Translating Institutional Change to Local Communities: The Role of Linking Organizations

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Abstract
We examine the processes and mechanisms of translating broader field-level change to the local community, drawing on insights from the inhabited institutions perspective and community-based institutionalism. In particular, we develop the concept of linking organizations as key actors in institutional change that connect the broader field and community levels. We use multiple forms of qualitative data, collected over a two-year time frame, to study the processes of a community foundation, the ‘Rainbow Wellness Foundation’, as a linking organization that engaged five community coalitions to embed a new wellness approach, locally. Our findings suggest that linking organizations interpret the central tenets of the approach, define them locally around relevant aims, and regulate community organizations’ adherence, to ensure legitimacy with the field. In addition, by engaging and negotiating with the community and helping manage ambiguity, linking organizations enable local ‘filling-in’ of these models with practices that meet community needs and interests. This study contributes to the literature on institutional change by identifying the activities of linking organizations as agents that translate broader field change, locally.

Keywords
community, institutional change, linking organization, translation

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There has been a growing emphasis in the institutional theory tradition over the past several decades on understanding institutional change (e.g. Dacin, Goodstein, & Scott, 2002; Zietsma & Lawrence, 2010), and the role of actors in mobilizing resources to support new or alternative institutional arrangements (Battilana, Leca, & Boxenbaum, 2009; Fligstein, 2001; Lawrence, Suddaby, & Leca, 2011). Research in this area has mostly examined change at the broader institutional field level, focusing on tectonic shifts in institutional logics and the work of institutional entrepreneurs in the creation and diffusion of new organizational forms (Scott, Ruef, Mendel, & Caronna, 2000; Thornton, 2004; Haveman & Rao, 2006; Greenwood & Suddaby, 2006). For new understandings and models to endure, however, they must be instantiated locally. This process introduces variation, as organizations respond differently to institutional change (Oliver, 1991; Greenwood, Raynard, Kodeih, Micelotta, & Lounsbury, 2011; Pache & Santos, 2010). Even when conforming to institutional demands, organizations translate new models to their local context, editing and reshaping them through processes of meaning-making and social interactions (Binder, 2007; Zilber, 2006; Sahlin & Wedlin, 2008). We examine the mechanisms by which organizational actors actively translate institutional change to the community.

Geographic communities serve as important touchstones for organizational behavior. Constituting organizations’ more immediate institutional environment, communities are ‘a local level of analysis corresponding to the populations, organizations and markets located in a geographic territory and sharing, as a result of their common location, elements of local culture, norms and identity’ (Marquis & Battilana, 2009, p. 286). The social networks, shared understandings, and regulations particular to communities form local normative, cognitive and coercive forces that influence, for example, organizations’ philanthropic giving (Marquis, 2003; Galaskiewicz & Burt, 1991; Galaskiewicz, 1997), banking structures (Marquis & Lounsbury, 2007), and corporate governance practices (Davis & Greve, 1997). Given the strength of these local institutional pressures, communities likely shape how organizations respond to and translate changes from the broader institutional field.

We develop the concept of linking organizations as key actors in translating field-level understandings to the community. Marquis and colleagues (Marquis & Battilana, 2009; Marquis et al., 2007) suggest that certain local organizations, such as community foundations and cultural organizations, are influential in shaping organizational behavior in communities. Through facilitating network connections across community actors, these organizations promote social normative pressure (Marquis & Battilana, 2009; Provan, Isett, & Milward, 2004; Marquis, 2003). We extend this conceptualization by arguing that some local organizations are linking organizations that not only connect across organizations within communities, but also link the community to the field. Figure 1 illustrates the dual position of linking organizations as actors that reside in the community (Marquis et al., 2007) and routinely interact with the broader institutional field (DiMaggio & Powell, 1983). Linking organizations, such as local social movement organizations and local business associations, are active at the field level, for example, by participating in professional meetings and certifications, engaging in lobbying efforts, and securing funding sources. Through these activities, linking organizations learn about new models and forms that they can adapt to satisfy local interests and institutional demands. Thus, the work of linking organizations draws our attention to the organization as an actor in translation, as well as multiple levels in the process of institutional change.

The challenges and activities of linking organizations are distinct. Unlike oft-studied institutional entrepreneurs that are characterized as leaders of institutional change at the field level (Leca, Battilana, & Boxenbaum, 2008), linking organizations play a more localized, facilitative role. They are primarily focused on the community, rather than the broader field; drawing on ideas from the environment to guide and promote the interests of the community. Thus, as opposed to creating and
transforming institutions, linking organizations adapt and embed new practices and understandings, locally. In this process, linking organizations must consider and accommodate local interests, needs, and power to ensure the acceptance and success of change efforts (Binder, 2007; Hallett, 2010), while staying true to the central tenets of the model. By neglecting the role of linking organizations in institutional change, we miss an important catalyst for translation.

To better understand the activities of linking organizations in the process of translation, we explore the following question: How do linking organizations translate broader field-level changes to the community level? To answer this question, we used a qualitative case study approach to examine the work of a community foundation, as a linking organization, in promoting wellness. The ‘Rainbow Wellness Foundation’ engaged five volunteer community coalitions across towns in the rural community, to embed a new wellness approach. This is an ideal setting in which we could readily observe the activities of a linking organization, and how these played out within and across the coalition organizations in the broader community. Our analysis focused on the mechanisms that linking organizations use to promote changes derived from the field level, while also addressing local needs and interests.

This study contributes to the literature on institutional change in the following ways. We identify the distinctive role of linking organizations in mediating between broader field change and local instantiation, and thus add to knowledge of different actors in the change process (Battilana et al., 2009; Lawrence et al., 2011). By elucidating the activities of a linking organization, this study offers insight into the general process of translation. We uncover how a linking organization helps local actors manage the complexity of the change process to enact institutional change that meets the central tenets articulated by field models, as well as the needs and interests of the community. Thus, our study draws attention to the organization as an agentic actor in the translation process. Further, this work sheds light on how the local community, and its social

Figure 1. The dual position of linking organizations.
networks, history, and shared understandings, influences local adaptation of broader field models. We highlight that organizational responses to institutional change are shaped by internal processes and inter-organizational connections in the community, thus extending the literature on inhabited institutionalism (e.g. Binder, 2007; Hallett, 2010) and community-based institutionalism (e.g. Marquis, 2003). The remainder of this paper is structured as follows: we develop the concept of linking organizations and motivate this study, outline our data and methods, and introduce our conceptual model and findings. Finally, we discuss the implications and contributions of this work.

Institutional Change in Communities and the Role of Linking Organizations

The literature on organizational responses to institutional change has evolved to consider how different aspects of organizations, actors, and fields lead not only to homogenized responses (DiMaggio & Powell, 1983; Meyer & Rowan, 1977), but also to organizational variation (Sahlin & Wedlin, 2008; Oliver, 1991; Pache & Santos, 2010; Greenwood, Suddaby, & Hinings, 2002). One cause of variation is adoption with translation: the process through which organizational actors interpret, edit, and ‘fill-in’ models from the broader field level, reshaping what is finally transmitted (Zilber, 2006; Haack, Schoeneborn, & Wickert, 2012; Suddaby & Greenwood, 2009; Czarniawska & Sevón, 1996). Translation often involves first editing models, by making them more generalizable and plannable (Sahlin & Wedlin, 2008), and then filling-in more specific and selective elements that are aligned with organizations’ interests and needs (Zilber, 2006). Together, these steps constitute organizational adaptation, and lead to heterogeneity in organizational responses to institutional change.

The concept of translation is aligned with a growing body of work on the micro dimensions of institutional change at the organizational level that focuses on the ‘people, work activities, social interactions and meaning-making processes’ that inhabit institutions (Hallett, 2010, p. 53; Zilber, 2002). Rather than merely carriers of institutions, actors are viewed as active and creative in their responses to the environment (Sahlin & Wedlin, 2008). Individuals bring their own identities, commitments and interests that shape the translation process at the micro level (Lok, 2010). Through social interactions, organizational members construct shared meanings and generate practices to adapt institutional change to the local context, satisfying both institutional constraints and local demands and interests (Hallett, 2010; Hallett & Ventresca, 2006; Binder, 2007; Kodeih & Greenwood, 2014).

