

ABSTRACT

Title of Document: WHEN THE ORGANIZATION-PUBLIC RELATIONSHIP IS MORE THAN JUST CALCULATION: WHAT WE CAN LEARN FROM THE CASE STUDY OF AN EXEMPLAR COMMUNITY-BASED INTERVENTION

Lucinda L. Austin, Master of Arts, 2008

Directed By: Associate Professor, Dr. Linda Aldoory
Department of Communication

Working with publics and organizations at the community level has become increasingly important for government and non-governmental organizations, although, little is known about how to foster development of these relationships. Through the case study of an exemplar relationship between a national organization and a community-based organization, organization-public relationship theory is used to explore relationship type, antecedents, cultivation strategies, and relationship outcomes. Methods within the case study include in-depth interviews with organizational members, participant observation, and documentation. Strong support is found for the *covenantal* relationship type; *capacity*, *readiness*, and *climate* antecedents; cultivation strategies of *networking*, *sharing of tasks*, and *access*; and all relationship outcomes. *Admiration*, received support as an additional outcome and as a relational antecedent. Additionally, themes of *customer service* and *researching and understanding publics* emerged as cultivation strategies. This study has implications for forming relationships with publics and organizations at the community level, especially in health and social contexts.

WHEN THE ORGANIZATION-PUBLIC RELATIONSHIP IS MORE THAN JUST
CALCULATION: WHAT WE CAN LEARN FROM THE CASE STUDY OF AN
EXEMPLAR COMMUNITY-BASED INTERVENTION

By

Lucinda L. Austin

Thesis submitted to the Faculty of the Graduate School of the
University of Maryland, College Park, in partial fulfillment
of the requirements for the degree of
Master of Arts
2008

Advisory Committee:
Associate Professor Dr. Linda Aldoory, Chair
Professor Elizabeth L. Toth
Assistant Professor Shannon A. Bowen

© Copyright by
Lucinda L. Austin
2008

DEDICATION

To the memory of my grandfather Eugene Addison Swanson (May 26, 1923 – February 22, 2008)

ACKNOWLEDGEMENTS

I would like to thank...

... Dr. Linda Aldoory, for your continuous support, guidance, and encouragement. Your passion for teaching and mentoring are truly amazing. Having the right advisor does make all the difference.

... Dr. Elizabeth Toth and Dr. Shannon Bowen, for your valuable input and thought-provoking suggestions during this thesis process. You encouraged me to expand my thoughts and gave me exciting new research ideas.

...the National Council on Aging's Center for Healthy Aging and the Partnership for Healthy Aging, for your support of this research and access to your organizations. Thank you for the extensive time you contributed to this project.

...my parents, for your love and support throughout this process. Dad, as the constant student and teacher, you inspire me with your drive to learn and grow. Mom, thanks for being a friend and for always being there when I call.

...my in-laws, for your patience, understanding, love, and encouragement. You have been like a second set of parents to me. Thank you for making me feel like a part of your family and for always being so thoughtful and supportive.

...my husband, Jason, for always being there. You are my best friend and my biggest supporter. You continually made sacrifices, and you never complained. You always believed in me, even in the face of impossible odds. I'm so glad to have you in my life.

TABLE OF CONTENTS

Dedication.....	ii
Acknowledgements.....	iii
Table of Contents.....	iv
Chapter 1: Introduction.....	1
Chapter 2: Literature Review.....	5
Chapter 3: Method.....	31
Chapter 4: Results.....	41
Chapter 5: Discussion.....	86
Appendix A.....	101
Appendix B.....	103
References.....	105

CHAPTER 1 – INTRODUCTION

Research Problem

As government organizations and non-governmental organizations (NGOs) continue to plan health and risk interventions, they have increased their focus on community-based organizations to distribute messages to the greater public resulting in greater success (Briss, Brownson, Fielding, & Zaza, 2004). Community-based organizations (CBOs) can be important to larger organizations because “these organizations also have the ability to influence the attitudes and behaviors of their community members by building on relationships of trust and respect” (PEPFAR, 2007, ¶ 5). If CBOs build on established relationships with publics and community members, how do larger organizations, such as NGOs or national organizations, build, maintain, and understand relationships with these CBOs?

This study seeks to increase understanding about relationships with community-based organizations by examining a best-practices, exemplar (AOA, 2006) community-based older adult health intervention involving a relationship between a community-based organization, Partnership for Healthy Aging, and a national organization, the National Council on Aging. This paper explores what led to this program’s successful outcome – an effective and useable model program for national dissemination that significantly reduces fear of falling and other fall-related factors such as falls management, falls efficacy, and fall control for older adults – and how these two organizations make meaning of their relationship. As an exemplar case, this relationship can contribute to greater understanding about the nature of successful interorganizational relationships and effective partnerships on the

community level. Using organization-public relationships and relationship management theory as frameworks, this study allows for exploration of the organization-public relationship in a different context, that of national organization with community-based organization. While there has been much focus on the organization-public relationship in terms of the specific publics, there has not been a focus on organizations as publics.

Implications of the Study

Few scholars have studied the organization-public relationship qualitatively (Hung, 2001; Rhee, 2004, 2007). While it is important to establish measures for public relations in order to better craft our theories, it is also important to conduct qualitative research in order to explore the theories on a deeper level. In this study, I do this by studying a case of an exemplar community-based intervention and focusing on the relationship between a community-based organization and a national organization. Through this study, I will determine if the relationship framework fits with the relationship management theory already established and also explore additional elements that could contribute to relational satisfaction and success. In the unique context of an interorganizational NGO to NGO (community-based organization to national organization) relationship, I explore relationship antecedents, types, cultivation strategies, and outcomes (Grunig & Hon, 1999) that can lend to our understanding of what CBOs need from larger organizations for a successful and continuing relationship.

This being said, the concept of CBOs can be a very useful one for many forms of public relations. Viewed from perhaps a more typical view of public relations,

often the organization is not seeking to create an active public, because that can be problematic for the organization, resulting in activist groups that may put pressure on the organization. However, at times an active public can be very good for an organization, such as in health and risk contexts where communities and publics can be essential in fostering change. As the government and other larger agencies seek to expand outreach efforts into communities, CBOs are valuable partners. If these larger entities can establish successful relationships with these CBOs, then the CBOs who ultimately know the needs of their communities much better than the larger national agencies, can help to bring intervention and promotion efforts to community members on an individual level. Understanding the elements of this unique relationship provides a significant contribution to the fields of public relations and health and risk communication, as well as any other field in which a community-based relationship could be beneficial.

This study also contributes to the body of knowledge in health communication and encourage cross-disciplinary scholarship in similar fields. Baker and Rogers (1993) state that “the literature on health communication campaigns is curiously silent on the subject of organizations” (p. 3). By using public relations research on organizations and relationships in a health context, this study furthers understanding of organizational relationships within health communication.

While this paper focuses on a health/risk related topic within a government organization, CBO involvement could also be ideal for a variety of other entities including NGOs, colleges and universities, and even businesses. Any time an

organization wishes to motivate a public to take action, involvement within communities and with CBOs should be considered.

The main Research Question asked for this study is:

RQ1: How is the relationship between the community-based organization and the national organization in this case study enacted?

To help answer this larger question, the following questions are also explored:

RQ2: What type of relationship does this community-based organization form with the national organization?

RQ3: What relationship antecedents were in place that allowed the productive relationship in this case to form?

RQ4: Which relationship cultivation strategies were used in the specific case study and how did these cultivation strategies contribute to the relationship?

RQ5: How do members of the community-based organization perceive relational outcomes in the specific case?

CHAPTER 2 - LITERATURE REVIEW

In this section an overview of the literature on the health risk of older adult falls; community-based organizations and health interventions; and the relationship management and organization-publics is presented to show how these areas of study contribute to the present thesis.

Health Risk of Older Adult Falls

To situate the case study in context, knowledge on the issue of older adult falls is important. According to the Centers for Disease Control and Prevention (CDC), “among people 65 years and older, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions for trauma” (CDC, 2006). Additionally, here in the United States over one-third of this population will fall each year (CDC, 2007c). Rizzo et al.(1998) found that the average healthcare cost of falls in those 72 and older was over \$19,000, not to mention the indirect costs including disability, hardship on loved ones, and reduced quality of life (CDC, 2007b).

Most effective older adult fall interventions have involved exercise (Barnett, Smith, Lord, Williams, & Baumand, 2003; Campbell et al., 1997; Li et al., 2005; Lord et al., 2003; Rubenstein et al. 2000; Wolf et al., 1996), and scholars state that of any stand-alone component to fall prevention and intervention, exercise is the most effective. Other effective interventions have also included home risk assessments (Cumming et al., 1999; Nikolaus & Bach, 2003) and multifaceted interventions (Clemson et al., 2004; Close et al., 1999; Day et al., 2002; Hornbrook et al., 1994; Tinetti et al., 1994; Wagner et al., 1994). Because effective fall interventions

generally involve some element of supervision and resources that the average member of the general public would not have, community-based interventions have been ideal for fall prevention.

Community-Based Interventions and Community-Based Organizations

Stephens, Rimal, and Flora (2004) state that community-based organizations can be key to a health campaign's success. One of the most famous examples of a successful community-based intervention was the Stanford Five-City Heart Health Campaign (Stevens, Rimal, & Flora, 2004; Winkleby, Flora, & Kraemer, 1994), which has been cited extensively. The Five-City Campaign was a great example of how government or business organizations can use interventions to effectively reach individual community members and foster change. Other successful community-based interventions employing the help of CBOs have included the ACCESS Breast Cancer and Education Outreach Project (Rapkin et al., 2006) and the "How to Talk to Your Doctor" community education (Tran et al., 2004), as well as many others specifically targeting older adult health (Center for home care policy and research, 2003).

Saxe et al. (2006) argued that community-based interventions are not necessarily more effective. The researchers found that the community-based prevention program "Fighting Back" targeting the war on drugs was at odds with public rhetoric on the issue and subsequently failed to produce significant outcomes. Butterfoss (2006) and Wickizer et al. (1993), however, state that community-based participation can be measured by processes as well as outcomes. Butterfoss along with Wickizer et al. argue that processes can and should be studied, as outcomes may

develop more slowly and may not produce visible results immediately or may not show how the individual community members were changed in what can produce lasting attitude change.

Thompson, Coronado, Shedra, Snipes, and Puschel (2003) state that:

Theoretically, community-based research lies along a continuum: At one extreme, communities do little more than approve or sanction what researchers have already planned and designed, whereas at the other end, communities participate fully in the planning of a health promotion initiative and its subsequent design. Historically, community-based research has fallen toward the end of approval/sanction, with demonstration programs falling toward the other end of the continuum. (p. 319)

Because of the specific case study framework, which I believe to follow more closely the model where communities have the opportunity to participate fully in the intervention, or even more so, to actually take on the intervention themselves, discussion here will center only on the participative type of community-based organization relationship that Thompson et al. describe.

Scholars Backer and Rogers (1993) highlight the community adoption theory as pertinent to community-based organizations stating that “little real development has occurred unless the community that is the target of the change efforts feels a need for the change, participates in planning and executing..., takes some responsibility..., and increasingly takes control” (p. 106). Thomas (2006) illustrates community organization theory as emphasizing “active participation in developing communities that can better evaluate and solve health and social problems” (p. 69). According to

scholars, building an effective community-based organization collaboration depends on the formation of an exchange relationship. Organizations must show the potential gain for the community organizations and negotiate an exchange that will be beneficial for both parties (Nelson, et al., 2002). According to Backer and Rogers (1993), communication must focus on long-range collaboration with community-based organizations (CBOs) and provide open access to the project staff. Communication should also focus on establishing relationships, building trust, and working with organizational leadership (CDC, 1997; Clarke, Evans, Shook, & Johanson, 2005).

There are many advantages to forming participative relationships with community-based organizations. For example, who knows a community better than the individuals within the community itself? Involving individuals within a community helps to keep researchers/agencies apprised of the community's needs and resources (Israel, Shulz, Parker, & Becker, 1998). A community-based partnership places the onus on the individual communities to help others within their communities and allows the communities to make decisions based on what is best for the community also increasing community members' self-efficacy (Ohmer, 2007). Additionally, CBOs may already have contact with individuals who place trust in them (Clarke, Evans, Shook, and Johanson, 2005; PEPFAR, 2007). As such, it may be easier for individuals within these organizations to reach older adults and share the message about older adult falls. Additionally, from a public relations perspective, Derville and McComas (2003) state that community-based interventions may help to promote even severely constrained publics to act by reducing barriers.

Many larger agencies already rely on community-based organizations to affect greater change. Government bodies such as the Federal Emergency Management Agency (FEMA) and Department of Homeland Security (DHS) encourage formation of and provide guidance to local Citizen Corps Councils who work to get their communities prepared for disasters and emergencies (FEMA, 2002). Other agencies such as the CDC give grants to local entities to implement programs within their communities (CDC, 2007a; Peterson & Randall, 2006). In most of these cases, the agencies generally allow the community-based organizations autonomy to decide how best to approach their own community initiatives, but provide support and recommendations when these are needed. At times when funds and monies are offered, the larger agencies generally request some type of follow-up report to gauge the outcomes of the funding and determine whether or not additional funding can be awarded. The goal with these initiatives is generally to get the local community-based organization concerned about the welfare of their own communities and actively involved in impacting the needs of the community. This is generally not a top-down approach, but rather more of a grassroots mobilization effort or postmodern approach, empowering communities to organize and take action on their own behalf, but giving them resources and encouragement to do so (Maurana & Clark, 2000).

Relationship Management Theory and the Organization-Public Relationship

Based on an extensive survey of the field of public relations, Ferguson (1984) called for focus on the organization-public relationship as a neglected but important area in the field of public relations. Ferguson argued that the focus of study should

no longer be the public, the organization, or the communication alone, but instead the actual organization-public relationship should be the unit for analysis.

Since that time, the concept of the organization-public relationship as a unit for analysis has been widely accepted with many scholars pursuing this area of study. While some scholars have focused primarily on the relationship as the unit of study, others have worked towards building theory and creating a larger relational paradigm. Ledingham (2003; 2006) presented evidence for relationship management as a general theory of public relations and also for a relational paradigm within the field. Bruning and Ledingham (2000) present relationship management as “combining symbolic communication messages and organizational behaviors to initiate, build, nurture, and maintain mutually beneficial organization–public relationships” (p. 87).

Additionally, relationship management theory draws heavily on interpersonal communication and interpersonal relationship strategies, applying these on an organization-public scale (Bruning & Ledingham, 1998). Elements of the theory such as the maintenance strategies draw directly from interpersonal relationship and conflict resolution concepts (Grunig & Hon, 1999; Grunig & Huang, 2002; Rhee, 2004, 2007). While Toth (2000) suggests a different model for understanding the organization-public relationship, the interpersonal influence model, she also stresses the importance of interpersonal communication in the understanding of the organization-public relationship, stating that “the end goal of interpersonal communication is to establish and maintain successful relationships” (p. 217).

Ledingham (2003) also relates the organization-public relationship to interpersonal communication, stating that the “analysis of organization–public

relationships is grounded in interpersonal relationship building. Moreover, many interpersonal relationship principles—complete with guidelines for initiating, maintaining, and improving relationships—serve as a foundation for the exploration of organization–public relationships” (p. 188). Additionally, scholars (Hung, 1998, 2003, 2004, 2007; Huang, 2001b) have tied interpersonal communication more closely to global and cross-cultural models of organization-public relationships.

History of Theory and Recent Development

In recent studies, the organization-public relationship has been studied in a variety of contexts and perspectives. When Ferguson conducted her 1984 analysis of the field of public relations, she found a dearth of research on public relationships. Sallot, Lyon, Acosta-Alzuru, and Jones (2001) conducted an analysis of the field close to 20 years later and found that the area of public relationship research and theory building was the second-most frequently occurring concept in the literature.

Ki and Shin (2005, 2006) conducted a survey of published journal articles to determine trends specifically in organization-public research. Based on Ki and Shin’s research as well as sources outside of journal articles and newer publications, recent organization-public studies have examined the organization-public relationship from the following contexts: museums (Banning & Schoen, 2007), non-profit organizations (Bortree & Waters, 2007; Taylor & Doerfel, 2004), electric companies (Bruning & Galloway, 2003; Bruning, Castle, & Schrepfer, 2004), banking systems (Bruning & Ledingham, 1999, 2000; Dougall, 2006), telecommunications companies (Ledingham, Brunig, & Wilson, 1999), universities (Bruning, 2002; Bruning, McGrew, and Cooper, 2006; Brunner, 2005; Jo, Hon, & Brunner, 2004), government

organizations (Bruning, DeMiglio, & Embry, 2006; Ledingham, 2001; Rhee, 2004, 2007), Fortune 500 company websites (Ki and Hon, 2006), organizational blogs (Kelleher & Miller, 2006), with activist publics (Dougall, 2006), corporate philanthropy (Hall, 2006), reputation (Yang, 2005; Yang & Grunig, 2005), and international contexts (Huang, 2001a, 2001b; Hung, 2001, 2003, 2004, 2005).

Development of organization-public relationship concepts has primarily been done in a quantitative fashion to “test” the theoretical concepts and determine the strength of the theory. Scholars have sought to determine if the suggested antecedents and relational outcomes lead to relational continuance and satisfaction on the part of the public. Ki and Hon (2007) examine the quantitative measures more closely and establish linkages between specific relationship outcomes, suggesting that some outcomes, such as trust, must take place before others can occur. Many studies have found support for various relational outcomes and antecedents leading to relationship satisfaction. Other scholars have called for additional quantitative research into these areas to provide further support for the variables and determine the strength of the theoretical concepts.

Because measures have been mostly quantitative up until this point, there has not been much qualitative research focusing on relationship management and the organization-public relationship concepts. Grunig (2002) developed proposed qualitative measures for the organization-public relationship. As Grunig stated, there are times when the organization-public relationship cannot be studied quantitatively and where research may not fit into the specific molds that quantitative research provides. I propose that qualitative research can help to further explore how and why

these relationship outcomes and antecedents lead to relationship satisfaction, possibly exposing additional elements that also contribute to relational satisfaction and success.

Broom, Casey, and Ritchey (2000) argue that Ferguson's (1984) approach to defining and measuring public relationships mixes "characteristics of relationships with perceptions of the parties in relationships, as well as constructs based on the reports of those in relationships" (p. 5). I would argue, however, from a social constructionist and coorientational perspective that reports of those in the relationships as well as the perceptions of both parties are important to assessing the relationship, since both of these parties are involved in the creation and maintenance of the relationship. Broom et al. (2000) also state that previous "measures of relationships rely on participants' perceptions, as if those reports were valid indicators of the relationships under study" (p. 6). I argue that one of the ways to assess the relationship is through perceptions of both parties, as the relationship cannot be a truly objective measure. Other scholars also stress the subjective nature of the organization-public relationship. Greenhalgh (1987) states that a relationship is experienced subjectively, and scholars such as Huang (2001a; 2001b) reiterate this concept in their conceptualizations of the organization-public relationship.

