring of a county-level epidemiologist to devote a percent effort towards health disparities. This foundation also realized the impact of the HBFP on participants and on health disparities if the aims of HBFP were successful:

I think it takes a strong organization that has the internal administrative capacity and a structure to look at the data analyze the data and develop strategies as a result of what the data is saying [and] has the input of the people who are being targeted so that I mean I think this is an enormous project and it requires lots of moving parts in this project ... our interest is in African Americans not dying early ... our interest is in both communities becoming prepared to deal with it so that it becomes a community value as well as individuals changing or engaging a behavior that will change outcomes for them.

Another form of institutional commitment established within the HBFP itself is the Learning Collaborative. The Learning Collaborative holds monthly meetings with funders, local community members; HBFP participants, staff, and contractors; and other civic and

community-based organizations that have a broad and diverse interest in minority health disparities. This forum provides transparency to the HBFP and also is a mechanism by which non-participating organizations can help improve the focus of HBFP, and to gain insight on how they can better serve their program beneficiaries.

Trust and Credibility

To create the right environment to develop HBFP, trust and credibility had to be established by the Center within the community and with potential partners. Trust and credibility within the African American community was re-established by the Center through the work of the Associate Director. After hiring a director and staff, trust was gained by each subsequent member of the Center. One of the ways the Center accomplished this was to hire project directors who were considered “valid” by the community. Each project director hired lends their community credibility to the Center, to help solidify the Center as a valid and trustworthy institution and to help build its capacity. Another strategy according to the Center’s director, was to incorporate “community resources into everything the Center does,” which serves as the “nexus of widespread development of community capacity.” A third strategy of the Center was to establish programs the community valued, which subsequently led to the creation of the HBFP.

A fourth strategy necessary to develop and implement the HBFP was to partner with organizations that are trusted institutions in Pittsburgh’s African American community. The Kingsley Association and Hosanna House are civic and community-based organizations that provide health and recreational services, economic and youth development programs (see Table 1 for a list of services). These organizations have historically had interests in promoting health and wellness in African American communities. For example, the Kingsley Association was founded in 1893 as a settlement house and provided stroke programs for over 40 years. The Hosanna House, founded in 1989, offers direct health services through their family health and oral health centers. A third African American institution is the Poise Foundation, a nonprofit philanthropic organization that focuses on economic and social development in African American communities in Pittsburgh.

Social and Inter-Organizational Networks

Social and inter-organizational networks are characterized by the reciprocal linkages where there is frequent supportive interactions, overlap with other networks, and the ability to form new associations. One of the results of the Funder’s Forum and the subsequent initiative to create the HBFP was attracting new funding partners. One of these partners, a family foundation had not previously financially supported public health or health disparities grants. The foundation executive director recognized not only from the Funder’s Forum, but through his own research, the growing need to look for opportunities that would help to prevent disease and premature death among African Americans. The HBFP became as he describes an opportunity for his foundation to identify and support:

Pittsburgh based programs that can serve as models of excellence that may be a more general benefit to the nation so that success realized here might be transferable and replicable to communities elsewhere. So the goal is to benefit communities here but where possible try and extend benefit to elsewhere in the nation. ... This one we thought had the potential...

Organizational capacity was being built as a result of establishing trusted relationships between the various partners in the community, with a special emphasis on relying on individuals and organizations with high levels of trust and credibility that they could lend to the entire partnership.

Having trusting relationships aids in building capacity and eases the process to secure sustained funding. The CEO of one family foundation captures the relevance of sustaining health disparity efforts that are trusted by the community in response to a question about the necessary competencies and assets needed to build the capacity to address disparities in Pittsburgh:

Sustainable funding [is needed] for projects such as those that the Center is running and I think what is critical there in terms of competencies, assets and resources are leadership and institutions that have the [capacity to] design culturally tailored and programmatically effective interventions. I've come to really understand how important it is to develop community trust and to work with community organizations that already have trust.