Much of the literature in this area explores how organizations, as separate entities, make sense of and react to institutional change. For example, Binder (2007) looked at how three departments within a single transitional housing organization respond differently to changes in federal funding, depending, in part, on each department’s local meaning-making processes. Expanding beyond a focus on single organizations, other studies examine how variation in organizational missions (Haedicke, 2012) and identity (Kodeih & Greenwood, 2014) shape organizations’ responses to broader field-level pressures. In particular, Haedicke (2012) found that leaders of natural food co-ops reacted to market pressure to become more efficient by using understandings of their organizational mission and values to ‘interpret new practices and craft innovative organizational arrangements’ (p. 44). This work highlights the importance of organizational characteristics and processes in the translation of field-level institutional changes, but largely leaves open the question of how organizations’ responses are influenced by the communities in which they are embedded.

Communities are a more local and immediate institutional environment characterized by a high degree of social and economic interdependence among local actors in a shared geographic space (Fligstein & McAdam, 2012; Marquis et al., 2007). Through imposing institutional pressures, communities influence organizational behavior and promote isomorphism (Marquis et al., 2007;
Scott, 2001). Social-normative systems, such as social networks, in communities set standards for appropriateness and evaluate conformity to these standards (Galaskiewicz, 1997; Marquis, 2003; Davis & Greve, 1997). In addition, regulatory pressures, such as local politics and government mandates, impose formal and informal constraints on action, through establishing and enforcing rules (Guthrie & McQuarrie, 2005). Finally, actors draw on shared cognitive templates about credible social practices, situated within local identity, history and tradition (Marquis et al., 2007; Lounsbury, 2007; Marquis & Lounsbury, 2007).

Research at the community level points to the role of certain local organizations in facilitating network connections across community organizations and thus promoting social normative pressure (Marquis & Battilana, 2009; Provan et al., 2004; Marquis, 2003). These organizations include elite civic involvement groups (Marquis et al., 2007; Kono, Palmer, Friedland, & Zafonte, 1998); local arts and culture organizations (Ostrower, 2002); community health and service providers (Provan et al., 2004); and, the focus of this study, community foundations (Marquis et al., 2007). They promote conformity to local standards of behavior, and thus isomorphism, through creating networks that form relevant peer groups with respect to normative compliance, monitoring, and evaluation (Lawrence & Suddaby, 2006). We suggest that some of these local organizations are linking organizations, organizations that 1) purposefully, rather than inadvertently, connect actors within the community around a particular issue, idea, or set of practices and 2) interface between the broader field and the community levels. Linking organization not only create local networks, they translate field-level changes to the community, and thus shape local organizations’ responses to institutional demands. As illustrated in Figure 1, linking organizations are actors in both the local community and the broader field. They are physically situated within the geographic community, but routinely interact with broader field-level actors, such as regulatory agencies, professional organizations, and funding programs.

Linking organizations are uniquely situated to promote institutional change in communities. As local leaders, linking organizations have legitimacy among citizens, an interest in ensuring community progress, and resources to support change. Through their status and social foci (Rivera, Soderstrom, & Uzzi, 2010), linking organizations can also actively build and manage network connections between local actors (Marquis & Battilana, 2009). For example, there are a number of linking organizations that actively promote field-level expectations around sustainability in their communities through bringing together local leaders from business, government, and other nonprofits to enact sustainable development. These organizations, such as foundations and clubs, also have the ability to establish and enforce rules that, if broken, can restrict access to membership benefits and resources.

The challenge for linking organizations is to manage the translation process between the broader field and the local community, maintaining legitimacy at both levels. In order to effectively embed institutional change in the community, linking organizations must build local legitimacy, while adapting field-level models to local needs (Binder, 2007; Zilber, 2006; Greenwood et al., 2011; Kodeih & Greenwood, 2014). Thus, linking organizations must take into account local interests, power, and resources as they promote the central goals of the institutional change. The question is: how? Through the lens of linking organizations, we focus on the processes of translating institutional change to communities.

**Empirical Context**

**Broader field level: Institutional change around wellness**

Over the last decade, there has been an upsurge of interest and investment in wellness in American society. Although ideas around wellness first emerged in the US in the 1970s (Conrad, 1994), they remained peripheral due to the dominance of the medical model of health that focuses on the treatment of disease (Conrad, 2008). As the field of health has become less centralized and more
fragmented, alternative approaches, like wellness, have gained jurisdiction (Scott et al., 2000). A wellness approach to health goes further than simply insuring the absence of illness by improving the overall wellbeing of individuals and groups, along multiple dimensions, such as social, spiritual, physical, intellectual, emotional and occupational (Dunn, 1977; Adams, Bezner, & Steinhardt, 1997; Hettler, 1980). In order to achieve ‘the optimal state of health’, wellness models encourage individuals to change their behavior, including by engaging in more physical activity, adopting healthier eating habits, and building stronger social networks.

The increasing legitimacy and pervasiveness of the wellness approach in the health field is evident in a number of different areas in society, including healthcare, education, and food systems; and across disciplines, including medicine, public health, sociology, psychology, and economics. A visible example of this change is the national ‘Let’s Move’ campaign to combat childhood obesity, initiated by First Lady Michelle Obama in 2010. At the launch, the First Lady highlighted wellness as a societal issue, ‘The physical and emotional health of an entire generation and the economic health and security of our nation is at stake.’ In the area of education, wellness changes include a requirement adopted in 2006 that school districts participating in federal meal programs must have wellness policies (Hood et al., 2013). Professional certifications have also expanded: In 2014, the American Board of Physician Specialties began a certification for integrative medicine, a specialty that focuses on offering a holistic, wellness approach to health and healing. Further, corporations have significantly increased workplace wellness programs over the last decade (Baicker, Cutler, & Song, 2010). For example, a 2006 study found 19 percent of employers offered programs, whereas a 2010 study found that 90 percent did (Consulting MHR, 2006; Mattke, Schnyer, & Van Busum, 2012). Thus, there has been a clear rise in wellness in the health field, broadening our attention to multiple dimensions of individuals’ wellbeing (Haber, 2002; Segall & Fries, 2011).

**Linking organizations: Wellness foundations**

Non-profit community wellness foundations are emerging as potentially important organizational agents of wellness models. Over the past ten years, the number and scope of wellness foundations formed in the US has increased, more than doubling between 1995 and 2010 (Guidestar.org). The goals of these foundations are similar: they aim to change communities – to make them healthier by moving them towards a community wellness model of health. They are actors in the broader health field, gathering best practices and effective strategies from other communities and wellness professionals, compiling national wellness studies and data, participating in national conferences and associations around wellness, and receiving funds from national organizations.

At the community level, wellness foundations coordinate, manage, and financially support community organizations and activities that are aimed at changing individuals’ health behavior where they live, socialize and work (Emmanuel & Titlow, 2002). Wellness foundations distribute grants to non-profit community service providers and routinely seek community input to help direct their investments (Grantmakers in Health, 2007). Partnerships between foundations and communities are often formalized through the creation of voluntary collaborative networks, or coalitions of diverse community organizations that bring together local businesses, schools, government, and healthcare organizations to collaborate on health and wellness programs and policies (Bracht & Tsouros, 1990; Zuckerman, Kaluzny, & Ricketts, 1995; Roussos & Fawcett, 2000). Thus, community wellness foundations act as linking organizations that translate changes happening in the broader health field to the community by connecting local organizations.
Specific case study: Rainbow Wellness Foundation

We examine a community foundation, as a linking organization, and the process by which it translates and embeds broader field-level changes around wellness in the community. For operational purposes, we define a community as a rural geographical area characterized by a ‘high degree of interdependence among local community actors, such as the general public, non-profits, government agencies, and corporations with a significant presence in the locale’ (Marquis et al., 2007, p. 927). For rural areas, communities may include multiple towns that share service organizations and major employers, and thus have significant economic and social integration. The Rainbow Wellness Foundation (RWF) serves five rural towns within a shared geographic community: Red, Orange, Green, Blue, and Violet. Some programs and policies are unique to each town, for example, those with respect to school systems and local libraries. Other organizations and services are shared across the community, such as a major hospital and primary businesses. The towns have similar demographics: populations between 1000 and 5000; median incomes between $45,000 and $65,000, and more than 90 percent Caucasian residents. With respect to health, the towns all have adult obesity levels greater than 60 percent and report concerns about smoking, substance abuse, and depression.

