Community Partner Perceptions in a Health Care Shortage Area

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Abstract

This study illuminates community partner perspectives regarding their relationship with a public academic health center (AHC) in a health care shortage area (HCSA). Community-based and statewide leadership invested deeply in the AHC's programs and initiatives to prepare health care providers for practice in the region, to decrease the provider shortage and improve local health care outcomes. The mixed-methods study sought to identify current community engagement partnerships and examine relationships from the perspective of community partners. Phase 1 of the study utilized an adaptation of the Outreach and Engagement Measurement Instrument (OEMI) as a survey to gather data from employees at the institution. Phase 2 of the study gathered data from the community partners through communities of interest focus groups. Data was analyzed using the Kellogg Commission's seven-part test of engagement. Findings from the survey identified community partner perspectives that informed AHC and partner collaborations during a period of multiple crises.

Keywords: community engagement, partnerships, health care shortage areas (HCSAs), Kellogg Commission seven-part test of engagement

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Institutions of higher education (IHE) have historically been key agents in civic engagement and in building collaborations with communities (Ehrlich, 2000). Boyer (1996) challenged IHEs to become more effective partners in the nation's work to address social, civic, economic, and moral conditions. Concurrently, U.S. health care has seen a shift away from the treatment of disease model to a population health paradigm (Gourevitch, 2014), along with funding agencies' emphasis on the inclusion of community engagement in research activities (Bartlett et al., 2014). These forces provide context for the community engagement partnerships of academic health centers (AHCs; Vitale et al., 2017). Specific to health care contexts, the Centers for Disease Control and Prevention (CDC) define community engagement as "the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situ-ations to address issues affecting the well-being of those people" (1997, p. 90).

Even as IHEs have addressed the challenge to make significant contributions to the health of communities through local partnerships, sharp critiques of these relationships have also emerged. According to Danley and Christiansen (2019), an increasing number of scholars have warned of such partnerships as perpetuating existing power structures and taking advantage of communities (Bortolin, 2011; Cruz & Giles, 2000). Lynton (1994), for example, argued against the linear flow of knowledge from the universities to practitioners. Cruz and Giles (2000) argued that community voices and priorities are often missing from partnerships. According to Schön and Rein's (1995) theory of reflective practice, the most important issues cannot be solved with technical rationality—or substantive knowledge—from the ivory tower "but are found outside where methods are arguably less scientific and the potential learning

is more relevant" (Danley & Christiansen, 2019, p. 9).

Academic research projects have received "well-deserved criticism for engaging in helicopter research that focuses primarily on the research goals without developing a plan for building capacity and creating a sustainable system that will live on well after the research funding has ended" (Mosavel et al., 2019, p. 54). As a result, communities have become increasingly skeptical of researchers who are primarily focused on their research goals and fail to develop plans for sustainability. Situations where researchers engage with the community until research needs have been met, then leave the community with minimal if any benefits, have been described all too often—particularly in research involving underserved populations and minoritized communities (Dancy et al., 2004). Implicit in the principle of sustainability is a commitment to partnerships, relationships, knowledge gained, and capacity building to extend beyond the research project or funding period (Hacker et al., 2012; Israel et al., 2006). The literature provides examples of effective sustainability in academic–community partnerships through building trusting relationships, recognizing the value of all partners' perspectives, gaining a commitment to collaborative principles, and providing a structured approach to the partnership (Hacker et al., 2012; Israel et al., 2006).

Similarly, Hartman (2013) criticized universities for being too intent on remaining apolitical, arguing that universities have ethical responsibilities as organizations that promote democracy. Ehrlich (2000) defined civic engagement as

> working to make a difference in the civic life of our communities and developing the combination of knowledge, skills, values, and motivation to make that difference. It means promoting the quality of life in a community, through both political and non-political processes. (p. vi)

According to Forester (1988), civic engagement draws heavily on theories of participatory planning, communicative action, and advocacy. Within this context, the planner is an active listener who works alongside community members to design activities through inclusionary dialogue and the practice of making sense together. This conversation is thus a collaborative act that works to develop new networks while fostering citizen empowerment (Innes & Booher, 2004).

