Humboldt County Department of Health & Human Services

PUBLIC HEALTH

Deliverable 1:
Detailed written description of process and results of CHIP action planning

ASI Award & Humboldt County CHIP Crosswalk

ASI Deliverable	CHIP
Detailed description of the process	CHIP Pages 8-10
Setting community priorities	CHIP Pages 6-7
Developing goals, measurable objectives and improvement strategies	ATTACHMENT A to this summary contains the meeting packets for the two referenced meetings with community partners where goals, objectives and strategies were brainstormed.
Identifying performance measures with time-framed targets and individuals; **Identifying organizations that have responsibility for specific strategies;**	CHIP Pages 14 – 34
Workplan for implementation	The CHIP in its entirety – goals, objectives, strategies, targets, designated responsibility, and ongoing meeting schedule – is a workplan for implementation.

HUMBOLDT COUNTY

CHIP

Humboldt County Department of Health & Human Services

Community Health Improvement Plan 2014 - 2019

Table of Contents

INTRODUCTION

We are pleased to release our premier endeavor to conduct a collaborative community health improvement plan (CHIP) for Humboldt County.

The purpose of the Community Health Improvement Plan is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of Humboldt County residents.

The 2013 Community Health Assessment revealed that 5 of the 8 leading causes of premature death in Humboldt County are largely preventable. They are cardiovascular disease, alcohol and other drug overdoses, suicide, motor vehicle crashes, and liver disease. Our rates are shown below with the state and Healthy People 2020 goals for comparison.

DHHS Public Health, St. Joseph Health Humboldt County, over 30 partner organizations and nearly 300

LEADING CAUSES OF PREMATURE DEATH

Deaths per 100,000 (2009-11)	Humboldt County	California	Healthy People 2020 Goal
Heart Disease	107.5	122.4	100.8
Alcohol and Other Drug Overdose	36.7	10.9	11.3
Suicide	22.7	9.6	10.2
Motor Vehicle Crashes	15.7	7.5	12.4
Liver Disease	15.1	11.4	8.2

community members worked together to determine the root causes of these poor health outcomes, and develop a plan to improve them. With the social and environmental factors that contribute to our health in mind, we identified six priorities.

If we:

- Strengthen social and family cohesion;
- Shift social norms around alcohol and other drugs;
- Increase access to quality health and preventative care;
- Increase access to and use of diverse mental health care options;
- Increase affordability availability and knowledge of healthy foods; and
- Ensure safe neighborhoods for residents, pedestrians and bicyclists;

Then we will reduce cardiovascular disease, alcohol and other drug overdoses, suicide, motor vehicle crashes and liver disease.

Goals and suggested strategies for each of these priorities are included in this plan.

The goals in this plan are time-framed, but the process of assessing our community health and developing an improvement plan to address our most pressing issues will become a permanent part of our work and our culture.

We are extremely appreciative to all who have spent numerous hours over the past year developing this plan. Their involvement has been most valuable in helping to identify the health priorities for our community. We want to thank you for taking the time to read this plan. Let's Get Healthy Humboldt!