RWF is a linking organization that serves this community and connects across the towns. In 2009, Rainbow Community Hospital (RCH) was acquired by a large multi-state hospital system. The RCH Board of Trustees required, as a condition of the transfer of RCH assets, that $25 million be transferred from RCH to a community health foundation. The objective of the requirement was to retain community control of a portion of the assets previously held in the community hospital. RWF was established just prior to the transfer of the remaining RCH assets to the acquiring organization as a tax-exempt, private foundation. The endowment was invested and the earnings are used to fund RWF programs. The initial 15-member RWF Board of Directors was selected by the RCH Board of Trustees. Members included six former members of the RCH Board of Trustees, two persons appointed by the acquiring organization, the RWF Executive Director, and six additional members from the RCH service area. The board is structured to include expertise in public health, business, education, and medicine. Board member terms are three years, with a maximum of two terms per member. The RWF Board of Directors appoints the Executive Director and sets the foundation mission and vision.

The initial board members decided that as a separate entity from the hospital, the foundation could be more innovative with respect to addressing the health needs of the community, and look beyond the dominant medical model. As they discussed insights from their diverse areas of expertise, what became salient was a broader shift towards more comprehensive and holistic approaches to health, such as those mentioned above around education, health care, and workplace programs. Consequently, RWF adopted a mission to create a culture of wellness and to foster sustainable improvements in community health. To that end, in 2010, RWF established a wellness initiative with the goal of creating and supporting five broad-based community wellness coalitions. The coalition approach was based on the concept of comprehensive wellness, which holds that the health of the community can best be improved with multiple, simultaneous, and integrated strategies to attack barriers to wellness.

The coalitions are composed of volunteer residents from a variety of different sectors and organizations in each of the towns, including healthcare, schools, local businesses, senior centers, libraries, churches, local government, and non-profits. The sizes of the full coalitions range from 30–60 members, but the number of core members who participate regularly is about 10–15 for each coalition. The demographic breakdown includes a fairly even gender split in each of the coalitions, with the average age of members around 40–45. Each coalition was charged with creating a
RWF funds the implementation of these completed wellness plans, with approximately $600,000 available each year for qualified projects in the communities. Thus, RWF links these five coalitions within the same geographical community to address health and wellness needs.

RWF is an ideal case to examine the role of linking organizations in communities. Like other linking organizations (see Figure 1), RWF has a dual position in the community and broader institutional field. In addition to promoting wellness locally and connecting community organizations, RWF leaders participate in the field of health and wellness through, for example, attending state and national conferences and identifying and consulting with potential grant funders. Given these activities, and its size and structure, RWF is representative of other health and wellness foundations. Further, the recent launch of the wellness initiative provides a unique opportunity to study, in situ, the mechanisms that linking organizations use to translate field-level approaches to the community level.

Data and Methods

Since our aim was to derive new theoretical insights about how linking organizations embed field-level models and practices in the community, we collected multiple forms of qualitative data on the understandings and actions of foundation and coalition members. Our sources spanned the field and local levels, and included interviews, observations, agendas, meeting minutes, emails, planning documents and models, and coalitions’ wellness plans. This approach allowed for triangulation – we could compare insights into subjective experience obtained from interviews with behavioral data from observations and contextual discursive data.

Data

We conducted 29 semi-structured interviews with foundation leaders, including the Executive Director, Program Manager, and board members; and members of all five coalitions, including leaders of subcommittees and steering committees. These interviews took place from spring 2011 to summer 2013. We asked individuals to describe in detail their experiences as members of the coalition or foundation and the comprehensive wellness initiative process. This line of questioning helped illustrate coalition and foundation challenges and successes, and characterize the relationship between coalitions and the foundation. Most interviews lasted about one hour and were tape-recorded and transcribed. We identified potential interviewees through the Executive Director, who provided us with the coalition membership lists and contact information. Then, we used a mixed approach to target interviewees – we contacted central members in each coalition (based on the Executive Director’s assessment and cross-checked with meeting minutes) as well as a random selection of other members. Coalition members we interviewed ranged in gender, age, occupation, length of time on the coalition, and the organizations they were representing.

Additionally, we collected observational data to develop knowledge of the practices, discourse, and interactions within and between coalitions, and with the foundation. In particular, we attended multiple coalition meetings across different coalitions and over time. We also observed meetings between the coalitions and the foundation, when, for example, coalition representatives presented their assessments and plans to the board. In the course of these observations, we compiled field notes on behavior that allowed us to triangulate with our interview data.

We also collected a comprehensive set of archival data. We were given access to the web portal for each coalition. Thus, we accessed documents starting from the beginning of the wellness initiative process. Some of these were generated by the coalitions, including meeting minutes; agendas; and the coalitions’ deliverables to the foundation, such as the community needs assessments, resource mapping, and draft and final wellness plans. Other documents shared by the foundation with coalition
members included planning documents, town health and demographic data, and models for coalition development. In addition to the web portal, we were included on email lists for most of the coalitions that included correspondence about meetings, events and interactions with the foundation. Together, these archival data allowed us to assess the planning process over time, the resources provided by the foundation and drawn on by coalitions, and communications between members.

In addition to the in-depth study of the wellness foundation and coalitions, we collected archival and interview data at the field level to understand the institutional context in which foundation and coalition activity is embedded. This includes a database of I-990 tax information for approximately 200 non-profit health and wellness foundations; website reviews of around half of these foundations; and interviews with leaders of nine of them. Further, we collected books and articles on comprehensive wellness approaches and best practices. Our data sources are presented in Table 1.

Analysis

We used inductive, qualitative techniques to analyze the data, informed by our focus on the processes by which linking organizations translate field-level models to the community. Qualitative analysis is an inherently dynamic and ongoing process. Our approach was analytic abduction (Peirce, 1955): we iterated between multiple readings of interview transcripts, field notes, documentation and pre-existing theoretical constructs (Snow, Morrill, & Anderson, 2003). This analytic procedure included analyst triangulation: we used multiple analysts, including one researcher who was not involved in data collection, to minimize biases (Miles & Huberman, 1994; Patton, 2005). Additionally, our analysis of multiple data sources allowed for data triangulation to increase confidence in our interpretations (Patton, 2005; Stake, 1995). Our analysis consisted of the following four stages:

First, we identified whether, and what aspects of, the community’s approach to addressing wellness reflected understandings and meanings from the institutional field. We coded the wellness plans proposed by each coalition, and funded by RWF, including the interventions, strategies, policies, and programs. In particular, we categorized these in terms of the dimensions of the overall wellbeing of individuals and groups: social, spiritual, physical, intellectual, emotional and occupational (Hettler, 1980).

Second, we coded the data for references to each level: field, linking organization, and community. Specifically, data were coded as A) a field-level reference when the interviewee or document mentioned models, practices, or expectations coming from the field; B) a linking organization reference when the interviews, observations or documents reflected goals, activities, or understandings of RWF; and C) a community reference when local actors, interactions, norms, history, and culture were present.

The third step was the key analysis in identifying the mechanisms in the linking organization’s translation of field-level approaches to the community. In this step, we coded for connections between the elements of the different levels, identified in step two. What emerged were connections between the linking organization and the field, and the linking organization and the community; but direct connections between the community and the field were not evident. We used open coding of the connections to identify broad processes and specific mechanisms that could account for the translation of field-level understandings to the community.

