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Community Engagement and Participation in Collective Impact Initiatives

Sarah M. Milnar
Marquette University

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COMMUNITY ENGAGEMENT AND PARTICIPATION

IN COLLECTIVE IMPACT INITIATIVES

By

Sarah M. Milnar, B.A.

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ABSTRACT

COMMUNITY ENGAGEMENT AND PARTICIPATION

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Sarah M. Milnar, B.A.

Marquette University, 2014

There is no question that large social problems like poverty and educational inequality are difficult to solve. Many groups throughout the nation and world are adopting the framework of *collective impact* in efforts to solve these problems together, as opposed to working in individual silos yielding only isolated impact. However, the framework that is used to align high-level leaders and resources has been criticized for being too "top down" and perhaps leaving out the actual people who are directly affected by the interventions. This report examines whether and how collective impact initiatives foster the participation and engagement of the very people that the initiatives purport to affect. It presents three case studies of initiatives that have had great success solving a social problem in their communities: Shape Up Somerville (childhood obesity and community health in Massachusetts); the Communities That Care Coalition of Franklin County and the North Quabbin (teen substance abuse in rural Massachusetts); and Vibrant Communities and the Hamilton Roundtable for Poverty Reduction (poverty reduction in Ontario, Canada). Analysis of these collective impact initiatives through the lens of community engagement and participation finds that not all groups have been intentional about creating structures that, from the beginning, meaningfully involve affected populations at the leadership level. However, some groups are moving toward greater inclusion, and do rely on community members for consultation and implementation of strategies. To do so, initiatives must consider that the deepest forms of engagement require considerable capacity building and support of new leaders, and that groups must take time to develop trusting relationships at all levels of engagement.

ACKNOWLEDGMENTS

Sarah M. Milnar, B.A.

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Community Engagement and Participation in Collective Impact Initiatives

Laura Cattari is a 40-something-year-old woman who lives in the city of Hamilton in Ontario, Canada. She's from Toronto, but settled in Hamilton after receiving her bachelor's degree in philosophy from McMaster University. Laura has been a university guest speaker on matters of poverty and homelessness. She has facilitated workshops and participated in panel discussions on issues of food insecurity, public benefits reform, and women's leadership. She represents the province of Ontario on the board of directors of a national anti-poverty organization. Locally, she sits on the board of her synagogue. Laura also serves on advisory committees for two social justice organizations and on the operational steering committee of the Hamilton Roundtable for Poverty Reduction. In 2013, Laura was nominated for the YWCA Women of Distinction Award (LauraCattari.com, 2014). She's assertive. She's smart. She's policy-oriented. She has good ideas. This is Laura. She'll explain her story as the time comes. You've only just met.

Introduction

There is no question that social problems can seem daunting: an education system that leaves some students behind, environments with persistent childhood obesity, cities plagued with unemployment and poverty. Although it is common for stakeholders of these dilemmas to remain walled in and fail to seek outside help, some are reaching outward. Some groups have realized that real change does not come from "the isolated intervention of individual organizations" (Kania & Kramer, 2011, p. 38). Rather, it comes from a new way for sectors to work together. *Collective impact* is a framework developed to promote the most effective cross-sector collaboration to solve such complex social problems. Collective impact goes beyond "soft" collaboration where organizations and programs may work with similar goals in mind, but

continue to operate in individual silos (Edmondson, 2012, p. 11). To be precise, collective

impact initiatives align resources among government, the private sector, nonprofits,

philanthropy, and various community stakeholders. They create what is called "systems change,"

or a change in the way decisions are made about policies, programs, and resource allocation so

that the impact reaches an entire community.

Collective impact operates under five conditions. The first is a *common agenda*, where all

parties involved have a united vision for change. Groups must define the same problem in the

same way and talk about it using the same words. The next condition is *shared measurement

systems*. Practitioners must collect and track the same data points across organizations and

programs in order to know if they are making any real impact. Partners also must work together

with coordinated, *mutually reinforcing activities* instead of duplicating activities. *Continuous

communication* is critical to build trust among partners and ensure activities are synchronized.

Finally, collective impact initiatives must have *backbone support organizations* that provide

dedicated staff and resources to coordinate the work (Kania et al., 2011).

The official collective impact framework was coined in the *Stanford Social Innovation

Review* (SSIR) in 2011. After the considerable success of many collective impact partnerships

identified in the SSIR and by the Foundation Strategy Group to "move the needle" on issues such

as teen pregnancy, childhood obesity, and graduation rates, the framework has pushed its way to

the forefront of social initiatives throughout the nation and world (Kania & Kramer, p. 1, 2013).

However, collective impact describes achieving systems change only by aligning institutional

systems. The people who are directly affected by the systems are, in some cases, left out of the

picture. Recent critics of collective impact have noted that such "grasstops" efforts ignore the

grassroots, and that sometimes community members are an afterthought when developing

collective impact strategies. The dilemma leads back to the tension between *doing for* versus *doing with* (Putnam, 2000), *inviting to join* versus *co-creating* (Schmitz, 2012). Nonetheless, the link between community engagement strategies and collective impact has yet to be explored. The task at hand is to understand whether and how collective impact initiatives foster the participation and engagement of the very people that the initiatives purport to affect. Therefore, this article presents an analysis of three ongoing collective impact initiatives through the lens of community engagement.

Literature Review

Recognizing that collective impact is a relatively new term, there has not been extensive scholarly research on the framework or its outcomes. Thus, initiatives catalogued as "public participation," "community engagement," and "collaborative action" have been reviewed in order to get a sense of the problems that arise around this subject. This scholarly literature has yielded a number of theoretical frameworks that vary by context, including several definitions of "community" and various taxonomies of engagement. The literature has also addressed both the practical and ethical considerations of incorporating community voice into programs and policies.

Definitions of Community

At a basic level of community engagement, a number of challenges arise when it comes to defining *who* or *what* the community is. Lasker et al. (2003) find that this ambiguity is one reason why community participation can fail. When the purpose and role of "the community" is not clear among all parties involved, expectations are not met and nothing gets done. In one sense, community can be defined geographically, including all people within a certain physical location such as a neighborhood (Lasker et al., 2003; Minkler, 2008). Bowen, Newenham-

Kahindi, and Herremans (2010) expand the definition, determining that communities combine

geography, interaction, and identity, and are "drawn together by shared social well-being" (p.

298). In another sense, community can be thought of as a place of "production and exchange,"

where individuals understand community based on use or investment (Chaskin, 2008, p. 67).

Since this definition of community is purely functional, its members will likely find close

emotional ties and a sense of belonging outside this sphere. In this respect, community may also

be defined by the emotional and relational connection among members (Bender, 1982; Chaskin,

2008). This might include a joint commitment to meeting their shared needs, and even a shared

fate (Minkler, 2008). By this definition, community could include persons with a shared

historical context (Parker & Murray, 2012) or persons of the same race, ethnicity, or sexual

orientation (Minkler, 2008).

In some contexts, "community" is used interchangeably with "stakeholders," who tend to

be individuals who live, work, own property, attend school, or otherwise spend time in a

particular area (De Lancer Julnes, 2011). However, Bowen et al. (2010) argue that community

does not include stakeholders such as the "financial community" or the "institutional investment

community'" since they do not share an interest in one another's social wellbeing (p. 298).

Bender (1982) adds that community is rooted in relationships and a collective sense of

obligation, and is independent of existing structures. By this logic, a family, a group of friends,

or a city may not be considered "community" unless the individuals which make up the group

share a common identity (Bender, 1982). Consequently, one community may be made up of

smaller communities that overlap. (Minkler, 2008).

Given these differing conceptions of community, it can be extremely difficult to identify

a community to engage in the first place (Dempsey, 2009; Bowen et al., 2010). In fact, the

politics that goes along with defining, representing, and engaging "the community" has been

shown to complicate initiatives (Dempsey, 2009). In their review of 250 articles and books on

public participation, Bryson, Quick, Schively Slotterback, and Crosby (2012) highlight the

importance of conducting a thorough analysis of all potential stakeholders, participants, or

community members before determining any strategies of engagement. Despite its complexity—

or perhaps because of it—community can also yield tremendous power to create social change.

Chaskin (2008) identifies a final nuance of community: a unit of collective action.

Grassroots Participation, History, and Context

According to Chaskin (2008), communities possess a strong political will. This concept

goes to the heart of grassroots organizing and the power of the people to spur social change. The

word "grassroots" itself stems from century-old political jargon, when President Theodore

Roosevelt separated from the Republican Party to begin an independent, progressive campaign.

McClure's Magazine wrote of the new campaign: "From the Roosevelt standpoint, it was a

campaign from the 'grass roots up.' The voter was the thing" (Saffire, 2006, para. 6). At the

following party convention in 1912, Indiana Senator Albert Beveridge proclaimed: "This party

comes from the grass roots. It has grown from the soil of the people's hard necessities" (Saffire,

2006, para. 6).

Scholars differ on whether the term "grassroots" has neutralized from its hard-lined

political connotation to simply something that is "community-based." However, the historical

context of grassroots movements reveals recognizable social and political implications.

According to Hart (2001), grassroots groups involve ordinary people who become "personally

involved in efforts to improve our society, and they provide an important means by which non-

elite Americans can have an impact on public life" (p. 5). Such grassroots action is highly

democratic (Hart, 2001). It rests in radical Chicago organizer Saul Alinksy's notion of "the world

as it is" versus "the world as it should be" (Robinson & Hanna, 1994, p. 77). Although the tactics

have differed throughout history, all political and social movements arise from a desire to bridge

these two worlds. The ability to bridge the gap often hinges on power.

The question of community participation—especially to contend with issues like race,

gender, culture, and poverty—is nothing new. In one sense, the United States was born out of

community participation in a social movement with the American Revolution. Social movements

continued to take shape in the late 1800s, with the adoption of the settlement house movement.

The most prominent example is Jane Addams' Hull House, a Chicago neighborhood-based

agency that provided social and economic services to impoverished residents. Although

settlement house workers lived among the poor, their intent was less to create solidarity than

expose the poor to the ways of those more fortunate. Hull House took a strong advocacy position

when it came to policy decisions about tenement reform and child labor laws, but residents were

not included in the process (Fisher, 1994).

Neighborhood organizing took on a more radical form in the 1920s-40s when Saul

Alinsky's groups challenged power structures in Chicago. His Back of the Yards Neighborhood

Council brought together institutions—primarily churches—to leverage their collective,

permanent power. The group channeled its anger about neighborhood issues to agitate and

ridicule public officials until change happened (Fisher, 1994; Robinson et al., 1994).

Post-World War II organizing efforts shifted gears from its blue-collar focus a decade

earlier. New efforts focused on "protecting" middle- and upper- class neighborhoods (Fisher,

1994, p. 67). Such protection included ensuring that neighborhoods received adequate public

services, and bluntly speaking, keeping out racial minorities. This culture gave rise to

neighborhood improvement associations. The nation also saw an uptick in the number of civic and social organizations during this time (Putnam, 2000).

The 1960s brought a revolution of public participation and social change efforts on the federal and local levels. Groups of all persuasions put together marches and sit-ins and freedom rides to fight for civil rights. Student-led efforts sparked the creation of the Student Nonviolent Coordinating Committee (SNCC). Malcolm X drew a critical mass together through messages of reclaiming power. He orated: "if you give people a thorough understanding of what it is that confronts them, and the basic causes that produce it, they'll create their own program; and when the people create a program, you get action. When their 'leaders' create the program you get no action" (Fisher, 1994, p. 98). According to Fisher (1994), social change tactics turned in the 1960s from a group of trailblazers leading the charge to a group of organizers flattening the formerly hierarchical structure. New organizers worked to develop more leaders and use them to catalyze action among larger groups.