Researchers, foundations, and civic organizations cannot effectively address health disparities on a city-wide level without collaboration. These collaborations have not only set the stage to more systematically address health disparities, but have changed how future collaborations and grant opportunities will be made by foundations. The Center's director recounts how he has seen the direction and interests of foundations change:

What I've seen foundations do is bridge the gap between the trench worker, the CBOs, the grassroots organizations and institutions such as this [The University of Pittsburgh]-the knowledge banks ...

I've had more than one partner say this has been a really good experience for us, it's made us better; it's made us think differently about the way we're approaching some of these issues.

Another way the participating organizations were able to foresee addressing health disparities in the future was an unintended result. Many civic organizations struggle with sustained funding. Funding for the HBFP was able to provide needed resources to both the Kingsley Association and to Hosanna House. The Kingsley Association for example was able to develop a business plan as a result of the resources that were funneled to the organization from the HBFP. Their business plan allowed them to strategically prepare for future services and programs without having to use scarce resources to engage in a costly strategic and fundraising campaign.

A focus on addressing health disparities in an urban center requires many partners to have a shared vision. Part of the process in identifying natural partners is to understand each potential partner's orientation toward health promotion and disease prevention. Each partner will bring with them a unique set of strengths, resources, skills, and will raise different critical questions to advance the partnership. The collaboration of multiple partners creates novel opportunities for each to engage in strategies to address disparities and have a greater impact than if they were to act alone. The Center and its partners involved in this project joined together to address health disparities using a public health framework, one that is focused on disease prevention and health promotion, a strategy most participants had been involved to create and sustain a movement resulting in the Healthy Black Family Project:

The whole preventive spectrum that we now see from health education and healthy lifestyles took 40 years to come to the point where we are doing that through places like the Healthy Black Family Project.

DISCUSSION

Public health approaches to health have embraced partnership-approaches to access or focus on smaller, at-risk populations that have been historically neglected by approaches of single organizations or researchers at universities (Winkelby, 1994). Addressing urban health

disparities presents unique challenges and benefits. An important challenge to partnership approaches comes from some organizations that seek to retain their autonomy, thus overshadowing the value or benefit of collaborations. Many urban contexts can benefit health promotion with their rich array of social and human resources ranging from social networks of community organizations, foundations, formal and informal service providers that become key resources for inter-organizational health promotion efforts (Vlahov et al., 2007). Urban centers are complex matrices of political, cultural and social interest that can be difficult to navigate and to coordinate. The model of partnership formation the Center has developed is the linchpin to eliminating urban health disparities that can serve as a framework for other urban centers using organizational development as an approach and for organizations to engage in participatory organizational change (Beckhard, 2006; Bess, Prilleltensky, Perkins, & Collins, 2009; Marcoulides & Heck, 1993).

Participants in this study recognized the importance of sustained funding to address health disparities. Foundations' organizational readiness to change their organizational cultures to support a change in health outcomes for African Americans was exhibited in their leadership, mission and vision. The HBFP exemplifies the long-term institutional commitment of all of the participating organizations to systematically address minority health disparities and to become a collective change agent through both transformational and transactional leadership (Aarons, 2006).

Trust and credibility in this study was established through community engagement, hiring project staff from the community, and relying on the credibility and value of respected, long-lasting African American institutions that provide important economic, social, and health resources and programs to African American communities. The creation of the HBFP was able to help sustain the presence of the Center, Kingsley Association, and Hosanna House.

The Center was charged with creating a new model of partnership that did not exist in Pittsburgh. The Center facilitated the process of building organizational capacity through inter-organizational networks to address health disparities. This model relied on the individual strengths of organizations and communities to collectively design an intervention that communities and organizations could adopt. Participants in this study reflected on the uniqueness of the HBFP because it focused on disease prevention and health promotion. The HBFP's focus for many organizations was a novel approach that countered existing biomedical models of health, where only the ill are treated.