Lastly, in our fourth step, we cross-coded the coalitions’ wellness plans with the mechanisms that emerged from step three, around the linking organization’s translation of the field-level models of wellness to the community. We looked at specific elements of the plans, and how these connected to particular mechanisms of the linking organization, to develop a model of the linking organization’s process of translating broader field-level models to the community.
<table>
<thead>
<tr>
<th>Analytical purpose</th>
<th>Interviews</th>
<th>Observations</th>
<th>Archival Sources: Documents</th>
<th>Archival Sources: Correspondence</th>
</tr>
</thead>
</table>
| To gain understanding of experiences, perspectives, and interpretations of coalition members, foundation leaders; build knowledge of community | **Rainbow Wellness Foundation**
- Description: The director, staff, and board members
- No. of interviews: 6
- Description: Three different types of committee meetings: reviewing, discussing, and providing feedback to coalitions
- Hours: 6
- Description: Planning documents, data reports, articles, models and figures, meeting minutes, agendas
- No. Docs: 47
- Description: Emails
- No. Docs: 36 | To develop knowledge of practices, discourse, interactions within and between coalitions, and with the foundation; build knowledge of community | To understand references to field-level models and approaches, coalition structures and practices, and to analyze the coalitions’ plans | To verify interview and observational data regarding interactions within and between coalitions, and with foundation |
| **Red Coalition**
- Description: Coalition members from the library, senior center, hospital, local government, and other non-profits; as well as citizens
- No. of interviews: 8
- Description: Full coalition meetings, coalition leadership meetings
- Hours: 10
- Description: Meeting minutes, agendas, planning documents, versions of wellness plans
- No. Docs: 15
- Description: Emails
- No. Docs: 21 | **Blue Coalition**
- Description: Representatives from the school district, hospital, and local government
- No. of interviews: 4
- Description: Coalition meetings
- Hours: 2
- Description: Meeting minutes, agendas, planning documents, versions of wellness plans
- No. Docs: 10
- Description: Emails
- No. Docs: 13 | | |
| **Orange Coalition**
- Description: Coalition members from the school district, local government and faith organizations
- No. of interviews: 3
- Description: Coalition meetings
- Hours: 2
- Description: Meeting minutes and agendas, versions of wellness plans
- No. Docs: 13
- Description: NA | **Violet Coalition**
- Description: Coalition members from local government, chamber of commerce, hospital, and non-profits
- No. of interviews: 7
- Description: Coalition meetings
- Hours: 2
- Description: Meeting minutes and agendas, versions of wellness plans
- No. Docs: 9
- Description: NA | | |
| **Green Coalition**
- Description: Coalition members from the hospital and business
- No. of interviews: 2
- Description: Grant committee meeting with coalition representatives
- Hours: 2
- Description: Meeting minutes and agendas, versions of wellness plans
- No. Docs: 10
- Description: NA | **Other Wellness Foundations**
- Description: Directors of nine other wellness foundations across the U.S.
- No. of interviews: 12
- Description: Site visits to four foundations, meetings with community partners
- Hours: 8
- Description: Meeting minutes and agendas, versions of wellness plans, database of I-990 Tax information for 199 foundations
- No. Docs: 10
- Description: Database of I-990 Tax information for 199 foundations
- No. Docs: 199 | | |
| **Total** | 42 | 32 | 70 |
**Findings**

We found evidence that RWF translated field-level understandings around wellness to the community level. Over the course of two years, all five towns created comprehensive wellness plans, shown in Table 2, that outlined and integrated programs and interventions designed to support and improve the overall wellbeing of the community. These plans were anchored on the central tenets of wellness, but were specific to the needs, interests, and resources of the community. The overall plans were funded by RWF, and a number of the programs and services have been implemented. Our results suggest that in the initial phase of translation, the linking organization ensures its institutional project at the community level is legitimate with the broader institutional field through the sub-mechanisms of interpreting, defining and regulating. In the second phase, the linking organization engages and accommodates the community by delegating the design of structure. Community engagement continues in the third phase, by providing the community with decision-making power. As the community ‘fills in’ the localized model, the linking organization iterates between managing ambiguity, gatekeeping, and negotiating with community actors. Figure 2 illustrates this overall process. In the following sections, we discuss our specific findings.

**Ensuring legitimacy with the field**

Our results indicate that early in the translation process, the foundation looked to the field level to interpret the meaning of wellness change. Using these interpretations, RWF defined what a wellness change would mean locally. Through regulating adherence to this local definition, the foundation ensured that their institutional project was connected to, and based on, field understandings of wellness and community change.

*Interpreting.* We found that RWF surveyed the field to identify new models of promoting wellness and improving the wellbeing of communities that were normatively sanctioned. Given the broad focus of wellness, the foundation needed to take considerable time to research the many associated practices and approaches. For example, the foundation studied the *Blue Zones Project*, an innovative community wellbeing improvement initiative operating in multiple cities and towns in Minnesota, Iowa and California. In addition, the foundation looked to models of community change from the health and social change fields, such as those found in recent articles from the *Stanford Social Innovation Review*, a magazine and website written for (and by) social change leaders across fields, and *Grantmakers in Health*, a non-profit educational organization that fosters communication and collaboration between health and wellness foundations. The quote below from the director of RWF illustrates this activity.

> We pulled together everything we could find … all of the most obvious information about what makes people healthy … Not only did we look at the current literature … but also some best practices about what other communities are doing to be healthy. One piece of information if you go and read the bibliography leads you to the next, leads you to the next, and pretty soon you’re getting exactly what you’re trying to find.

Our results suggest that through gathering and studying these ideas and models, the foundation developed an understanding of the central tenets of a wellness approach. The Foundation Director and several board members compiled articles and data related to health, wellness, and community change and shared these with board members. Each member examined this information through the lens of his or her expertise and professional background (e.g. medical, public health, education,
## Table 2. Comprehensive wellness plans, by coalition.

<table>
<thead>
<tr>
<th>Wellness Aims</th>
<th>Red</th>
<th>Green</th>
<th>Violet</th>
<th>Orange</th>
<th>Blue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eat Better</strong></td>
<td>Public Gardens Farmers’ Market</td>
<td>Public Gardens Farmers’ Market</td>
<td>Public Gardens Farmers’ Market</td>
<td>Public Gardens Farmers’ Market</td>
<td>Cooking Class</td>
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<td></td>
<td>Kids’ Cooking Class</td>
<td>Kids’ Cooking Class</td>
<td>Healthy Eating Tool Kit</td>
<td>Summer Food Summer Fun</td>
<td>Healthy Foods in Schools</td>
</tr>
<tr>
<td></td>
<td>Healthy Restaurant and Grocery Intervention</td>
<td>Healthy Cooking and Shopping Made Easy Farm to School Program</td>
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<td>Rural Bike Initiative</td>
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<td>Community Read Group Yoga in Public Spaces</td>
<td>Community Read [Violet] Voices</td>
<td>Community Read Healthy Living Classes</td>
<td>Community Read Food For Friends</td>
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<td>Gazebo Concerts</td>
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<td>Teen Drug Program A</td>
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<td>Teen Drug Program B Medication Disposal Program</td>
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<td><strong>Avoid Unhealthy Substances</strong></td>
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<td>Medication Disposal Program</td>
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Note: Many coalition programs and activities address more than one aim. In the table, each program is assigned to the primary aim it addresses.
etc.). Then, the board and director met for two days to discuss their understandings and perspectives until they developed consensus around a wellness approach. The director reflects on these meetings:

So we talked for a couple days and through the conversation, we kept getting further and further away from healthcare [towards wellness] ... And the reason the culture of wellness piece came because everybody kept saying ‘well we don’t know what it is to be healthy but we know it when we see it and it’s [evident in places like] Boulder, Colorado; Aspen, Portland’.

The foundation’s interpretation was that this approach should focus on multiple dimensions of health and wellness, be systems-based, involve a diverse array of local stakeholders, and center on evidence-based policies and interventions. The board connected this understanding of a wellness approach with coalition-based implementation models from the community change and social innovation areas. This informed the foundation’s decision to create the wellness initiative, and form coalitions of community members to develop evidenced-based wellness plans. Thus, this aspect of the translation process centers on understanding the basic elements of the broader field model that are subsequently adapted and filled-in, based on local needs and interests.

**Defining locally.** We found that, based on their interpretation of the latest field-level models, RWF specified the parameters of a local wellness approach in order to focus the efforts of the community on key areas of need. This process involved narrowing the set of possible goals to four key aims for the community, while maintaining consistency with the central tenets of a wellness approach. In particular, the foundation defined the local approach, in part, through articulating four specific aims for the community as part of their vision statement: ‘As residents of the healthiest communities in [Midwest], we’ll choose to eat better, move more, avoid unhealthy substances, and make

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**Figure 2.** Linking organization’s process of translating institutional change to the community.
healthy connections with others.’ Through this narrowing of wellness, RWF directed the community’s attention to the four aims, at the expense of other health and wellness areas, such as disease prevention and spirituality. This effect is evident in the coalitions’ choice to organize themselves around the four aims by creating corresponding subcommittees. The framework created by the aims is expressed by a coalition member from Red:

Well it’s on the whole foundation – if it weren’t for the foundation we wouldn’t be doing this. So their presence is very positive ... I think the third thing is that they’re able to come in right away and really set the vision in these four aims. So they gave us initial structure which is all good.