The Process

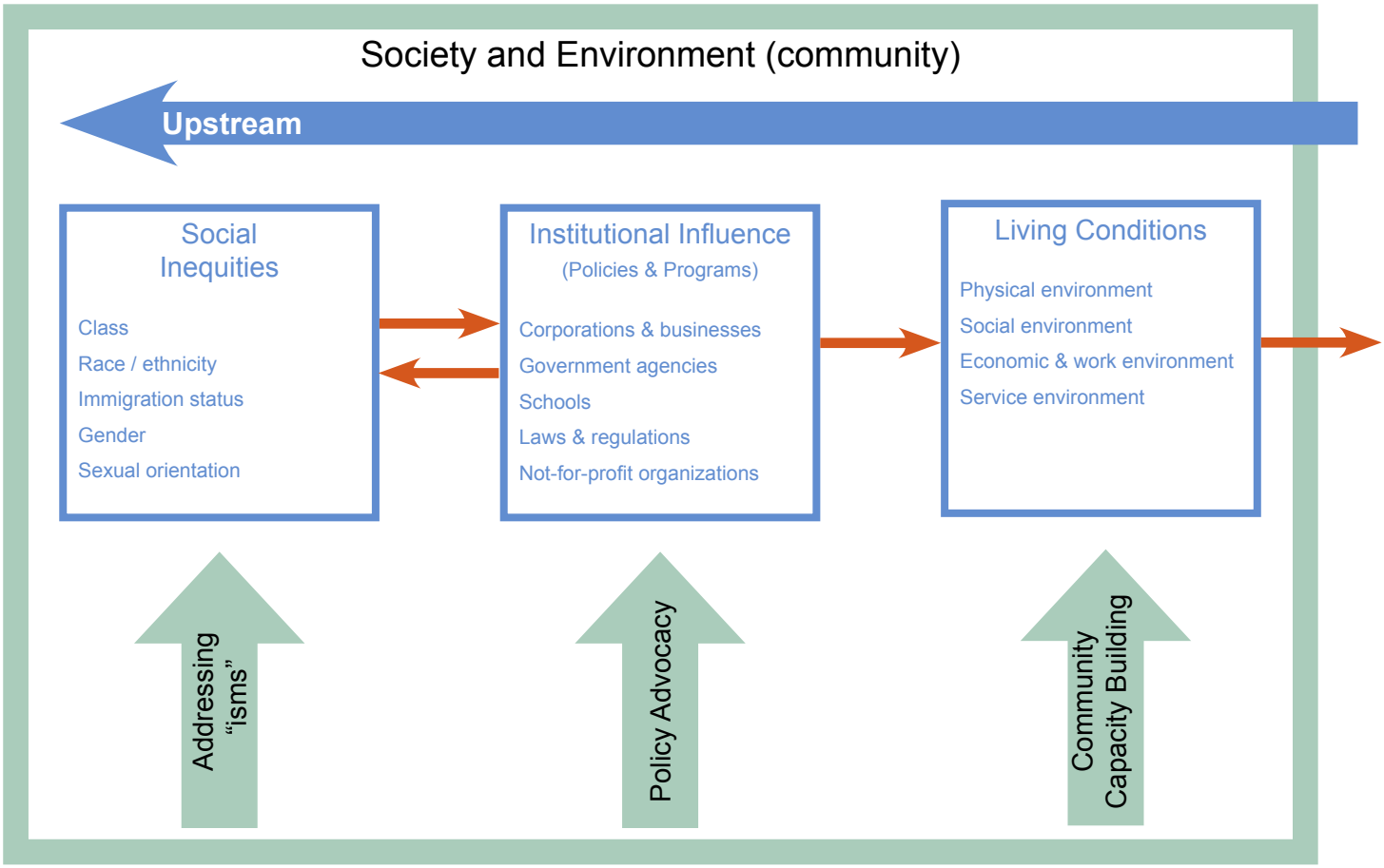
DHHS Public Health and St. Joseph Health Humboldt County partnered to host six regional meetings across the county.

Meetings were held in Willow Creek, Arcata, McKinleyville, Eureka, Eel River Valley and Garberville.

Community members formed sub groups around each of the 5 leading causes of premature death and used the Bay Area Regional Health Inequities Initiative (BARHII) framework below to identify contributing factors to these poor outcomes.