Encapsulating the idea of research and communities existing as an intertwined duo rather than two separately acting units, community-based participatory research (CBPR) emerged as an integrated research design. Following the tenets of CBPR, projects should be built in partnership with the community to ensure sustainability and to "send a strong signal to community members that the researchers are there to support them and the community's identified needs, and not just there to benefit from conducting research on the community" (Mosavel et al., 2019, p.55). According to Mosavel et al., a commitment to sustainability further reestablishes the credibility of researchers and their institutions and helps to rebuild trust between academia and underrepresented and minority communities and populations. Importantly, such a commitment also means that relationships are maintained through continued collaboration among partners, even if the original project initiated through the academic–community partnership is not continued (Israel et al., 2006, 2008).

Lastly, communities are increasing their calls for transparency for AHCs' community engagement efforts and demonstrations of effectiveness (Vitale et al., 2017). In response, AHCs must develop effective evaluation methods for community engagement (CDC, 1997; Rubio et al., 2015). According to Vitale et al. (2017), "demonstrating the impact of community engagement on population health outcomes is problematic, and leadership-level knowledge of an AHC's community-engaged activities within their own institutions may be limited" (p. 81).

Within this context, this case study focuses on the initiatives of community leadership and the response by an AHC to address long-term and structural deficits in a designated health care shortage area (HCSA) that is in a binational and multicultural environment. Specifically, this study focuses on a community-led initiative at the U.S.–Mexico border to address this deficit. The initiative required significant community political and financial investment. The result of the partnership between community leaders, donors, a university system, and state and academic leadership was the creation of the AHC. Fully accredited as a separate institu-

tion in 2018, the institution became one of the first AHCs to be recognized as a Title V Hispanic-Serving Institution in 2019.

Community-based leaders invested deeply in this initiative to provide higher education programs to train health care providers, who are encouraged to remain in the region to decrease the shortage of providers, and ultimately improve health care outcomes in the region. To prepare health care professionals for work in the U.S.–Mexico border region, curricular innovations include cultural and Spanish-language immersion and a community health and engagement focus across curricula (Boyer, 1996; Ramaley, 2000; TTUHSC, n.d.). Research initiatives are geographically and culturally located to address major health issues and disparities in the primarily Hispanic U.S.–Mexico border population.

Further important facts related to the context of the study cannot be omitted. It was initiated in 2019 and continued through 2021, a period that was marked by a historic influx of immigrants along the U.S.–Mexico border. In addition, the community suffered the trauma of a mass shooting incident in August 2019, which impacted the AHC as well as all community partners. In spring 2020, just months after the mass shooting, COVID-19 cases were identified on both sides of the border, directly altering the work of the AHC and community partners. This context of multiple crises permeated the experiences of the parties involved in the research study.

Purpose of the Study

Given the institution's community-centered mission, the community context, and the critique of partnerships discussed in the literature review, this case study was developed to examine the engagement activities in the U.S.–Mexico border region as well as the relationship between a specific AHC and community partners considering the vision for broader impacts, and to ensure multidirectional relationships focused on sustainability.

As an organizing framework and structure for analysis of the qualitative data, the study utilized the Kellogg Commission seven-part test of engagement (the seven-part test; NASULGC, 2001), which includes "seven guiding characteristics that define an engaged institution":

1. Responsive to community concerns.

2. Respect for partners—involving community partners in cocreative approaches to problem solving.

3. Academic neutrality.

4. Accessibility of the institution, personnel, and resources.

5. Integration of engagement across institutional missions.

6. Coordination of institutional activities.

7. Resource partnerships.

Research Questions

This study is qualitative and constructivist in nature, a methodology that Creswell (2014) described as follows:

> The goal of the research is to rely as much as possible on the participant's views of the situation being studied. The questions become broad and general so that the participants can construct the meaning of a situation, typically forged in discussions or interactions with other persons. (p. 8)

Thus, the following research questions guided the study:

1. What is the scope and nature of the AHC's engagement activities, and who are our partners?

2. How do community partners describe their current activities and needs in working with the AHC?

3. What recommendations for improvement do community partners suggest?

IRB approval for the study was granted by the AHC's institutional review board for the protection of human subjects.

Method

Study Design

To assess current engagement activities and examine them from the perspective of community partners, the study utilized a mixed-methods research design, including both quantitative and qualitative research methods. Within this mixed-methods approach, a sequential explanatory design guided the collection of data in two phases. Phase 1 consisted of collection of quantitative survey data; Phase 2 consisted of col-

lection of qualitative data with focus groups, conducted with local community partners.