To settle on these aims, the foundation adapted goals from field models based on local needs. In particular, the foundation gathered county health data. The critical wellness issues that emerged across the community were obesity, diabetes, drug use, and mental health problems. The foundation focused their efforts on these areas while excluding others, such as asthma rates because that is ‘not really a big deal out here’, as the RWF director noted. To target the key health issues of the community, and be inclusive, the foundation edited the goals of field-level models. For example, ‘getting physically fit’, a goal of a foundational wellness model (Hettler, 1976), focuses only on those who are not already fit, but everyone can ‘move more’; similarly, ‘losing weight’ addresses community members who are overweight, but everyone can ‘eat better’. This adaptation was driven by a board member who was a physician. During a board meeting, he argued that the ultimate aims should also be inclusive and address the original purpose of the foundation: to support all community members to take actions to be healthier. Thus, through narrowing and adapting field-level models, the foundation defined the local focus for addressing wellness needs and creating community wellness change. In doing so, the foundation guided the coalitions’ attention and efforts in translating a wellness approach to the community.

Regulating. Beyond merely guiding the coalitions, the foundation regulated aspects of the coalitions’ behavior to align with the central tenets of a wellness approach. This ensured that the local change was anchored on the processes that the foundation had interpreted as most central to, and effective in, promoting wellness, such as using a system-based approach that centers on evidence-based policies and interventions. In particular, we found that RWF established a process with deliverables that the coalitions were required to follow in order to acquire funding, resources, and support from the foundation. The coalitions were charged with conducting an assessment of their towns to understand and catalog current resources and capacity. Next, the coalitions were tasked with evaluating local needs and determining which indicators to address. The foundation required the coalitions to use a data-driven approach, as aligned with field-level expectations. This made certain that, as one coalition member put it, ‘we’re not just pulling things out of thin air based on anecdotes’. The foundation arranged for the coalitions to have access to health and behavior data on their communities from pre-established, county surveys. The quote below, from a Violet member, illustrates how this data was used by the coalitions to identify needs.

The County Department of Public Health has the [health] surveys that they do every five years. And those were tools that we were able to access and those actually were and are important pieces in putting together our comprehensive wellness plan. Those are actually the data results and the Wellness Foundation worked to further amplify that information by oversampling the rural areas at their expense. And those were actually things that were valuable information and they actually help our planning process by identifying needs and identifying deficiencies.
Each process step had to be completed and approved by the foundation, through a board subcommittee structure, before the coalition could move on to the next step. The foundation’s expectations for these steps were communicated to the coalitions, by the Executive Director, during each coalition’s initial meeting and were codified in documents that were shared on the foundation’s web portal. These steps, established during time 1 (t1 in Figure 2) of the overall translation process, served as rules that imposed regulatory pressure, as indicated by the remarks from two Orange coalition members indicate below.

[The foundation has] been very, very cautious with us to say you know you’re going to have to go through a lot of red tape and meet a lot of our expectations before we ever discuss any funding … they definitely have expectations that they will not shortcut; you have to meet this criteria before you can move on to the next step.

So the attitude for some is ‘well we’ve got to do these things to be compliant with them’. We need to come up with these things for them so that they’re happy so that they’ll fund whatever it is we’re going do. Basically we want to make sure that we’ve got all our I’s dotted and T’s crossed. Just because there’s the sense that here’s this group who’s going pour a lot of money in so we got to do what they want. All they want, so let’s do that.

Our results suggest that in interpreting, defining, and then regulating the coalitions’ behavior, the foundation ensured that the community wellness approach was legitimate with the field. This alignment is evident in the coalitions’ plans, reflecting the central tenets of a comprehensive approach to wellness: the plans address multiple needs, demographics, and dimensions; connect multiple sectors within the community; and are evidence-based. As illustrated in Table 2, each plan supports and integrates interventions and programs that benefit children, teens, adults, and seniors; involve schools, the hospital, the government, and other non-profits; and attend to mind, body, and spirit. More narrowly, the plans address the four primary aims, defined by the foundation to focus efforts on community need. The aims are met in multiple ways, and often simultaneously. For example, the community-wide walking program meets the goals of ‘moving more’ and ‘connecting with others in healthy ways’.

**Engaging and accommodating the community**

In translating field-level understandings of wellness to the local level, the foundation, as a linking organization, gave the community a role and responsibility in the process to enable them to fill-in the locally-defined wellness approach. We found that the foundation used the coalitions to develop practices, policies, and programs that are locally situated. By giving the coalitions agency over their structure and decision-making power, the foundation enabled these groups to determine how best to meet the wellness aims, based on local interests and needs. Thus, in addition to regulating the coalitions to ensure that they meet the central tenets of a wellness approach, the foundation used the coalitions to engage and accommodate the community, and build local legitimacy and commitment.

**Delegating design of structure.** Our results indicate that the foundation used the coalitions to involve a diverse set of volunteer residents, from different sectors, organizations, and demographic groups, in the change process. Although the foundation encouraged this broad representation, RWF tasked each coalition with determining who to encourage to participate and how to organize the group, recognizing that the coalitions had the best knowledge of how to organize around local assets and liabilities. With this agency, the coalitions tailored their structures based on capacity for change,
working history, and local identity; resulting in different levels of hierarchy, timelines, meeting processes, and membership across the coalitions. The quotes below, from Red and Orange coalition members, respectively, illustrate different coalition structures.

We recognized that there was growing frustration and there was a little bit of spinning wheels. So we opted to move towards a steering committee. We took two people from each subcommittee for a total of 8. And these were really more the strategic thinkers; the ones that it was a natural ability or they’ve had some experience. And so we pulled together a steering committee. From that, we actually drafted a governing document for the steering committee. And then we also developed a charter document that each sub-team could use.

We did not have a defined leader. I’ve talked to people offline and said ‘do we need to get together and identify leaders – vote for leaders – and establish role?’ And there’s been some resistance to being that formal. [Coalition members] don’t want [formal hierarchy] to mean that a Board of Directors would have too much control and not take into consideration all of the community’s wants and needs. I guess my impression of why [our coalition] discouraged that sort of approach was because we didn’t want to prevent anyone and everyone from having a say.

As the statements above support, the coalitions adopted various levels of hierarchy and different meeting processes. We found that this variation was associated with differences in local identity and history across the towns. The Red coalition structured their organization with the greatest hierarchy – a leadership committee and heads for each subcommittee – and used more formal meeting processes and voting procedures. Our results indicate that this more formalized approach stems, in part, from a more professional local identity: the Red town has a higher proportion of residents with college and advanced degrees; and a number of strong, hierarchical institutions, such as the hospital, Red state bank, and an award-winning library. Red’s strategic approach, in turn, may have increased their capacity for change, as they had a faster plan timeline, compared with other coalitions. In contrast to Red, the Orange coalition actively resisted more hierarchy, based on concerns that it would limit voice, and had one of the slowest timelines. Both of these elements reflect Orange’s need to build trust with, and involvement in, a community with a history of struggling to enlist volunteers. Similar to Orange, the Violet coalition adopted a flat hierarchy, but for different reasons. This group consisted of people who had a long working history, across numerous projects in the past, and thus felt a more hierarchical structure was unnecessary and incongruous with their local, communal culture. The Violet coalition members’ experience working together likely increased their capacity for change and their ability to move more efficiently through the process. This was described by a member of the Violet coalition:

[Violet] is a smaller group, but the people who are at the table are really dedicated. They’ve been there a long time and have strong relationships with each other and with the broader community … they know each other well and they can just make decisions faster.

In enabling the coalitions to structure themselves, the foundation capitalized on local strengths and mitigated weaknesses. Thus, we found that by accommodating local history, identity, and capacity for change, RWF ensured that the coalitions successfully completed the steps toward wellness change.

Providing decision-making power. In addition to allowing the coalitions to structure themselves, the foundation placed decision-making power in the hands of coalitions. In particular, the coalitions were charged with developing comprehensive, integrated wellness plans for their towns. Even though the coalitions needed to address the four aims and follow the established process, we found
that it was up to the individual coalitions to decide how they would meet these goals, including what interventions and programs to put forward for foundation funding. Our results indicate that with this delegation approach, the foundation accommodated local needs and interests that align with the four wellness aims. The coalitions had a strong knowledge of the community, including what programs existed, as well as opportunities to address gaps with new wellness initiatives. Thus, RWF used the coalitions to fill-in the wellness model with specific programs. Coalition autonomy facilitated the acquisition of community-based resources and legitimacy, and allowed ownership to develop within coalitions over the process. We found that the final programs that were chosen by the coalitions reflected community interests and needs. As stated in an email exchange between Red coalition members:

Our job at this point is not to start hand-picking indicators to match up with programs and interventions that we might want, but to make sure that we are addressing the issues that are unique to the Red community.