Revolutionary ideas extended through the 1960s with the federal—and experimental— Model Cities program. Established by President Lyndon Johnson as part of the War on Poverty, the program sought to improve the coordination of urban programs and localize their control. It emphasized comprehensive planning by citizen leaders to rebuild, revitalize, and enhance social service delivery (Hunt, 2004). In fact, the program called for "maximum feasible participation" by the citizenry (Arnstein, 1969, p. 216). However, Model Cities fell short of expectations in many cities when it came to both community participation and neighborhood results. In Chicago for example, controversy burgeoned over who would control millions of federal dollars. Although Mayor Richard J. Daley identified four Model City neighborhoods, he sought to control the plans instead of relying on actual resident leadership. This "sidestepping" of

meaningful participation did not go over well with neighborhood residents or federal officials

(Hunt, 2004), but was an unfortunate reality in many Model Cities. Arnstein (1969), the former

Chief Advisor on Citizen Participation in the Model Cities Administration, cites a number of

engagement problems with the model. Given the history of destructive federal policies, residents

were suspicious of the new cure-all program. In addition, participation requirements were not

negotiated with residents. Active resident participants were often upwardly mobile, working-

class individuals and were not representative of the poorer factions of the neighborhoods.

Technical assistance provided to groups was "third-rate quality, paternalistic, and

condescending" (Arnstein, 1969, p. 221). Finally, in many cases residents were not provided

leadership training to understand complex federal processes, and were not informed that they

could be reimbursed for time and travel (Arnstein, 1969). Although Arnstein (1969) cites a

handful of cities that executed the idea of maximum feasible participation well, in most cases it

caused more strife than benefit.

      The revolution toned down a bit in the 1970s when Model Cities ceased and grassroots

groups shifted from a civil rights focus to community development. During this time the nation

saw the rise of the Association of Community Organizations for Reform Now (ACORN), and

with it the notion of letting the people make their own decisions (Fisher, 1994). The 1980s led to

a focus on a "responsible public sector" (Fisher, 1994, p. 175). With the cutting of many

government social service programs, Community Development Organizations (CDCs) became a

new way of doing business. Based generally in low-income neighborhoods, the nonprofit CDCs

were predominantly federally funded and focused on housing, business, and economic

development. Self-sufficiency became a theme, and the definition of power became "what you

teach others to get for themselves" (Fisher, 1994, p. 195). Leaders during this time also preferred

to work within existing systems instead of creating competing systems (Jolin, Schmitz & Seldon. 2012).

Increased coordination of systems became a community development theme in the 1990s with the emergence of Comprehensive Community Initiatives (CCIs). Still active today, CCIs combine and concentrate resources and best practices from existing social, economic, and civic development in a geographically defined area (Kubisch, Auspos, Brown & Dewar, 2010; Auspos & Kubisch, 2012). They also present a comprehensive framework to neighborhood development, focusing heavily on changing families, communities, and systems by engaging residents and building community relationships (Kubisch et al., 2010; Auspos et al., 2012). Many CCIs also infuse racial equity into their work (Auspos et al., 2012). As of 2010, the Aspen Institute predicted that more than $10 billion had been invested in CCIs throughout the nation (Kubisch et al., 2010).

The 2000s brought "next generation" community revitalization (Jolin et al., 2012, p. 17). This type of community action was data-driven and had targeted outcomes. Examples include the Harlem Children's Zone and its federal replica, Promise Neighborhoods, which seek to improve educational outcomes for children in defined neighborhoods by coordinating and enhancing all points of a child's journey from cradle to career. In 2010, President Barack Obama created the White House Council for Community Solutions, expressing the importance of "all citizens, all sectors working together" (Jolin et al., 2012, p. 3). This type of cross-sector work spreads across many issue areas and many communities throughout the country.

From the settlement house movement to the civil rights movement to neighborhood-based CCIs, grassroots groups have mobilized hundreds of thousands of people for social change. Sometimes they have been compelled to do so, and other times collective action has

risen from the ground up. All examples have sprouted from some sort of discontent with the

current world. As is consistent in any form of organizing, relationships have been key to success

(Fisher, 1994; Robinson et al., 1994; Putnam, 2000; Christens, 2008; Jolin et al., 2012).

Christens (2008) notes that the goal of grassroots organizing is to put diverse people in contact

with one another in a "meaningful interpersonal way" (p. 980). The Industrial Areas Foundation

(IAF), the national organization formed by Alinsky, has best institutionalized the process of

relationship building in organizing, although the concept applies across all movements. The IAF

utilizes relational, one-to-one meetings to identify leaders and zero in on issues (Robinson et al.,

1994; Christens, 2008). Through forming these connections, "participants in grassroots

organizing gain an understanding of how they and others fit into and interact with local

government, the marketplace, organizations, and various social systems" (p. 982). According to

the IAF's philosophy, the extent of one's relationships determine the extent of one's power.

Power originates from the Spanish verb *poder*. As a noun, it means *power* As a verb, *poder*

means *to be able to*. (Robinson et al., 1994). By this logic, creating strong relationships leads to

power—and ultimately the ability to create social change.

Defining Systems Change for Social Solutions

Collective impact purports to solve complex social problems by changing systems, but

systems themselves are quite complex. Systems involve multiple players with multiple roles, and

span all disciplines. By definition, a system is a collection of interdependent parts that interact

together and function as a whole (Foster-Fishman & Behrens, 2007; Linkins, Frost, Hayes

Boober & Brya, 2013). These interactions determine how the system works. On the down side,

patterns of interactions can also "generate root causes to significant problems" (Senge, 1990, as

cited in Foster-Fisherman et al., 2007, p. 194). Since systems have multiple moving parts, a

change in one component leads to a chain reaction within the entire system (CCI Tools for

Federal Staff, 2014). Thus, addressing the root causes of social problems has the potential to

change a system. Targeted interventions at many points in the system can set off a reaction that

changes the entire system and ultimately solves a social problem.

       In order to achieve systems change, it is important to understand how systems interact.

Foster-Fishman et al. (2007) lend the example of poor grades among a group of students. School

administrators figured that the cause of poor grades was because classrooms sizes were too large

for children to learn. So, classroom sizes were reduced. However, more teachers were needed in

the new classrooms. The school ended up having to hire less qualified teachers to meet the need,

and children still did not learn as a result of the change. Given the complexity of system

interactions, the best way to plan for systems change is to define a problem and identify who

should be considered as part of the system based on that definition (Foster-Fisherman et al.,

2007, p. 193). For example, the Bill & Melinda Gates Foundation is taking a systems approach to

reducing family homelessness in Washington State. Through research and practice, the Gates

Foundation (2014) defined the problem of homelessness through five principles: *prevention*,

which includes landlord remediation, help with utility bills, and emergency food assistance;

coordinated entry to reduce redundancy and create a central place families can access services;

rapid housing placement to move families from shelters to permanent homes; *tailored programs*

to meet families' specific needs; and *economic opportunity*, including education and employment

training so that families can maintain good-paying jobs and achieve self-sufficiency. A systems

approach like this requires a number of providers—each working on one part of the system—to

restructure and coordinate service delivery.

       Understood in this way, "systems change is a process, not a single event" (U.S.

Interagency Council on Homelessness, 2014, para. 1). It shifts the way decisions are made about policies, programs and resource allocation (CCI Tools for Federal Staff, 2014). It transforms community norms, values, skills, and attitudes (Foster-Fisherman et al., 2007). Systems change requires interventions at multiple levels: with the individual, in the family or home setting, among peer groups, at the community level, with government and policy, and at the cultural and societal level. Despite its complexity, in order to have full systems change, all parts of "the system" have to be identified and brought together to develop the solution (Linkins et al., 2013; P. Born, personal communication, February 12, 2014). The process of doing so moves beyond collaboration and instead promotes a sense of "mutual responsibility or collective accountability for the greater good" (Linkins et al., 2013, p. 52).

There is some agreement among systems change scholars that individuals who will benefit from the adjustments in the system ought to be included throughout the process (Foster-Fishman et al., 2007; Linkins et al., 2013; CCI Tools for Federal Staff, 2014; P. Born, personal communication, February 12, 2014). Linkins et al. (2013) state that it is crucial to bear in mind the "end user," and even engage them in the initiative design, implementation, and subsequent policy decisions (p. 64). Employing beneficiaries as board members, staff, or consultants may improve quality of the work, since beneficiaries will keep the initiative focused on the outcomes rather than the individual interests of all organizations involved (Linkins et al., 2013). Many times, these individuals become some of the "most active and vocal champions for the initiative" (Linkins et al., 2013, p. 64). Regardless of who is involved, there is also agreement among scholars that relationship building among all people within the system is central to sustaining change (Foster-Fishman et al., 2007; Linkins et al., 2013; P. Born, personal communication, February 12, 2014).

Definitions of Engagement

Engaging members of a community in developing the policies and programs that will directly affect their lives involves a number of considerations. Lasker et al. (2003) find that community members are "rarely treated as peers or resources in problem solving" (p. 20). Instead they are treated as customers, clients, sources of data, targets of outside efforts, or objects of social transformation (Lasker et al., 2003; Fulton, 2012). In many cases, those most impacted by initiatives are left out of the planning process altogether (CDC, 2011; Kubish et al., 2013). The International Association for Public Participation (2014) holds that "those who are affected by a decision have a right to be involved in the decision-making process" (para. 5). Dempsey (2010) goes so far as to say that "unequal access to decision making" leads to a power imbalance that undermines the goals of community engagement in the first place (p. 360). Nevertheless, some groups indeed tap local expertise—that is, community members—when developing policies and implementing initiatives. This idea links to Kretzmann and McKnight's (1993) concept of asset based community development. Kretzmann et al. (1993) note that community development projects often conduct *needs assessments* instead of focusing on assets. Needs assessments map out deficits: crime, child abuse, or illiteracy. This gives the sense that "only outside experts can provide real help" (Kretzmann et al., 1993, p. 4). Assets include local landmarks, churches, nonprofits, businesses, and especially the people who live in the community. Emphasizing assets cultivates a productive dialogue between residents, policymakers, and organization leaders. Relying on assets also helps build social capital. This concept, identified by Putnam (2000), deals with the importance of building strong relationships among a group of people as neighbors or through associations, clubs, or groups. At the neighborhood level, high degrees of social capital have been shown to have positive effects on

health, safety and connectedness. As Putnam (2000) explains, "social capital refers to networks

of social connection—doing *with*. Doing good *for* other people, however laudable, is not part of

the definition of social capital" (p. 117).

Out of this context come various conceptions of community engagement. De Lancer

Julnes (2011) approaches engagement from a civic sense. She makes a distinction between

participation and *engagement*. Participation concerns stakeholders making their voices heard

before decision-makers, while engagement is a deliberative process where citizens influence

decisions, and action results (De Lancer Julnes, 2011). Paul Born, president and co-founder of

Tamarack – An Institute for Community Engagement, approaches engagement from Tamarack's

flagship poverty reduction work. Born (2012) builds on the organization's mission statement to

define community engagement as "people working collaboratively, through inspired action and

learning, to create and realize a bold vision for their common future" (p. 31). Community

engagement also extends to a public health context. The Centers for Disease Control and

Prevention and the Agency for Toxic Substances and Disease Registry explored the concept in

1997, defining community engagement as "the process of working collaboratively with and

through groups of people affiliated by geographic proximity, special interest, or similar situations

to address issues affecting the well-being of those people" (CDC, 1997, p 9). The CDC and

ATSDR (1997) note that community engagement often involves partnerships that can mobilize

resources, influence systems, and transform relationships. It can also catalyze change in policy,

programs, and practice. Beyond collaboration and working toward a better, shared future, the

literature yields a number of hierarchies and levels of community engagement.