The quantitative methodology utilized in Phase 1 of the study to address Research Question 1 further followed a survey design approach with descriptive analysis through an institutional survey conducted with university personnel (n = 372), which identified community partners and hence seeks to describe the status of a variable or phenomenon (Creswell, 2014). Phase 2, the qualitative component of the study, was designed to address Research Questions 2 and 3 and utilized a single embedded case study approach (Yin, 2009) consisting of "an empirical inquiry about a contemporary phenomenon (e.g., a 'case') set within its real-world context—especially when the boundaries between phenomenon and context are not clearly evident" (p. 18). The qualitative data was collected through focus group sessions with community partners (n =14).

The Phase 1 survey participants were employed by the study institution and included both faculty and staff. Data from Phase 1 informed the selection of the Phase 2 focus group participants; therefore, the focus group sample was purposefully selected. The 14 focus group participants were regional employees or volunteers representing four communities of practice: (a) health, food, shelter, immigration; (b) specific disease focus (diabetes, cancer, lupus, etc.) and patient support; (c) regional preK–12 education; and (d) regional community colleges and universities (other than the study institution).

Survey Instrument

The survey instrument utilized was adapted from the Michigan State University (MSU) Outreach and Engagement Measurement Instrument (OEMI; Michigan State University, n.d.). The survey was first adopted and revised by Texas Tech University with permission from MSU. The revised instrument was then adapted to the AHC context. However, the major categories in the OEMI were retained. The adapted Outreach and Engagement Survey was utilized in Phase 1 of the study to generate institutional data to identify and benchmark outreach and engagement activities, provide institution-level support, and track activities for accreditation and other institutional self-study purposes. Furthermore, survey questions were designed to measure involvement with community groups, as well as participation in community-based research projects and educational partnerships. Survey administration opened in the late spring term of 2019 and closed 6 weeks later. Initial invites and follow-up reminders were sent to the entire AHC employee population to encourage participation.

Upon completion of Phase 1 survey administration and data analysis, the partners named by survey respondents were reviewed by the AHC outreach and engagement leadership and institutional researchers. Specifically, community partners were defined as those individuals who lead and represent organizations identified by survey respondents, and with whom they are currently engaged. Four emergent communities of practice were identified from the survey responses. These were nonprofit organizations whose work is with communities located along the U.S.–Mexico border region, contiguous counties, and states (Texas and New Mexico). At the beginning of the following academic year, Phase 2 of the study was conducted by inviting community organization leadership to focus groups convened on the AHC campus. In total, 14 community partners participated in four communities of practice focus groups.

Data Collection and Analysis

Phase 1: Survey

In Phase 1 of the study, the Outreach and Engagement Survey was sent to all university employees in 2019. Study institution faculty, staff, and medical residents with active university email accounts were invited to participate. The survey was administered electronically via an anonymous Qualtrics survey link, and participation was voluntary. Data collected with the survey cannot be linked to survey participants, and all survey-generated data utilized for analyses were deidentified.

Phase 2: Communities of Interest Focus Groups

An invitation letter describing the study was emailed to the purposely selected community partners. The 14 community partners self-selected to participate in the focus groups. Participants were organized into four communities of practice. Facilitators of each group were researchers, who were employees of the institution and had completed IRB human subjects research training.

Kitzinger (1995, p. 299) described the focus group method as a process that can help people explore and clarify their views in ways that would be less easily accessible in a one-to-one interview. Group discussion is particularly appropriate when the interviewer has a series of open-ended questions and wishes to encourage research participants to explore the issues of importance to them, in their own vocabulary, generating their own questions and pursuing their own priorities.

The following questions guided focus group discussions:

1. How does the partnership with the institution benefit your organization?

2. What are the most important community issues to you?

3. How are these issues addressed through the partnership with the institution?

4. If you were given an opportunity to shape your partnership, what changes would you make?

5. How could the partnership with the institution be improved?

Focus group discussions were recorded and transcribed by the researchers. All recordings were destroyed upon transcription. Transcribed data was deidentified. Focus group conveners took field notes and reviewed the transcripts for accuracy and member-checking.