Definitions of Organization-Public Relationships

Part of Ferguson's (1984) call for an extended focus on relationships was also for a consistent definition of relationships that scholars could agree on. Broom et al. (1997) echoed that call adding that "the absence of a fully explicated conceptual definition of organization-public relationships limits theory building in public

relations” (p. 96). Since then many scholars have responded to that call with their own definitions of the organization-public relationship.

Ledingham and Bruning (1998) defined the organization-public relationship as “the state which exists between an organization and its key publics in which the actions of either entity impact the economic, social, political and/or cultural well-being of the other entity” (p. 62). Ledingham and Brunig distinguished in this definition; however, that the ideal relationship would differ representing “the state that exists between an organization and its key publics that provides economic, social, political, and/or cultural benefits to all parties involved, and is characterized by mutual positive regard” (p. 62).

Huang (1998; 2001) proposed a definition of the organization-relationship based on the conceptual and measurable features of the relationship and defined the relationship as, “the degree that the organization and its publics trust one another, agree on who has rightful power to influence, experience satisfaction with each other, and commit oneself to one another” (1998, p. 12). Huang also states, that the organization-public relationship is a subjective experience rather as opposed to an objective experience.

Broom et al. (2000) took a more objective approach to their definition of the organization-public relationship, stating that relationships are distinct or separate from the actual individuals and groups in the relationship. Their definition states that:

Organization-public relationships are represented by the patterns of interaction, transaction, exchange, and linkage between an organization and its publics. These relationships have properties that are distinct from the

identities, attributes, and perceptions of the individuals and social collectivities in the relationships. Though dynamic in nature, organization-public relationships can be described at a single point in time and tracked over time. (p. 18)

Hung (2001) stressed the importance of interdependence and consequences to either party. She stated that, “organization-public relationships arise when organizations and their strategic publics are interdependent and this interdependence results in consequences to each other that organizations need to manage” (p. 10).

Rhee (2004) added to this definition by focusing additionally on the repeated nature of communication in an organization. She defined the organization-public relationship as “a connection or association between an organization and a public that results from behavioral consequences an organization or a public has on the other and that necessitates repeated communication” (p. 9).

While I believe each of these definitions have their own merit in adding to our conceptualization of relationships, none of these definitions mentions mutual or individual *interest*, focusing more closely on elements of actual behavior. Since I believe the relationship is a subjective state as Huang (1998) notes, interest in the other party may also constitute a perceived relationship. This being said, while Rhee’s (2004) definition is the ideal for a positive and effective relationship, I don’t believe that the organization-public relationship always involves repeated communication between the organization and the public. For example, an activist group may feel that it has a very negative relationship with an organization; however, depending on the environmental scanning of the organization and the vocal nature of the activist group,

the organization may never be aware of this negative relationship. As Hung's (2001) definition states regarding consequences to the organization, this activist group could potentially have negative consequences to the organization through their connection to the organization or through their relationship with other publics of the organization.

This criticism of existing definitions challenges the interpersonal concept of relationship which stress necessity of a mutuality of awareness (Thomlison, 2000). Berko, Rosenfeld, & Samovar (1997) state that the interpersonal relationship is:

The connection that exists when (1) the interactants are aware of each other and take each other into account, (2) there is some exchange of influence, and (3) there is some agreement about what the nature of the relationship is and what the appropriate behaviors are given the nature of the relationship. (p. 448)

While many of the interpersonal concepts are useful in understanding the formation and maintenance of relationships, public relations literature must stray from interpersonal concepts here because of the unique nature of organizations and publics. I encourage further discussion on the issue of the organization-public relationship and how this is defined. Additionally, based on others' conceptualizations, I would like to know whether publics in an organization-public relationship have to be "active" publics as defined by the situational theory of publics. I would argue that latent, aware, and active publics can be part of an organization-public relationship.

Relationship Types

Scholars have identified the type of relationship between the organization and the public as affecting the relational outcomes and behavior. Bruning and Ledingham (1999, 2003) suggested there were three types of relationships within a public relations context: interpersonal, professional, and community, of which an organization could have a mix. Professional role refers to the professional manner in which an organization treats client, customer, or other organizations, while the interpersonal relationship refers to the personal relationship between members of the organization and members of the public. Community relationship is defined as interaction with the larger community that an organization serves.

Other scholars classify the relationship based on the relational partners and structure such as organization-activist (Dougall, 2006), interorganizational (Taylor & Doerfel, 2005), employee-organization (Rhee, 2004a, 2004b), member-organization (Banning & Schoen, 2007; Ki & Hon, 2007), volunteer-organization (Bortree & Waters, 2007), and a general organization-public relationship.

Grunig and Hon (1999) defined relationship differently developing two main typologies for the organization-public relationship which impact the nature and outcomes of the relationship. These two types are exchange and communal.

Exchange Relationship

The exchange relationship is one where “one party gives benefits to the other only because the other has provided benefits in the past or is expected to do so in the future” (Grunig & Hon, 1999, p. 20). Within this framework, based on social and

economic exchange models (Hung, 2001), parties expect to receive comparable or equal benefits in the exchange.

Communal Relationship

The communal relationship is one where ‘both parties provide benefits to the other because they are concerned for the welfare of the other—even when they get nothing in return’ (Grunig & Hon, 1999, p. 21). In this type of relationship, parties do not expect to receive anything in return (Hung, 2001). Communal relationships generally result in more positive relationship outcomes. “Exchange relationships never develop the same levels of trust and the other three relationship indicators that accompany communal relationships” (Grunig & Hon, 1999, p. 21). While exchange relationships may be necessary at times, the communal relationship is viewed as an ideal for organization-public relationships.

Hung (2001) contends that there are other types of relationships that exist, naming three additional relational types as exploitive, covenantal, and contractual. Within Hung’s framework, an *exploitive* relationship is generally negative where one party either takes advantage of the other or doesn’t fulfill their end of the relationship. The *covenantal* relationship means “both sides commit to a common good by their open exchanges and the norm of reciprocity” (p. 15). Hung describes this as a “win-win” relationship, where the responsibility of the other party is to listen and provide feedback. *Contractual* relationships are similar to entering into a contractual agreement at the onset of a relationship, when parties agree on the terms of their relationship initially.

Relationship Antecedents

Relationship antecedents refer to the reasons why organizations and publics enter into relationships and what influences or causes these relationships to form. Grunig (1997) stated that much like publics are situational (Aldoory & Sha, 2007; Grunig, 1989), antecedents of the organization-public relationship are also situational. Broom et al. (1997) state that antecedents include the “perceptions, motives, needs, behaviors, and so forth that are posited as contingencies or causes in the formation of relationships” (p. 94). Cutlip, Center, and Broom (2000) also state from an open systems perspective that antecedents can be sources of change or tension on the system. Scholars (Broom et al., 1997; Grunig & Huang, 2000) note the role of exchange theory and resource dependency theory for highlighting why and how some relationships form.

Through a literature review on community-based organizations in health promotion, Frank (2003) developed a list of organizational features that foster program adoption, labeling these as organizational readiness, organizational climate, organizational culture, and organizational capacity. *Organizational readiness* refers to the “organizational members’ beliefs, attitudes, and intentions” (p. 5) as well as the organizations’ ability to make changes. The *organizational climate* is comparable to the personality of the organization, implying an interpersonal characteristic of the relationship. *Organizational culture* is the shared meaning an organization creates for its own organization and its environment. *Organizational capacity* refers to the functioning of the organization and its various subsystems. These organizational

features may provide a useful framework for examining relational antecedents in the context of a community-based organization for health promotion.

Relationship Maintenance/Cultivation Strategies.

Borrowing from interpersonal communication (Stafford & Canary, 1991), Grunig and Huang (2000) developed maintenance strategies for the organization-public relationship. Grunig (2006a) most recently called for maintenance strategies to instead be labeled cultivation strategies, arguing that relationships can rarely be “maintained” because of their continual metamorphosis. Grunig instead offers the term “cultivation” comparing the process of developing relationships much like growing crops using the conditions that affect them. Grunig (2002) defines cultivation strategies as “the communication methods that public relations people use to develop new relationships with publics and to deal with the stresses and conflicts that occur in all relationships” (p. 5). Grunig (2006b) calls for us not only to “measure the nature and quality of relationships to establish and monitor the value of public relations” but also to evaluate “public relations strategies and tactics to determine which are most effective in cultivating relationships” (p. 6).

Grunig (2002) recommends that public relations within an organization should develop and test its own strategies to cultivate relationships, specifying two types of objectives as either process or outcome. Process objectives focus on the actual activities conducted as part of the strategies; whereas, outcome objectives refer to the desirable outcome effects.

Cai and Ni’s (2005) study connecting interpersonal variables and organizations identifies open dialogue, interaction, shared responsibility, and

reassurance as correlating with bettering relationships. Grunig and Hon (1999) also identified cultivation strategies likely to lead to desirable relationship outcomes on the organization-public level. Since then support has been found for these cultivation strategies (Austin, 2007; Ki & Hon, 2006; Rhee, 2004, 2007), although more exploration of cultivation strategies is needed to determine if additional cultivation strategies should be added or if some are more effective than others. Grunig and Hon (1999) and Grunig and Huang's (2000) selected set of relationship cultivation strategies are access, positivity, openness/ disclosure, assurances, networking, sharing of tasks, and conflict strategies.

Access

Within this framework access is defined as allowing public opinion leaders access to the decision-making group of an organization. Additionally, members of the public should allow public relations professional access to public opinion leaders. This concept refers to reciprocal access or access by both parties.

Positivity

Positivity refers to an organization doing whatever it must to help a public feel content, similar to being unconditionally positive.

Openness and disclosure

Openness and disclosure refer to the sharing of information and relay a concept of transparency. Ideally openness of thoughts and feelings should be present among both parties involved.

Assurances of Legitimacy

Assurances of legitimacy validate the public's voice and assure them that the organization values what they have to say. Assurances of legitimacy ideally should occur among both parties involved. Additionally assurances of legitimacy may include affirmations of commitment to the relationship.

Networking

Networking refers to the organization building social networks with groups that publics are also affiliated with.

Sharing of Tasks

Sharing of tasks includes the organization including the public in actual tasks surrounding the organization. Within this concept, "organizations and publics do their fair share to solve problems of concern to the other" (Hung, 2001, p. 18).

Conflict Strategies

Grunig and Hon (1999) group strategies that deal with conflict resolution under three distinct categories: integrative, distributive, and dual concern.

Integrative. Integrative strategies are symmetrical and seek a win-win solution for both parties in the relationship, where parties collaborate to seek out the best possible solution for each party involved.

Distributive. Distributive strategies are asymmetrical and involve one party benefiting over another in a win-lose scenario. Distributive strategies do not involve concern for others' welfare. Some later research and scholarship (Rhee, 2004) does not include distributive strategies. I would argue that distributive strategies would not often lead to relationship outcomes outlined subsequently in this research.

Dual Concern. Grunig and Hon (1999) detail dual concern strategies as “having particular relevance for public relations because they take into consideration the dual role of balancing the interests of publics with the interests of the organization” (p. 16). While Grunig and Hon outline all dual concern strategies, both symmetrical and asymmetrical, they state that the asymmetrical strategies focus on only one party’s interest and as such will not be “effective in developing and maintaining the most positive relationships in the long term” (p. 16). Because asymmetrical strategies are not ideal, I will only outline symmetrical strategies of cooperating, being unconditionally constructive, and saying win-win or no deal.

Cooperating refers to the concept of the organization and the public working together for mutual benefit. Being unconditionally constructive is when the organization does whatever it believes to be beneficial to the relationship, even if that means giving in to some extent or if the public does not immediately give back. Saying win-win or no deal conveys the concept of both the organization and the public working together to find the solution that benefits both, or, if they cannot find such a solution, they simply agree to disagree.

Relationship Outcomes

Many quantitative scholars that study organization-public relationships focus on measuring relationship outcomes through established survey measures (Ki & Shin, 2005, 2006).. Grunig and Hon (1999) stated “the most meaningful evaluation of relationships involves measuring the outcomes of relationships” (p. 18) and identified four relational outcomes that have later been widely adopted in studies. While many other relationship outcomes have been proposed, the most support has been found for

trust, control mutuality, satisfaction, and commitment. These four relationship indicators have received significant empirical support and have been argued for by many public relations scholars (Bortree & Waters; 2007; Grunig & Huang, 2000; Hon & Grunig, 1999; Huang, 2001b; Jo, 2003; Ki & Hon, 2007; Kim, 2001; Scott, 2007).

Ki and Hon (2007) found support for some of the relational outcomes to precede others and argue that there might be other possible linkages as well. Ki and Hon found within this context that satisfaction was a strong predictor of trust, and subsequently, trust predicted commitment. Most recently Bortree and Waters (2007) also developed admiration as a new relational outcome and found that admiration was the strongest predictor of relationship rating in a volunteer-nonprofit relationship. This study will explore the four dimensions of trust, control mutuality, satisfaction, and commitment, as well as Bortree and Waters' new relational dimension of admiration.

Trust

The concept of trust has been used extensively in interpersonal and organizational communication (Grunig & Huang, 2000; Huang, 1997; Hung, 2001; Chia, 2005). Grunig and Huang (2000) state that trust "highlights one's confidence in and willingness to open oneself to the other party" (p. 44). Additionally, Parks, Henager, and Scamahorn (1996) define trust as believing others will not exploit goodwill. Ki and Hon (2007) summarize trust as "a belief by publics that an organization is reliable, honest, and stands by its words as well as accomplishes its promised obligations" (p. 7).

Scholars (Grunig, 2002; Grunig & Hon, 1999; Hung, 2001; Seltzer, 2005) have defined and measured three elements of trust as dependability, competence, and integrity. Seltzer defines dependability as “the perception that a party will follow through on its promises and do what it claims it will do” (2005, p. 8). Competence refers to the capability of a party to fulfill duties and obligations (Hung, 2001). Integrity is defined as belief of one party that the other is “fair and just” (Grunig & Hon, 1999, p. 19).

Control Mutuality

Control mutuality has also been termed the concept of “balanced power” (Bortree & Waters, 2007). The concept of control mutuality refers to the balance of power within the decision making processes of the organization. Grunig and Hon (1999) defined control mutuality as “the degree to which parties agree on who has rightful power to influence one another” (p. 19). Grunig and Hon (1999) and Ki and Hon (2007) also state that for a steady and positive relationship, both parties in the relationship need to have say in the decision making process and some form of control mutuality.

Satisfaction

Relational satisfaction is important to the quality of a relationship (Stafford & Canary, 1991). Ferguson (1984) stated that organizations and publics would be expected to display different behaviors based on how satisfied they were with the relationship. Relational satisfaction occurs when relational benefits are distributed equally and the rewards outweigh the costs of the relationship (Hung, 2001; Seltzer, 2005; Stafford & Canary, 1991).

Grunig and Huang (2000) distinguish control mutuality and trust, which they say involve more cognitive dimensions, from satisfaction which they define as including affection and emotion. Hinde (1997; Hung, 2001) also claims that satisfaction represents the difference between that which an individual expects to receive out of a relationship and what the individual actually experiences.

Commitment

Canary and Zelle (2000) posit that communication is not only “the extent to which a person wants to remain in the relationship” (p. 308), but also when that individual has feelings of attachment, implying an emotional context as well. Grunig and Huang (2000) define this similarly, identifying two concepts of commitment relevant to the organization-public relationship as continuance commitment and affective commitment. Continuance commitment is defined as commitment to continuing a course of action with an organization; whereas, affective commitment refers to the emotional orientation towards an organization or party.

Hung (2001) stresses the importance of the organization incorporating the publics’ values into its own goals for continued commitment to the organization. Hung states that “while achieving organizational effectiveness, organizations will also gain more support and commitment from publics, inasmuch as an organization replaces its own goal with joint goals” (p. 29).

Admiration

Bortree and Waters (2007) borrowed the concept of admiration from interpersonal communication contexts. Admiration refers to the respect that one party has for another. Ideally, admiration would be mutual within the relationship context

with both parties having admiration for the other. Bortree and Waters stress the importance of admiration in the non-profit/volunteer relationship, stating that if “volunteers admire the mission of the organization with which they volunteer and share its values toward the community, then their perception of the relationship would benefit” (p. 8).

Research Questions

To explore this relationship in greater detail, the following main research question is asked:

RQ1: How is the relationship between the community-based organization and the national organization in this case study enacted?

Based on the preceding review of organization-public relationships and more specifically, the relationship type, antecedents, cultivation strategies, and outcomes, the following research questions are derived to help understand the main research question:

RQ2: What type of relationship does this community-based organization form with the national organization?

RQ3: What relationship antecedents were in place that allowed the productive relationship in this case to form?

RQ4: Which relationship cultivation strategies were used in the specific case study and how did these cultivation strategies contribute to the relationship?

RQ5: How do members of the community-based organization perceive relational outcomes in the specific case?

Case Study Background

By examining a “best-practices” intervention and the relationship between a community-based organization and a national organization, I hope to explore elements of this exemplar interorganizational relationship. The proposed case study involves the organization-public relationship between a community-based organization, Partnership for Healthy Aging (PFHA), and a national organization, the National Council on Aging (NCOA), which has led to an extremely successful intervention program, highlighted by the US Administration on Aging as a best-practices model (AOA, 2006). Because of its success, the program was chosen as one of six to receive the national ASA Healthcare and Aging Network Award (PFHA, n.d.). When studying the relationship between these two organizations, the larger national organization (NCOA) was viewed as the organization with the smaller community-based organization (PFHA) viewed as the public.

NCOA is a national not-for-profit organization that initiates programs to “help older people remain healthy and independent, find jobs, increase access to benefits programs, and discover meaningful ways to continue contributing to society” (NCOA, 2007, ¶ 3). NCOA’s Center for Healthy Aging, specifically, has been engaged in this relationship with PFHA. NCOA’s Center for Healthy Aging¹ “encourages and assists community-based organizations serving older adults to develop and implement evidence-based health promotion/ disease prevention programs” (NCOA CFHA, 2007, ¶ 1).

¹ Throughout the remainder of this paper for convenience, NCOA will be used to refer to NCOA’s Center for Healthy Aging.