Levels of Engagement

Perhaps the most politically and emotionally charged hierarchy is Arnstein's (1969)

"Ladder of Participation." Arnstein (1969) draws on her experience with Model Cities to detail

what constitutes active participation and what are merely "misleading euphemisms" of

participation (p. 217). Her work, which focuses heavily on redistributing power, is intended to be

provocative. The "Ladder of Participation" (Figure 1) denotes eight rungs of citizen power.
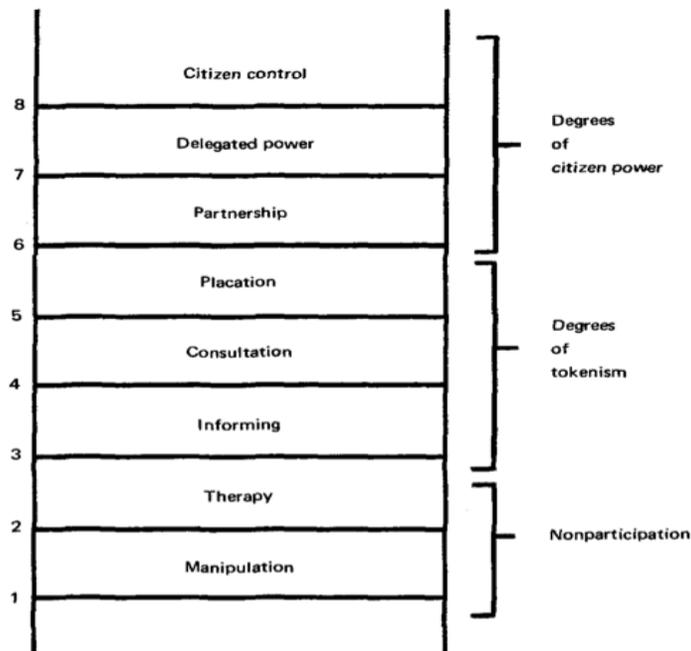
Figure 1. Arnstein's Ladder of Participation. The hierarchy indicates that citizens

participate least when they are manipulated and most when they have power and control.

The bottom rungs are *manipulation* and *therapy*, which occur when people in power seek to

"educate" or "cure" community participants, thus prohibiting them from participating at all

(Arnstein, 1969, p. 217). The next rungs, *informing, consultation* and *placation*, allow

community members to have a voice, but it is a token voice. That is, participants may be able to

state their piece—and even make recommendations—but there is no guarantee that those in

power will actually do anything with the information. The next level of the ladder affords

community members some decision-making power. In a *partnership*, community members are

able to negotiate with those in power. Finally, *delegated power* and *citizen control* allow

community members to occupy a critical mass of decision-making seats or take on full

managerial power (Arnstein, 1969). According to her analysis, Arnstein (1969) notes that most

participation in Model Cities was at the level of *placation* or below—and she deems this

unacceptable.

The International Association for Public Participation (IAP2) (2014) builds upon

Arnstein's (1969) ladder. Of the five participatory levels, the first is to *inform.* This means

providing the public with good information so citizens may make informed decisions about

problems and solutions. The next level is to *consult*, or get feedback from the public regarding

alternatives or decisions. The *involve* level indicates that the public is integrated throughout the

process, instead of merely providing feedback to initiative leaders. The next level is to

collaborate, or work with the public to develop the problem, review alternatives, and decide

upon a solution. At the highest level of public impact is to empower, or allow citizens to make

final decisions (IAP2, 2014).
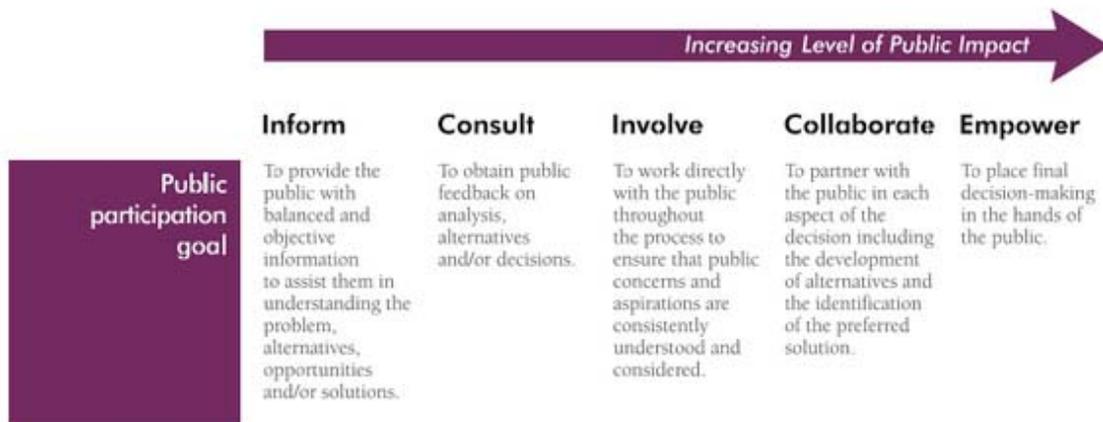
Figure 2. IAP2 Spectrum for Public Participation. The International Association for

Public Participation spectrum indicates increasing levels of participation for public

impact.

Born (2014) of Tamarack modifies this engagement spectrum slightly. He changes the fifth level

from *empower* to *lead*. Leadership, according to Born (personal communication, February 12,

2014), is how citizens make a powerful impact on their communities. On the other end of the

spectrum, Born (2014) notes that simply informing the community is a passive means of

engagement. In order to truly engage people, initiatives must inform, consult and involve them in

the process. This takes time, energy, and money, but is essential for authentic engagement (P.

Born, personal communication, February 12, 2014). When initiatives work on the *collaborate*

and *lead* end of the spectrum, the conversation changes from engagement to governance (Born,

2014).

Perhaps a simpler way or organizing community is engagement is by the *transactional,*

transitional, and *transformational*. In their review of more than 580 works on cross-sector

partnerships and collaborative governance, Bowen et al. (2010) borrow from Bass's (1990) work

on leadership to identify these three fields of engagement. This codification indeed addresses

some of the nuances of community engagement, and certainly overlaps with the levels of

engagement presented by Born and the IAP2.

The first method of engagement is *transactional*. This process often involves a one-way-

sharing mentality, similar to *inform* on the IAP2 spectrum. For example, volunteers can share

their time serving lunch at a soup kitchen, philanthropists can share their money for a good

cause, or governments can share information about a new initiative with the public in the

newspaper or at a public hearing. The transactional method is able to reach a broad audience and

is frequently employed for national policies, but it is fairly superficial when it comes to building

trust between initiative leaders and the public (Bowen et al., 2010). Lasker et al. (2003) go so far

as to argue that public hearings where "representatives of different interest groups speak *at* each

other" do not promote the open discourse and engagement needed to solve complex problems (p.

20). In this way, transactional engagement often runs the risk of serving a mere symbolic

purpose without actually providing any meaningful action (Bowen et al., 2010; Milnar, 2013).

　　　　Transitional engagement is slightly more profound than the transactional. This type of

engagement promotes a two-way dialogue between stakeholders. It bridges the *consult* and

involve portions on the IAP2 spectrum. Transitional engagement serves to build bridges and

facilitate discussion (Bowen et al., 2010). It can be difficult to distinguish between transactional

and transitional engagement, as both can occur at a public hearing, for example. However, the

method of dialogue between initiative leaders and community members must involve some give-

and-take for the engagement to be transitional. This process begins to develop local voice while

increasing information and knowledge in communities. It can also strengthen the image and

improve risk management for government or agency stakeholders, as they have vetted their

policies with community stakeholders (Bovaird et al., 2007; Bowen et al., 2010; Milnar, 2013).

　　　　The most integrated type of engagement is the *transformational*. This method moves

from mere information sharing to collaboration to community leadership (Bowen et al., 2010)

and thus falls under the *collaborate* and *empower* points of IAP2's spectrum. Transformational

engagement works to change society by enabling joint project management and co-ownership.

"The community takes a supported leadership role in framing problems and managing solutions"

(Bowen et al., 2010, p. 306). Yet such engagement is resource intensive. It requires hands on

facilitation and deeply committed individuals, so by nature it cannot involve as many people as

would the transactional method. This method requires listening, consciously developing a

common language, and establishing trust. Yet attempting to establish too many transformational

relationships is a common pitfall, since it can be overburdening for all involved (Bowen et al.,

2010). However, this type of engagement allows community members and individuals who hold

traditional power to arrive at outcomes they would not have otherwise discovered. It offers a

unique benefit to all stakeholders of shared accountability, transformation of the problem, joint

learning, and ownership of the solution (Bowen et al., 2010; Milnar, 2013).

Barriers to Engagement

A number of barriers exist when moving throughout the various levels of engagement.

These barriers come down to trust, time, and tokenism. Lack of trust is frequently cited

throughout the literature as a colossal roadblock in collaborative work (Putnam, 2000; Brisson &

Usher, 2007; Chin, 2009; Danahar & Branscobme, 2010; De Lancer Julnes, 2011; Goldberg,

Frank, Beckenstien, Garrity, & Ruiz, 2011; Yoon, 2011; Born, 2012; Kubish et al., 2012). This

roadblock arises not only between community members and institutions, but between

institutional partners as they try to work together. Much of the trust barrier can be traced back to

existing power structures. Due to centuries of racism, classism, paternalism, and broken

promises, the "have-nots" tend to be less trusting than the haves (Arnstein, 1969; Putnam, 2000).

In many cities, stories of failing schools, police brutality, universities using residents as research

subjects, and large institutions soliciting input about social issues without making real change is

a reality, and one that is difficult to overcome. In her study of a low-income South Carolina

neighborhood, Yoon (2011) found that low collective efficacy—or the group's feeling of

powerless against large systems—was a major reason why residents did not take action against a

railroad company that was disrupting their neighborhood. The group was found to have only

moderate community cohesion and very low confidence in their government. Taking the time to talk with one another, build relationships, and increase social capital can help mend this trust (Putnam, 2000; Born, 2012; Kubisch et al., 2013). People are simply more likely to help one another if they know and understand one another other (Kubisch et al., 2013).

Time becomes another substantial barrier to engagement. For many living in low-income communities, time is not their own. Waiting for busses, taking care of children, finding the next meal, and dealing with hiccups in public benefits administration all take time. It also takes a substantial amount of energy. Low-income people—who are often the ones social change initiatives seek to engage—are frankly less able to give their time (Minkler, 2005). Kubisch et al. (2013) note that a common criticism of community engagement efforts is that residents are called upon for too many things by too many agencies that are not working in concert. Many times, the work of one agency in a community conflicts with another. Given demands on time, community members must analyze the costs and benefits of participation (Parker & Murray, 2012). Therefore it is advisable to coordinate engagement efforts across agencies, and go where community members already congregate instead of asking them to turn out for another meeting. It is also beneficial to create multiple pathways for residents to become engaged, recognizing that not everyone has the time, expertise or desire to be involved (Kubisch et al., 2013).

Finally, a significant barrier to authentic engagement is when people become token representatives of their community. Tokenism as defined by Kanter (1977, as cited in Danaher et al., 2010) occurs when a minority of a particular social group makes up less than 15% of the whole. Technical as that definition may be, not having a critical mass of like-representatives creates a context where organizations appear to be open and accessible when if fact they are not. This maintains power differentials and inequality (Danaher et al., 2010; Dempsey, 2010). It can

also result in one person speaking on behalf of an entire group. Although it may be beneficial to

have "minority" representation, more trouble occurs when the whole group does not take

seriously the voice of the representative. This frequently occurs when representatives from a

minority group do not have—or are not given the opportunity to develop—adequate capacity.

Capacity can be built by through education and leadership development, and ultimately by

holding leadership roles (Kubish et al., 2013). Although it may take resources, capacity building

is one way to minimize token participation of the individuals that are represented. Thus,

acknowledging the barriers to engagement by developing a relational culture that builds trust and

is honest about power structures will serve to create more authentic community engagement.