Coalition members developed new programs through recognizing gaps and realizing synergies across their organizations. For example, the Blue coalition developed a communal food provision service for senior citizens, ‘Food for Friends’. Blue is rural, geographically disperse, and home to many retirees. Through delivering healthy meals to gatherings of senior citizens, this program meets the wellness aims of ‘connect with others in healthy ways’ and ‘eat better’. Observing one of Blue’s strategic planning meetings, we saw that the coalition divided into subcommittees, brainstormed for 20 minutes, then reconvened and voted on programs like the one described above that address priority needs. Another example of new program development is Green’s creation of three biking programs (e.g. bike lending). The coalition’s focus on biking, and the development of corresponding programs, was motivated by the town’s new vast bike path network.

By bringing together organizational representatives and concerned citizens around a shared goal of wellness for the first time, and providing both resources and autonomy, RWF enabled innovative filling-in of the wellness model. As an example of this creativity, the Violet coalition proposed a unique set of gazebo concerts that aligned their strong local commitment to the arts with the aim of fostering healthy connections with others. These music concerts are hosted centrally and community members are encouraged to walk or bike to attend them. Thus, RWF opened an opportunity for community members to meet the needs of the community in new and different ways.

In addition to new programs, the final wellness plans supported a number of existing programs already offered by local organizations. Our results indicate that this outcome was shaped, in part, by the foundation’s process – in deferring decision-making to the coalitions, the foundation created an opening for community organizations to further their interests. Organizations saw the opening, and leveraged the coalition model to secure additional funding and support for their existing programs and services. In particular, representatives from community organizations participated as members of the coalitions, directing attention to information and activities that were of most interest to their local stakeholders. Often, the coalitions and foundation realized connections between local organization interests and broader wellness goals. For example, the head of the library from Red sat on the coalition and actively promoted a community-wide read, where residents are encouraged to read and discuss specific books related to wellness. This representative reached out to the libraries in each of the towns and was successful in getting adoption. In his words:

It just seemed to me that we’ve already got a plug and play program and we can work with the foundation and the coalition to help them with that issue – blanketing the community with PR and awareness. So what I did is I came up with a five year proposal or a five year plan to essentially use our program, our community read, to help with [the wellness] efforts.
Through delegating decision-making, the foundation accommodated local interests and needs, but also created the opportunity for power moves. In particular, several more powerful community organizations co-opted aspects of the process – participating on multiple coalitions to spread programs across towns and secure funding through multiple routes. For example, a representative of the community hospital participated on the Red, Blue, and Green coalitions and ensured that other representatives from the hospital sat on the remaining coalitions. In her words, ‘If you want money from the foundation you gotta be on a coalition’. Through this involvement, she and her colleagues successfully convinced three towns to include a youth drug use prevention program in their wellness plans. In Red, where this hospital representative was a coalition leader, the drug program became synonymous with the ‘avoid unhealthy substances’ aim as the sole intervention. In many ways, the engagement of powerful, local organizations was positive, since the representatives of these organizations often served as coalition leaders and their programs had local legitimacy. However, we also found that co-optation limited coalitions’ consideration of different programs.

Managing ambiguity

Our results suggest that the linking organization helped manage ambiguity associated with the institutional change process. Even though RWF defined the wellness aims and articulated the process and deliverables, the coalitions experienced uncertainty in filling-in the model – deciding on specific programs and interventions for their communities. Ambiguity for the coalitions stemmed from the wide array of community needs, interests, and approaches to addressing wellness: there were more potential interventions and programs than the coalition could support, and greater community needs than the coalitions could fully meet, with available financial or human resources.

One of the coalition members from Red reflected on the open questions around needs and interests facing the coalitions:

I think it’s: what’s most important to us to get done now versus later and what are we more interested in spending our money on? Is it going to be to make a bike path that connects [Red] to the State Recreation area or is it gonna be to expand the community garden or is it gonna be to maintain [drug prevention program] or…? What’s most important to the coalition right now?

We found that RWF facilitated connections between the coalitions, to resolve some of this uncertainty, through brokerage and trading zones. Both of these mechanisms of linking within the community led to social normative influences across coalitions and shaped their wellness plans.

Brokering. The Executive Director and Program Manager of RWF served as brokers between the coalitions. In particular, we observed that the leaders attended each coalition’s meetings, learned about their practices and experiences, and subsequently shared ideas across the coalitions that they deemed interesting, effective, or valuable. As one coalition member expressed, regarding the value of the foundation’s brokering role: ‘you get to know “the pearls” from other communities’. For example, in an email correspondence between Red coalition members, they discussed taking the RWF director’s recommendation to hire the grant writer used by Blue and Green to help ensure they were meeting the wellness indicators with a strategic approach.

Through establishing the coalitions, the foundation created the relevant peer group for normative comparison; and through connecting these organizations and sharing across them, the foundation amplified social influence. This process was strategic on behalf of the foundation leaders in order to address community needs around health and wellness. In particular, the foundation intentionally
facilitated sharing across coalitions, but also recognized and encouraged adapting practices to the immediate local context. This is illustrated below in the quote from the Executive Director.

We’re trying to encourage the communities to look at the other communities to see what’s going well and borrow and adapt, adopt and adapt I keep saying to them. So that they can find what will work in their community – you know have some exposure to what’s working in other communities and decide if it’ll work in their community – but also, I think over the long haul it’ll build them into a more cohesive unit if they sort of learn that they’re not competing with each other but they’re really all in it together.

Thus, our results indicate that the coalitions were able to learn about what the other groups were doing, through the filter of the foundation leaders who provided guidance, feedback, and benchmarking. Thus by brokering across the coalitions, RWF helped minimize the ambiguity and uncertainty that the coalitions faced throughout the change process.

Creating trading zones. We found that in addition to helping the coalitions manage ambiguity by brokering across them, the foundation developed a trading zone – a shared space where members from different coalitions could interact and learn from each other. In particular, the foundation created a coalition advisory committee (CAC) made up of central individuals from each of the five coalitions. The committee met monthly with foundation board members and the director to update the foundation about the process. These CAC meetings were a chance for the coalition members to convene and share approaches to completing the comprehensive wellness plans. The RWF leaders characterized the interactions: ‘it’s like [the RWF leadership] disappears … [the coalition reps] are so connected with each other’. By coordinating these trading zones, RWF fostered information exchange and the co-construction of ideas between the coalitions as they work to address community wellness. RWF ensured that each coalition was represented by two members, developed a general structure and guiding questions for the meetings, and then let the coalition members discuss. Representatives from Violet and Red, respectively, reflected on these interactions:

We had a CAC meeting last night. And so we did a lot of back and forth. Alright, well [Blue] is doing this and [Green’s] doing that; you know we kind of shared ideas on that. And then we debated last night the format of a comprehensive wellness plan.

At this point we think that a lot of the interventions that we’ve come up with – like the restaurant and the grocery store ones – definitely could be expanded beyond [Red]. [At the CAC meetings] our co-chairs have been in contact with people from other coalitions who wanted to plug into what we were doing and the ideas … I think the idea of putting things out there and sharing is definitely part of the culture of the coalition.

By connecting the coalitions through brokering and trading zones, the linking organization facilitated social normative influence and thus helped the coalitions manage ambiguity. They looked to each other as relevant peers and adopted many of the same or similar wellness programs and activities. For example, multiple coalitions supported public gardens, cooking classes, and walking trails (Table 2). Notably, the coalitions chose these over other programs that could have addressed the wellness aims, such as community sport leagues, meditation classes, and healthy parenting workshops. This social normative pressure between coalitions was sustained over time. Reflecting on one of the CAC meetings held after the initial plans were finalized, Blue members discussed the opportunity to work with other coalitions to ‘establish non-motorized trails across the Rainbow community’, connecting the disparate town walking trails.
Gatekeeping: Monitoring community alignment with the field

Although RWF tasked the coalitions with choosing specific wellness programs and strategies, the foundation monitored and guided the decision-making process to ensure the coalitions’ plans were aligned with the field. In other words, in translating field-level understandings around wellness to community level, the foundation engaged in a process of gatekeeping. As part of this process, the foundation representatives provided the coalitions with information, resources, and advice during their planning. In particular, foundation representatives participated in coalition meetings, offering recommendations and resources. This occurred in all eight of the coalition monthly meetings that we observed. Through this guidance, the foundation directed attention to their interpretation of field-level models, practices, and understandings. For example, the Orange coalition originally tried to add another target aim to the four required by RWF: economic health. However, over time, the coalition dropped this topic. We suggest that the foundation’s gatekeeping activities directed attention to the their original four focal aims, causing the Orange coalition to first subsume the economic focus within the others; and then later, not highlight it at all.