PFHA, a smaller non-profit 501(c) (3) organization, is a collaborative effort of several community-based organizations to create an actual community-based non-profit specifically for assisting with older adult health issues. PFHA was established jointly by MaineHealth and aging organizations (NCOA, n.d.), including MaineHealth, Maine Medical Center, Community Health Services, and the Southern Maine Agency on Aging. PFHA was created and financially supported by its organizational members and functions as a separate nonprofit organization. In addition to outside grants and funding, the funding for PFHA is primarily supported by MaineHealth, a healthcare provider organization, and Maine Medical Center, a member organization of MaineHealth,

PFHA, along with Southern Maine Agency on Aging, Maine Medical Center Division of Geriatrics, and the University of Southern Maine School of Social Work, was awarded a grant from the US Administration on Aging (AOA), a government entity, to translate *A Matter of Balance*, a program originally developed by the Roybal Center at Boston University to reduce older adults' fear of falling, into a volunteer-led model for more cost effective dissemination. The Maine MOB initiative has been widely successful (AOA, 2006). NCOA has served as the National Resource Center for the AOA evidence-based health promotion grants since 2003; PFHA received 1 of 12 community grants that were issued in 2003 for which NCOA fulfilled the role of providing technical assistance. NCOA was a primary contact and point of assistance for PFHA and had no financial ties to their relationship with them. Initially PFHA worked directly with other organizations and older adults in the *Matter of Balance* program as developed by the Roybal Center. Because the original

Matter of Balance program required healthcare professionals to be trained to lead the program, the program was rather costly and served to limit the widespread dissemination among that Aging Services Network. PFHA later sought to translate the program into a lay-leader model which could make the program more widely available to organizations with limited resources (PFHA, n.d.). PFHA is now working by training master trainers in other locations who can then train lay leaders to implement the program in their communities. For both of these grant efforts, NCOA has provided resources and assistance when necessary and has been the primary correspondent.

The *Matter of Balance* program has proven to be successful for significantly reducing fear of falling and other fall-related factors such as falls management, falls efficacy, and fall control. Additionally self reports have indicated that the program does significantly reduce actual number of falls as well. The Maine translation of the *Matter of Balance* program has produced the same or better outcomes as the original Roybal Center at Boston University (Healy, Peng, Haynes, McMahon, Botler, & Gross, 2008). The Maine initiative was so successful, it has been outlined as a “best practices” model for other community organizations to follow (NCOA, n.d.) and has received other awards such as those mentioned above. The *Matter of Balance* translation developed by PFHA has now been adopted by organizations in over 20 states.

CHAPTER 3 - METHOD

Although there is little consensus on how to measure organization-public relationships (Ki & Shin, 2005; 2006), most organization-public relationship research has focused on establishing quantitative research measures of the relational outcomes (Grunig & Hon, 1999; Kim, 2001; Ki & Hon, 2007; Jo, Hon, & Brunner, 2004; Huang, 2001b; Hon & Brunner, 2002). In Ki and Shin's (2005; 2006) study of organization-public relationship articles published between 1984 to 2004, only 5 out of 38 articles used qualitative methods to study organization-public relationships. As Ki and Shin (2005) state, "survey design was most frequently used because it is the most appropriate and feasible way to measure organization-public relationships" (p. 18).

Grunig (2002), however, highlights the additional importance of qualitative research in studying organization-public relationships. As Grunig states, "relationships cannot always be reduced to a few fixed-response items on a questionnaire" (pp. 2-3). Grunig also discusses the benefits of qualitative research in detailing the nature of the relationship. Additionally, qualitative research can allow the researcher to develop a relationship with research participants to gain a more complete and candid assessment of the relationship.

Qualitative Approach

Qualitative research, specifically the method of case study, will be used in this research project to better understand how organizations and their publics make meaning of their relationships. More specifically, how does a community-based organization, having had implemented a very successful health intervention, make

meaning of its relationship with the larger national agency giving it guidance? When asking *how* or *why*, qualitative research can provide a platform for increased understanding (Denzin & Lincoln, 2003). Additionally, qualitative research acknowledges that meaning can be interpretive and subjective. As stated earlier in the literature review, scholars have highlighted the subjective nature of the organization-public relationship (Greenhalgh, 1987; Huang, 2001a, 2001b) as well as certain relational outcome measures such as perception of satisfaction. Qualitative research is ideal for exploring perceptions of the organization-public relationship by both parties.

Qualitative research, specifically the case study combined with in-depth interviewing, provides an opportunity for researchers to go beyond numbers and gain individual and collective feedback regarding perceptions and ideas not easily obtained through quantitative research. According to Yin (2003), case studies use a theoretical framework with the advantage of exploring multiple sources of evidence. Yin provides a technical definition for the case study method as, “an empirical inquiry that investigates a contemporary phenomenon within its real-life context, especially when the boundaries between phenomenon and context are not clearly evident” (2003, p. 13). The framework of a case study allows in-depth insight, exploration of theoretical propositions, and a glimpse at the relationship as a whole through multiple sources that provide rich information and examples of actual communication that have taken place throughout the relationship (Yin). Stoecker (1991) states that case study is the best way to refine general theory. Within the case study framework,

researchers use different contexts to explore the different outcomes of general processes suggested by theories.

Qualitative interviewing was used within the case study framework to provide depth and understanding to organization-public relationship theory. Rubin and Rubin (2005) state, “If what you need to find out cannot be answered simply or briefly, if you anticipate that you may need to ask people to explain their answers or give examples or describe their experiences, then you rely on in-depth interviews” (pp. 2-3). Fontana and Frey (2003) expand by stating that, “increasingly qualitative researchers are realizing that interviews are not neutral tools of data gathering but active interactions between two (or more) people leading to negotiated, contextually based results” (p. 62).

Additionally, researchers recommend studying the organization-public relationship using a coorientational approach whenever possible (Broom et al., 1997; Grunig & Huang, 2000; Seltzer, 2005). Because the unit of analysis in relationship management theory is the relationship itself, both sides of the relationship must be accessed for an accurate view of the relationship. By using dual perspectives, each party in a relationship can discuss their perceptions of the relationship as well as their perceptions of the other party and what the other party believes, resulting in a more complete picture of the relationship. As a result, both members from the Partnership for Healthy Aging and the National Council on Aging were interviewed to gain cross-party perceptions, in addition to a member of AOA, an outside organization familiar with their relationship. Rhee (2004) was one of the first and only scholars to use a coorientational approach in a case study method. This study contributes further to the

coorientational approach in a case study method, gaining as Rhee states “both sides’ stories.”

Procedures

Through this case study, multiple sources of information were triangulated, including in-depth interviews, participant observation, internal and external document analysis, and analysis of multimedia formats such as online video feeds and broadcasts, web pages, online polls, and blogs. Sources of documentation, archival records, and physical artifact (Yin, 2003) were reviewed until the data reached a saturation point. Internal documents such as email correspondence, PowerPoint presentations, reports, organizational statements, and other documents were sent to me by both organizations, found online for the two organizations, and made available at a national aging conference. External documentation consisted of third-party reports from agencies such as AOA and others, press releases and media coverage, web pages, and award documentation that was publicly available.

Participants and Recruitment. The two organizations consented to this research through contact with the Director of one organization and the Vice President of the other. These two contacts helped to determine, along with others in their respective organizations, which individuals were best to interview and assisted in recruitment of these participants. The two contacts at these organizations emailed their respective staff, introducing me and letting me know that I would be contacting them in the future to try to arrange an interview. I did potentially have greater participation from invited participants because of support by organizational leadership. I had access to all participants at one organization, and at the other had

access to all participants that were involved in the relationship. This sample was not random, but instead was exhaustive of the individuals I had access to having a direct relationship with the other organization. A total of 11 individuals participated within both organizations and one outside member who had an oversight role also participated in the research. McCracken (1988) states that eight interviews is a sufficient number for gaining understanding.

Interviews

Because the Partnership for Healthy Aging is located in Maine, making travel difficult, and due to time constraints on behalf of the two organizations, interviews were primarily conducted over the phone with follow-up interview calls and follow-up questions occurring via email. The number of interviews varied depending on the time the two organizations could offer and the saturation point within each of the organizations. PFHA had a small staff of five individuals in the office who had worked with NCOA throughout the course of the intervention. Because PFHA had a smaller staff and was such an active organization, I was made aware that they may not have much time to devote to this project and not all staff members would be able to participate. After working with my contact at PFHA, four PFHA staff members were identified as potential participants, and interviews were conducted with these four individuals. NCOA's Center for Healthy Aging also has a small staff with only six individuals working in the center at the time of this research. Interviews were conducted with all six of NCOA's Center for Healthy Aging staff. Additionally an interview was conducted with a member of AOA recommended by the organizations

who had worked with both organizations surrounding the intervention and had an outside perspective to the relationship.

Interview Protocol. Interviews were semi-structured and lasted approximately 30 minutes to one hour in length and followed a specific protocol (see Appendices A & B). The interview guides were developed based primarily on specific qualitative research recommendations for assessing the organization-public relationship from Grunig (2002) and Hung (2001). A separate protocol was developed for each organization. More in-depth questions regarding cultivation strategies were added (Rhee, 2004), as well as an additional element exploring admiration as a relational outcome in a non-profit context (Bortree & Waters, 2007). The interview protocol contained open questions and follow-up probes and served as a guide throughout the interview process. Questions were arranged in an unfolding method, so participants were first asked to describe the relationship in their own words, assessing how both parties made meaning of their relationship. Participants were also asked more specifically about relationship cultivation strategies, relationship types, and the relational outcomes (see Appendices A & B for specific questions).

Phone interviews were audio-taped, and notes were taken at the conclusion of each interview to record important themes and concepts. Interviews were later fully transcribed providing a rich source of comments to draw from, and observer comments were added to the transcripts during transcription. The observer comments included observation of general themes, weaknesses in the research process, and suggestions for modifying future interviews. Additionally, reflexive memos were

written throughout the research process (Rubin & Rubin, 2005) to reflect on my own biases that may have influenced my research and my findings.

Pretests. As Hung (2001) states, pretesting offers advantages to researchers by helping them to prepare for fieldwork and eliminate inappropriate questions from the interview guide. Because interviews were part of this case study, I did not conduct pretest interviews with members of the actual organizations being studied to avoid possibly influencing or biasing future interviews before beginning the research process. To assist with development of the interview protocol, however, interviews were pretested with graduate students. Additionally, elements of the interview protocol were tested through several studies (Hung, 2001; Rhee, 2004), and in these studies the questions were found to be effective in gaining the desired information from participants.

Consent and Confidentiality. Before conducting interviews, approval from the University of Maryland's Institutional Review Board was obtained to conduct the research. Participants were asked to sign an IRB-approved consent form, with information about the purpose of the interview, guaranteeing confidentiality, and allowing me permission to audiotape our interviews. All resulting data was handled according to IRB guidelines.

Although the participating organizations are named, actual participants' specific identities will remain confidential for the purposes of this research. Participants' names will not be associated with direct quotes or mentioned anywhere in the research reporting. The organizations also have the opportunity to look over the

research report before the thesis is submitted to make sure my interpretations match their perceptions.

Participant Observation

Participant observation took place at the Aging in America Conference in Washington, D.C., March 26-30, 2008. Members of PFHA and NCOA both attended the conference and attended many sessions together, such as partner meetings, a *Matter of Balance* workshop, and a program on building State level fall prevention coalitions. The conference was jointly organized by the NCOA and the American Society on Aging, and as such, every member from the NCOA Center for Healthy Aging was at the conference at some point. Of the PFHA members that were there, I had the opportunity to meet with four staff members and hear two staff members present on their program. One of the PFHA staff members who I did not have the opportunity to interview was present at the conference.

At the conference I had the opportunity to observe non-verbal communication and behaviors in formal and informal settings and had the added benefit of in-person contact with the individuals from these organizations. Detailed notes were taken during the conference about content these individuals presented on, as well as their communication styles and behaviors.

Data Analysis

After data was collected, themes were analyzed line-by-line through open coding of interview transcripts, notes, and memos (Strauss & Corbin, 1998). Because this study was driven by theoretical research questions based on concepts of the organization-public relationship, the research questions served as initial themes to

group similar concepts under. Themes were coded specifically based on expectations from the theoretical constructs, while still being open to the possibility of new themes. Emergent themes that did not fit within the theoretical frame were coded separately using open coding via a grounded theory approach (Glaser & Strauss, 1997; Potter, 1996; Strauss & Corbin, 1998). Using axial coding, categories were grouped under similar categories based on the theoretical constructs of the organization-public relationship literature. Again, emergent categories that did not fit within this framework were coded as new categories.

Patterns found through coding of interview transcripts were matched to documentation, archival resources, and participant observation notes, and analyzed using pattern matching (Yin, 2003). Patterns were assessed across the categories of relationship types, relational antecedents, cultivation strategies, relational outcomes, and general overall characteristics of the relationship, as well as any emergent themes from the interviews.

Selective coding (Strauss & Corbin, 1998) was used to identify core concepts from among the identified categories and relate these back to the other categories. In this study, because the focus is on the entire organization-public relationship theory, multiple categories were explored via selective coding and related to one another.

Validity

Validity refers to whether a construct is actually measuring what it is intended to (Gravetter & Forzano, 2006; Kvale, 1995; Wolcott, 2005). While predictive validity is generally described in terms of quantitative research, Kvale (1995) states that construct validity can be extended to qualitative research. Kvale states that “a

construct and its measurement are validated when the discourse about their relationship is persuasive to the community of researchers” (p. 22). Additionally Kvale states that “validation comes to depend on the quality of craftsmanship in an investigation , which includes continually checking, questioning, and theoretically interpreting the findings” (p. 27).

Triangulation of data has helped to contribute to the chain of evidence and increase validity of the information gathered (Yin, 2003). By obtaining information from multiple external and internal sources, in addition to in-depth interviews from members of both organizations and an outside member and participant observation, multiple perspectives have been incorporated into the research. Additionally, to increase validity of the findings, I have been transparent in the methods I used to interpret data and have been reflexive regarding my own personal thoughts and biases throughout the research process in reflexive memos and notes. Additionally, through member checks, I have worked with the organizations to make sure my interpretations of the findings match their perceptions and intended meanings.

CHAPTER 4 - RESULTS

The relationship between PFHA and NCOA is unique in a variety of ways including the power dynamics, the balance of a formal and informal relationship, and the context within which the relationship takes place. The research questions for this study explore how the relationship is enacted with these two organizations, the relationship type, relational antecedents, cultivation strategies, and relational outcomes.

RQ1: How is the relationship between the community-based organization and the national organization in this case study enacted?

According to members of both organizations, outside representatives interviewed, and the external and internal documents gathered, the relationship between these two organizations was a unique one. The relationship first began formally in 2003, although some members of the organizations reported contact with each other prior to this time and certainly an awareness of the other organization. As one member of PFHA² said:

The first connection we had with them was before that (the AOA grant)... I would say it was probably around 2000 to 2001. They did a questionnaire survey on best practices for senior centers... We were one of the member organizations that completed it, and we were cited as one of the best practices in that for the work that we were doing at the time with *Matter of Balance*.

² Although the organizations have been identified by name, participants were promised anonymity in the reporting of their responses and quotes. Participants are not identified by name, only by organization. Because the organizations each have so few staff members, participants are generally not identified by pseudonyms or position level, as to prevent these participants from being more identifiable to fellow staff members or organizational partners. Quotes are taken as equally as possible from all participants who were interviewed.

The formal relationship began with an initial grant from AOA to a collaboration of organizations in the State of Maine, in which PFHA was a part. The initial grant awarded in 2003 was for implementation and adaptation of the *Matter of Balance* program, a program first developed by the Roybal Center at the University of Boston. In this first grant, PFHA and their collaborators, worked to replicate the Roybal Institute program, *Matter of Balance*, and translate this into a community model using lay leaders rather than healthcare professionals to lead the program. NCOA was funded to be the National Resource Center for the 12 AOA community grantees; they worked directly with PFHA as one of those grantee organizations to provide resources or technical assistance that would promote the successful outcomes of the grant. NCOA participated in site visits to PFHA, regular conference calls with all of the grantees, annual grantee meetings, and other direct phone calls or emails. In addition NCOA also reached out to PFHA in a variety of ways outside of their formal role, such as presenting together at conferences about what they were doing in the community and giving them feedback and advice about other topics that were not specifically related to the *Matter of Balance* intervention. In turn, PFHA provided NCOA with valuable feedback on their ongoing work to integrate the healthcare and aging services networks in the provision of healthy aging programs and services.

After the first AOA grant ended, the state of Maine and its partners, including PFHA, applied for a state-level AOA grant, which in part allowed them to continue their work on the statewide dissemination of *Matter of Balance*. In addition, NCOA provided some financial support to PFHA to develop a business model for taking the program nationally and enfolded it into the larger statewide grant initiative;

ultimately 23 states in addition to ME were funded and nine of those states chose to include *Matter of Balance* in their proposals. Having a solid business plan has helped PFHA to meet the technical assistance needs of those states in implementing the program. The relationship between PFHA and NCOA continued formally through this grant, but also informally at other levels. This relationship structure is described by a member of PFHA:

We certainly have a multi-tiered relationship. They were our technical assistance center early on. So in that role they provided a lot of education and training and mentoring... And beyond that, I think we've become really close professional colleagues and friends and have enjoyed the time we spent together over the years as well.

In regards to power structure, NCOA is a national organization that is widely recognized for their role in older adults' wellbeing and health, while PFHA operates largely at the community level, although efforts of PFHA have spread statewide and are growing nationally as well. NCOA hasn't been directly responsible for administering the grants to these organizations; however, NCOA has administered other funds to assist PFHA at various times. NCOA is not in a direct oversight role over PFHA, but instead seeks to have a mentoring, assistive, and collegial role with PFHA.

When asked about the primary organizations that their organization works with, members of PFHA all named NCOA as one of the organizations they worked with the most closely. When asked the same question, members of NCOA typically mentioned other national level organizations first, and then at the community level,

mentioned PFHA as one of the organizations that they found they had more frequent contact with.

In regards to where these organizations get their information about the older adult fall prevention issues and promotion of this agenda, PFHA also mentioned getting a lot of their information and resources from NCOA, in addition to other organizations like CDC, AOA, and published studies in academic journals. As one member of PFHA said, “There’re great mentors here, but we get a lot of information from NCOA. There’s all kinds of toolkits, replication reports, between their technical assistance calls, their grantee meetings, there’s a wealth of information.” As another member of PFHA noted, “I would honestly say, in terms of a mentor... I would really have to say NCOA.” Members of NCOA responded that they received most of their information from their own studies and research, from other published work in academic journals and books, and from other organizations like the CDC.

Both organizations stressed the importance of evidence-based research in their conversations, through their websites, and in the interviews. As one member of PFHA noted, “I think we’ve had tremendous success in engaging organizations and disseminating the evidence-based programs, so we’ve been able to impart knowledge about the programs, what evidence means and evidence-based programs, and support programs that are ready to adopt these.” After speaking with members of both organizations, I became curious as to whether PFHA had such a strong focus on evidence-based programming before their relationship with NCOA, or whether this was something that had developed as a result of their relationship with them. After following up with members of PFHA, I learned that they have always had a strong

focus on evidence-based programs. This interest was a natural attraction for NCOA and its longstanding work to promote evidence-based healthy aging programs in community-based organizations serving older adults.