Methodology

Across the country there are examples of collective impact strategies that do in fact work

to engage communities in the process of creating systems change. Thus, the author has

conducted an oral history of three such collective impact initiatives in order to explore and

record the strategies of how each sought to engage the community that their initiatives purport to

benefit.

The list of collective impact initiatives to be explored comes from the 2011 article in the

Stanford Social Innovation Review by John Kania and Mark Kramer that introduced the concept

of collective impact.

Members of the following initiatives have been interviewed:

- Shape Up Somerville – reducing childhood obesity in Somerville, Massachusetts.

- Communities that Care Coalition – decreasing teen substance abuse in rural

  Massachusetts.

- Vibrant Communities and the Hamilton Roundtable for Poverty Reduction –

  reducing poverty throughout Canadian cities.

The *Stanford Social Innovation Review*, the Foundation Strategy Group (FSG), and the newly

created Collective Impact Forum have lauded each of these initiatives for achieving consistent

progress toward moving the needle on the community-wide indicators listed above.

This oral history project has been granted Exempt Review by Marquette University's

Institutional Review Board. In order to conduct the oral history, the author conducted interviews

in person, via Skype, and by phone with leaders of these collective impact initiatives.

Discussions centered on how the leaders defined "community engagement" and how the

community was (or is) engaged in their effort. Interviewees then recommended others with

whom the author should speak about their initiatives. The interviews were recorded with the

consent of the participants. Secondary sources such as newspaper articles, websites, and internal

documents have also been reviewed to provide context and corroborate information provided in

the interviews. Interviews and secondary content were then analyzed to reach a number of

conclusions regarding the role of community participation in collective impact initiatives

Case Study: Shape Up Somerville

Overview

With a population of 77,000, Somerville, Massachusetts, is a dense and ethnically diverse

city located just outside Boston. Almost 30% of the population is foreign born (U. S. Census

Bureau, 2012), with a strong and growing presence of immigrants from Central and South

America, Haiti, Nepal, and Southeast Asia. (Annie E. Casey Foundation, 2013). For the past

decade, Somerville has engaged in a citywide strategy to reduce rampant childhood obesity rates.

In 2003, 44% of Somerville's elementary school children were either overweight or obese, and

the rates among minority children were even higher (Shape Up Somerville, 2013).

In response to this epidemic, researchers at Tufts University led by Dr. Christina Economos launched *Shape Up Somerville: Eat Smart. Play Hard*. The Tufts team partnered with the City of Somerville and received a three-year grant from the Centers for Disease Control and Prevention to conduct a community-based participatory research study on the issue (Tufts University, 2014).

As the name suggests, community-based participatory research (CBPR) acknowledges community participation in all phases of the research process: design, implementation, evaluation, and ultimately deciding what to do with the results (Minkler, 2008; Economos, 2009). Used frequently in public health, the approach is intended to involve an asset-based, cooperative process in which community members and researchers contribute equally. CBPR builds the capacity of community participants as they work alongside researchers, and in turn researchers are able to learn from the perspectives and experiences of participants. The process balances research with action, as the group conducts ongoing interventions and continuously disseminates findings to the broader community. In its fullest sense, CBPR promotes a commitment to sustainability and ongoing partnerships as a result of the process (Minkler, 2008; Detroit Community-Academic Urban Research Center, 2014). CBPR also considers the power dynamics that can surround gender, race, class and culture, especially in the context of research. Thus, CBPR is purported to yield a promising approach to both address health disparities (Minkler, 2008) and influence cultural and social norms (Economos, 2009).

Theorists behind CBPR acknowledge that the process is extremely iterative. CBPR is an orientation, not so much a method (Minkler, 2005). According to research sponsored by the Centers for Disease Control and Prevention (2013), the CBPR field also lacks standardization of

accepted research designs and outcome measures. As such, there is a wide range of ways

community participants may be involved. Research may take on different forms depending on

local context and how researchers and community participants make amendments to the study

over time (Minkler, 2008). Thus, how and when to engage participants may vary. Nevertheless,

CBPR and its focus on systems change has had tremendous success in Somerville.

The driving idea behind Shape Up Somerville was that children have very little control

over the food choices and physical activity options that ultimately affect their behavior

(Economos, Hyatt, Must, Goldberg, Kuder, Naumova, Collins & Nelson, 2007). Thus, the Tufts

team had to think about the problem through a systems lens. Because these systems included

work, school, home, community, national, and international influences, the researchers decided

that in order to make a real impact they had to influence every part of a child's school day:

before, during, and after school (Shape Up Somerville, 2013).

In order to do so, SUS convened representatives from each of these systems. They began

by hosting four community forums—one in English, Spanish, Portuguese and Haitian Creole—to

solicit input from community members. Over the course of the study, the researchers engaged

children, parents, teachers, nonprofit leaders, academics, school food service providers, policy

makers, city departments, healthcare providers, restaurants, and the media to implement the

interventions (Tufts University, 2014). They held meetings, focus groups, and key informant

interviews with these individuals, and formed several Shape Up Somerville advisory councils

(Economos et al., 2007, p. 1327).

From 2003-2005, the official Shape Up Somerville study targeted $1^{st} - 3^{rd}$ graders in

Somerville Public Schools. SUS also selected two control groups in neighboring communities. In

Somerville, partners trained more than 90 teachers to implement classroom-based health

curriculum promoting nutrition and healthy eating, along with a "Cool Moves" component to

integrate physical activity into classroom activities. The curriculum extended to six local

afterschool programs, which received training and supplies for cooking demonstrations, crafts,

and active games, as well as yoga and dance classes. By the second year of the study, all 14 of

Somerville's afterschool programs were using the curriculum (Tufts University, 2014).

The SUS team also learned through conversations with students that some of the lunch

food did not taste good to them, so they added culturally responsive herbs, spices, and

condiments that appealed a broader group of children. SUS also worked to increase the visibility

of healthy foods among schoolchildren by highlighting a new fruit and vegetable in each of the

10 participating elementary schools. Students did taste tests during lunch periods and voted on

whether they liked the foods enough to put them on the lunch menu (Tufts University, 2014).

In addition, SUS trained 50 medical professionals on childhood obesity guidelines and

current screening practices, and recruited 21 restaurants to become SUS-approved for healthy

menu options (Economos et al., 2007, p. 1327). Partners also renovated parks and painted

crosswalks to create safe walking routes to school. They advocated and planned for a regional

mass transportation line, created bike lanes, promoted nutrition standards in schools and public

entities, enhanced school food service training, and even improved counseling and medical

record keeping in health centers (Shape Up Somerville, 2013). Public outreach was conducted in

a variety of ways. Monthly newsletters with SUS updates, coupons, and health tips reached more

than 500 families and 200 community members (Tufts University, 2014). A media piece ran for

11 months and reached more than 20,000 monthly subscribers (Economos et al., 2007, p. 1327).

After all this, the initial SUS study yielded small, but statistically significant, changes in

children's weight. As measured by age-appropriate body mass index (BMI), the average weight

of Somerville children went down one pound in one school year. The weight of children in the control group increased one pound. Since the Tufts study formally concluded, SUS is now housed at City of Somerville Health Department in order to expand the activities and create citywide impact. It has broadened its scope to create a healthy environment for everyone in the city, not just school children. The partnership continues to build and sustain a healthy community by aligning the strategies and major grants received by its more than 40 partner agencies (Chomitz, Garnett, Arsenault, & Hudson, 2013). SUS has served as a national model for community-based systems change. Michelle Obama has recognized SUS as a model program in her Let's Move! campaign to reduce childhood obesity, and Somerville is one of the Robert Wood Johnson Foundation's nine leading sites for its prominent Healthy Kids, Healthy Communities program (Chomitz et al., 2013). These outcomes, recognition and investment clearly demonstrate SUS's system-wide success.

Backbone and Leadership Structure

The City of Somerville Health Department currently serves as the backbone agency in support of Shape Up Somerville. Its leadership structure and steering committee have evolved over the past decade as SUS broadened its scope and created a greater presence in the city.

Jessica Collins, SUS director from 2000-2007, explained that this is a natural evolution. For the first five years of the initiative, the steering committee was primarily composed of professionals who were already charged with addressing public health. Collins explained that the group did not have representatives from the target populations. "It wasn't as thoughtful as that," said Collins. "I think over the years it evolved into being more inclusive of the very people … the lives, the neighborhoods we were trying to change" (personal communication, January 31, 2014).

Although Collins said the group did not have deep discussions about defining what "community" they wanted to engage, they did have deeper conversations about the definition of CBPR during the original study period. In the case of SUS, Collins said the highest level of engagement on the CBPR spectrum would theoretically include the very people who were overweight in formulating the research, devising the methodology, monitoring the interventions, and helping to disseminate the results. However, the SUS research was devised at the academic level. The community focus groups provided a good deal of input as SUS prioritized and monitored interventions, but residents did not develop the methods (J. Collins, personal communication, January 31, 2014).

"We formulated (the plan), we went to them, we tested it with them, we came back, we tweaked it, we did it," Collins said. She added that the SUS study would likely fall in the middle of CBPR spectrum when it came to community participation. After the study officially concluded and SUS moved to the Cambridge Health Alliance and ultimately to the City for backbone support, SUS received a grant to target specific Somerville neighborhoods and began to involve residents and other community members. "We had always been in communication with those groups, but we didn't necessarily invite them to sit at decision-making table," Collins said. "Not out of malice, it was more out of time. It was a three-year study. It was on the go. As we matured we started to widen the circle" (J. Collins, personal communication, January 31, 2014).

Over the past year and a half, SUS has put lots of energy into making the leadership table more diverse, according to David Hudson, the current director of SUS. Whereas the initial SUS steering committee was made up of eight to 12 professionals and government representatives, the current structure includes 24 cross-sector members from community-based organizations, city

departments, healthcare institutions, the school district, and academia. Many represent ethnic minority communities, and some are interested residents who are not necessarily affiliated with social services or public health agencies (D. Hudson, personal communication, January 17, 2014).

Franklin Delambert sits on the steering committee. He is the executive director of the Haitian Coalition of Somerville, an organization that promotes Haitian culture, provides access to programs and services, and organizes the Haitian community to improve their economic, political, physical, and social environment. In his steering committee role, Delambert provides insight on cultural matters and ways to inform or reach out to the Haitian community. "I feel in the group that my opinion has been respected," Delambert said. "We always respect differences and come up with consensus. We feel that we are not only spectators in that group. We are also players. We belong to a team" (F. Delambert, personal communication, February 6, 2104).

Methods of Engagement and Lessons Learned

According to a model of community engagement presented by lead Tufts researcher Christina Economos (2009), listening, building relationships, and establishing trust are found at the center. Shape Up Somerville has utilized these principles to develop its community presence, although not without challenges. Hudson recalled: "There were a lot of feelings in the community about Tufts being a research university and just coming in, doing the research, getting the data and pulling out" (personal communication, January 17, 2014).

Hudson, who participated in the initial study as a researcher at Tufts before becoming director in January 2013, said having the support of the Mayor, Superintendent, and the steering committee helped ease the negative perception among some circles. To quell lingering perceptions, SUS repeatedly stated that the team wanted the work to continue regardless of the

three-year grant. They looked for other funding sources to make the initiative sustainable. They

also moved the SUS office from Tufts' downtown Boston campus into the City of Somerville to

show a greater commitment to the community (D. Hudson, personal communication, January 17,

2014).

        In the early days when the initiative struggled to connect with certain people and

organizations, the SUS team went out into the community and volunteered at events where they

knew the hard-to-reach groups would be. They cleaned up parks, went to events in housing

developments, and volunteered at a health fair hosted by a community organization—and they

did it on weekends and after work hours. "That really opened doors for us," Hudson said. He

added that many partnerships were created by not only looking at Shape Up Somerville's issue,

but by looking at the issues that other groups had deemed a priority. That created trust and laid

the groundwork to connect the two issues toward a common goal, he explained (D. Hudson,

personal communication, January 17, 2014).