Our results indicate that RWF used formal review points as opportunities to provide specific feedback to the coalitions, in terms of what elements were consistent with expectations or did not effectively address the four wellness aims. In particular, we observed that the foundation used plan review meetings to monitor and guide the coalitions. For example, during a Violet review meeting, RWF board members expressed some concern that Violet was ‘spreading itself thin over a wide variety of projects’ and not addressing a key community need around smoking cessation, in line with the aim of avoiding unhealthy substances. RWF board members and the director focused the dialogue around the issue of feasibility and how the foundation can help Violet launch programs. The closing feedback to the Violet coalition was that it should consider getting more people engaged, especially by connecting with existing activities and programs in the community that have a broad interest. These observations aligned with the way the RWF director perceived the feedback process:

Because we need to be able to say to [the coalitions] ‘you’ve identified this need, you’ve done a really good job of picking out your indicators that you want to move or that you want to change. And you’ve picked out three programs and two of these look awesome. But you know let’s take another look at this one.’ So we need to be able to do that in a way that they are open to.

We found that, in turn, the coalitions often adapted their plans to better align with the field-level understandings of wellness, as locally-defined by the foundation.

Negotiating

Our findings indicate that the gatekeeping process had one of two outcomes. The coalitions either accepted the recommendations of the foundation outright, or the coalitions and foundation negotiated further until they reached a compromise. When foundation’s concerns were about the misalignment of the coalitions’ proposals and the wellness aims, the foundation remained firm and the coalitions had to accept the changes offered by the foundation in order to receive funding. However, due to the ambiguity associated with the ‘filling in’ of the locally-defined wellness approach, even when the coalitions were addressing the aims, they sometimes had ideas that differed from those of the foundation. In these cases, the foundation and coalitions continued to discuss and debate, until they reached an agreement. This negotiation process emerged out of the
intersection of the coalitions possessing decision-making authority and the foundation serving as a gatekeeper. Negotiations between the foundation and coalitions usually occurred after formal feedback opportunities.

One example of this process was with the Violet coalition. We observed that when the board met to discuss the coalition’s wellness plan draft, there was concern about allocating funds to hire an administrator to help coordinate interventions addressing the aims. One of the board members expressed colorful displeasure and the director said she was nervous about funding a long-term position: ‘This would be a huge issue. What would their role be? Who would oversee them? Who would they report to?’ Afterwards, the Foundation Director and Program Manager talked with the coalition, arguing that an administrator might take away the ownership and passion of the coalition members. In response, the coalition members expressed a need for additional administrative support, given the voluntary structure of the coalition. Upon further discussion, the coalition agreed to take the administrative position out of their plan, but the foundation conceded that this position may make sense in the future. In year two, the foundation hired additional administrative staff to support the coalitions.

The foundation’s translation process continued to cycle between managing ambiguity, gatekeeping and negotiating as the coalitions made decisions about their wellness plans. Table 3 provides additional evidence for the overarching processes of the linking organization.

**Discussion**

This study helps answer the question of how change at the broader institutional field level is translated. Our findings suggest that linking organizations play a key role in this process by enacting institutional change locally. These organizations attend to multiple levels – the broader institutional field and the community – to meet the central tenets articulated by field models, while addressing local interests and needs. We discuss the main contributions of this work to the literature on institutional change in the sections below.

**Linking organizations as institutional actors**

Our study identifies linking organizations as distinct and important actors in institutional change. In contrast to oft-studied institutional entrepreneurs, who mobilize support for alternative institutional arrangements at the broader field level (Battilana et al., 2009; Thornton, 2004; Greenwood et al., 2002), linking organizations translate these models and practices, locally. For example, instead of promoting wellness change in the medical or public health professions, wellness-focused linking organizations draw on models from these domains to change communities. Linking organizations are also different than internal activists. Compared with intra-organizational change agents (Scully & Segal, 2002; Meyerson & Scully, 1995), linking organizations influence and connect a larger network of organizations to enact change.

Although distinct, the work of linking organizations is complementary to, and may intersect with, the efforts of other change agents. For example, RWF connected internal activists across organizations to create local change, fostering support and affirmation, as well as learning. Further, RWF interfaced with institutional entrepreneurs, such as Blue Zones, as the linking organization interpreted what a wellness approach entails before defining it for the community. Thus, while our study adds diversity to knowledge of different actors in the institutional change process, it also suggests that there is interdependence between them.
Table 3. Linking organization mechanisms and additional examples.

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<th>Description</th>
<th>Sub-Mechanism</th>
<th>Additional Empirical Illustrations</th>
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<td>Ensuring Legitimacy with the Field</td>
<td>Looking to the field to interpret the meaning of the institutional change, defining that change locally, and regulating adherence</td>
<td>Interpret</td>
<td>RWF looked to other models of community change around wellness. One of these was the Alberta Lea, Minnesota, Vitality Project. The goal was to transform the town into a healthy place to live and ‘to become a scalable public health initiative that can be replicated by other American communities’. (RWF archival documents)</td>
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<td>Define</td>
<td>RWF developed a model with the main elements of their approach and shared these (with a PowerPoint presentation) with each coalition, as well as with other community groups. This included the ‘four pillars of RWF’s vision’, the focus on community needs, collaboration and sustainability. (RWF archival documents; coalition meeting observations)</td>
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<td></td>
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<td>Regulate</td>
<td>‘At our last meeting there was some frustration because somebody from the foundation was there saying ‘well hold off. You don’t have all the information yet. We want you to do this according to a plan and you need your assessment and the data is not available yet. So don’t go priority setting until you have this in place.’ (Blue Coalition Member)</td>
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<td>Engaging and Accommodating the Community</td>
<td>Giving the community a role and responsibility in the change process, including agency over their structure and decision-making power</td>
<td>Delegate design of structure</td>
<td>‘The idea that we came up with [as a coalition] is that people are going to choose which aim to work on, so each person is going to be working on one of the aims. So there will be a few people on each one of those benchmarks and they’re going to work with a more singular focus on that one issue as opposed to all of us working on all of them together.’ (Orange Coalition Member)</td>
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<td></td>
<td></td>
<td>Provide decision making power</td>
<td>The Red coalition met for two, three-hour strategic planning sessions, coordinated by a consultant who one of the members had worked with before, to refine their wellness plan. During this session, the coalition broke into subcommittees to 1) identify behavioral data indicators, 2) determine and prioritize reasons people are not choosing to make healthy choices, 3) brainstorm corresponding strategies, and 4) determine strategy prioritization criteria. (Observations of Red meetings)</td>
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<tr>
<td>Overarching Mechanism</td>
<td>Description</td>
<td>Sub-Mechanism</td>
<td>Additional Empirical Illustrations</td>
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<td>Managing Ambiguity</td>
<td>Resolving uncertainty through brokerage across community organizations and the creation of trading zones.</td>
<td>Broker</td>
<td>‘I mentioned a couple meetings ago that there wasn’t anything in our charter about Hispanic populations because we have a lot of migrant workers during the summer. And [the Program Manager] said “you know the [Violet] people have done a lot with the Hispanic population”. And he was going to get back to me on what they are doing and how that could relate to what we’re doing.’ (Red Coalition Member A)</td>
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<td></td>
<td>Create trading zones</td>
<td></td>
<td>‘But I also think that at the community advisory council meeting, at the last one we had, everybody was really frank about what was going on in their community and asking ‘how did you get this done?’ and ‘what should we do if this happens?’’ (RWF Director)</td>
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<td>Gatekeeping</td>
<td>Monitoring and guiding the decision-making process, through advice and feedback, to ensure alignment with the field</td>
<td></td>
<td>‘When we get feedback, various people on our subcommittee have the lead on filling in gaps in the interventions. So I had some cleaning up to do around how many people would probably be impacted by the grocery initiative. I think other people were tracking other parts of it – that was based on initial feedback from the director.’ (Red Coalition Member B)</td>
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<td>Negotiating</td>
<td>Discussing wellness plans with the coalitions, to reach an agreement or compromise regarding how best to ‘fill in’ the localized wellness model, often after reviews by the linking organization</td>
<td></td>
<td>When discussing the negotiation process, one member of Violet said, ‘I don’t think anybody in the [Violet coalition] wants to get in the bind where they think they got it all figured out and they develop a set of needs, a set of interventions and a budget and they have the wellness foundation say “great work, hard work, it ain’t gonna work”. You know? The coalition members appreciate that feedback. We fully intend as we put together the pieces of this wellness plan to ship off the drafts to RWF and say “what do you think at this point?” and continue to discuss with them.’ (Violet Coalition Member)</td>
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The role of linking organizations in translation