These organizations communicated to each other through various methods including in-person meetings and site visits, conference calls, annual grantee meetings, and person-to-person phone calls. The most common form of communication, though, was email correspondence. As one member of PFHA noted, “We do a lot of communication via email, and if I need to pick up the phone I will.” Another staff member from NCOA states that interaction take place via “Email, telephone calls, monthly state grant conference calls, annual site visits, and annual meetings.” Another NCOA staff member stated similarly, “We all are very comfortable with just emailing or picking up the phone and calling one another all the time. I probably email them or they email me, I should say, every week if not several times a week.”

As for the outcomes of their intervention and program work with *Matter of Balance*, a member of NCOA stated that:

The primary outcome of interest to us is that it has an impact on health measures for older adults. It also has succeeded in creating a dissemination model that appears to be highly successful in that they have been able to get a lot of different types of organizations to build the capacity to offer the program. They kept the expectations on those organizations at sort of a reasonable level so that they can be done cost effectively. They figured out what kinds of technical assistance and support they need to provide that can

help make the program widely available. They've also put together a creative financing program or options that get money flowing in from different directions as well as non-financial resources that can help replicate the program.

To help answer the larger question about how the relationship between these two organizations is enacted, the following research questions on relationship type, relationship antecedents, cultivation strategies, and relationship outcomes will also be explored.

RQ2: What type of relationship does this community-based organization form with the national organization?

The relationship between these organizations encompassed multiple levels of the relationship; such as professional, interpersonal, and community; and also multiple relationship types. The type and level of the relationship transformed over time as the relationship grew and developed beyond the initial formal formation of the relationship.

Level of Relationship

Within the types of relations as Bruning and Ledingham (1999, 2003) define, interpersonal, professional, and community, the relationship between these two organizations appeared take place within a mix of these contexts.

Professional Relationship

Because work between these two organizations began with a formal relationship where these organizations were both bound to another outside agency through receipt of grant money, this relationship began as a professional one and in

many ways retained this professionalism. Conversations between members of both organizations typically centered on more professional issues, such as issues of older adult fall prevention, which was the focus of their initial relationship, and then later to all issues within older adult health. As a member of PFHA stated about their interactions:

Usually it's project-directed, so if we're working on a presentation together it's about that, what are the goals and what are the messages that each of us are going to deliver. If it's like the site visits, it's directed by the goals of the grant and what's the progress being made, what are the barriers, that kind of thing.

Another member of PFHA also discussed the initial nature of the relationship as professional, "And my initial contact with them was grantee meetings, technical assistance calls... So our monthly calls, that was probably my first intro to them..."

A staff member from NCOA described the relationship and their interactions with PFHA as professional by stating that:

We're the national technical assistance center for all the (evidence-based health promotion) grants that AOA provides and in that context we've been providing them with technical assistance and guidance and shared learning opportunities, working together with them to help build the volunteer lay-leader program of the *Matter of Balance*.

Within this theme of professionalism, staff members of both organizations referred to NCOA's "customer service" as an important aspect, implying more of a professional relationship and role. Members of both organizations also refer to NCOA

in its professional role as the Technical Resource Center for the AOA grants. NCOA discusses its delicate balance in not appearing as in an oversight role, but instead in serving as a resource or a mentor, somewhere that PFHA can turn if they have any difficulties or need advice. A member from NCOA describes this as:

We try to build a relationship with, they're not really our grantees, but we kind of call them that, with the states with which we work that we have no governing authority over them. We can't say "Ah, you're doing this and we're going to take your money away." We're the resource center, we're supposed to help them make their goals and make their objectives... We've tried really hard not to have them ever look at us as supervisors, overseeing, adversarial, looking for problems when we're on site visits, but have them trust us... that we try to help them problem solve the issues they're facing.

Based on feedback from PFHA, they seemed to have achieved that goal. As a member from PFHA stated:

They're open; they're welcoming; they're non-threatening. And in my career, I've worked for 30 years now, and sometimes when you're working with an entity that is providing oversight for the work, especially when you're receiving a grant, that can be somewhat threatening and NCOA's not like that at all.

Additionally members of both organizations referred to the authority and respect that NCOA had a national organization, not just in their role with AOA, but also independent of this role. Because of the prestige of NCOA, PFHA had a professional respect and deference for NCOA. As a member of PFHA stated, "They

have so much, obviously, experience, but (also) expertise in this area.” Additionally, NCOA maintained a professional respect for PFHA and treated them as a professional partner in anticipation of continuing the relationship with them. As a member of PFHA stated, “They (also) look to us as experts.”

Interpersonal Relationship

The relationship between the organizations also took place at an interpersonal level as there were many personal relationships between members of the organization taking place. These came in the form of interpersonal interactions that involved small-talk or relationship building, as well as the more professional relationship aspects. As a member of PFHA stated, “They have that personal touch as well as the standard TA calls, all the group things that they do, the group support, there’s one-on-one, and they’re very responsive.”

A member of PFHA referred to specific individuals within NCOA saying that, “I was thinking about this phone call today and yesterday, thinking about what my interaction has been with them (NCOA), and I realized that both (two members of management) have been tremendous mentors for me.” This quote highlighted the personal nature of the relationships as well, going beyond associating the organization-to-organization relationship, but also thinking about the organization as a set of individuals among whom there are interconnected relationships.

As members of both organizations note, the conversation did not always center on professional issues. As a PFHA member stated:

When we’re face to face we’ll talk about some of the things that we enjoy personally, things like that. For instance when we were out at the grantee

meeting, one night (names a NCOA member) came to dinner with us, so that's more social. And we talk a little bit about what's going on in the aging network and this work, but the rest is more social. When we're in the professional role and the group, that's more just work.

Although NCOA admitted that some of their relationships with other organizations had not evolved past the professional level, due in a large part to efforts on behalf of PFHA, the relationship had grown beyond the strictly professional level. Interestingly enough as one member of NCOA noted, because of the nature of what the organizations work towards, the lines between what is professional and what is personal may often be blurred. "I mean there's personal talk, but that's not exactly the phrase I would use. I think for (others) and myself that our passions are this work, and passions are personal. So the weaving of personal and work is highly kind of integrated." Another staff member from PFHA stated, "I think over time we've become friends." A staff member from NCOA reinforces this last statement by saying:

I think over time we've developed kind of a personal relationship... (Names a member of PFHA) had a group of us out to her house for dinner and so I have met her kids, her husband. I had met her husband, I think, at our conference. Sometimes she brings her kids... Certainly whenever I call, you know, it always starts with a little personal, you know I know about their families and such and vice versa.

When asked about their interactions, another PFHA staff member noted that they are "For me absolutely pleasant, and I would say informal, which surprised me at

first, because you know they're in Washington D.C., and they're at a higher level, but very informal." Here the PFHA participant laughed, and by her intonation it was clear that she believed this informality was a positive aspect.

Another member of NCOA highlighted the interpersonal aspect to their communication with PFHA:

We'll say 'Hey, you know I saw this today, and I thought of you, and I thought it would be helpful.' And we'll just fire off an email. And a lot of times it does end up being something that's helpful or interesting, so I think that we have a way of being able to keep in mind all of the different things that are going on with the different grantees and being able to provide them with more of a personalized service, so that they're not just getting bulk emails from us. They're really getting a personalized 'I thought of you today because of this.'

Community Relationship

The community relationship highlights the interaction with the community that an organization serves. In some senses, the relationship also took place at a community level. Because the individuals and organizations who work with older adult health issues are a distinct community, organizations who work in these issues become interconnected and interact with each other frequently. As a national organization, NCOA was very involved in older adult health issues and was well known in the aging field. They were connected to other national organizations, to state-level organizations, and to community-based organizations, such as the many other AOA grantees that they provide technical assistance for. In addition, they

brought to the community a large network of experts and researchers in the field working to maximize the contribution of the National Resource Center. In working with all of these grantees, NCOA treated the organizations as separate and individuals, yet, NCOA also worked with these groups collectively, networking them together and treating them as a larger community of which PFHA would be a part. Throughout the participant observation at this larger conference, it was also very apparent that what I was studying was just a very tiny, yet very effective, piece of what is a much larger community relationship.

Type of Relationship

Within the relationship types that Grunig and Hon (1999) and Hung (2001) describe, the relationship between NCOA and PFHA represented several different relationship types. As the relationship between these two organizations progressed, the type of relationship also changed. The two organizations began with a relationship similar to the contractual type, and then progressed to a covenantal relationship, and at times with certain organization members, a communal relationship. The relationship never assumed characteristics of exploitive relationships and rarely seemed to match the exchange relationship.

Contractual

As Hung (2001) described, the contractual relationship begins with a formal or semi-formal agreement at the onset of a relationship that outlines what is expected of parties. The relationship between the PFHA and the NCOA began this way in a type of contract relationship. Although the two organizations did not have a contract

with each other, they did both have a contract or grant with a third party which required them to work together.

In some ways this relationship was unique because there was no direct oversight on the part of NCOA to PFHA, but at the same time, as a resource center, they were responsible for providing technical assistance that would ensure that PFHA succeeded in their intervention efforts. A member of PFHA described the contractual part of this relationship with NCOA:

They were funded to be the National Resource Center, so they provided technical assistance. They did site visits and monitoring to see if we were still focused on the goals we said we were going to do and if we were reaching them, and they helped do problem solving if we needed that.

Another member of PFHA described the start of the relationship as contractual:

From what I know, in 2003, we partnered with Southern Maine Area on Aging to submit a grant proposal to get funding to see if we could take the *Matter of Balance* program and translate it to a volunteer lay-leader model. And we and Southern Maine Area Agency on Aging were awarded the grant, and we were kind of the manager of the grant. So AOA hired NCOA to be the National Resource Center for all of the grantees and (names member of NCOA) was assigned to be our contact. So that's how it kind of started.

Covenantal

Although the relationship between PFHA and NCOA may have started as a contractual relationship focused on the translation of a specific intervention and then

later as a second type of contractual relationship focusing on dissemination of that intervention, their relationship soon evolved. NCOA began working with PFHA on issues that were not directly under their terms of their grant and began to assist them in areas such as other program initiatives and a business plan for the organization. NCOA even provided some limited funds to develop a business plan for the dissemination of *Matter of Balance* and covered some travel expenses for selected meetings. As NCOA and PFHA state, this relationship continued and expanded because their belief in what the other organization was doing and because they were working towards a greater common goal, the healthy aging of older adults.

As Hung (2001) defined the covenantal relationship, both sides are committed to a greater good and focus on a norm of reciprocity. Both of these organizations were committed to issues of aging and helping the other was similar to helping a teammate, someone on the same team working towards the same goal. By helping each other, they were helping to solve something greater than either organization and something that individuals in both organizations truly believe in.

A member of PFHA illustrated this concept of working together towards a common goal of improving the health and well-being of older adults:

I hope that the work that we've done especially around *Matter of Balance* has been a vehicle that they can use to improve the health and wellbeing for older adults around the country, and they've certainly been able to help us to disseminate the program, so I hope that's of benefit to them in achieving their mission.

This statement illustrates the idea that, for each organization, helping the other organization also helps them to work towards their own mission and goals, which in this case are very closely related. By helping the other organization accomplish their goals, they are also in a way accomplishing their own.

Another example of the covenantal relationship is described by a member of PFHA who talks about the mutual benefit to each other:

Certainly we're a great kind of learning lab in a way for the on the ground stuff; what are the barriers, that kind of thing. We've been pretty open to piloting things with them or trying to test things out for them, so I think that piece as well as just being willing partners. We've done presentations for example at conferences together. We're planning to continue to do so, so that you can present the various perspectives. They have a national perspective, and we have a different one. So you build a stronger case, but you also learn a lot more about how to achieve the goals that you share.

The relationship described here goes beyond the exchange relationship. Not only are these two organizations working together and helping each other out by performing specific tasks, they are also working to achieved shared goals for a greater good. As a member from NCOA stated, "Although we continue to serve as the National Resource Center for the Maine state effort, our relationship with PFHA has evolved to a professional collegial relationship."

Communal

Although the relationship remained largely as a covenantal relationship, where parties were in agreement upon a common good, the relationship was also communal

at times and more specifically with certain individuals. Because some individuals within both organizations worked together more closely, these individuals developed somewhat of a more personal relationship. They were not necessarily “friends” as some organization members pointed out, but they did talk about personal things at times and were genuinely concerned for the welfare of the other party (Grunig & Hon, 1999), even when they would get nothing in return. As one member of PFHA stated:

I think they just really look out for us and for opportunities to stay in front of people to be able to bring this program to communities. So I think through doing that you just see, ‘Wow, they’re really looking out for us, and they really want us to succeed.’

A staff member from NCOA also briefly highlighted the concern for PFHA by saying, “Some ‘work collaborators’ are some of my best friends. It’s not that case, but we certainly are interested in one another’s lives.”

Exchange

Although the organizations did receive benefits from each other and did exchange, their relationship was not as Grunig and Hon (1999) defined the exchange relationship. They did not help each other purely because of the benefits that they expected to receive in the future. They did, however, see the benefit of having this relationship because of what they felt like they could learn from the other as well as what they felt the organization was contributing to the larger issue of older adult falls. As one member from PFHA noted, “Oftentimes they’ll come to us if they want to test

something. And we'll go them if we need assistance, especially for the *Matter of Balance* (program). They've... been very supportive.”

Additionally several members of NCOA specifically noted the unique opportunity to learn from PFHA because of the model that they had in place. They wanted to understand more how the relationship between MaineHealth and PFHA began and how relationships like this could be fostered or develop further. As a member of NCOA stated about PFHA's operating model:

I think it's an excellent example of collaboration. I'm interested in understanding and studying it a little bit more in order to maybe look down the road at replicating in other areas. It's been very successful. I come from a healthcare system aspect, so I've been really interested in how MaineHealth has been involved in the development of PFHA and how they seem to have a very substantial role in it. I think it seems to be an excellent example, and I want to find out more about it.

One of the documents on NCOA's website also highlighted this unique model of organization as an effective community collaboration.

Another member of NCOA talked about the dependency upon local programming in a sort of give and take relationship. This individual stated that “We have to have really strong local programming that's successful, that other people can learn from, and they'll get a strong message, and they'll be helpful. Otherwise this all just collapses.”

RQ3: What relationship antecedents were in place that allowed the productive relationship in this case to form?

Although there is a lot to be said about relationship cultivation strategies, clearly in this case study, there were also relationship antecedents that made a large impact on the development of the relationship. When NCOA was asked about the strength of the relationship with PFHA, they often noted the initiatives of PFHA that had really made a difference as well. Within the context of this organization-to-organization relationship, there were many antecedents that seemed to emerge including those identified by the literature review; organizational readiness, climate, culture, and capacity.

Readiness

PFHA members were very motivated to take on issues of older adult health such as fall prevention. Members from NCOA noted that PFHA didn't seem to perceive as many barriers as other organizations may have. In this case, PFHA actually sought to implement programs and began the contact by applying for a grant from AOA, which connected them more formally to NCOA.

Also within readiness was the compatibility of the organizations' mission and visions. This is something that was specifically mentioned during the interviews and the participant observation and because the organizations had similar beliefs, attitudes, and intentions (Frank, 2003). Another quote that highlighted the importance of organizational readiness in forming partnerships from the participant observation was that "organizations should have a heart for it and should care about this movement."

A member from NCOA described PFHA's readiness to take in new information from other networked contacts: "They're just sponges up there. They're learning from those people all the time. They have eager minds and so we help facilitate those connections." A second NCOA staff member stated the same theme about specific individuals in PFHA:

She's kind of just like a sponge. She has probably read every report, manual, issue brief that the Center has written over the past 5-6 years, prior, I think, to her even being hired, or starting her job. I think once she was hired she just read up on everything. You know I can tell (others) have done the same. They really take in what we have published and what other grantees have shared on calls and made really good use of those resources.

Another NCOA staff member recounted a positive experience with members from PFHA where they sought a new website that NCOA had created to capture data:

That interaction right there was so exciting, because it's like 'oh this is someone who really has kind of sought me out and sought this site out,' instead of me having to do a sell to someone else basically. So it was like 'oh they're being really proactive.' And it just reinforced kind of what I thought of them anyway.

Climate

The personality of the PFHA organization also contributed to the relationship. Organizational climate in this sense is described as the organizational environment that is composed of the individuals that make up the organization (Frank, 2003). A member of PFHA when talking about what NCOA gets out of the relationship,

described their organization as having a “willingness and interest in working with them on whatever. I mean we’re pretty open to things that are even outside of our realm.” This quote also highlights the personality of the organization. While they may not necessarily feel this way towards any organization that might approach them, they did feel this way towards NCOA, an organization with a mission similar to their own and wanting to have a collaborative relationship. Another member of PFHA mentioned a very similar concept, “We’ve been a beta site for them. We’re easy to work with, and we’re willing to try things and take risks and stumble along.”

As members of NCOA noted, PFHA had the ability to see opportunities where others might see problems, and their organizational climate was very optimistic and positive. This perception helped them to move forward with issues more readily. A member of NCOA describes this phenomenon with PFHA:

You know people are people, it’s a continuum and organizations are organizations, and some are very progressive and enlightened and see opportunities. Others are none of the above and all they see are problems. So we’ve had people who we’ve worked with who always see a problem, can never see a solution, and we have others who really don’t see the problems, they’re looking for the solutions.

PFHA’s climate is also stressed by another NCOA staff member, “They are a very positive upbeat team, and I think if anything they reenergize us and everyone else we work with. They set a really great “go-getter” tone that other people emulate, so they’re just a pleasure to work with.”

Culture

The organizational culture affected the relationship as well. PFHA had many different levels of culture. One level was the external influence of culture including the surrounding area environment. As one member of NCOA noted, “Maine has a growing aging population primarily because they’re aging in place and a lot of younger people are leaving... It’s got a very aging population and falls is a real problem, and they’ve been trying to find out different ways to address that.” Another member of NCOA stated about the Maine culture that “it’s not a rich state with a lot of rural populations.”

Another level of culture is the culture of healthy aging and concern for older adults and the cultural norms associated with this. This culture drove a lot of what the organization sought to do. While this theme was not mentioned as much in the interviews, this theme was more apparent in the participant observation and in the way the organizations communicated within the larger environment of health aging and older adult fall prevention.

Lastly another level was the actual organization itself. Unlike organizational climate, this level of culture is described as the shared norms that are passed along from others in the organization, as opposed to the organizational “personality” that emerges from the organizational members. From this research, shared norms were hard to assess and did not emerge often in interviews.

Capacity

NCOA often referred to the great model of the PFHA organization. Although throughout their relationship PFHA was a very small organization of only around five

individuals and sometimes less, they have been very productive. A staff member at NCOA stated:

I think they're so small, but so mighty. I think they're able to do so much with their resources and really leverage their different partnerships to really get a *lot* done with a very little amount of resources as far as staff and money, so I think they're tremendous.