        SUS also took great care to interact respectfully with other groups, especially those that

were sometimes overlooked. During one focus group about school food, Hudson recalled the

SUS team walking into a school cafeteria to find food service workers sitting around lunchroom

tables with crossed arms and scowled faces. "It was like they were thinking, 'Here we go again,

someone else coming in, telling us what to do differently and how we aren't doing our jobs the

way we should be,'" Hudson said. However, the Shape Up Somerville team started the

conversation by saying, "We're here to learn from you, you're the expert." After that was made

clear and the group felt respected, Hudson said the arms went down and the food service workers

opened up. Yet the relationship did not stop with one focus group. Hudson noted that SUS

continues to tap food service workers for their expertise, and has even established a food service recognition day (D. Hudson, personal communication, January 17, 2014).

Part of such trust- and relationship-building must also come from one-on-one meetings, according to Guerlince Semerzier, a member of the board of directors of the Haitian Coalition and the SUS steering committee. Communication must also be constant—through regular meetings, emails, or postcards. Individuals are less likely to engage if they haven't heard from you in six months, said Semerzier, who also serves as a consultant bringing learnings from SUS to community initiatives in the surrounding area (G. Semerzier, personal communication, January 27, 2014).

The SUS team has also recognized that different populations require different outreach methods. For example, SUS found members of the Haitian community need a personal phone call or invitation in order to turn out for an event. On the other hand, the growing Nepali community does not have a community organization or church that serves as a central meeting point in Somerville. Rather, many Nepalese congregate at the local market, so that is where SUS goes to reach them. In this pursuit, Lisa Brukilacchio, director of the Somerville Community Health Agenda at the Cambridge Health Alliance and a member of the SUS steering committee, noted the importance of involving "cultural brokers." Such brokers who understand the language and culture of target populations foster what Brukilacchio calls "genuine participation." Although it may seem like due diligence, "translating a flyer to another language doesn't increase participation," she said. In the wake of losing two tri-lingual staff to budget cuts, Brukilacchio added that building these cultural brokers into the budget is critical (L. Brukilacchio, personal communication, February 5, 2014).

Given the different approaches to engagement, Hudson recommends going the extra mile

to make sure connections are made in a meaningful, respectful way. SUS has "made many

mistakes over the years" when ideas rolled out without necessary input and were met with

pushback. "When we're meeting and planning an initiative, we have to have the people we're

trying to reach at the table when we're planning, not after. We can't plan it and then deliver it

and then get their feedback," Hudson said. "That doesn't work" (D. Hudson, personal

communication, January 17, 2014).

Case Study: Communities That Care Coalition of Franklin County and the North Quabbin

Overview

The Communities That Care Coalition of Franklin County and the North Quabbin works

to reduce substance abuse and improve wellbeing for teens across 30 towns in rural western

Massachusetts. In the early 2000s, community leaders recognized that substance abuse rates for

teens in the area were higher than national averages and generally higher than statewide rates. In

2003, 54% of Franklin County 10th graders reported drinking alcohol within the past 30 days

(compared to 49% of their peers in Massachusetts and only 35% nationwide). In terms of

marijuana use in the past 30 days, 33% of Franklin County 10th graders and 35% statewide

reported using, compared to just 18% nationally (Communities That Care Coalition, 2005).

Local leaders sprang into action in 2002 when corporate and government sponsors

approached two Franklin County organizations offering more than $100,000 per year for up to

ten years to plan and implement programs addressing the substance abuse problem. The two

organizations—Community Action, a nonprofit providing support services to the region's low-

income residents, and the Partnership for Youth, a program of the area's Regional Council of

Governments that advances teen health and wellbeing—convened a meeting of community

leaders to discuss the issue. More than 60 cross-sector representatives attended (Splansky Juster,

2013).

From there, the cross-sector group went through a community planning process following

a national Communities That Care model developed by the Social Development Research Group

at the University of Washington. The model is based in prevention science, aiming to promote

healthy youth development and reduce problem behavior. The Communities That Care process

involves five phases. First, small groups of leaders assess the community's readiness for the

planning process and begin to invite diverse stakeholders to the table. Second, communities form

a new board or tap an existing coalition to explore prevention science, organize workgroups, and

develop a timeline for the initiative. Third, the group develops a community profile to assess

risks and strengths. This report is often based in data from a survey given to youth. Fourth, the

group develops a community action plan including outcomes and activities. Finally, the group

implements programs and policies, measures results, and tracks progress (Communities That

Care, 2014). In Franklin County and the North Quabbin, more than 45 representatives from local

government, business, schools, community organizations, clergy, parents, and teens went

through five trainings from 2002-2004. The Communities That Care Coalition (CTC) completed

its first community action plan in 2005 (Communities That Care Coalition, 2005).

The vision of CTC is that "Franklin County be a place where schools, parents, and the

community work together to strengthen young people's capacity to resist using alcohol, tobacco,

marijuana and other drugs" (Communities That Care Coalition, 2005, p. 2). Through the

community planning process and youth surveys administered in five Franklin County Public

Schools, CTC identified the risk factors (such as having friends that use drugs and alcohol) and

the protective factors (such as having strong family attachment) that research showed to alter the

likelihood that young people would engage in problem behavior. Based on local analysis of the

surveys, the coalition divided into three working groups. The Community Laws and Norms

Work Group focuses on the availability and use of alcohol, tobacco and other drugs. Its work has

included conducting compliance checks at liquor stores selling alcohol to minors and changing

city ordinances to provide training to beverage servers. The Parent Education Work Group

promotes positive interactions between parents and children by providing mini grants to groups

that promote family connection and distributing an annual 16-page parenting guide in the local

newspaper. The group also conducts social norms marketing campaigns, which are based on the

idea that people behave the way they think others behave. For example, if a parent thinks all the

other parents in the neighborhood let their teens drink alcohol, they may also allow their teen to

drink. So, the Parent Education Work Group created a colorful poster based off a survey of more

than 700 parents that reads: "95% of local parents don't allow their teens to drink." Such posters,

billboards and radio ads for all sorts of themes aim to create a non-judgmental environment

where positive behaviors are the norm. As an additional means of positive reinforcement, the

Youth Recognition Work Group acknowledges positive teen behavior at home, in school, and in

the community. The Regional School Health Task Force is not technically a work group, but

serves as a liaison between work groups and the nine school districts where many CTC

interventions take place. The Task Force also administers CTC's annual Teen Health Survey in

each district, which provides the data that drives the coalition's strategy (Communities That Care

Coalition, 2010).

     Partners note that a major local advantage to this work is that Franklin County and the

North Quabbin are "fluent in collaboration" (Communities That Care Coalition, 2010, p. 12).

Not only does CTC work with 140 partners from local government, business, schools, law

enforcement, faith-based organizations, media, hospitals, mental health providers, parent

advocates, and out-of-school-time providers, but it collaborates with five related coalitions in the region (Communities That Care Coalition, 2010). As a result of this collective action, the region has seen needle-moving progress on teen substance abuse. Since 2003, youth cigarette smoking in the region has decreased by 45%, marijuana use by 31%, alcohol use by 37%, and binge drinking by 50%, according to the most recent Teen Health Survey results. The region has also seen an increase in family dinners from 54% in 2008 to 61% in 2012, which correlates with CTC's social marketing campaign promoting family dinners (Allen, 2012). Interviews with CTC partners coupled with the coalition's astounding reduction in teen substance abuse signal that individual agencies are adopting CTC's collective goals and are moving toward true collective impact.

Backbone and Leadership Structure

Community Action and the Partnership for Youth serve as co-backbone organizations for the Communities That Care Coalition. CTC is not an agency—it has no dedicated staff and is not a legal entity. Rather, it is a coalition of cross-sector partners. A coordinating council of 15-20 cross-sector leaders serves as its governing body (Communities that Care Coalition, 2010).

In terms of engaging parents and youth in leadership and decision-making within CTC, co-chair Kat Allen said the coalition is "one step removed from that." Although CTC leadership has extensive experience working directly with youth, the coalition works to engage the "decision-makers." CTC views its role as organizing the community leaders and agencies that work with parents and teens, not organizing the parents and teens themselves. In some sense the parent voice has been reflected in the leadership structure, Allen explained, because most everyone who works on the coalition is also a parent. Although these parents may not be the "hardest to reach" parents, there is some overlap. However, according to Allen, youth

involvement has been a "longtime struggle/discussion." The coalition operates at a strategic,

coordinating level—sifting through prevention science research, dissecting annual teen health

surveys, developing social marketing campaigns, and aligning the work of multiple agencies. In

order to have meaningful youth engagement at that level, CTC would have to do a lot of things

differently and potentially sacrifice progress. "We couldn't just recruit some youth and plop

them onto our committees," she said. "That would set us up for failure" (K. Allen, personal

communication, March 13, 2014).

In order to participate at the committee level, youth would need extensive leadership

development and education about prevention science and the research-based model CTC utilizes,

Allen explained. As coalition members, youth would also need to sit through hours of meetings

and strategic planning sessions, which are often times held during school hours. "Youth bring a

real action-oriented spirit. That's opposite of how we operate," Allen said. "It's slow and

calculated and meta, and it could be frustrating for young people." Investing in teens to create

meaningful engagement at the leadership level also requires staff capacity, which as been an

ongoing challenge for CTC. Rachel Stoler, the Youth Recognition Work Group coordinator,

noted that some initiatives have youth councils or task forces. "Having a youth council still

requires staff to organize it and coordinate it, and we haven't had that kind of capacity" (R.

Stoler, personal communication, January 21, 2014). The two co-chairs of the coalition have

fulltime jobs outside CTC, as do the work group coordinators.

Perhaps the most pivotal component of this collective impact initiative is its reliance on

evidence-based practices. Allen noted that there is a strong body of literature around what works

in teen substance abuse prevention, and the coalition relies on it to design interventions. The

national Communities That Care model cites a number of evidence-based practices for

communities to adapt to their local contexts: creating opportunities for youth to interact with others who are a positive influence; teaching young people the skills they need to stay substance-free; recognizing and praising youth for positive behavior; promoting bonding, emotional attachment, and commitment to the people who provide that recognition; and establishing clear standards for behavior (Communities That Care, 2014). These strategies have been tested in one study that followed more than 800 ten-year-olds for more than 15 years, showing effectiveness in enhancing protective factors and reducing risk factors (Hawkins, Smith, Hill, Kosterman, Catalano & Abbott, 2007). Integrating these strategies into the official CTC model, a community-randomized trial performed in 24 small towns across seven states adopting CTC found youth in these communities more likely to have abstained from drug use, drinking alcohol and smoking cigarettes (Hawkins, Oesterle, Brown, Abbott & Catalano, 2014).

CTC in Franklin County and the North Quabbin have indeed had similar success using such evidence-based practices. However, the balance between science and youth voice becomes a tight rope to walk at the strategy development level. In her experience, Allen said the coalition has found that teens often suggest approaches that are not supported by research. In some cases, approaches that might seem intuitive to prevent substance abuse—such as showing a smashed up car from a drinking and driving accident—have been shown not to work. Having teens in a room shouting out ideas that are not research-based would only get the group so far, Allen added. Thus, despite conversations about integrating youth into the leadership structure, CTC leadership has decided to engage youth later in the process. Under the current setup, levels of teen substance use have indeed decreased in the time CTC has been operating in Franklin County and the North Quabbin. "Everything seems to be working really well," Allen said (personal communication, March 13, 2014). And if it's not broken, why fix it?

Methods of Engagement and Lessons Learned

CTC partners emphasize the importance of meaningful engagement. When it comes to holding meetings, it means making the best use of time. When it comes to youth involvement, it means engaging them where it makes most sense for them and for the initiative. "What has been successful is to have specific, meaningful projects where youth are actively engaged in a leadership component," said Lev Ben-Ezra, who is co-chair of CTC with Allen. "That's been a really exciting way of bringing them to the table and understanding what these policy efforts and ideas are, and really be a part of that decision-making process" (L. Ben-Ezra, personal communication, February 8, 2014).