The BARHII framework helps us explore the factors

PUBLIC HEALTH MODEL



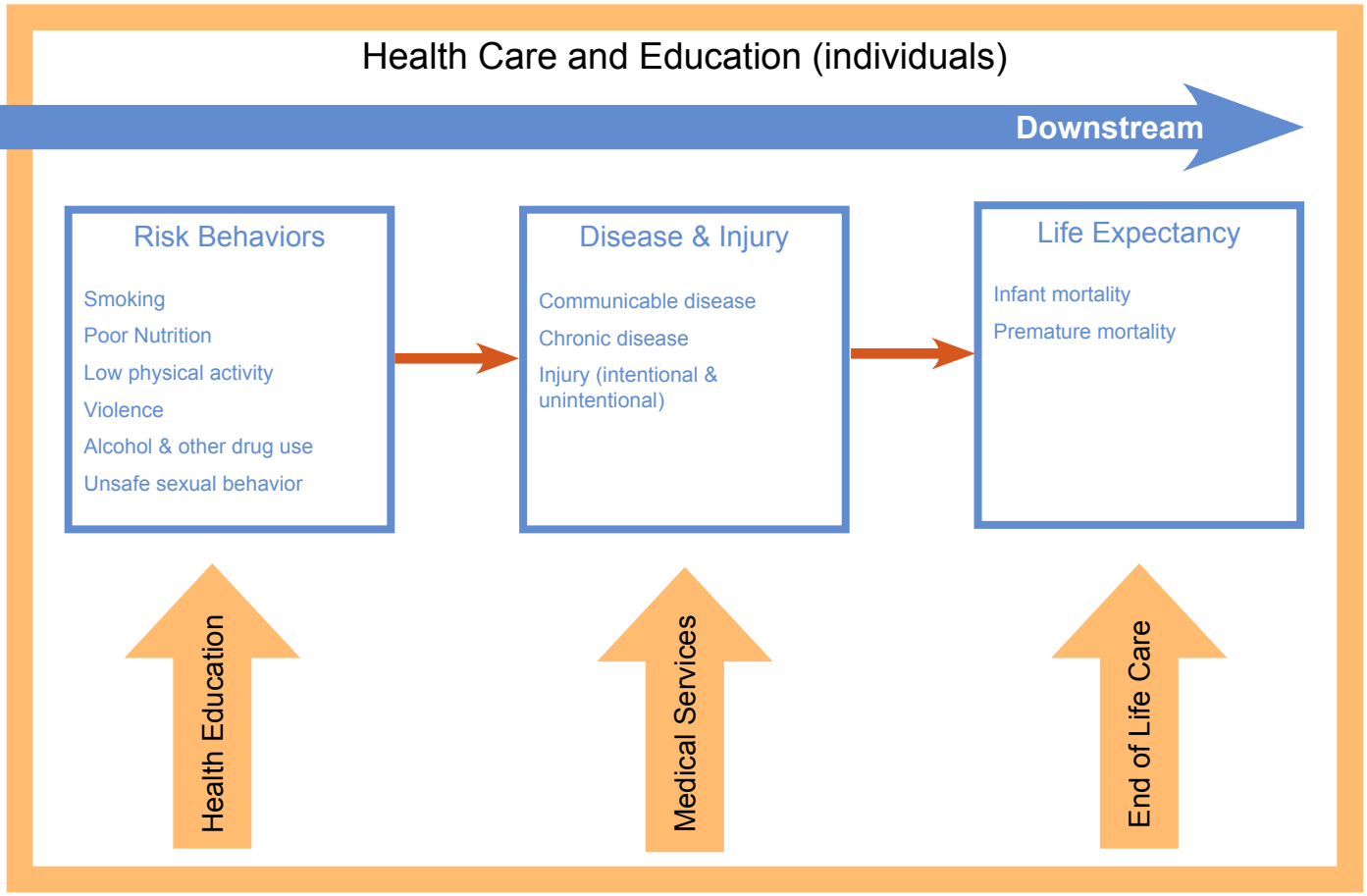
"upstream" that may be contributing to the health outcomes we are experiencing.

Complex social issues have no single cause that we can simply identify and fix. There are infinite combinations of influences that impact each of us, and equally infinite combinations of assets that we have to respond to them.

We do know, however, that the further "upstream" we work, the broader the impact we'll have on preventing premature death.

Beginning on the right side of the framework we begin by considering a single disease or injury -- Cardiovascular Disease, for example -- and then consider what risk behaviors may have led to that disease. Then for each risk behavior, we consider what living conditions may have contributed to that behavior. Continuing upstream (to the left on the framework) we consider what policies and programs may have contributed to the living conditions that contributed to the risk behavior that contributed to the disease, and so on.