As NCOA noted, however, PFHA has a unique operating model. PFHA is supported by MaineHealth and as such, they receive structural support and assistance that allows them to focus their small numbers on other issues without having to worry as much about the day-to-day operations.

A member of PFHA stated about their organization and what NCOA gets out of the relationship:

I think, one, we're a strong partner in terms of getting the work done and doing it well. And as I said before, we're willing to take risks and do things creatively, so they learn from our implementation and dissemination within the State of Maine, for one. That can then be applied to other areas of the country. They will use our resources. They will tap into, well for one there's a falls expertise here at PFHA so they tap into that, just the content expertise as another area.

This statement highlights the organizational capacity in terms of knowledge, skills, and ability that PFHA has to offer.

Members of NCOA often refer to the great capacity and ability of PFHA. A member of NCOA illustrated this by saying:

The first thing, in a sense, that we all look for is an organization that can actually deliver a health benefit for older adults. We love working with places that can make that a priority, that can get programming organized and delivered so that can happen, and then in some cases that leads to an expanded relationship as it has with them (PFHA). I think we would never have had an expanded relationship if they hadn't been good at the most essential things, and they are good at it, and so we have learned a lot about them about why they've been successful with relatively small amounts of funds.

RQ4: Which relationship cultivation strategies were used in the specific case study, and how did these cultivation strategies contribute to the relationship?

Most of the relationship cultivation strategies identified by the organization-public relationship literature (Grunig & Hon, 1999; Hung, 2001) were used in some capacity within the relationship. Some themes such as networking and sharing of tasks were mentioned much more frequently throughout interviews and highlighted through participant observation and documentation. Other themes emerged that were not specifically mentioned within the relationship cultivation strategy literature including customer service and research and depth of understanding. Two themes, positivity and conflict resolution, were not mentioned as widely and not stressed by organizational members.

Access

Members of PFHA seemed to feel as though they had good access to members of the leadership within NCOA. There was a direct connection between the management of both organizations in this case, with regular contact occurring

between them. A member of PFHA described a specific memorable interaction in this regard, “They spent two days with us and met with various people. They met with our steering committee. They were willing to meet with our executive leadership at our health system to talk to them about what we were doing and why they were interested.” Another member of PFHA noted that “We know that they’re there as a resource center, but it isn’t just that they’re there, and we know that whenever we need to contact them that we can. (They) contact us, too. I mean they initiate so much.” A member of NCOA states, “we’re really open and willing to hear what other people have to say and what they have to teach us.”

In this case, though, the access was not just from the leadership of the public, the community-based organization PFHA, to the leadership of NCOA. The connection also existed from within other levels of the organization as well. For example, although one of the program coordinators and former administrative assistant communicated frequently with the administrative assistant at NCOA, she also communicated with the highest level of management at NCOA’s Center for Healthy Aging and the second highest level as well. Another member of the organization stated about PFHA’s relationship with NCOA, “Oh, I think it’s very positive, and it’s very open. I feel very comfortable going to them and asking them any questions and (at) multiple levels throughout the organization.”

As one member of mid-management at PFHA noted about a member of NCOA’s leadership, “When (she) would come and do her site visits, she was always available to us in terms of meeting with our leaders here within our organization and within our community.”

Positivity

Of the relationship cultivation strategies, positivity appeared to be used the least. While the organizations were positive with one another, they were also honest and open and let the other organization know when something wasn't going to work, even if it meant they couldn't always be positive. For example, one member of PFHA said about NCOA, "I mean they don't always tell you necessarily the thing that would be the happiest news, but it's always constructive advice." This example seemed to emphasize more the importance of openness and disclosure over positivity.

There were instances, though, where organizations described actions similar to being unconditionally positive. A PFHA member highlighted this point by saying that "whatever question you have is always welcome, you never feel like you're asking a silly question, so it's just kind of that really welcoming and open attitude that makes you feel like, 'Oh I can ask them anything and they'll help me if they can.'" Another PFHA member stated, "They really do whatever they can to help us be successful, I mean they really do."

Openness and Disclosure

When asked about the relationship strategies that were helpful in fostering a relationship, openness and disclosure were mentioned often by participants. In addition, general themes of openness and disclosure prevailed throughout many of the discussions. Both organizations felt like it was important for them to discuss issues with the other and to keep an open dialogue going. As one member of NCOA noted, "We've stressed from the get-go that we don't necessarily have the answers, that we expect them to do a lot of peer-problem solving." Another NCOA staff member

states that “honesty of course is just very necessary.” The relationship was also described by a NCOA staff member as a “very open, congenial... very open relationship.” This same staff member stated that, “A lot of what we try and do is to really promote sharing of lessons learned and that is definitely the cornerstone of our relationship, a willingness to share in both ways, everything that we know that’s good and bad.”

Assurances of Legitimacy

Assurances of legitimacy also emerged. Because of the power dynamic, the assurances of legitimacy seemed to appear more from NCOA directed towards PFHA than vice versa. NCOA often took measures to let PFHA know that they valued their opinion and their expertise. According to members of PFHA, NCOA also prompted them to apply for various awards because of the good work they had been doing:

One of the things that they’ve done that has been really powerful for us is just to encourage us to take advantage of opportunities even though it’s kind of extra work. For example, various national organizations have awards each year for excellence or innovation. They’ve really kind of prodded us to apply for those, and we’ve won a couple. That really has helped to kind of give a jumpstart to expanding the program as well as just some nice recognition for the work that’s been done, in terms of internal recognition.

Another participant from PFHA highlighted the concepts of assurances of legitimacy when she stated that effective relationship building efforts are:

When they approach us and ask us to take an active role in their work, whether that be presenting at a conference... so inviting us to be part of the

work, and showcasing our work... I think that really is one way that they demonstrate that appreciation and also showcase our work to others around the country. That really helps us to stand out.

Another participant from PFHA discussed a specific interaction that occurred with NCOA when she was invited to speak. In her words, when asked by others why the specific presenters were chosen, the member of NCOA stated about her that “the reason I was asked was because from the day that I came here, I’m a forward thinker. I was thinking not just about implementation, but how do we sustain what I’m building... It was just a nice interaction and a nice acknowledgement of the work.”

A staff member from NCOA discussed assurances of legitimacy by describing a relationship with a member of PFHA by “making sure that she knows that she’s a really valuable resource in more ways than just as a creator of the volunteer lay leader *Matter of Balance*. She knows a lot more about program development in general. So we try and make sure that she knows how valuable that is to us.”

Another member of NCOA described a sort of external validation and assurances to others in the field:

We give them credibility, we sort of bless them in a way, and people look to us to do that. You know somebody from Idaho wants to do some program and calls us, and we’ll recommend *Matter of Balance*, not only because of the intervention, but also we know they’ll get good customer service from the Partnership team (PFHA). And so we give them that kind of external validation and we give them connections to really smart people who are doing the same hard work that they are doing all over the country.

In addition to the participant quotes, in many of the documents on NCOA's website, PFHA was mentioned and given recognition as a "best practices" or "exemplary" intervention and effort. Additionally during the participant observation at the aging conference, members of both organizations mentioned or referenced each other during their presentations.

Networking

Networking seemed to be one of the most central themes that emerged, both for how often this occurred and the importance and significance it held for the organizations involved. When asked what they got out of the relationship with NCOA, one of the most common answers was the networking to other organizations. Additionally, PFHA talked about how important this networking was to their organization. When asked what she believed her organization got out of the relationship with NCOA, a member of PFHA noted, "They've made wonderful connections for us throughout the country, both for the *Matter of Balance* project, but also for other projects that we've worked on."

Another member of PFHA praised networking as a positive component to the relationship with NCOA:

They made connections for us around the country, and I learned so much from them that we were able to use here in Maine as we began to make connections and to disseminate the program here and began to make conference calls and learn ways to work with others. Over time certainly they've been so supportive in making connections for us with others around the country.

The concept of networking is also emphasized by other organizational members.

Another member of PFHA stated:

They (NCOA) played a major role in helping us connect with other organizations doing similar kind of work. I mean, I think (member of NCOA) is kind of this whiz at connecting dots for people and that has expanded actually beyond our work with the evidence-based programs like *Matter of Balance*, to work we're doing in the system... (gives specific examples) So while it started as with specific AOA grantees, her ability to say 'this person is doing this and this is who you need to talk to' is really pretty amazing and incredibly helpful. I mean it helps you because it saves you time in researching, but also in networking and the personal connection... Having someone get to know your organization well, and then having someone say, 'boy, you know here's somebody who's a similar size and scope and might be a good match for you.'

In this particular statement, the participant also named specific examples of individuals by name who were doing specific types of work across the country that were a good fit for their program or that they could connect with to share their work.

Still another member from PFHA, when asked about what she got out of the relationship, highlighted networking:

We're linked to others within their network that we wouldn't nationally... They're people doing this work all over the country and internationally that they're aware of and so they connect us. And I think that's one of the keys besides being there to help us is a consulting way, to help us problem solve. I

think they're invaluable, and I guess the key value is to link us to the right people.

In this statement the member from PFHA referred to networking at the "key value," but also emphasized problem solving here, which refers to the cultivation strategy of sharing of tasks.

NCOA also talked about networking and how networking PFHA was helpful to them. Because PFHA was directly connected to other local and state organizations, they were able to help other organizations implement their program and were able to share knowledge directly with other organizations. These organizations could work together to discuss similar problems and issues that arose on the local level. By connecting PFHA with other organizations, NCOA helped to connect them to extra support as well as other local organizations that may be interested in adopting the program that PFHA had developed. As a member of PFHA stated:

They helped develop a network among the grantee sites so that we could have some learning teams, because even though we were doing different grants, sort of the same issues were coming up for all of us. And those relationships are still pretty strong. We're implementing programs from other sites; some of the other sites are implementing our programs; so that network development piece was really important.

Sharing of Tasks

The most frequently mentioned cultivation strategy was sharing of tasks. Both organizations worked together to share tasks in a variety of ways. NCOA would help PFHA with tasks by coming to present at their functions, publicizing their

trainings and program on their website and in their newsletters, giving them technical support, giving them funding when possible for specific tasks, and even going so far as helping them with their organizational business plan to disseminate their lay leader intervention model nationally. As a member of PFHA stated:

Well specifically we've certainly worked well together. The replication report is an example. They helped us develop our business plan. I just talked to someone from their staff about submitting a proposal together to develop some additional tools for *Matter of Balance*. (We) are presenting together at an International Conference on Aging in February on Falls Prevention Coalitions... We're going out to the AOA grantee meeting next week in Oregon as a resource specialist.

At the conference where I observed members of both organizations, NCOA had reserved a room for PFHA to do their own presentation, so they wouldn't have to pay for a room. As one NCOA member stated, "We have free meeting space assigned to us at the conference and are letting them use one of the rooms for a meeting of *Matter of Balance* master trainers, otherwise it would be pretty expensive to them to try to get a room."

Another PFHA member emphasized the problem solving aspect of sharing of tasks and said about NCOA, "Face to face interactions were always very positive. We would cover certainly any types of issues that we might be facing, strategies, opportunities, suggestions... (They were) just always there listening to where we're at and trying to help us advance."

Another aspect of problem solving was mentioned by a staff member of PFHA:

When the AOA grant funding was ending and we were trying to figure out what we were going to do with *Matter of Balance*, and national dissemination doesn't really meet the goals of our health system in terms of funding, they helped us develop a business plan. They gave us funding, but they also reviewed it and helped us to identify some national connections and links and partners that might be ready for adoption, those kinds of things. And that helped transition us to the point where we've really been able to add staff and now really have a robust training program.

Another member from PFHA stated that "If we ever had questions or if we ran into experiences that weren't successful, they would recommend we try certain types of strategies. They've provided a lot of funding and what I would say is non-monetary support, too." The same PFHA staff member emphasized further that "Anytime we've had, I don't want to say a problem, but a problem, it seems like with their help we've been able to resolve it. And they have a more global view... so sometimes they can get at something that we can't."

A member of NCOA said of their efforts with PFHA they had:

Gotten them (PFHA) access to other resources and national partners, and certainly we provided them with some seed money for their business plan so that they could figure out how to nationally disseminate *Matter of Balance*.... I think they view us as really helping to facilitate their work on a national

level. I think on a local level they were doing fine. They needed some “oomph” to get to the state level, and now they’re national.

Another staff member from NCOA described this problem solving task as “being a sounding board when they’ve got some stumbling block back home, (when)... they want to talk to somebody outside of the state of Maine. To say, you know, ‘here’s what we’re up against. What are you thinking?’” The same staff member stressed listening and stated that “good listening is always essential, hearing what’s on the other person’s mind and addressing the issues that are front and center first. And trying to explore together in a kind of shared learning way what the process and the solution is.”

The sharing of tasks between organizations was reciprocal. PFHA adopted other programs and interventions that were recommended, presented with NCOA at conferences and functions, and was generally willing to help out with any tasks that were recommended or asked of them as was noted earlier.

Conflict Resolution

Because the relationship between both organizations was so positive, the organizations did not have to resolve conflicts often. As one organizational member said, though, they had a professional relationship and were able to handle problems in a professional manner. This was the only real mention of anything that resembled conflict resolution between the two organizations. One interesting trend that emerged was not necessarily conflict resolution with each other, but helping the other organizations resolve conflicts and solve problems. According to conceptualizations

of the cultivation strategy *sharing of tasks* (Hung, 2001), however, problem solving is actually defined within the shared tasks and not within conflict resolution.

Emergent Themes

Two themes emerged that were not found within the previous relationship cultivation literature. These two themes were researching and developing understanding and customer service.

Researching and Developing Understanding. In addition to listening to publics, the concept also emerged of actually taking time to get to know publics and developing an understanding of them, including their goals and their unique environment. One member of PFHA noted that a visit by NCOA was “an intense couple of days for them but I think it really gave them a strong understanding of our goals and our challenges and kind of the culture of our organization, and that allowed them to really target their assistance to us, I think.”

As another member of PFHA stated they “encourage us to connect with other people. So as they hear of work that’s going on, they might link us in. So they *think* of us... you know they’re *thinking* of us.” While this statement highlights networking, this statement also emphasizes the importance of thinking about and understanding of needs. To stress this concept of really becoming involved and developing understanding, a PFHA staff member notes, “(Names member of NCOA) herself was actually trained as a Master Trainer.” This NCOA staff member took the time to actually visit and take the training for the program to be more familiar with what this part of the program entailed.

NCOA also echoed the necessity of really understanding PFHA and their needs. As one member from NCOA stated, “I’d like to say that we’re very attentive. And the reason, we need to understand what’s going on with them in order to disseminate to all of the other states, so I think we’re attentive.”

Customer Service. Another emergent theme was that of good “customer service,” as several participants stated. This encompassed concepts of timely communication and prompt response and availability of staff when others had a concern or request. This concept was different from other cultivation strategies in that it did not necessarily involve access to leadership, just access to staff representing the organization. The concept of timeliness and prompt attention was also grouped frequently with this concept of customer service.

As one member of PFHA noted, efforts that really made a difference were “just being available through email, and if we need to speak with them directly, they make time for us as well.” The same PFHA staff member stated, “If we have a question we can send an email, and their answer is readily available to us... Whenever we’ve have a question about anything, you can send an email and before you know it, you’ve got the answer and more.”

Another PFHA staff member exemplified this point by saying, “It is the prompt response, you know you send an email, you’ve got a question, and maybe the timing isn’t always right for them to get right back to us, but they always are very welcoming and engaging and saying ‘We’ll be back. I’m out of town right now, but when I get back I’ll do this or that.’”

As another member of PFHA stated:

They're always very responsive. They answer quickly. They have a solid team. If you've contacted the wrong person, they bounce it to somebody else, or if somebody's traveling they bump it over, so somebody covers for somebody else. They have, in a way I guess, just a really strong customer service ethic.

As yet another staff member of PFHA noted about NCOA, "They're extremely responsive. And if they don't have the answer, they will link us to the person that might have the answer or help us find the answer, so their customer service is wonderful, but it's personalized."

NCOA also mentioned this concept of customer service. When asked about their own abilities and responses, a member of NCOA stated that:

I think that we're very good at meeting deadlines. We have some expected response rates to when things come in that we respond to the issue, depending on what the issue is, within hours or days, and depending on how much time we have to go around and gather everyone's opinions. So customer service is something we talk about at the staff level, good customer service and getting back in a timely manner with people.

Another member of NCOA furthered this comment by saying that:

To my knowledge no member of the Partnership has ever gotten in touch with us without getting (a response) back in 24 or 48 hours. We're pretty responsive in general. It's one of the things we're known for, but we are totally responsive to them because we consider their success to be essential for

our success. I think that knowing that they can count on us has been really important to them.

Another member of NCOA stressed the timely aspect of the communication, “You need to have a lot of good communication with your counterpart. And in order to do that I mean timely communication.”

RQ5: How do members of the community-based organization perceive relational outcomes in the specific case?

Control Mutuality

When asked how responsive or attentive they were to PFHA’s requests and input, NCOA replied that they tried to be very responsive and attentive. They were very open to suggestions or feedback. PFHA also shared this perception and stated that NCOA was attentive to their requests and what they had to say. A member of PFHA described NCOA as being “just always very welcoming and willing to listen and explore whatever suggestions we might have.” Another member from PFHA stated, “And it’s very reciprocal because they look to us as experts. So often they are contacting us for resources or information or to hear about something that we do. So it’s lots of mutual learning.”

Also, NCOA felt that PFHA was very receptive to input that they gave their organization. As one member from NCOA stated, “I think they’re very attentive, and I feel that way because we get feedback from them as we talk about different things... and I see them changing and tweaking their programs, so I think they are attentive.”

Trust

Both organizations seemed to have high levels of trust for the other organization. Participants from the community organization, PFHA, described NCOA as dependable (Seltzer, 2006), competent, and having a sense of integrity (Grunig & Hon, 1999).

PFHA felt that NCOA showed *dependability* by consistently following through with their promises and commitments. As a member of PFHA stated, “They have always followed through. I know it’s not always easy for them. They have never dropped the ball on things they have committed to doing for or with us.” Another member of PFHA stated that “I’m very confident, and now that means (they will) do what they say they will do. Maybe if we want something that requires decision making on a higher level, we may not get what we want, but they’ve gone to bat for us.” NCOA also felt similarly about PFHA, as they described PFHA as consistently meeting deadlines, fulfilling promises, and following through with their commitments:

You know there’s maybe a dozen people across the country that are sort of high on our list to contact, and we count on them to have absolute confidence that if you have somebody call them or we recommend that three people from Maryland go up there and visit that they will get what they need that they will get a high quality product. It’s just an indescribable value to us.