Youth have tended to get involved at the strategy implementation stage. In efforts to conduct compliance checks at area liquor stores, CTC worked with local police departments to train eight youth under the age of 21 to attempt to purchase alcohol throughout 11 towns. The teens received a stipend of $75 per compliance check route. Young people from CTC partner agencies also organized a "sticker shock campaign" where they designed stickers with social marketing messages encouraging adults to keep young people alcohol- and drug-free. Stickers were posted on beer and wine packages at liquor stores, a practice which has resulted in permanent signage in some of the stores (Communities That Care Coalition, 2010). A youth group also conducted a needs assessment among teens to begin including physical activity, nutrition and obesity prevention in CTC. The group conducted 99 surveys in four schools and a handful of peer focus groups to discuss barriers to healthy living. Additionally, youth were involved in the Above the Influence, a local program sparked from a national youth anti-drug media campaign. Through this effort, five teens created a public service video announcement on

the CTC website about what keeps them "above the influence" of alcohol and drugs (Communities That Care Coalition, 2014).

Stoler assured that parents and teens are always welcome at meetings, but noted that involvement has played out a bit differently. "In general, parents and youth tend to be involved on the next level, of giving feedback and being figures out in community instead of being a part of the core group," she said (R. Stoler, personal communication, January 21, 2014). Marie Bartlett, co-chair of the Parent Education Work Group, added that her group has tried to engage some parents who are not already affiliated with CTC but have not had much luck simply asking people to sit in meetings. Most parents are working parents and life gets in the way. Thus, it has been easier to turn out parents for focus groups, specific tasks, or events (M. Bartlett, personal communication, February 2, 2014).

All of the Parent Education Work Groups' eight to 10 active members are parents, but all are connected to a nonprofit agency and are involved in CTC through their jobs. Stacey Langknecht joined the Parent Education Work Group in 2010. A longtime friend of Bartlett's, Langknecht was invited to co-chair the work group because she was already a parent leader in the schools attended by her three teenage children and she was not affiliated with the nonprofit sector or CTC. Her background is in corporate sales, and at the time she worked two jobs. However, Langknecht has recently taken on a 10-hour-per-week gig at the Partnership for Youth—her third job—as the Parent Campaign Coordinator. In her work group role, Langknecht assists in developing the parent guide and making mini grants to organizations for parent education. In the Parent Campaign Coordinator role, she works with schools and business to spread the message, particularly to parents, of the importance of having family meals and communicating with their teens. Langknecht has now identified a handful of parents who are not

already affiliated with CTC who can spread this message to their networks. This is new space for

CTC, however. Much of the Parent Education Work Group's goals have focused around higher

level social marketing and messaging rather than organizing parents on the ground (S.

Langknecht, personal communication, February 26, 2014).

From her experience as a parent and as a leader in CTC, Langknecht said involving

parents should be made a priority, and earlier is better. However, she explained that it is

beneficial to first put a basic structure in place and then make parents an integral part of moving

forward. "If you don't have that kind of structure and backbone and possibly funding behind

you, you don't have much to talk to parents about," she said. Parents—those who are working,

under financial stress, climbing the corporate ladder, or dealing with other family stressors—can

be very overwhelmed, she added (S. Langknecht, personal communication, February 26, 2014).

Due to the constraints on time and capacity of youth, parents, and CTC members alike,

the coalition has attempted to be clear about its engagement goals. Allen warned against bringing

people to the table just for the sake of community engagement. "You have to be thoughtful about

it. Engagement has to be meaningful to those involved and meaningful to the effort," she said (K.

Allen, personal communication, March 13, 2014).

Case Study: Vibrant Communities and the Hamilton Roundtable for Poverty Reduction

Overview

Just as in the United States, the new millennium brought increased demand for human

services and fewer resources to meet the need in Canada. Poverty rates had actually decreased

throughout the1960s and 1970s, but had come to a plateau in the early 2000s. In response to this

trend, an organization called Opportunities 2000 convened more than 80 groups to design and

implement poverty reduction initiatives in the Waterloo region of Southern Ontario. After a

summit involving the regional partners, Opportunities 2000 decided to test and scale the anti-poverty work by piloting collaborative initiatives in six communities. Opportunities 2000 then became Opportunities Waterloo Region in order to carry out the poverty reduction work locally. Some of the leaders of Opportunities 2000 formed a new, national organization called Tamarack – An Institute for Community Engagement. Tamarack served as the backbone for these pilot sites, and named the poverty reduction efforts "Vibrant Communities." There are now 13 fully functioning Vibrant Communities cites, and 50 additional Canadian communities are developing their collaboratives (Splansky Juster, 2013).

Vibrant Communities involves four high-level partners to oversee the work. Tamarack provides coaching, learning, and administration to local sites. The Caledon Institute of Social Policy lends research, evaluation, and policy development support. Human Resources and Skills Development Canada, a department of the national government, provides both a link to the federal administration and financial support. Finally, the J.W. McConnell Family Foundation serves as another funding source and helps develop strategies to promote the work nationally (Splansky Juster, 2013). Each local site commits to five key principles developed by Tamarack. Collaboratives aim to reduce poverty instead of alleviating it. They address inter-related root causes of poverty instead of just the "symptoms" of poverty. They engage a broad spectrum of sectors and organizations in collaboration as opposed to working in silos. They embrace an ongoing process of community learning and change instead of quick fixes. Finally, they emphasize assets over deficits (Cabaj, Makhoul & Leviten-Reid, 2006). Although each initiative relies on Tamarack's principles, every Vibrant Community establishes its own multi-sector leadership team that adapts strategies to the local context.

Across Canada, the Vibrant Communities have had a significant impact on changing

systems in order to reduce poverty. They have created more than 250 poverty reduction

strategies and changed more than 50 policies to make improvements in areas such as

transportation and housing. They have reduced poverty for nearly 203,000 people through

increases in income, skills, and knowledge, while improving access to food, shelter, and

transportation. Nearly 4,000 partners have been engaged throughout the process (J.W.

McConnell Family Foundation, 2014) and the groups have mobilized $23 million in funding for

poverty reduction (Gamble, 2012).

One of the Vibrant Communities sites is located in the city of Hamilton in the province of

Ontario. Hamilton was hit hard when manufacturing industries endured major downsizing and

restructuring in the 1990s. The city's poverty levels became some of the highest in Ontario.

According to Census data, 20% of Hamilton residents lived in poverty in 2001. The rate was

24% for children under the age of 14 and seniors over 65. The poverty rate among Aboriginal

residents was 37%, and 50% among recent immigrants. In response to such staggering rates, in

2005 the City and the Hamilton Community Foundation co-convened what became known as the

Hamilton Roundtable for Poverty Reduction. The collaborative sought to make Hamilton "the

best place to raise a child" (Caledon Institute of Social Policy, 2009).

Changes in policy, practice, and perception have occurred throughout Hamilton since the

Roundtable's formation. New health and early childhood centers have been built. The

Roundtable has preserved public benefits from municipal cuts, created an affordable transit pass

for low-income workers, and adopted a low-income tax rebate program. The city, the Hamilton

Community Foundation, and the local United Way have committed $5.9 million annually toward

poverty reduction (Gamble, 2012). The Roundtable has also succeeded in building public will for

the initiative. The group worked with the local newspaper to create the "Code Red" series, where reporters documented the city's inequalities and stories of poverty to create awareness of the issue. *The Hamilton Spectator* has published more than 560 articles, editorials, and letters to the editor regarding poverty (Caledon Institute of Social Policy, 2014). Public will for poverty reduction was also shown astoundingly during Hamilton's last municipal election in 2010. At that time, *The Spectator* reported that the city had committed $60 million toward a new football stadium, but money on the table from all funders still came up $50 million short of the stadium budget. A poll assessing Hamilton voter priorities found that nearly 63% of the 1,000 voters polled opposed spending additional tax dollars on the new stadium. Instead, 80% supported spending more tax dollars on initiatives to reduce poverty. According to pollster Nik Nanos: "To have 80 per cent of voters say, 'we'd like to see new tax dollars go toward reducing poverty,' shows that people that live in Hamilton understand, recognize and believe that this is an immediate problem that needs to be dealt with. There are very few issues that you get 80 per cent of anybody to agree on" (Reilly, 2010, para. 3).

Backbone and Leadership Structure

All Vibrant Communities, including the Hamilton Roundtable for Poverty Reduction, place a great emphasis on including individuals with the "lived experience of poverty" in the initiative. This means groups actively engage people who are poor, or were recently poor, in the operations of the initiative. Although each Vibrant Community realizes this principle to varying degrees, the idea is that solving a complex social problem like poverty requires all voices at the table, said Liz Weaver, former director of the Hamilton Roundtable who is now the vice president at Tamarack. "Sometimes 'the system' doesn't actually know the impact of the system on people with lived experience," Weaver said (personal communication, February 28, 2014).

Including people with lived experience in the HRPR's leadership structure is a central tenant of the group's work. However, it was not always this way. In the early days, the Roundtable established an advisory committee made up of individuals with the lived experience of poverty and their allies—primarily representatives of social justice and advocacy groups—but it was not embedded into the design of the Roundtable. However, Weaver said the group recognized within the first year that the advisory structure was not going to work. The people on the advisory committee were upset that they had not been invited to the decision-making table from the beginning. "There were lots of negative feelings," Weaver said. "The Roundtable almost had to step back to go forward" (L. Weaver, personal communication, February 28, 2014).

Weaver recalls the first Roundtable meeting to which people with lived experience came: "It was horrible. I think they were very angry, because they hadn't been invited to the table from the very beginning and they felt like their voice needed to be at the table." Weaver said it took at least a year for the full Roundtable, which met monthly, to build trust. It took many conversations about recognizing both anger and the Roundtable's commitment to having the voice of individuals with the lived experience of poverty (L. Weaver, personal communication, February 28, 2014).

The Roundtable's evolution included a number of components to create a safe, equitable space. Meetings were structured in such a way that the people with lived experience could speak at the top of the agenda to ensure their voices were heard among all the "experts." The full Roundtable often broke up into small groups to create a space for more intimate discussion. They created a "no blame" policy to move toward a collective future strategy. The Roundtable also worked to make meetings logistically accessible. Meetings were always on a bus route and bus

tickets were often provided to those who could not afford transportation. A hearty, healthy meal was always served. The Roundtable built these expenses, along with an honorarium for people with the lived experience of poverty, into the budget. Through all this, Weaver said the Roundtable had to seriously commit to working differently (L. Weaver, personal communication, February 28, 2014).

Fast forward six years and the full Roundtable meets quarterly to provide strategic direction to the initiative. It is comprised of 55 representatives, some of which are appointed from Roundtable member agencies (the city, the federal government, area universities, nonprofit strongholds) and others of which are appointed after a public call for applications (Terms of Reference, 2011). During the last round of applications, the Roundtable received more than 100 submissions for 15 community seats (*The Hamilton Spectator*, 2011). Approximately 20% of Roundtable members has the lived experience of poverty, according to Tom Cooper, current director of the Roundtable (personal communication, March 6, 2014).

The full Roundtable oversees the operational steering committee, which meets monthly and guides day-to-day operations, approves the budget, works on communications, drafts policy papers, and gives Cooper his marching orders. The group is comprised of 12-14 members, and reserves three seats for individuals with the lived experience of poverty. The Roundtable currently has three working groups based on its priority issue areas: making Hamilton a living wage community, social assistance (Canada's version of welfare) reform, and shifting perceptions of poverty. People with lived experience also sit on each of the working groups. "Unless we have that perspective, I think we're doing the work we do a great injustice," Cooper said (personal communication, March 6, 2014).