Quantitative Data Analysis

The quantitative component of this study (Phase 1) utilized a descriptive design, which aimed to examine forms of engagement, domains impacted, and sources of funding or revenue. Survey questions were developed based on Michigan State University's Outreach and Engagement Measurement Instrument (OEMI) as previously revised for use at Texas Tech University. The survey was delivered via anonymous email link to currently employed faculty, staff, and residents ($N = 1,971$). The response rate to the survey was 19% ($n = 372$). However 12% of the respondents ($n = 46$) did not identify their role at the institution. Respondents who identified their institutional role included 24% faculty ($n = 77$), 72% staff ($n = 234$), and 5% residents ($n = 15$).

For the Outreach and Engagement Survey, descriptive analyses were performed to de-termine (a) the forms of engagement from the provided list: clinical service, credit courses and programs, economic engagement, experiential or service and learning, noncredit classes and programs, public programs, events, resources, research and creative activity, service on boards and committees, technical or expert assistance, and other; (b) the domains that were impacted by project/activity from the provided list: economy, health and human life, human capital, human relations/behavior/well-being, infrastructure, innovation, intellectual property, internationalization, natural resources, environment/water/quality of life, research, rural life, social empowerment, teaching and learning, technology transfer, university–community ties, urban environment, and other; and (c) sources of funding or revenue from the provided list: event/activities fees, federal grant, foundations, international agencies, private business/industry, other nonprofit organizations, state grant, and other. The seven-part test (NASULGC, 2001) was utilized to organize survey data (Table 1).

Qualitative Data Analysis

In Phase 2 of the study, after member-checking by focus group conveners, transcribed data was uploaded into ATLAS.ti software. Qualitative analysis involved the identification of emergent major themes from the community partners' narratives and perceptions. Thematic text analysis was utilized to identify major themes and to describe the experiences and perspectives of focus group participants.

During thematic analysis, codes were written with reference to Braun and Clarke (2006) and identified by (a) familiarizing with the data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining and naming themes, and (f) writing the report. This process was iterative and involved a constant moving back and forward among the six phases through reading and familiarizing with the data, peer debriefing, and consensus (Fereday & Muir-Cochrane, 2006; Nowell et al., 2017).

Next, the seven-part test of engagement (NASULGC, 2001) was utilized to organize the initial codes. Data was examined to determine the following partnership characteristics: responsive to community concerns; involving community partners in cocreative approaches to problem solving;

Table 1. Survey Items, Descriptive Data, and Alignment with Kellogg Commission Seven–Part Test of Engagement

Survey item	Descriptive data	Alignment with the seven-part test
Forms of engagement	Clinical service: 16% (*n* = 13)	Respect for partners Accessibility
	Public programs, events, and resources: 22% (*n* = 18)	Accessibility
	Research and creative activity: 13% (*n* = 11)	Academic neutrality
Domains impacted by project/activity	Health and human life: 29% (*n* = 33)	Accessibility
	University–community ties: 11% (*n* = 12)	Coordination
	Research: 8% (*n* = 9)	Academic neutrality
Sourcing of funding/revenue	Federal grants: 7% (*n* = 3)	Resource partnerships
	Foundations: 10% (*n* = 4)	Resource partnerships
	Other nonprofit organizations: 19% (*n* = 8)	Resource partnerships
	State grants: 7% (*n* = 3)	Resource partnerships

maintaining neutrality; making expertise accessible; integrating engagement with the institution's teaching, research, and service missions; aligning engagement throughout the university; and working with community partner for community projects funding.

Results

For the Outreach and Engagement Survey administered in 2019, the most identified forms of engagement and alignment with the seven–part test concepts are included in Table 1.

Focus group data was also utilized to identify alignment and areas that need improvement, guide future engagement efforts, and ultimately articulate the community's vision for broader impacts resulting from these partnerships. Table 2 indicates the identified major themes and their alignment with the seven–part test. Themes, descriptions of themes, and the alignment with the seven–part test are shown below.

Discussion

Survey Findings

The quantitative component addressing Research Question 1 (What is the scope and

nature of the AHC's engagement activities, and who are its partners?) yielded findings in the following areas: nature of the existing partnerships across the institution (clinical, public events and activities, research, and creative activity); domains impacted by partnerships (health and human life, university ties, research); funding/revenue sources (federal grants, foundations, nonprofit organizations, and state).