PFHA also felt that NCOA showed great *competence* in their work and had no doubt that they were a capable organization. NCOA felt similarly about PFHA, stating many times that PFHA had gone above and beyond, and not only shown

competence, but had shown expertise and creativity. A staff member from NCOA stated about PFHA, “They work well with us. They respond to us when we send emails. They send us information. They’re easy to work with. I don’t have to email... when I ask for something I get it, which is nice, without me having to follow up.” Another NCOA staff member stated about PFHA’s competence, “They’re always, if not the first to get us reports, one of the first. They’re always on time, very little assistance needed. They kind of pull out the good products as their drafts, and the great products come as their finals and it’s just really great.”

PFHA felt that NCOA also showed integrity and treated them fairly as one of the community organizations they dealt with. As NCOA said, though, if anything, NCOA treated PFHA more fairly and showed them more attention because PFHA took the initiative to contact NCOA, to ask for help when needed, and really perpetuated the relationship. A member of PFHA gave an example of how she believes her organization has been treated fairly by NCOA:

Oh, I think I’m speaking for all of us, that we have been treated most fairly and supported, and one example is when we were looking at developing a business plan for *Matter of Balance* and how we would disseminate it and NCOA was able to help us financially to be able to do that which just gave us a tremendous step up to be able to be achieving what we’re achieving right now, so I think we feel we’ve been treated very fairly and very supported.

Another member of PFHA also mentioned integrity and stated that, “(As) an example of the intent to treat fairly, when we were at this meeting she (a member of NCOA)

described the process and how states would be treated fairly and what strategies they were putting in place so there wouldn't be any favoritism.”

NCOA also felt that PFHA had many of the characteristics of trust as the organization-public relationship literature suggests, however, members of NCOA had a harder time describing the concept of integrity because of the power dynamics of the relationship with PFHA. Since NCOA was the larger organization with an assistance and mentoring role, it seemed strange to participants to think about PFHA treating NCOA fairly and justly.

Commitment

Both organizations indicated a commitment to the relationship. Neither had any intention of dissolving the relationship in the future after current projects or contracts ended. When asked about continuing the relationship, a member of PFHA stated, “I mean we just feel that it's very important, and it has been a benefit to us and we feel it will be in the future.”

Members of both organizations were already making future plans together that were not necessarily centered on grants or contracts. Leaders of each organization agreed to present together at conferences and other presentations in the future, and NCOA specifically mentioned that they had ideas about how they could continue to work with PFHA after the funding ended or try to find funding to continue the relationship. As a member of NCOA noted:

We're serious about what we do and about maintaining the relationship and of course we always talk about future plans. They come to the table and want to

talk about the future and strategies and things like that, so I take that as an example that they're interested in continuing the relationship.

Another member of NCOA stated that they "have been building a mutually beneficial relationship for years, (there is) no reason to think it will change except to grow stronger."

Of the two types of commitment that were conceptualized, the commitment expressed most closely resembled that of continuance commitment, or commitment towards a specific course of action. As a member of PFHA stated about NCOA and their mission and work, "It's obviously very compatible with the work and mission of our organization, so it's something we're very committed to." Another member of PFHA said that they would like to continue to be committed to the relationship with NCOA because:

They have capacity, because if we're going to have to sustain this as a business model, we're going to have to get outside of Maine to do it. They are known on a national level, they have a lot of credibility, and they're able to connect us with the people who can help. We can't do this alone. We're five people here. They can connect us with other people to help strengthen and give us support so we can collaborate. They very much foster collaboration.

Although the organizations did express a concern for the well-being of the other, affective commitment was not stressed or in most cases not even mentioned. Members of each organization seemed very committed to the issues of older adult health that they both dealt with, but neither talked as much about the emotional orientation of the other organization, as affective commitment implies.

Satisfaction

From all of the interviews, documents, and participant observation, it became very apparent that both organizations were very satisfied with the relationship. None of the participants expressed even the slightest bit of dissatisfaction with the relationship. When asked specifically about dissatisfying experiences, none of the participants were able to name anything. As a member of PFHA notes, “I really can’t. It’s just really been a satisfying experience for all of us.” Another PFHA staff member stated, “My first response is just that I am so impressed with how supportive they are and how enthused they are about this program...They just, they’ve been fabulous... They’re wonderful. They really, really... I can’t say that enough.”

When asked why they were satisfied, members of both organizations indicated that they received mutual benefit from the relationship. Members of PFHA tended to point out the benefits that they received through NCOA connecting them to other resources and connecting them.

Members of NCOA pointed out that with PFHA they had a willing partner who was excited to take on new activities and try out new ideas, but also that they had the perspective of how these activities and ideas worked on the community level. PFHA worked as a testing ground in a way for NCOA, but in return NCOA also tried to support them and give them other benefits. A member of NCOA described this by saying:

They have great solutions that involve leverage and collaboration and problem solving and so we learn a lot by watching that and trying to create the generalizable statement from it so we can pass it along to other people, and so

they've taught us a lot about what's it actually like out there on the frontlines and how do you actually get this work done in the real world.

A staff member from NCOA stated, "They're always willing to just step up and help us out, and so I really just can't think of anything they've done that hasn't been wonderful." Another NCOA staff member stated:

I think they're invaluable. I think because they've had such a history of being front-line people, of really knowing what it takes to get programs up and going but then also knowing how to lobby for legislation. They provide us with such a range, a broad scope of opinions and knowledge that we can then share with the rest of the country that needs examples of how things work, so they're, I mean, they're invaluable, absolutely.

Another NCOA staff member stated, "They're just really pleasant to work with, and they constantly are praising us, and we're constantly praising them, so it would only make sense for us to continue working with one another. We really enjoy working with them."

Admiration

Admiration was very apparent in this relationship. There was admiration on the part of both organizations, admiration for the mission of the organizations as well as for the work that they did. It was unclear at times, though, whether the admiration was an antecedent or an outcome, or possibly both.

When asking members of each organization about how they felt about the work and the mission of the other, they all answered very quickly that they admired the other organization. As a member of PFHA stated, "Well, you know I think it's

very similar to our mission in terms of improving the health and well-being for older adults in this country, so it really synchronizes quite well with what we're hoping to achieve on a local level." Another PFHA staff member stated that:

They're certainly very passionate about improving the lives of older adults in this country; they really, really are, and they really get out there. From what I know (names NCOA staff members) travel constantly. And they really are, I want to say out there in the trenches... I know that doesn't sound too professional (*laughs*), but what I want to say is, they don't just sit in an office and just say 'yeah we're here for you if you have questions.' They *really* get out there. And to me that speaks a lot about them, and they really work hard to make changes.

Another PFHA participant, without being prompted about admiration, said about NCOA's work and mission, "I admire it, and I'm behind it all the way." The same staff member said, "They're (NCOA) committed to making sure that older people in this country have a better quality of life and they get out there and work to make sure that they help people and organizations make it happen."

While admiration of mission was the concept that Bortree and Waters (2007) highlighted, NCOA also showed admiration for the many of the organizational characteristics of PFHA, specifically how PFHA was able to do so much with so few resources and such a small staff. A member of NCOA stated that she would describe PFHA as "value added to the state, to fall prevention efforts nationally, and to our work as a resource center to disseminate *Matter of Balance*." Another member of NCOA stated that:

PFHA has been a really interesting model to us since we first heard about them in the late 1990's because they bridge healthcare and aging and bridge it really well, and we've used them as models... So yes, we've always been enamored with them, we've always admired the work that they do and have used them as examples and have learned from them. It's not perfect, but it's what we really want to see happen across the country.

Interestingly, not only was there admiration for organizations' missions and the organizations as a whole, there also seemed to be a concept of admiration for actual individuals. As one participant of PFHA noted about a NCOA staff member "I just thought she was fantastic! I got to talk to her. I got to see how really honestly enthused and passionate she is about this program. It was fantastic!" Another NCOA staff member also reiterated this concept of personal admiration, "I mean they're just very kind-hearted and open."

CHAPTER 5 - DISCUSSION

Overall this relationship seemed to be very positive for both parties involved, with great relational outcomes. While this relationship was an exemplar that can provide good insight into characteristics and processes of strong organization-public relationships, this case was also very unique in many ways.

This organization-public relationship actually represents an organization-to-organization relationship within, as it turned out, a very unique context because of the specific health issue and the community of supporters for this issue. Additionally, the relationship presents a unique structure because of how the relationship formed, the unique power structure, and how the relationship has progressed from that point. This case could prove to be a valuable learning tool for government and non-profit organizations that are seeking to affect health and social issues within communities. By learning about how this successful relationship has functioned, understanding can be increased about best practices for relationship building with community-based organizations.

Relationship Type

The findings on relationship type suggest that relationships in social or health contexts would be more likely to have a covenantal relationship than most businesses. Because organizations in these contexts are generally working towards a greater good, these organizations can identify with a larger goal and view other organizations or publics more readily as partners. These organizations seemed to share many of the same ideals and had very similar missions and goals. Because of this, helping the other organization achieve their program goals, was in a way helping

them to achieve their goals. Unless there is some sort of contractual agreement with organizations, businesses would not be likely to as readily partner around specific issues, unless these dealt with common goals for lobbying and legislation or other similar interests.

Through the interviews and most especially through the participant observation it became apparent that in this context there is a general atmosphere of collaboration. Individuals and organizations are networking, working to form partnerships, and working toward common goals. These common goals are what is driving these organizations. In this example, the issues of older adult health and older adult fall prevention are the issues that these organizations are working to improve. These organizations, though, are the organizations that are already on board with these issues. They were drawn to these partnership and these opportunities because of their common goals. The real question here may be, though, not just how relationships work between organizations who are very sure of their goals and vested in the same issues, but how does an organization form great relationships and involve others who aren't yet on board?

This unique setting and environment created a different dynamic for relationships that that of the business world, where there is a drive for competition. From the participant observation, it seemed apparent that the competition or desire for ownership that one might find even in the university setting was not present. For the organizations, it didn't seem to be as much about "being an expert" or about who got to take the credit, as it was about the greater common good.

The relationships didn't seem to focus as much on the other organizations involved and their well-being, though, as exemplified in the communal relationships. Instead the relationships focused more on the larger issues that the organizations were working on together, as exemplified in the covenantal relationships. Initially when conducting the literature review, I had a hard time distinguishing between how these two types of relationships were substantially different, but after seeing how these relationship types are enacted, they do seem very different. Also, in this case, the covenantal relationship seems to foster or further the communal relationship. In this case, because the organizations cared about the common goals and missions and working together on these issues, it seemed as though they also cared genuinely about the other organizations and were willing to help them even when they received nothing in return as Grunig and Hon (1999) conceptualized the communal relationship.

Relationship Antecedents

In this case the organizational antecedents seemed to be a central reason for the success of the relationship and the organizations' relational satisfaction. This poses the question of whether or not some organizations are just inherently better suited to relationships or partnerships because of these antecedent factors. While cultivation strategies can help to foster and develop the relationship, we must assume that organizations or publics do not come to the relationship as blank slates. Organizations such as PFHA may be exemplars for their work and partnerships because they are just exemplary organizations to begin with.

In the case of how one member of PFHA reported that the relationship between the organizations began, it would appear that NCOA was actually seeking out organizations with organizational readiness and capacity. NCOA sent a questionnaire on best practices to organizations that they had identified as having best practices models in place, and then recognized these organizations for their achievements. NCOA was identifying in advance organizations at the local level that were already doing good work and making a difference for those they served. Although the formal relationship between the NCOA and PFHA did not begin at this point, NCOA had already laid a groundwork with this organization from which to build upon. This is similar to the concept of some larger organizations having community-based organizations complete readiness assessment forms to assess organizations' actual readiness as well as their capacity. Assessment forms typically do not assess the organizational climate and culture, although these factors also contributed to this present case.

Climate was very important in this case, as PFHA just had a general “willingness” to take on tasks and an optimistic outlook on what was possible, even with their limited number of staff members. Organizational culture did not emerge clearly in this case study, but this could be due the fact that interviews were conducted over the phone and participant observation took place at a neutral location. Had participant observation actually taken place at PFHA's offices in Maine, organizational culture may have been more apparent in this setting.

Also relating to readiness, both organizations used the words “evidence-based” programs quite frequently and seemed to have a specific understanding of

what they believed an evidence-based program should include. This may make PFHA somewhat unique in this sense, though, as a community-based organization partner. For example, other community-based organizations such as YMCAs or senior centers may not grasp the concept of “evidence” or see the importance in evidence-based programs like these organizations have. This would suggest that organizations such as NCOA should first seek out organizations such as PFHA as organizational partners, as they can save the larger organization time and resources necessary to conduct more education and preparatory work in advance with community-based organizations that are not as ready.

Relationship Cultivation Strategies

Within the specific relationship cultivation strategies, networking, sharing of tasks, and access seemed to emerge the most. From the community-based organization’s point of view, networking was highly prized and helpful. While PFHA relied on NCOA for a lot of their resources and assistance, they also had a need to connect with more organizations than just NCOA. They connected with many organizations through NCOA and also on their own and valued these relationships and what they gained from them.

Perhaps the lesson here for these types of issues is that encouraging publics to work together, to coalesce around issues, is a valuable commodity. Also connecting these organizations to work with other national organizations can help them to find necessary resources. This study has shown that regarding social issues such as these, where profit is not the objective, but instead improving certain health or social conditions, there aren’t really “competitors,” just collaborators together towards a

common goal. While these organizations still want to become known as experts in their field and become successful, they can be successful by collaborating with others and by getting involved in issues together.

This may be different for a for-profit business, however. For example, in a for-profit setting, companies may not want to encourage their publics to go to a competitor, depending on the strength of the relationship. In many cases, for-profit businesses may feel that they shouldn't direct their publics towards other organizations for a fear of losing stakeholders. While directing publics to competitors can be a debatable issue, perhaps this model does still hold some additional relevance for businesses. This idea of connecting "publics" with other "publics" seems to be effective. For example, for a business this may mean connecting publics who have had a positive experience and have a strong relationship with newer publics to help with outreach. In other settings, such as in universities, which are a unique mix of non-profit and largely competitive entities, often alumni and current students who have had very positive experiences are used to "recruit" for universities. In these cases, though, it doesn't seem as though the alumni or current students get very much out of the deal. I am an alumni recruiter myself for my undergraduate institution, and, sure I get the satisfaction of promoting an institution that I believe in and maybe an occasional dinner or two, but I don't get anything near what PFHA gets out of their connection to other publics. They have the opportunity to speak about their positive experiences, but in turn they are connecting with organizations that would like to take on the Matter of Balance intervention and are spreading their program, helping to decrease falls more nationally, which is an important issue for them.

Through the relationships and connections they are forming, they are increasing the overall reputation of their organization and their program. In essence, this is a public relations opportunity for them to build relationships with others.

Sharing of tasks was also important to the organizational relationship. Sharing of tasks is conceptualized by Hung (2001) as organizations and publics trying to solve problems together. NCOA seemed to fit naturally into this problem solving role, because of their original role as the National Resource Center, providing technical assistance to grantees. NCOA went above and beyond this role, though, helping to solve problems on a variety of issues, not just *Matter of Balance* and really working with PFHA to try to figure out solutions collaboratively. The words “problem solving” appeared quite frequently throughout the interviews.

Additionally new themes of customer service and research and developing understanding emerged from participants’ responses. The way these concepts were described seemed to distinguish them from any of the preexisting relationship cultivation strategies. The concept of *customer service* in this case was actually taken directly from the participant quotes and how they coined the term. Customer service involved access to members of each organization at all levels and a quick and timely response. Additionally, *research and developing understanding* focused on the need to get to know publics, to listen to them, and to really try to understand their point of view and their needs. While this concept may lead into sharing of tasks as it often did in the interviews, there were also mentions of this research and development of understanding as a stand-alone action. Conceptualized as a stand-alone action, organizations should just try to listen and understand their publics and may not need

to take any actions at the present time, but just keep the public present in their minds. This was illustrated by the many times that members of NCOA and PFHA said they had the other organization in mind and were able to send them relevant contacts and information as it came along.

Cultivation strategies that did not play out as well in this case study included conflict resolution and positivity. While positivity was mentioned a very few times, the organizations seemed to prefer the full openness and disclosure as opposed to being unconditionally positive or doing whatever it would take to make the other organization happy (Grunig & Huang, 2000). In regards to conflict resolution strategies, these did not fit the present case study, because of how positive the relationship was. Members of either organization could not recall any dissatisfying interactions or conflicts. While one member of NCOA did say that conflicts were always handled professionally because of their good relationship, no specific examples of conflict were given, even when probed upon.

Relationship Outcomes

All relational outcomes were present and positive. NCOA and PFHA both showed control mutuality and were attentive and responsive to requests from the other organization. Both organizations were open to making organizational changes based on the feedback they received from the other organization. These organizations also seemed to trust each other, which seemed to help the control mutuality. If trust was not present, I'm not sure how responsive these organizations would have been to actually implementing new programs or making organizational changes at the request

of the other organization. All elements of trust were present as well for both organizations, including dependability, competence, and integrity.

Both organizations felt very committed to the relationship and gave examples of future commitments and plans to work together, with or without funding to do so. In fact, both organizations thought that it was almost a necessity to work together. They believed that what they received from the other organization was too valuable to not stay committed to this relationship. For NCOA, they had the value of having an organization that could actually test things out at the local level, and could speak to other community-based organizations about the difficulties in organizing interventions and programs. Not only this, but NCOA also received the value of having PFHA as a dissemination partner, committed to the dissemination of the *Matter of Balance* program, something to which NCOA had also committed its work. For PFHA, they had the value of networking and connections, of national recognition, technical support and resources, and occasionally actual funding.

Neither organization hesitated to say they were satisfied with the relationship. Often this satisfaction emerged in the interviews long before participants were asked about it. By the time they were asked within the interview protocol, participants usually gave a resounding yes or just laughed, because it was so apparent that they were satisfied with this relationship. For these organizations, the benefits and rewards of the relationship definitely outweighed the costs. In fact, neither organization actually mentioned any specific costs, only rewards.

Although admiration was a new concept added by Bortree and Waters (2007) to the outcomes for the organization-public relationship, the concept seemed to fit

nicely with the case at hand. Admiration also seemed to be an antecedent as well for this case. Perhaps the level of admiration was stronger in the ultimate outcome, but it seemed apparent that there was some level of admiration as an antecedent that even sparked these organizations to work together in the first place, especially because of the kind of work that they were doing. Admiration did not seem to be in this context merely an outcome.

Suggestions for Future Research

Antecedents

For organizations that do not have the necessary antecedents in place, more understanding is needed on how to partner and really activate these organizations and help them to build their resources, attitudes, and knowledge. Perhaps these are organizations whose interests and capabilities would position them well for issues such as older adult falls, but these organizations lack institutional or response efficacy, lack motivation, or perceive barriers.

Models such as the situational theory of publics (Grunig, 1997) may additionally help us to better understand if these organizations are not activated on the issue because of their lack of problem recognition (also knowledge and awareness), their recognition of constraints or barriers, and/or their involvement.