In order to create an environment where such a perspective can be valued and incorporated, the Roundtable follows a Social Inclusion Policy. Developed by a team of 30 low-income citizen leaders in 2009, the policy states that Roundtable members are to foster a safe meeting space focused on mutual respect (Vibrant Communities, 2010). The policy calls for "community citizen representatives" to be at the decision-making table at all times and that barriers to participation be removed. This means covering costs for stipends, transportation, childcare, and meals, as well as being sensitive to cultural needs and physical accommodations. Currently all Roundtable members with the lived experience of poverty receive an annual honorarium of $150 and additional $100 for each working group on which they sit, according to Cooper (personal communication, March 6, 2014). The policy also charges the director and other Roundtable members to identify strengths and skills of the community citizen representatives, thereby putting them to use to strengthen the initiative. As the policy reads: "This process will ensure that a sense of self-worth is developed by community citizen representatives as well as respect for others participating in the process of reducing poverty. This, in turn, will eliminate the 'us' and 'them' attitudinal barrier" (Hamilton Roundtable for Poverty Reduction, 2009, p. 3). The policy also notes the importance of learning experiences and mentorship opportunities for the community citizen representatives so that they can become "leaders, mentors, and collaborative partners" with other individuals on the Roundtable (Hamilton Roundtable for Poverty Reduction, 2009, p. 4). Finally, the policy explicitly states that "not maintaining this process would create social exclusion or tokenism and develop imbalance of power at the table" (Hamilton Roundtable for Poverty Reduction, 2009, p. 1).

Methods of Engagement and Lessons Learned

Having the perspective and leadership of individuals with the lived experience of poverty has resulted in a number of "wins" for the Roundtable. When the city opted to create half price transit passes for low-income people to get to work, the Roundtable formed a cross-sector working group that helped the city navigate the rollout of the program. Individuals who actually took the bus to work were able to provide input and help work out the kinks. They discussed ways to support workers in getting access to the pass, make the process less stigmatizing, and spread information about the new pass to those who would be eligible (L. Weaver, personal communication, February 28, 2014).

And, when the province cut major social assistance programs in its 2012 budget, the Roundtable worked with its members who would be directly affected by the cuts to prioritize a strategy. Two people who would live the impact of the budget cuts stood in front of Hamilton City Council to ask the city to supplement the provincial cuts. In the end, the city earmarked $3.4 million to cover the programs until the issue was sorted out in the next budget (Craggs, 2012). "They can voice the barriers, they can very clearly identify that they provide real experience about what is the system barriers that is preventing them from moving forward," Weaver said. "Nobody else can do that" (personal communication, February 28, 2014).

Another way the Roundtable is working to integrate individuals with the lived experience of poverty into its work is through the newly formed Speakers Bureau. As part of the work group on shifting perceptions of poverty, the Roundtable sought to recruit individuals living in poverty to undergo 12 weeks of training in public speaking and send them into community to tell their stories. The hope was to dispel myths of poverty and break down stereotypes by personalizing the issue, said Speakers Bureau Coordinator Celeste Licorish (personal communication, March 9,

2014). The group used newspaper ads and leveraged Roundtable member agencies to recruit

people of all ethnicities, ages, sexual orientations, and backgrounds. The bureau hoped to train

six to 10 speakers but received nearly 60 applicants. This spring 24 individuals will graduate

from the training, and begin to tell their stories to the public. Members of the bureau receive $25

per training session, and will receive an honorarium and transpiration costs for speaking

engagements. Cooper noted that successful speakers bureaus elsewhere have been major

confidence boosters and tend to have high attrition rates since individuals often find jobs through

their new presence in the community (personal communication, March 6, 2014).

Cooper added that it was important to the roundtable for the bureau coordinator to have

lived experience of poverty. Licorish—who beat out more than 100 applicants for the part-time

position—is a single mother of three with experience in marketing and public relations. "This job

fits every professional experience I've had, and a lot of the personal ones," she said (personal

communication, March 9, 2014). Because Licorish understands much of what members of the

Bureau are going through, she tries to create a safe space for the group. The process started with

physical space. A partner organization offered the Bureau free meeting space—in a windowless,

basement room. Licorish would not host a full Roundtable meeting in such a room, so she said it

would not suffice for the Bureau. "There's a lot of different power structures in play in the

Roundtable…a lot of my work has been consciously been to make sure the group is respected,

heard, understood, and valued for who they are," she explained (C. Licorish, personal

communication, March 9, 2014).

The group also set ground rules at the beginning of the training, everything from turning

off cell phones to respecting individuals who were not ready to share details of their stories.

Licorish described that part of creating the space is also accepting that sometimes people cannot

make it to meetings. When engaging anyone with the lived experience of poverty, Licorish said

it is critical to recognize that there are limits to how much they can commit. "That's been my

own experience," Licorish said. "I want to do things, but I don't have time to go to meetings, I

don't even have the bus fare to get there sometimes, let alone people to take care of my kids."

Nevertheless, Licorish has seen tremendous growth among the Bureau members. "By coming

together once a week and sharing personal our stories of poverty, of exclusions, of stress, of pain,

of joy, whatever is going on, it has bound the group together in a way I couldn't have predicted"

(C. Licorish, personal communication, March 9, 2014).

Being deliberate about creating such relationships is critical to creating a space where all

voices are heard and respected, according to Cooper. "When someone who's experiencing

poverty is sitting next to a venture capitalist, that can be kind of intimidating," he said. Strong

relationships and a level playing field for discussion make people come back. "If we had to do it

over again I certainly would recommend that (people with lived experience) be part of the group

from the beginning as opposed to integrating them in later," explained Cooper, who has been

with the Roundtable in various capacities since its inception 2005. He added that this is not

always realistic, but if people are going to be integrated into an existing group, supports have to

be in place to make them feel comfortable, welcome, and respected (T. Cooper, personal

communication, March 6, 2014).

Discussion

Remember Laura Cattari? She's the one with the extensive set of community credentials.

She's also living in poverty.

But she wanted you to know that second.

Some years ago Laura worked in the tech industry. She built Internet and digital television networks for cable companies, and worked as a system administrator. But then her company got bought out and she got laid off. That was September 2002. By December her unemployment benefits ran out and in January she was declared disabled. She had developed fibromyalgia, a condition resulting in chronic pain, muscle spasms, difficulty walking, and trouble working for sustained periods of time. Laura now lives on the Ontario Disability Support Program and Canadian Pension Plan disability benefits. Laura is also an active member of the Hamilton Roundtable for Poverty Reduction, where she works to change policies and systems that affect people living in poverty. "Policy change is really difficult when the general public has really negative perceptions about what poverty is," she said (L. Cattari, personal communication, March 7, 2014).

She joined because the Roundtable put out a call for individuals who had the "lived experience" of poverty. In 2011, Laura joined nonprofit sector leaders, government representatives, businesspeople, and others with such lived experience to serve on one of the Roundtable's work groups. She was soon invited to join the operational steering committee, the agenda-setting body of the Roundtable. "I was articulate and grounded, and what those in powerful positions would deem reasonable," she said. "I wasn't standing there yelling on street corners with signs" (L. Cattari, personal communication, March 7, 2014).

Now Laura sits on one work group and chairs a second, in addition to serving as one of three members of the 16-member operational steering committee who have the lived experience of poverty. She advises on matters of poverty policy and its real-time effects, but she also writes reports, plans meetings and represents the Roundtable in public. But Laura doesn't like being initially introduced as someone who is poor. The label puts up a barrier few can see past, she

said. "Joining a group you become hyper aware of when you're being used as a token member as opposed to an active member," she added (L. Cattari, personal communication, March 7, 2014).

Tokenism is something the Roundtable has had to deal with. It's part of the territory when a group seeks to diversify and engage people with varied backgrounds and experiences. Power dynamics and old ways come immediately to the forefront. Laura noted that there have been times when she expressed a viewpoint in a meeting that other committee members did not find significant or did not fit with the direction they wanted to go. Sometimes she'd get thanked or the group would move on without addressing her point. In the early days there were times when she felt uncomfortable speaking up. There were also times when she called out the group for not considering her perspective (L. Cattari, personal communication, March 7, 2014).

It took time to build trust and comfort in the group. Laura added that Roundtable Director Tom Cooper served as a tremendous resource when it came to checking in with her, listening, and building confidence. He reminded Laura that she sat on Roundtable *in order to* share her perspective. In one instance, the Roundtable was reviewing an international report that lauded Hamilton's unemployment services. It took Laura speaking up—from her lived experience of unemployment—that such services only benefited those of a select income bracket. As a result of her candor, a number of providers on the committee backed up her statement, which led to a footnote in the report and a more accurate overall description of the services. In other instances, she has explained to the group some of the practicalities of living in poverty. For example, Laura has described how increasing the number of walk-in clinics might not automatically lead to improved health, since low-income individuals may not be able to take time off of their minimum wage job without losing it, be able to get to the clinic on the bus, or afford the prescriptions that may result from a doctor visit. She has also played a large role in strategic

discussions about the mission and vision of the Roundtable (L. Cattari, personal communication, March 7, 2014).

Over time the environment has become more welcoming. Laura said she feels like any other member of the committee. "I'm not just the lived experience person anymore," she explained. Her comfort level has also grown when representing the Roundtable in public. Initially she and Roundtable Director David Cooper would give public presentations together— he would be the "fact person" and she would be the "story person." Now Laura does both.

"How does it feel? Empowering," she said. "To be heard amongst people who have the power to change things is really important and I think in retrospect you don't realize how disempowered you feel until you're actually heard again" (L. Cattari, personal communication, March 7, 2014).

Analysis of Engagement Presented in the Case Studies

Shape Up Somerville, the Communities that Care Coalition, and the Hamilton Roundtable for Poverty Reduction have all made a collective impact to change policy, practice, and systems. Each has been a major player in reducing obesity, teen substance abuse, or poverty, and each has chosen to engage the people affected by these issues in a different way. To prescribe a formula for community engagement and participation would be foolish. Collective impact involves countless moving pieces and partners, varies upon local historical and political context, and can be applied to all types of social issues. Nevertheless, the case studies draw on the *transactional, transitional,* and *transformational* engagement described by Bass (1990) and Bowen et al. (2010) as well as the *inform, consult, involve, collaborate* and *empower* levels determined by the International Association for Public Participation's (2014).

Each initiative employed *transactional* forms of engagement throughout the process. This

has taken shape through regular newspaper articles or inserts, monthly newsletters, marketing

campaigns, public speaking engagements, and online information sharing. These methods served

primarily to *inform* the broader community—that is, people who live, work, play or pray in the

initiative's defined geographic area. These efforts also sought to influence attitudes and

behaviors. For example, the Hamilton Roundtable's partnership with the local newspaper aimed

to change perceptions of poverty, the Communities That Care Coalition directed its social

marketing campaigns at parents to encourage more family dinners, and Shape Up Somerville

disseminated tips for healthier eating to target audiences.

In addition to the *transactional*, Shape Up Somerville utilized *transitional* engagement

through its community-based participatory research process. Drawing on focus groups, feedback

sessions and community meetings, the researchers and leadership team were able to engage

many of the people that would be affected by the interventions to revise and test the interventions

before they were rolled out. As SUS garnered input from these community members and put it to

use, the initiative primarily *consulted* and *involved* participants. These participants did not have

decision-making power. SUS is on its way to becoming more *transformational* in its

engagement, as it is building a steering committee that is more reflective of Somerville's ethnic

and cultural diversity, although most representatives are professionals. Yet SUS is also working

on public health leadership development for one underrepresented ethnic group through a recent

grant.