In addition, the survey yielded data that had not been previously collected on the length of the partnerships, resources available through the partnership, inclusion of students, geographical distribution of the partnership, specific populations and health concerns addressed, and the specific names of partner organizations and representatives. Using the latter data generated from the survey, the institution was able to identify community partners, identify communities of interest, and purposefully select community partners for participation in Phase 2 of the study.

Communities of Interest Focus Group Findings

Phase 2 of the study addressed Research Questions 2 and 3 (How do community partners describe their current activities

Table 2. Major Theme Descriptions and Alignment With Kellogg Commission Seven–Part Test of Engagement

Theme	Description	Alignment with seven-part test
Region is a "medical desert"	Need for medical information and assistance. General lack of awareness; not just among patients. Need (for everyone) to know local resources are available. Help remove stigma of chronic diseases.	Resource partnerships
Moving through a fog	Long-standing partnerships, but as AHC has grown there is lack of understanding of the organization. Need for better/deeper understanding of the AHC and its structure. "All I know is to say, 'go to [AHC]'; I would love to be a little bit more definitive." AHC needs to get to know the community.	Respect for partners
Fragile connections	Need more connectivity between organizations. Organizations work in silos.	Responsiveness
Need for leadership	Desire for the AHC to take on community leadership role. AHC to serve as convener/facilitator. "Bring stakeholders together, so that we can identify what we have and what we need."	Responsiveness
Partners make us stronger	Auxiliary services are common to all (i.e., chronic disease patients share need for same education/information/services). What can we [all organizations] contribute to the conversations? Partnerships seen as social capital.	Integration
Local is everything	Nothing matters unless it is done locally. Health policies, information, research—nothing matters unless it is used and practiced locally, and people know about it.	Integration

and needs in working with the AHC? What recommendations for improvement do community partners suggest?) and was met with enthusiastic support from community partners. Facilitators of the focus groups noted that community partners expressed that they highly valued the opportunity to share their opinions, as evidenced by lively conversations, identification of common concerns and perspectives, and positive comments related to the focus group sessions.

The analysis of the qualitative data identified major themes that starkly depicted the perspectives of the community partners: the region is a "medical desert"; partners are "moving through the fog" looking for support and collaborations with the AHC; "connections are fragile"; need for the AHC to assume a leadership or convener role; "partners make us stronger"; and "local is everything." Each of these themes and related descriptor phrases was then assigned to the related component of the seven-part test, which was the study's organizing framework. Respect for partners, resources, responsiveness, and integration were themes that emerged from this analysis of the data gathered from community partner perceptions.
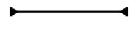
Overall Findings and Implications

The results of this study provide important insights into current partnerships between the study institution and community organizations from the perspective of community partners. Specifically, community partners articulated their perceptions of the HCSA in which they work ("medical desert"); confusion about resources that were available to them through the AHC partnership; fragile and siloed connections and relationships; and yet, a desire for stronger and more effective partnerships to meet the needs of the community. The mutual learning and relationship building that emerged from the focus group sessions indicated the need to strengthen opportunities for partnerships that are (a) aligned with the community's vision for broad impact in a HCSA in the U.S.–Mexico border region, (b) multidirectional and responsive to community partner needs, (c) resourced, and (d) designed to be sustainable.

Conclusion

The findings in this study were utilized to organize a second workshop and communities of interest focus groups conducted via Zoom in August 2020 during the pandemic. The perceptions of the community partners gathered in the August 2019 focus groups were shared with community partners during the 2020 symposium, which was expanded to include six communities of interest focus groups. The 2019 study findings were utilized by the AHC to improve existing partnerships, inform strategic planning specific to engagement scholarship, and guide community engagement initiatives during a critical period when partnerships were pivotal to supporting the health care needs of the greater community and border region. The 2019 study findings and collaboration supported the AHC and community partners to build new, improved, and more effective relationships.

This outcome is an indication of how collaboration can lay a foundation to prepare for extraordinary times, such as the health and community-related crises experienced during the COVID-19 pandemic. In addition, the findings identified knowledge from the community partners that was not possessed by the AHC prior to the study. Such tacit knowledge gained from community partner voices is essential in shaping responsive and effective partnerships. Given the context of the study, wherein the AHC and community partners responded to needs in a HCSA during an extraordinary period of crisis, the study addressed critical needs for mutual and beneficial collaboration.

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