Cultivation Strategies

More work should be done to explore the new themes that emerged within the relationship cultivation strategies. This research should explore if the concepts of customer service and research and developing understanding are mutually exclusive

from the other relationship cultivation strategies, and if so, if these strategies hold true in other settings and relationships as well.

Relationship Outcomes

The concept of admiration has not been tested or studied in detail within the organization-public relationship theory. More studies using this concept are needed to determine in what contexts this outcome applies. For example, Bortree and Waters' (2007) study showed that admiration worked as a positive outcome for volunteerism in a health context, but not necessarily in other contexts. Admiration was not as strong for every type of organization; however, it was much stronger in a health context. Their findings go well with this health context. Admiration needs to be further explicated in other contexts as well. Perhaps other studies could explore whether admiration acts more strongly as an antecedent or is more of an outcome of positive relationships, as well as which contexts admiration applies to. For example, is admiration also an outcome or an antecedent in a business relationship? Is it helpful to the ultimate satisfaction or quality of the relationship in a business relationship? How does admiration relate to the other relational outcomes?

Additional Literature Considerations

Themes that emerged within the data from these interviews suggest additional areas for exploration within this type of context. Specifically, because of the unique nature of this relationship and the potential for activist impact and implications, literature on activism in public relations should also be considered. The model of this relationship could also be used in the context of forming intentional relationships with activist organizations or assisting groups in becoming active.

Also, literature on power within public relations should be considered for its implications within this study. Within the specific types of relationship, relationship cultivation strategies, and relationship outcomes, power played a large role. Even though this was an interorganizational relationship, the national organization had greater perceived power because of their role in the relationship as well as their reputation and contacts nationally. This perception of power influenced what these organizations expected to get out of the relationship and how the relationship was enacted. Future studies could explore how different levels and types of power imbalances affect relationships.

Other areas of literature and research that should be considered in future organization-public relationship theory studies of this type include areas of issues management, as the theme of an issues-centered focus occurred repeatedly; and also interpersonal communication, due to the interpersonal elements of communication and interpersonal relationships that were intertwined within the organizational relationship building.

Additionally within the organization-public relationship literature, there is little mention of interorganizational relationships. Although this case study uses organization-public relationship theory as a framework for an organization-to-organization relationship, a better framework is needed from which to study relationships between organizational partners and stakeholders. Many of the elements of the organization-public relationship theory do hold true in this context; however, expansion of the theory is needed to fit the organization-to-organization context.

Weakness and Limitations

As mentioned in the discussion of organizational antecedents, observations of organizational culture were somewhat limited in this study. Because these organizations were both very active and had limited availability of staff, I was not able to spend as much time with them as I would have liked. While participant observation was helpful in building rapport and seeing these individuals interact, this observation took place at a location neutral to both organizations, a national conference. Although most of our communication took place via a distance, this communication was similar to the communication that these organizations had with each other, since they also did most of their communication electronically or over the phone. Lengthier participant observation, though, at both of these organizations could have helped to provide additional insight into organizational antecedents.

Additionally, organizational relationships are a continuous process. This study presents only one snapshot of a lengthy and satisfying relationship. Further study of interorganizational relationships prior to formation, during formation, and throughout the relationship would provide a stronger glimpse into the entire relationship.

Conclusion

Research on the organization-public relationship in the context of community-based organizations as publics has the potential to significantly contribute to relationship management theory, the field of public relations, and health and risk communication. Learning more about how positive relationships are enacted between national and community-based organizations can help to further understanding about

how to involve community-based partners in specific health and social efforts for greater impact in communities. Because community-based organizations know their communities best and have greater reach within communities, they can prove to be valuable partners for national organizations in these efforts.

Although this study takes place in a health setting, but more specifically in an aging services setting, it also provides insight to businesses by increasing understanding of how to forge relationship with publics that the organization would like to take an active role. Often businesses do not wish to deal with activist publics because of the negative stereotypes associated; however, active publics can also be beneficial to organizations. Any time an organization wishes to motivate a public to take action, involvement within communities and with community-based organizations should be considered.

This study also helps to contribute to the dearth of qualitative research on the organization-public relationship. By exploring qualitatively the organization-public relationship, this study helps to provide more depth and understanding to how an exemplar relationship is enacted between the National Council on Aging, a national non-profit organization, and Partnership for Healthy Aging, a community-based organization.

This study examined the more widely accepted relationship cultivation strategies, relationship types, and relational outcomes, as well as newer concepts such as Bortree and Waters' (2007) concept of admiration within the context of a case study. Also, this study explored relationship antecedents as well as additional

cultivation strategies and relational outcomes that were present in the relational context.

This study found support for most aspects of the organization-public relationship theory. In this specific case, the relationship enacted was largely a covenantal relationship, although it began as a contractual relationship and took on elements of a communal relationship later in the development of the relationship. This relationship also took place at a variety of levels, including the professional, interpersonal, and community levels.

The organizational antecedents that seemed to make the most difference in this case study were organizational readiness, capacity, and climate. Additionally, specific cultivation strategies that were the most successful included networking, sharing of tasks, and access. New cultivation strategies of customer service and research and developing understanding emerged in this case study. All relational outcomes were present in this case study: control mutuality, trust, commitment, satisfaction, and Bortree and Water's (2007) new concept of admiration.

The unique context of this case study helped to highlight some significant differences between cases in health and social context, specifically within the organization-public relationship theory. These unique findings present questions for further exploration and study.

Appendix A

Interview Protocol for Partnership for Healthy Aging Members (CBO) (Measures primarily used from Grunig, 2002; Hung, 2001; Rhee, 2004)

Today I am going to be asking you questions about your organization and your work on the Matter of Balance older adult fall intervention. Are you familiar with the purpose of this study? (If no, explain briefly.) Do you have any questions for me before we begin?

I have received a copy of your consent form via fax. As the consent form states, I audiotape the interview for ease of note taking and analysis. Is it okay if I record this conversation? (If yes) I will start the tape recorder now. Please keep in mind that this interview is voluntary so if you would like to stop for any reason you may do so. Also, if this interview runs too long and you feel you need to stop, you are free to do so, and we may pick this up at another date. There are no right or wrong answers. Your thoughts and opinions about these questions are important to me.

- Would you begin by telling me a little about your organization?
 - Can you describe how your office is structured?
- Please describe a typical work day in your current position.
 - What duties do you perform?
 - What do you consider to be your main goals and objectives?
- Can you describe for me the communication campaign about older adult fall prevention that your organization is working on?
 - How was this initiative structured?
 - What are the objectives of this campaign?
 - What have been the outcomes?
- What are the first things that come into your mind when you think of your organization's communication efforts for this issue?
- Where does your organization get information about this issue?
- Please describe your perceptions of the organizations that your organization works with. Which organization do you feel your organization has a primary connection to with regards to getting information on this campaign topic?
 - (If this is not NCOA) Where does NCOA fit into this intervention?
- Please describe your relationship with NCOA.
 - How did the relationship begin?
 - How have you worked with NCOA on the current initiative?
- What are the first things that come into your mind when you hear the name of NCOA?

Types of Relationships

- What do you think your organization gets out of the relationship with NCOA?
- What do you think NCOA gets out of it?

Strategies for Cultivating Relationships

- Let's talk about things that NCOA has done to develop and continue a long-term relationship with you. Please provide as many examples as you can.
- Can you tell me about your interactions with the NCOA?

- In what kind of settings do interactions take place?
- What do you normally talk about in those interactions?
- Please describe a time when you had a particularly satisfying/dissatisfying interaction with someone from NCOA.
 - When did the incident happen?
 - What specific circumstances led up to this situation?
 - Exactly what did the person say or do? What did you say or do?
- To what extent do you think different communication efforts to cultivate a relationship affect the resulting quality of relationships?
 - What types of efforts do you think are most effective?
 - Can you provide examples of efforts that NCOA has made that improved the relationship?
 - Can you provide examples of efforts that NCOA has made that damaged the relationship?

Control Mutuality

- To what extent do you believe that NCOA is attentive to what your organization says? Why?

Trust

- Please describe any things that NCOA has done to treat your organization fairly and justly, or unfairly and unjustly.
- How confident are you that NCOA has the ability to accomplish what it says it will?
 - Can you give me examples of why you feel that way?

Commitment

- Can you provide me any examples that suggest that NCOA wants to maintain a long-term commitment to a relationship with your organization or does not want to maintain such a relationship?
- How does your organization feel about continuing to maintain a relationship with NCOA?
 - Why do you feel this way?

Satisfaction

- How satisfied are you with the relationship your organization has with NCOA?
 - Please explain why you are satisfied or not satisfied.

Admiration (Adapted from Bortree & Waters, 2007)

- How do you feel about the work and the mission of NCOA?
- How do you feel NCOA values the work that you do?
 - Can you give me examples of why you feel this?

Now that you are more familiar with my research topic and, hopefully, what areas I am interested in learning about, do you think there are any questions I did not ask, that I should have asked?

Thank you for your time and for this interview. Would you be willing to be contacted again in the future should I need to conduct a follow-up interview at a later date?

Appendix B

Interview Protocol for National Council on Aging Members (National Agency) (Selected measures used from Grunig, 2002; Hung, 2001; Rhee 2004)

Today I am going to be asking you questions about your organization and your work on the Matter of Balance older adult fall intervention. Are you familiar with the purpose of this study? (If no, explain briefly.) Do you have any questions for me before we begin?

I have received a copy of your consent form via fax. As the consent form states, I audiotape the interview for ease of note taking and analysis. Is it okay if I record this conversation? (If yes) I will start the tape recorder now. Please keep in mind that this interview is voluntary so if you would like to stop for any reason you may do so. Also, if this interview runs too long and you feel you need to stop, you are free to do so, and we may pick this up at another date. There are no right or wrong answers. Your thoughts and opinions about these questions are important to me.

- Would you begin by telling me a little about your organization?
 - Can you describe how your office is structured?
- Please describe a typical work day in your current position.
 - What duties do you perform?
 - What do you consider to be your main goals and objectives?
- Can you describe for me the communication campaign about older adult fall prevention that your organization worked on with PFHA?
 - How was this initiative structured?
 - What were the objectives of this campaign?
 - What have been the outcomes?
- What are the first things that come into your mind when you think of PFHA's communication efforts for this older adult fall prevention project?
- Where does your organization get information about older adult falls?
- Please describe your perceptions of the organizations that your organization works with. Which organizations do you feel your organization has a primary connection to with regards to getting information on this campaign topic?
 - Which organizations do you feel your organization has a primary connection to in the local communities?
 - (If this is not PFHA) Where does PFHA fit into this intervention?
- Please describe your relationship with PFHA.
 - How did the relationship begin?
 - How have you worked with PFHA on the current initiative?
- What are the first things that come into your mind when you hear the name of PFHA?

Types of Relationships

- What do you think your organization gets out of the relationship with PFHA?
- What do you think PFHA gets out of it?

Strategies for Cultivating Relationships

- Let's talk about things that your organization has done to develop and continue a long-term relationship with PFHA. Please provide as many examples as you can.
- Can you tell me about your interactions with PFHA?

- In what kind of settings do interactions take place?
- What do you normally talk about in those interactions?
- Please describe a time when you had a particularly satisfying/dissatisfying interaction with someone from PFHA.
 - When did the incident happen?
 - What specific circumstances led up to this situation?
 - Exactly what did the person say or do? What did you say or do?
- To what extent do you think different communication efforts to cultivate a relationship affect the resulting quality of relationships?
 - What types of efforts do you think are most effective?
 - Can you provide examples of efforts that your organization has made that improved or damaged the relationship?

Control Mutuality

- To what extent do you believe your organization is attentive to what PFHA says? Why?
- To what extent do you believe PFHA is attentive to the input that your organization gives? Why?

Trust

- Please describe any things that PFHA has done to treat your organization fairly and justly, or unfairly and unjustly.
- How confident are you that PFHA has the ability to accomplish what it says it will?
 - Can you give me examples of why you feel that way?

Commitment

- Can you provide me any examples that suggest that PFHA wants to maintain a long-term commitment to a relationship with your organization or does not want to maintain such a relationship?
- How does your organization feel about continuing to maintain a relationship with PFHA?
 - Why do you feel this way?

Satisfaction

- How satisfied are you with the relationship your organization has with PFHA?
 - Please explain why you are satisfied or not satisfied.

Admiration

- How do you feel about the work and the mission of PFHA?
- How do you feel PFHA values the work that you do?
 - Can you give me examples of why you feel this?

Now that you are more familiar with my research topic and, hopefully, what areas I am interested in learning about, do you think there are any questions I did not ask, that I should have asked?

Thank you for your time and for this interview. Would you be willing to be contacted again in the future should I need to conduct a follow-up interview at a later date?

References

- Aldoory, L., & Sha, B. (2007). The situational theory of publics: Practical applications, methodological challenges, and theoretical horizons. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 339-355). Mahwah, NJ: Lawrence Erlbaum.
- Administration on Aging (AOA). (2006, January.) *Case studies of health promotion in the aging network: Southern Maine Agency on Aging*. Retrieved October 5, 2007 from <http://www.aoa.gov/about/results/iii-d%20assessment/final%20maine%20case%20study.pdf>.
- Austin, L. L. (2007). *Exploring compassion and public relations: A case study of high-emotion conflict*. Paper to be presented at the annual meeting of the National Communication Association, Chicago, IL.
- Baker, T. E., & Rogers, E. M. (1993). *Organizational aspects of health campaigns: What works?* Thousand Oaks, CA: Sage.
- Banning, S. A., & Schoen, M. (2007). *Testing OPR: Relationship management theory in a museum context*. Paper presented at the annual meeting of the Association for Education in Journalism and Mass Communication, Washington, DC.
- Barnett, A., Smith, B., Lord, S. R., Williams, M., & Baumand, A. (2003). Community-based group exercise improves balance and reduces falls in at-risk older people: A randomized controlled trial. *Age and Ageing*, 32, 407-414.

- Berko, R. M., Rosenfeld, L. B., & Samovar, L. A. (1997). *Connecting* (2nd ed.). New York: Harcourt Brace College.
- Bortree, D., & Waters, R. (2007). *Admiring the organization: A study of the relational quality outcomes of the volunteer-nonprofit organization*. Paper presented at the annual meeting of the Association for Education in Journalism and Mass Communication, Washington, DC.
- Briss, P., Brownson, R., Fielding, J., & Zaza, S. (2004). Developing and using the guide to community preventive services: Lessons learned about evidence-based public health. *Annual Review of Public Health, 25*(1), 281-302.
- Broom, G. M., Casey, S., & Ritchey, J. (1997). Toward a concept and theory of organization-public relationships. *Journal of Public Relations Research, 9*, 83-98.
- Broom, G. M., Casey, S., & Ritchey, J. (2000). Concept and theory of organization-public relationships. In J.A. Ledingham and S. D. Brunig (Eds.), *Public relations as relationship management: A relational approach to the study and practice of public relations* (pp. 3-22). Mahwah, NJ: Lawrence Erlbaum Associates.
- Bruning, S. D. (2002). Relationship building as a retention strategy: Linking relationship attitudes and satisfaction evaluations to behavioral outcomes. *Public Relations Review, 28*, 39-48.

- Bruning, S. D., Castle, J. D., & Schrepfer, E. (2004). Building relationships between organizations and publics: Examining the linkage between organization-public relationships, evaluations of satisfaction, and behavioral intent. *Communication Studies, 55*, 435-446.
- Bruning, S. D., DeMiglio, P. A., & Embry, K. (2006). Mutual benefit as outcome indicator: Factors influencing perceptions of benefit in organization-public relationships. *Public Relations Review, 32*, 33-40.
- Bruning, S. D., & Galloway, T. (2003). Expanding the organization-public relationship scale: Exploring the role that structural and personal commitment play in organization-public relationships. *Public Relations Review, 29*, 309-319.
- Bruning, S. D., & Ledingham, J. A. (1999). Relationship between organizations and publics: Development of a multi-dimensional organization-public relationship scale. *Public Relations Review, 25*, 157-170.
- Bruning, S. D., & Ledingham, J. A. (2000). Perceptions of relationships and evaluations of satisfaction: An exploration of interaction. *Public Relations Review, 26*, 85-95.
- Bruning, S. D., McGrew, S., & Cooper, M. (2006). Town-gown relationships: Exploring university-community engagement from the perspective of community members. *Public Relations Review, 32*, 125-130.
- Brunner, B.R. (2005). Linking diversity and public relations in higher education. *Prism, 3*. Available at: <http://praxis.massey.ac.nz>.
- Butterfoss, F. (2006). Process evaluation for community participation. *Annual Review of Public Health, 27*(1), 323-340.

- Cai, D., & Ni, L. (2005). *Anxiety and uncertainty management in an intercultural setting: The impact on organization-public relationships*. Paper presented at the annual meeting of the International Communication Association, New York.
- Campbell, A. J., Robertson, M. C., Gardner, M. M., Norton, R. N., Tilyard, M. W., & Buchner, D. M. (1997). Randomised controlled trial of a general practice programme of home based exercise to prevent falls in elderly women. *British Medical Journal*, 25, 1065-1069.
- Canary, J. D., & Zelley, E. D. (2000). Current research programs on relational maintenance behaviors. In M. E. Roloff & G. D. Paulson (Eds.) *Communication Yearbook*, 23. Thousand Oaks, CA: Sage.
- Center for Disease Control and Prevention (CDC). (1997). *Principles of community engagement*. Retrieved January 10, 2007, from <http://www.cdc.gov/phppo/pce>.
- Centers for Disease Control and Prevention (CDC). (2006). *Preventing falls among older adults*. Retrieved October 8, 2007, from <http://www.cdc.gov/ncipc/duip/preventadultfalls.htm>.
- Centers for Disease Control and Prevention (CDC). (2007a). *CDC fall prevention activities*. Retrieved October 8, 2007, from <http://www.cdc.gov/ncipc/duip/FallsPreventionActivity.htm>.
- Centers for Disease Control and Prevention (CDC). (2007b). *Cost of falls among older adults: How big is the problem?* [Fact sheet]. Retrieved from <http://www.cdc.gov/ncipc/factsheets/fallcost.htm>.

- Centers for Disease Control and Prevention (CDC). (2007c). *Falls among older adults: An overview*. [Fact sheet]. Retrieved from <http://www.cdc.gov/ncipc/factsheets/adultfalls.htm>.
- Center for Home Care Policy and Research: Visiting Nurse Service of New York. (2003, June.) *Best practices: Lessons for communities in supporting the health, well-being, and independence of older people*. Retrieved September 15, 2007, from http://www.vnsny.org/advantage/tools/Advantage_best.pdf.
- Chia, J. (2005). Is trust a necessary component of relationship management? *Journal of Communication Management*, 9, pp. 277-285.
- Clarke, P., Evans, S. H., Shook, D., & Johanson, W. (2005). Information seeking and compliance in planning for critical care: Community-based health outreach to seniors about advance directives. *Journal of Health Communication*, 18, 1-22.
- Clemson, L., Cumming, R. G., Kendig, H., Swann, M., Heard, R., & Taylor, K. (2004). The effectiveness of a community-based program for reducing the incidence of falls in the elderly: A randomized trial. *Journal of the American Geriatric Society*, 52, 1487-1494.
- Close, J., Ellis, M., Hooper, R., Glucksman, E., Jackson, S., & Swift, C. (1999). Prevention of falls in the elderly trial (PROFET): A randomized controlled trial. *Lancet*, 353, 93-97.
- Collins, C., Pheilds, M. E., & Duncan, T. (2007). An agency capacity model to facilitate implementation of evidence-based behavioral interventions by community-based organizations. *Journal of Public Health Management and Practice*, 13(1), 16-23.