Building organizational capacity provided needed resources in the forms of instrumental, financial and functional support to each participating organization. The organizational capacity that was built to support the HBFP relied on several key factors: the individual organizations' readiness to respond to important community needs; organizational leadership structures being amenable to change; organizations establishing institutional commitments; the Center's ability to become an organization engaged in transformational change by re-establishing trusting relationships with African American communities and organizations; the ability of the Center to convene a diverse network of stakeholders; understanding Pittsburgh's neighborhood structure to design a culturally relevant intervention; and having a community that was ready to adopt a culturally relevant model of health promotion and disease prevention.

Results showed that a public health approach to reducing mortality and morbidity is a viable strategy to sustain a partnership approach to eliminate health disparities. The HBFP, as a health campaign serves as a model for changing norms and values about health broadly and African American health disparities specifically using an asset model. Public health

practitioners, educators and researchers and in particular, those who have a community-based approach to health, possess the capacity to work with a diverse group of stakeholders to develop and sustain a movement to eliminate health disparities in urban contexts in the forms of community engagement, establishing community trust, data collection, data analysis, data monitoring; and intervention design, implementation, maintenance, and evaluation.

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TABLE 1

Health Black Family Project Partners

Organization	Type of organization	Mission/Purpose	Areas of focus
<i>Allegheny County Department of Public Health</i>	County Government Public Health	To assure quality public health services by promoting individual and community wellness, preventing injury, illness, and premature death or disability, and protecting the population from harmful effects of chemical, biological, and physical hazards within the environment.	<ul style="list-style-type: none"> • Disease Prevention • Health Promotion
<i>Center for Minority Health</i>	University Research Center	To improve the health and well-being of racial and ethnic minority populations by eliminating health disparities ... through teaching, research, and service....	<ul style="list-style-type: none"> • Translational Research • Disease Prevention • Health Promotion
<i>DSF Charitable Foundation</i>	Family Foundation	The Foundation has a particular interest in helping to create or sustain models of excellence that have potential to be replicated elsewhere and may therefore be of more general benefit to the nation.	<ul style="list-style-type: none"> • Health • Human Services • Education
<i>Highmark Foundation</i>	Corporate Foundation	The Foundation's principal purpose is to support programs aimed at improving community health in Highmark's service area.	<ul style="list-style-type: none"> • Chronic Disease • Communicable Disease • Family Health • Service Delivery Systems
<i>Hosanna House</i>	Multi-purpose Community Center	People working together providing opportunities that will empower families and individuals to discover, acknowledge, and develop their maximum potential physically, spiritually, and economically.	<ul style="list-style-type: none"> • Home Ownership • Businesses • Career Opportunities • Education & Recreation • School Readiness • Individual & Community Capacity
<i>Kingsley Association</i>	Community-Based Organization	Through partnership and collaboration with numerous agencies, we seek to empower youth, their families, and community with the tools to reach their fullest potential—physically, mentally, economically, and socially.	<ul style="list-style-type: none"> • Child Development • Youth Development • Sports & Recreation • Arts & Culture • Health & Wellness • Special Programs

Organization	Type of organization	Mission/Purpose	Areas of focus
<i>Poise Foundation</i>	Community Foundation	The purpose of the Foundation is to develop and enhance the participation of African American philanthropists in the economic and social development of the Black community of Pittsburgh and Allegheny County.	<ul style="list-style-type: none"> • The economic and social development of the Black community • Enhance the leadership role of Pittsburgh's Black citizens
<i>The Pittsburgh Foundation</i>	Community Foundation	Work to improve the quality of life in the Pittsburgh region by evaluating and addressing community issues, promoting responsible philanthropy, and connecting donors to the critical needs of the community.	<ul style="list-style-type: none"> • Achieving Educational Excellence and Equity • Fostering Economic Development • Supporting Families, Children and Youth • Reducing Disparities in Health Outcomes • Advancing the Arts