The Communities That Care Coalition also relied upon *transitional* engagement in the

early stages of development. Through the community planning process, CTC was able to capture

substantial input, but also relied heavily on data gleaned from the annual Teen Health Survey to

guide its work. Beyond grassroots organizing and leadership development, surveys are another form of engagement that should not be disregarded. CTC was able to utilize data about teen and parent behavior along with evidence-based practices to shape its interventions. Youth and parents were then *consulted* and *involved* in the implementation component. Leadership does not deem it necessary or feasible to engage youth at the top decision-making table. However, CTC representatives address a point that is central to many collective impact initiatives: the coalition sees its role as using data to coordinate and align the work of schools, service agencies, and policymakers. These groups represent a constituency of youth and parents who will ultimately benefit from the intervention. Should these groups need to be called upon, CTC can ask its leaders to mobilize or engage their constituencies.

The Hamilton Roundtable for Poverty Reduction also began with *transitional* engagement in the form of an advisory committee made up of individuals with the lived experience of poverty and their advocacy organization allies. Tension between the full Roundtable and the advisory committee eventually yielded a more *transformational* type of engagement. Building transformational engagement by including individuals with the lived experience of poverty on the Roundtable and operational steering committee took lots of time, thoughtful planning, and adjustment for all parties involved. Over time, this *empowerment* and *leadership* allowed individuals with lived experience to coproduce strategies and share in the group's decision-making processes. Throughout this endeavor, the Roundtable has indeed struggled with tokenism. However, members noted the importance of being transparent about biases and power dynamics, engaging more than one person of a group that could be considered "token," and building in logistical and social supports for these individuals. Given such varied

methods and outcomes of engagement, the case studies yield a number of considerations for practitioners.

Consideration 1: Transformational Engagement Requires Considerable Capacity Building and Support

The barriers and challenges of engagement found in the case studies are consistent with the literature. Jessica Collins, formerly of Shape Up Somerville, highlighted many of these concerns from her experience. Through SUS and in her later work, Collins has seen a number of strategies to include "resident voice" in an initiative. It slows down the process, she said. "You've got to build capacity if you're going to be involving people, and you have to build their capacity before you can have high expectations. They know what they know but they don't know the science," Collins said. "A lot of times that's where the clash comes, where you get professionals who know the science but they don't know the neighborhood" (personal communication, January 31, 2014).

The struggle is combining both in an intentional way, given realistic time and funding constraints. Collins lent an example from her current work in Springfield, Massachusetts, of building a new grocery store in a neighborhood. Some work requires resident input and leadership, such as deciding where to put the grocery store. But residents might not need to be part of the financing process, such as applying for new market tax credits. In terms of capacity, Collins noted that groups cannot claim to include community voices and then leave them behind. If they are going to do the work authentically, groups have to slow down and, for example, teach residents about new market tax credits so they understand the process (J. Collins, personal communication, January 31, 2014).

A component of capacity, time has been a major factor for all initiatives studied. It should

first be noted that each initiative's backbone organization has two or fewer full-time staff. In

some cases additional staff are part-time "consultants" or are "loaned" from other agencies. By

nature of collaboration, the initiatives rely heavily on their cross-sector partners. Having such a

horizontal structure helps to distribute ownership of the initiative across its partners, which is

critical to collective impact. However, it is common for partners to commit time and resources to

the initiative as part of their everyday job. Representatives from all three initiatives recognized

that participation is very demanding if the work is not already a component of people's day jobs.

It is especially challenging for the people who will likely be affected by the initiative's work.

From her experience, Lisa Brukilacchio of Shape Up Somerville observed:

> If you are a low-income, non-English speaking immigrant, you probably don't have much
>
> time to get involved. There has to be multiple opportunities at different levels of
>
> engagement, it has to be respectful of the fact that people just don't have a lot of time.
>
> (Personal communication, February 5, 2014)

The issue of tokenism was discussed extensively with Laura, who could be perceived as a

token member of the Roundtable, or perhaps the token transformationally engaged person in this

article. Laura said she finds it important to tell her story in a way that people will not

automatically label her. She prefers to be introduced or understood in terms of the things she can

do as opposed to the things she can do "despite her illness" or "despite living in poverty."

According to Laura, initiatives concerned about tokenism ought to work to understand the person

behind the label and build in leadership development for new participants. In her experience,

Laura also found it beneficial to regularly meet with Roundtable Director Tom Cooper in order

to talk candidly about the issues. All of these actions helped to minimize the power differential between groups (L. Cattari, personal communication, March 7, 2014).

Having individuals with the lived experience of any social issue serve on a leadership team requires considerable capacity building, but it also requires finding the right people from the get go. Sources agree that the right people are those who are able to commit, are good-tempered, and that have to have some know-how beyond their experience as a neighborhood resident, a school parent, or someone living in poverty. Even Laura said the Roundtable is restructuring the Social Assistance Reform Work Group, which has been primarily comprised of individuals with lived experience, to include additional community members from other sectors:

> Even though we need the experiences of those on social assistance to articulate what's wrong with the system and where it fails them, we do also need the community members…they bring the resources that you need for work groups. I need people that can sit there and write reports and organize a committee and make appointments and make contact with other organizations. (L. Cattari, personal communication, March 7, 2014)

As noted by most sources, capacity building to transformationally engage individuals at the leadership level requires a great deal of investment. Therefore, it is not possible to engage everyone at such a high level. However, to avoid token or inauthentic participation, groups must be willing to invest the time and resources necessary to support capacity building and ongoing leadership development.

Consideration 2: Building Trusting Relationships At All Levels of Engagement Is A Necessary and Powerful Tool

In each case study, "the community" was not specifically defined from the outset of the initiative. Rather, initiative leaders had ongoing discussions about who to engage as the work

progressed. Paul Born of Tamarack – An Institute for Community Engagement noted that it is

critical to first identify what system the group is looking to change. Then, groups must identify

all the players within the system—including the people affected by the system. With this full

view of the system, groups are able to determine the best point of entry for change (P. Born,

personal communication, February 12, 2014).

Considering this systemic view, the notion of profound trust and strong relationships

becomes the clearest link between history, practice and successful systems change. In his book,

Community Conversations: Mobilizing the Ideas, Skills and Passion of Community

Organizations, Governments, Business and People, Born (2012) offers a number of strategies for

organizations to facilitate community engagement of all parts of the system—and each tactic

centers on relationships. This idea of strong relationships and social capital is deeply rooted in

neighborhood organizing and social change movements throughout history. In the context of

collective impact, relationships must first be strong among members of the leadership team and

within work groups. The Communities That Care Coalition is a prime example, since almost all

leaders connected to the initiative cited strong inter-agency ties in the region that build trust and

promote collaboration.

Trust also must be established among people in the broader community and among those

who will experience the effect of the interventions. One way Shape Up Somerville has built this

trust is supporting the issue campaigns of other groups, volunteering alongside residents, and

being a constant presence in the city even after work hours. The Hamilton Roundtable has built

trust through its commitment to keeping the voice of people with the lived experience of poverty

at the table despite extreme difficulty in the beginning. Building strong relationships also deals

greatly with power dynamics, which often come into play "when suits meet roots" (Bowen et al.,

2010, p. 297). CTC's Parent Education Work Group Co-Chair Marie Bartlett has come across

this dilemma particularly when working with parents. "Respecting everybody's voice at the table

is huge," she said. "There's lots of power differential between professionals and parents, and

recognizing it and bridging it is important." Bartlett explained that in her experience working

with parents in various capacities, peer-to-peer support and relationship building has been

critical. "Power differentials all come back to peoples ability to connect in a real way with each

other," Bartlett added (personal communication, February 2, 2014).

In this respect, developing robust relationships has been shown to foster the most genuine

participation and engagement among all types of leaders. Trusting, respectful relationships level

the playing field. Sources agree that cultivating such relationships is far from easy, but is

absolutely worth the time and energy. Doing so allows collective impact initiatives to identify

leaders who will own the work, move the initiative forward, and build the foundation for real

systems change.

Conclusion

Limitations and Future Studies

This exploration of community engagement and participation in collective impact

initiatives has a number of limitations that provide a gateway for future study. Due to the

dynamic nature of collective impact, there is no one-size-fits-all approach given the different

social problems the initiatives seek to address in their diverse local milieu. For this reason, the

three initiatives studied provide a view into this work but are not representative of all collective

impact initiatives. Other such initiatives throughout the nation are likely utilizing effective

participation and engagement approaches that also merit exploration. A related limitation is that

the problems the initiatives seek to address are extremely varied: poverty, childhood obesity and

community health, and teen substance abuse. Given the issue area, the existing research-based

strategies available to remedy the problem, and the diverse types of "communities" who are

affected, approaches vary. Further exploration of the differences between youth and adult

engagement would also shed light on the different approaches. Future study could also examine a

set of exclusively poverty-reduction or education-related collective impact initiatives, for

example, to provide a more specific assessment about what works with particular populations.

Finally, the author did not spend time in each of the communities studied. Although a

content analysis of secondary sources was conducted, this piece relies heavily on self-reported

accounts from individuals involved in the initiatives. Interviewees also recommended others with

whom the author should speak, which could have shielded certain viewpoints about the

initiatives in question. Spending time in Somerville, Hamilton, Franklin County, and the North

Quabbin for an on-the-ground analysis would allow for a deeper understanding of engagement,

since more interviews with diverse stakeholders and community members could be conducted in

person. However, it is important to remember that this piece is not a formal evaluation of the

initiatives, rather an exploration of strategy.

Concluding Remarks

Shape Up Somerville, the Communities That Care Coalition, and the Hamilton

Roundtable for Poverty Reduction were all selected for this piece because something they did

worked. They indeed moved the needle on the community-level indicator they sought to change.

It is important to distinguish collective impact as a *framework* that can be adapted as opposed to

a *model* that ought to be replicated. For this reason, participation and engagement of affected

communities varies greatly in each of the initiatives studied. Thus, the extent to which collective

impact initiatives—those that work to align high-level leaders, resources, and strategies—choose

to *do for* or *do with* affected communities also varies. In some cases "experts" created a strategy, tested it with the population they sought to affect, and rolled it out with their input. In other cases the affected populations helped implement the roll out. At times representatives of affected communities sat at the leadership table and engaged in the decision-making process. Yet each utilized different strategies at different points in the initiative's development, indicating a need for constant reflection and improvement of process.

However, there is something to be said about building a structure where all parts of "the system" can co-create strategies and interventions to change the system. Not all groups studied have been intentional about this from the beginning. The barriers to engagement—time, trust, and tokenism—are real. They must be addressed early in order to facilitate meaningful participation. In many cases, the groups collective impact initiatives seek to engage are facing discrimination or systemic oppression because of income, race, ethnicity, sexual orientation, religion or otherwise. For this reason, ethical questions certainly arise around the responsibility of those who traditionally hold power to include the part of the system that is often overlooked. Meaningful engagement of these groups requires a change in perception and action of traditional power brokers. It also requires considerable capacity building, leadership development, support, resources and openness to unfamiliar relationships to make the commitment. Collective impact initiatives must be up to the challenge.

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Appendix: MU IRB Determination

MU IRB DETERMINATION OF MU ENGAGEMENT IN HUMAN SUBJECTS RESEARCH

Researchers do not complete this section. **For IRB staff only**

[_X_] The activities as described **DO NOT** constitute MU being engaged in Human Subjects Research. Submission of an IRB Application to MU is not required.

Comment: In Section I, you concede to the fact that your project (a) does involve a prospective research plan which incorporates data collection, including qualitative data, and data analysis to answer a research question. However, you reason the project is **NOT** (b) designed to draw general conclusions (i.e., knowledge gained from a study may be applied to populations outside of the specific study population), inform policy, or generalize findings. If in the future, you decide to draw general conclusions, inform policy, or generalize findings, please contact the IRB to reassess the determination.

[__] The activities as described **DO** constitute MU being engaged in Human Subjects Research. Submission of a MU IRB Application **IS REQUIRED**. IRB Approval must be obtained before the research can begin.

	12/10/2013
Benjamin Kennedy	
IRB Staff Signature/Print	Date