- Cumming, R. G., Thomas, M., Szonyi, G., et al. (1999). Home visits by an occupational therapist for assessment and modification of environmental hazards: A randomized trial of falls prevention. *Journal of the American Geriatric Society, 47*, 1397-1402.
- Day, L., Fildes, B., Gordon, I., Fitzharris, M., Flamer, H., & Lord, S. (2002). Randomized factorial trial of falls prevention among older people living in their own homes. *British Medical Journal, 325*, 128-134.
- Denzin, N., & Lincoln, Y. S. (2003) *Collecting and interpreting qualitative materials*. Thousand Oaks, CA: Sage.
- Derville, T., & McComas, K. (2003). *The use of community-based interventions (CBIs) to reduce the barriers of severely constrained publics*. Paper presented at the annual meeting of the International Communication Association, San Diego, CA.
- Dougall, E. K. (2006). Tracking organization–public relationships over time: A framework for longitudinal research. *Public Relations Review, 32*, 174-176.
- Federal Emergency Management Agency (FEMA). (2002, April). *Citizen corps: A guide for local officials*. Retrieved September 15, 2007, from <http://www.citizencorps.gov/pdf/council.pdf>.
- Ferguson, M. A. (1984). *Building theory in public relations: Interorganizational relationships as a public relations paradigm*. Paper presented to the Association for Education in Journalism and Mass Communication, Gainesville, FL.

- Fontana, A., & Frey, J. H. (2003). The interview: From structured questions to negotiated text. In N. K. Denzin & Y. S. Lincoln (Eds.), *Collecting and interpreting qualitative materials* (pp. 61-106). Thousand Oaks, CA: Sage.
- Frank, J. C. (2003, July 15). *Literature review on community organizations' roles in health promotion and program diffusion*. Retrieved January 10, 2007 from http://www.healthyagingprograms.org/resources/LitReview_MPP_diffusion.pdf
- Glaser, B. G. & Strauss, A. (1997). *Grounded theory in practice*. Thousand Oaks, CA: Sage.
- Gravetter, F. & Forzano, L. (2006). *Research methods for the behavioral sciences*. (2nd ed.) Belmont, CA: Wadsworth.
- Greenhalgh, L. (1987). Relationship in negotiations. *Negotiation Journal*, 3, 235–243.
- Grunig, J. E. (1989). Sierra Club study shows who become activists. *Public Relations Review*, 15, 3.
- Grunig, J. E. (1997). A situational theory of publics: Conceptual history, recent challenges, and new research. In D. Moss, T. MacManus, & D. Vercic (Eds.), *Public relations research: An international perspective* (pp. 3-38). London: International Thomson Business Press.
- Grunig, J. E. (2002). *Qualitative methods for assessing relationships between organizations and publics*. Gainesville, FL: Institute for Public Relations. www.instituteforpr.com.
- Grunig, J. E. (2006a). Furnishing the edifice: Ongoing research on public relations as a strategic management function. *Journal of Public Relations Research*, 18, 151-176.

- Grunig, J. E., (2006b). *After 50 years: The value and values of public relations*. Paper presented at the Institute for Public Relations 45th Annual Distinguished Lecture, New York.
- Grunig, J. E., and Hon, L. (1999). *Guidelines for measuring relationships in public relations*. Gainesville, FL: Institute for Public Relations.
www.instituteforpr.com.
- Grunig, J. E., & Huang, Y. H. (2000). From organizational effectiveness to relationship indicators: Antecedents of relationships, public relations strategies, and relationship outcomes. In J.A. Ledingham and S. D. Brunig (Eds.), *Public relations as relationship management: A relational approach to the study and practice of public relations* (pp. 23-54). Mahwah, NJ: Lawrence Erlbaum Associates.
- Hall, M. R. (2006). Corporate philanthropy and corporate community relations: Measuring relationship-building results. *Journal of Public Relations Research, 18*, 1-21.
- Healy, T. C., Peng, C., Haynes, P., McMahon, E., Botler, J., & Gross, L. (2008). The feasibility and effectiveness of translating *A Matter of Balance* into a volunteer lay leader model. *Journal of Applied Gerontology, 27* (1), 34-51.
- Hinde, R. A. (1997). *Relationships: A dialectical perspective*. East Sussex, UK: Psychology Press Publishers.
- Hon, L., & Brunner, B. (2002). Measuring public relationships among students and administrators at the University of Florida. *Journal of Communication Management, 6*(3), 227-238.

- Hornbrook, M. C., Stevens, V. J., Wingfield, D. J., Hollis, J. F., Greenlick, M. R., & Ory, M. G. (1994). Preventing falls among community-dwelling older persons: Results from a randomized trial. *Gerontologist, 34*(1),16-23.
- Huang, Y. (1997). Public relations strategies, relational outcomes, and conflict management strategies. *Dissertation Abstracts International, 58* (11), 4112. (UMI No. 9816477)
- Huang, Y. (1998). *Public relations strategies and organization–public relationships*. Paper presented at the annual conference of the Association for Education in Journalism and Mass Communication, Baltimore.
- Huang, Y. (2001a). Values of public relations: Effects on organization-public relationships mediating conflict resolution. *Journal of Public Relations Research, 13*, 265-301.
- Huang, Y. (2001b). OPRA: A cross-cultural, multiple-item scale for measuring organization-public relationships. *Journal of Public Relations Research, 13*, 61-90.
- Hung, C. F. (2001). *Toward a normative theory of relationship management*. Gainesville, FL: Institute for Public Relations. www.instituteforpr.com.
- Hung, C. F. (2003). Relationship building, activism, and conflict resolution: A case study on the termination of licensed prostitution in Taipei City. *Asian Journal of Communication, 13*(2), 21-49.
- Hung, C. F. (2004). Cultural influence on relationship cultivation strategies: Multinational companies in China. *Journal of Communication Management, 8*, 264-281.

- Hung, C. F. (2005). Exploring types of organization–public relationships and their implications for relationship management in public relations. *Journal of Public Relations Research, 17*, 393-426.
- Hung, C. F. (2007). Toward the theory of relationship management in public relations: How to cultivate quality relations? In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 443-476). Mahwah, NJ: Lawrence Erlbaum.
- Israel, B., Schulz, A., Parker, E., & Becker, A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health, 19*(1), 173-202.
- Jo, S. (2003). *Measurement of organization-public relationships: Validation of measurement using a manufacturer-retailer relationship*. Gainesville, FL: Institute for Public Relations. www.instituteforpr.com.
- Jo, S., Hon, L. C., & Brunner, B. R. (2004). Organization-public relationships: Measurement validation in a university setting. *Journal of Communication Management, 9*, 14-27.
- Kelleher, T., & Miller, B. M. (2006). Organizational blogs and the human voice: Relational strategies and relational outcomes. *Journalism & Mass Communication Educator, 60*, 402-414.
- Ki, E., & Hon, L. C. (2006). Relationship maintenance strategies on Fortune 500 company web sites. *Journal of Communication Management, 10*, 27-43.
- Ki, E., & Hon, L. C. (2007). *Reliability and validity of organization-public relationship measurement and linkages among relationship indicators on a*

membership organization. Paper presented at the annual meeting of the Association for Education in Mass Communication and Journalism, Washington, DC.

Ki, E., & Shin, J. (2005). *The status of organization–public relationship research in public relations: Analysis of published articles between 1985 and 2004*. Paper presented at the annual meeting of the International Communication Association, New York, NY.

Ki, E., & Shin, J. (2006). Status of organization–public relationship research from an analysis of published articles, 1985–2004. *Public Relations Review*, 32, 194-195.

Kim, Y. (2001). Searching for the organization–public relationship: A valid and reliable instrument. *Journalism & Mass Communication Quarterly*, 78(4), 799-815.

Ledingham, J. (2000). Guidelines to building and maintaining strong organization–public relationships. *Public Relations Quarterly*, 45, 44-46.

Ledingham, J. A. (2001). Government–community relationships: Extending the relational theory of public relations. *Public Relations Review*, 27, 285-296.

Ledingham, J. A. (2003). Explicating relationship management as a general theory of public relations. *Journal of Public Relations Research*, 15, 181-198.

Ledingham, J. A. (2006). Relationship management: A general theory of public relations. In C. Botan & V. Hazleton (Eds.), *Public relations theory II* (pp. 465-483). Mahwah, NJ: Lawrence Erlbaum Associates.

- Ledingham, J. A., & Brunig, S. D. (1998). Relationship management in public relations: Dimensions of an organization-public relationship. *Public Relations Review, 24*, 55-65.
- Ledingham, J. A., & Brunig, S. D. (2001). Managing community relationships to maximize mutual benefit: Doing well by doing good. In R. L. Heath (Ed.), *Handbook of public relations* (pp. 527-534). Thousand Oaks, CA: Sage.
- Ledingham, J. A., Brunig, S. D., & Wilson, L. J. (1999) Time as an indicator of the perceptions and behavior of members of a key public: Monitoring and predicting organization-public relationships, *Journal of Public Relations Research, 11*, 167-184.
- Li, F., Harmer, P., Fisher, K. J., McAuley, E., Chaumeton, N., Eckstrom, E., et al. (2005). Tai Chi and fall reductions in older adults: A randomized controlled trial. *Journal of Gerontology: Medical Sciences, 60A*(2),187-194.
- Lord, S. R., Castell, S., Corcoran, J., Dayhew, J., Matters, B., Shan, A., et al. (2003). The effect of group exercise on physical functioning and falls in frail older people living in retirement villages: A randomized controlled trial. *Journal of the American Geriatric Society, 51*, 1684-1692.
- Lucarelli-Dimmick, S., Bell, T. E., Burgiss, S. G., & Ragsdale, C. (2000). Relationship management: A new professional model. In J. A. Ledingham & S. D. Brunig (Eds.), *Public relations as relationship management: A relational approach to the study and practice of public relations* (pp. 117-136). Mahwah, NJ: Lawrence Erlbaum Associates.

- Maurana, C. A., & Clark, M. A. (2000). The health action fund: A community-based approach to enhancing health. *Journal of Health Communication, 5*, 243-254.
- McCracken, D. G. (1988). *The long interview*. Newbury Park, CA: Sage.
- National Council on Aging (NCOA). (n.d.) *Partnering to promote health aging: Creative best practice community partnerships*. Retrieved September 15, 2007 from http://www.healthyagingprograms.org/resources/HA_CommunityPartnerships.pdf.
- National Council on Aging (NCOA). (2007). *About us*. Retrieved October 5, 2007 from <http://www.ncoa.org/content.cfm?sectionID=46>.
- National Council on Aging (NCOA) Center for Healthy Aging. (2007). *About us*. Retrieved January 20, 2008 from <http://www.healthyagingprograms.com/content.asp?sectionid=6>.
- Nikolaus, T., & Bach, M. (2003). Preventing falls in community-dwelling frail older people using a home intervention team (HIT): Results from the randomized falls-HIT trial. *Journal of the American Geriatric Society, 51*, 300-305.
- Ohmer, M. (2007). Citizen participation in neighborhood organizations and its relationship to volunteers' self- and collective efficacy and sense of community. *Social Work Research, 31*, 109-120.
- Parks, C. D., Henager, R. F., & Scamahorn, S. D. (1996). Trust and reactions to messages of intent in social dilemmas. *Journal of Conflict Resolution, 40*, 134-151.

- Partnership for Healthy Aging. (PFHA). (2008). *A matter of balance: Managing concerns about falls*. Retrieved January 20, 2009 from http://www.mmc.org/mh_body.cfm?id=432.
- Partnership for Healthy Aging (PFHA). (n.d.). *Replication report: A Matter of Balance volunteer lay leader model*. Retrieved September 15, 2007 from <http://healthyagingprograms.org/resources/MOB%20Replication%20Report.pdf>
- President's Emergency Plan for AIDS Relief (PEPFAR). (2007, January). *Working with faith-based and community-based organizations*. Retrieved September 15, 2007 from <http://www.pepfar.gov/pepfar/press/80248.htm>.
- Peterson, A., & Randall, L. (2006). Utilizing multilevel partnerships to build the capacity of community-based organizations to implement effective HIV prevention interventions in Michigan. *AIDS Education & Prevention, 18*, 83-95.
- Potter, J. W. (1996). *An analysis of thinking and research about qualitative methods*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Rapkin, B., Massie, M., Jansky, E., Lounsbury, D., Murphy, P., & Powell, S. (2006). Developing a partnership model for cancer screening with community-based organizations: The ACCESS Breast Cancer Education and Outreach Project. *American Journal of Community Psychology, 38*(3/4), 153-164.
- Rhee, Y. (2004a). *The employee-public-organization chain in relationship management: A case study of a government organization*. Unpublished doctoral dissertation. University of Maryland, College Park.

- Rhee, Y. (2004b). *The employee-public-organization chain in relationship management: A case study of a government organization*. Gainesville, FL: Institute for Public Relations. www.instituteforpr.com.
- Rhee, Y. (2007). Interpersonal communication as an element of symmetrical public relations: A case study. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 85-102). Mahwah, NJ: Lawrence Erlbaum.
- Rizzo, J. A., Friedkin, R., Williams, C. S., Nabors, J., Acampora, D., & Tinetti, M. E. (1998). Health care utilization and costs in a Medicare population by fall status. *Medical Care*, 36(8), 1174–1188.
- Rubenstein, L. Z., Josephson, K. R., Trueblood, P. R., Loy, S., Harker, J. O., Pietruszka, F. M., et al. (2000). Effects of a group exercise program on strength, mobility, and falls among fall-prone elderly men. *Journal of Gerontology: Medical Sciences*, 55A(6), M317-M321.
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data*. (2nd ed.). Thousand Oaks, CA: Sage.
- Sallot, L. M., Lyon, L. J., Acosta-Alzuru, C., & Jones, K. O. (2001). *From aardvark to zebra: A new millennium analysis of theory development in public relations academic journals*. Paper presented at the annual meeting of the Association for Education in Journalism and Mass Communication, Washington, DC.
- Saxe, L., Kadushin, C., Tighe, E., Beveridge, A., Livert, D., Brodsky, A., et al. (2006). Community-based prevention programs in the War on Drugs: Findings from the fighting back demonstration. *Journal of Drug Issues*, 36, 263-294.

- Scott, J. (2007). Relationship measures applied to practice. In E. L. Toth (Ed.), *The future of excellence in public relations and communication management* (pp. 263-273). Mahwah, NJ: Lawrence Erlbaum.
- Seltzer, T. (2005). *Measuring the impact of public relations: Using a coorientational approach to analyze the organization-public relationship*. Gainesville, FL: Institute for Public Relations. www.instituteforpr.com.
- Stafford, D. J., & Canary, L. (1991). Maintenance strategies and romantic relationship type, gender and relational characteristics. *Journal of Social and Personal Relationships*, 8, 217-242.
- Stephens, K. K., Rimal, R. N., & Flora, J. A. (2004). Expanding the reach of health campaigns: Community organizations as meta-channels for the dissemination of health information. *Journal of Health Communication*, 9, 97-111.
- Stoecker, R. (1991). Evaluating and rethinking case study. *Sociological Review*, 39(1), 88-113.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: Sage.
- Taylor, M., & Doerfel, M. L. (2005). Another dimension of explicating relationships: Measuring inter-organizational linkages, *Public Relations Review*, 31, 121-130.
- Thomas, R. K. (2006). *Health communication*. New York: Springer.
- Thomlison, T. D. (2000). An interpersonal primer with implications for public relations. In J. A. Ledingham & S. D. Bruning (Eds.), *Public relations as relationship management: A relational approach to the study and practice of public relations* (pp. 177-203). Mahwah, NJ: Lawrence Erlbaum Associates.

- Thompson, B., Coronado, G., Snipes, S., & Puschel, K. (2003). Methodologic advances and ongoing challenges in designing community-based health promotion programs. *Annual Review of Public Health, 24*(1), 315.
- Tinetti, M. E., Baker, D. I., McAvay, G., Claus, E. B., Garrett, P., Gottschalk, M., et al. (1994). A multifactorial intervention to reduce the risk of falling among elderly people living in the community. *New England Journal of Medicine, 331*, 821-827.
- Toth, E. L. (2000). From personal influence to interpersonal influence: A model for relationship management. In: J. A. Ledingham, S. D. Bruning (Eds.), *Public relations as relationship management: A relational approach to the study and practice of public relations* (pp. 205–219). Mahwah, NJ: Lawrence Erlbaum.
- Tran, A., Haidet, P., Street Jr., R., O'Malley, K., Martin, F., & Ashton, C. (2004). Empowering communication: A community-based intervention for patients. *Patient Education & Counseling, 52*(1), 113-121.
- Wagner, E. H., LaCroix, A. Z., Grothaus, L., LeVeille, S. G., Hecht, J. A., Artz, K., et al. (1994). Preventing disability and falls in older adults: A population-based randomized trial. *American Journal of Public Health, 84*, 1800-1806.
- Wickizer, T., Von Korff, M., Cheadle, A., Maeser, J., Wagner, E., Pearson, D., et al. (1993). Activating communities for health promotion: A process evaluation method. *American Journal of Public Health, 83*, 561-567.
- Winkleby, M., Flora, J., & Kraemer, H. (1994). A community-based heart disease intervention: Predictors of change. *American Journal of Public Health, 84*, 767-772.

- Wolcott, H. (2005). *The art of fieldwork*. (2nd ed.). New York: AltaMira.
- Wolf, S. L., Barnhart, H. X., Kutner, N. G., McNeely, E., Coogler, C., Xu, T. (1996). Reducing frailty and falls in older persons: An investigation of Tai Chi and computerized balance training. *Journal of the American Geriatric Society*, *44*, 489-497.
- Yang, S. U. (2005). *The effect of organization-public relationships on reputation from the perspective of publics*. Unpublished doctoral dissertation. University of Maryland, College Park.
- Yang, S. U., & Grunig, J. E. (2005). Decomposing organizational reputation: The effects of organization-public relationship outcomes on cognitive representations of organizations and evaluations of organizational performance. *Journal of Communication Management*, *9*, 296-304.
- Yin, R. K. (2003). *Case study research: Design and methods*. (3rd ed.). Thousand Oaks, CA: Sage.