Our findings also highlight the active role of linking organizations in translating institutional change. In studies of translation, the organization is often the locus of translation, rather than an actor orchestrating the process (Greenwood et al., 2011; Kodeih & Greenwood, 2014; Binder, 2007; Hallett, 2010; Haedicke, 2012; Zilber, 2006). For example, Haedicke (2012) found that organizational context, including missions and values, leads to different interpretations by leaders during translation. Building on this literature, our study suggests that linking organizations may manage this process and in doing so, minimize ambiguity and uncertainty for community organizations. During translation, organizations encounter different, and potentially conflicting, pressures from the community and the broader institutional field (Pache & Santos, 2010; Kraatz & Block, 2008; Fligstein & McAdam, 2012); yet, the work on translation is unclear about how organizations address this complexity and determine what and how to adapt field models (Zilber, 2006). We found that RWF directed coalitions’ attention, and in doing so, helped these community organizations choose from potential strategies of action as they responded to demands from multiple levels. For example, in defining change, RWF focused coalition attention on field-level understandings that were most relevant to community needs, influencing the selection of various interventions. An implication of these findings is that by reducing ambiguity, linking organizations make it more likely that constituent organizations will, in fact, adapt and edit models, as opposed to becoming paralyzed and avoiding change (Pache & Santos, 2010).

This study also contributes to the literature on translation by identifying inter-organizational influence in the process. Studies of translation highlight the importance of organizational characteristics and processes in the translation of field-level institutional changes, but largely leave open the question of how organizations’ responses are influenced by networks in communities (Binder, 2007; Haedicke, 2012; Kodeih & Greenwood, 2014). Our findings suggest that a central activity of linking organizations in translating institutional change to the community is facilitating inter-organizational connections. RWF brokered between community organizations (i.e. coalitions), directed attention within these community networks to specific metrics and programs, and then amplified comparisons and learning across the network. By fostering connections between coalitions, RWF enabled the spread of practices and formation of collaborations, thus shaping local responses to institutional change.

Further, our study connects an understanding of translation (Sahlin & Wedlin, 2008; Headicke, 2012) with ideas from old institutionalism (Perrow, 1986; Kraatz & Block, 2008; Zald & Denton, 1963; Selznick, 1966 [1949]). We identify power moves and co-optation by local organizations as they grapple for their share of resources during translation (Selznick, 1957, 1966 [1949]). Our findings also suggest that linking organizations can both create opportunities for such political behavior, by empowering community organizations, and direct and constrain action to ensure alignment with the field. For example, although providing coalitions with decision-making authority helped RWF address local interests and needs, several more powerful community organizations used this agency to promote their programs. Through the activities of regulating, gatekeeping and negotiating, RWF increased alignment between coalition action and field models. Thus, this case highlights the political dynamics inherent to translation and the role and activities of linking organizations in managing multiple interests.

Notably, the activities of linking organizations are reminiscent of types of institutional work (Lawrence & Suddaby, 2006), including defining, constructing normative networks, and policing. Studies usually focus on one category of institutional work – creating, maintaining, or disrupting institutions. Our findings indicate that linking organizations use mechanisms similar to those associated with both creating and maintaining institutions. For example, RWF not only interpreted and defined change, but also regulated adherence. Thus, this study suggests that in the process of
translation, linking organizations engage in institutional work across categories to create local change and ensure alignment with the field.

*The community context in translation*

Finally, this study highlights the community context as a more immediate institutional environment in the process of translation. The inhabited institutional perspective looks at the role of agency, understandings and interests, and social interactions within organizations as they respond to institutional pressure (Binder, 2007; Hallett, 2010; Kodeih & Greenwood, 2014; Zilber, 2006; Sahlin & Wedlin, 2008). However, this intra-organizational focus misses the influence of social networks, histories, and shared understandings particular to geographic communities in the translation process. In addition to local social-normative pressure, the community context imposes cultural-cognitive pressures that shape organizational behavior (Marquis et al., 2007). Building on the work of Marquis and colleagues (Marquis et al., 2007; Marquis & Battilana, 2009; Marquis, 2003), our study suggests that the history and identity of a community affects the translation process – how organizations adapt field-level understandings and practices. In the Rainbow community, the coalitions had to decide how to address the four aims around wellness that the foundation defined for them. The history of the community hospital and its role in the community, as a major employer and central institution, influenced the foundation’s goals and the coalitions’ wellness activities. Thus, organizational responses to institutional change are based not only on broader field-level pressure or internal processes, but also on the communities in which organizations are embedded.

*Generalizability*

A natural question this research raises is whether the findings generalize to other settings. This study is focused on a community foundation, but other organizations can serve as linking organizations, such as local social movement organizations (SMO), granting organizations, and local business incubators and associations. All of these actors connect organizations within the community, as well as participate in broader field activities, such as securing grant funding, lobbying, and attending conferences. We expect to find linking organizations in contexts characterized by ambiguity and complexity. For example, similar to organizations responding to wellness, those engaging with sustainability face uncertain, and potentially conflicting, pressures from multiple fields. In contexts like these, we suggest that guidance and support from linking organizations help local organizations interpret broader field change and adapt and fill-in models. As a linking organization, the University Avenue Corridor Coalition (UACC), a non-profit organization based in Flint, Michigan, translates field-level ideas on sustainable development to the area through connecting community-based stakeholders. Similar to RWF, the UACC defines sustainable development locally by articulating five main goals (e.g. address blight and crime hotspots, improve neighborhood health and safety) and brokers between non-profits, local businesses, government, schools, and healthcare organizations.

In order to translate institutional change to the community, linking organizations must have community knowledge, social capital, and access to local resources. Further, these organizations need to be connected to the broader institutional field in order to access and understand the institutional change and respective models and approaches, and, for some organizations, to secure financial resources. Resources and knowledge empower linking organizations to regulate and gatekeep community actors’ behavior during translation. For RWF, funding was a resource that increased community dependence on the linking organization. However, in other contexts linking
organizations may only have a particular expertise or social network that allows them to guide local organizations’ behavior to align with the field. For example, FoodLab Detroit, a business incubator, connects and supports a diverse group of locally-owned food businesses to promote a healthy, fair, and green food-economy. This organization does not offer funding; rather, FoodLab has influence with its members due to the valuable social capital and knowledge resources it provides. Thus, our findings point to the importance of an organization’s resources, social connections, and status in the community around the issue that they promote.

Future directions

Our study examines processes of linking organizations during a stage of institutional change when ambiguity and tensions in managing demands are central. It would be worthwhile to explore the role of linking organizations over time. For example, how do linking organizations operate during more stable institutional periods (Zietsma & Lawrence, 2010), as they remain fixtures of the community, yet perhaps shift their efforts more toward maintenance (Lawrence et al., 2011)? Linking organizations’ connection to the broader institutional field may also change as localized practices become institutionalized and shared more broadly across communities. One question this prompts is: Under what conditions, and through what processes, does the work of linking organizations inform the field? Addressing this question draws attention to the connections between agents of change, such as institutional entrepreneurs and linking organizations. For example, trade associations work at the broader field level to build a collective identity around new fields and markets (Wry, Lounsbury, & Glynn, 2011), and shape the diffusion of innovations (Greenwood et al., 2002). Future work could shed light on the interactions between these distinct institutional actors and the co-evolution of linking organizations and institutions (Carney & Gedajlovic, 2002).

Our study also suggests that linking organizations’ translation involves power dynamics across multiple levels. The process may lead to local power plays, as actors vie for resources. If this behavior undermines translation, linking organizations may attempt to regulate more aspects of the change or co-opt community actors (Selznick, 1966 [1949]) to ensure the needs and interests of the community are met, and there is alignment with the field. Future research should explore under what conditions political dynamics thwart (or enable) efforts to enact institutional change in the community. Further, the more power the linking organization possesses, stemming, in part, from financial and social capital resources, the more likely the organization may be to diverge from field-level models in the translation process. Future research should examine whether and how power provides linking organization with the flexibility to depart from the strict requirements of the broader institutional environment in accommodating the community.

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References