We used this framework to begin the planning process described in the following pages.



Adapted from the Bay Area Health Inequities Initiative

The Process

The resulting analysis of Humboldt County's poorest health outcomes shows that they share upstream factors. In some instances, a specific upstream factor may be a contributor to all five of our leading causes of premature death.

These factors are shown in the matrix on the facing page. Reframed from the negative factor (lack of...) into a desired outcome, the following six priorities emerged. In no particular order, they are:

- Strengthen social and family cohesion.
- Shift social norms related to alcohol and other drugs.
- Improve access to quality health and preventative care.
- Improve access to and use of diverse mental health care options.
- Improve affordability, availablity and knowledge of healthy foods.
- Ensure neighborhoods are safe for residents, pedestrians, and bicyclists.

They are mutually reinforcing, so making progress in any one these areas can result in impacts to several of the targeted health outcomes.

"UPSTREAM" PRIORITY AREAS IDENTIFIED BY THE COMMUNITY

Outcomes / Priorities	Cardiovascular Disease	Alcohol and Other Drug Overdose	Suicide	Motor Vehicle Crashes	Liver Disease / Cirrhosis
Strengthen social and family cohesion	Lack of active family activities.	Poverty; Social isolation; Lack of healthy activities for youth; Exposure to trauma; Lack of support for creating healthy families; Lack of early AOD education.	Social isolation; Exposure to trauma; Poverty; Availability of lethal means.		Social isolation; Lack of support for creating healthy families; Poverty.
Shift social norms around alcohol and other drugs	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Drivingunder the influence; Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.	Acceptance of use; Ease of access to street and prescription drugs; Youth exposed to drug culture at home and in the community.
Increase access to quality health and preventative care	Lack of access to healthy foods; Poverty; Lack of transportation options.	Lack of early intervention; Poverty	Lack of treatment outside of a crisis.		Lack of health and nutrition education; Racism.
Increase access to and use of diverse mental health care options		Lack of transitional services from jail; Stigma.	Lack of transitional services from jail; Stigma.	Driving under the influence; Stigma.	Lack of access to diverse treatment options; Lack of clean needles.
Increase affordability, availability and knowledge of healthy foods	Poverty; Lack of health and nutrition education; Influential marketing of unhealthy foods.				Lack of access to heatlhy foods; Lack of health and nutrition education.
Ensure safe neighborhoods for residents, pedestrians, and bicyclists	Lack of transportation alternatives; Lack of safe streets for walking and biking.	Poverty; Lack of early AOD education.		Lack of safe streets for walking and biking.	Lack of transportation alternatives.

The Process

The communities' findings were brought to two half-day forums attended by over 80 representatives from 30 organizations that included traditional and non-traditional public health partners. Present were representatives from organizations serving seniors, organizations serving children, parks & recreation, veterans' services, foundations, schools, hospitals and clinics among others.

This group used the Public Health Spectrum of Prevention framework to generate goals and objectives for each of the identified themes.

The Spectrum of Prevention was used to highlight where our current activities are focused for each priority, and to identify opportunities to enhance those efforts with additional activities that fill in other parts of the spectrum.

Spectrum of Prevention
Influencing Policy and Legislation Developing strategies to change laws and policies to influence outcomes in health and safety
Changing Organizational Practices Adopting regulations and procedures to improve health and safety and create new standards for organizations
Fostering Coalitions and Networks Convening groups and individuals for broader goals and greater impact
Educating Providers Informing providers who will transmit skills and knowledge to others or become advocates for your goal
Promoting Community Education Reaching groups of people with information and resources to promote health and safety
Strengthening Individual Knowledge and Skills Enhancing an individual's capacity to prevent injury or illness and promote health and safety

For each priority existing and possible objectives were brainstormed across the spectrum. Individual spectrum worksheets are in Appendix B.

Brainstorming activities generate rich and expansive lists of possible opportunities. To narrow the list to a manageable size we established several criteria. Looking at each objective, participants were asked, "Is it:

- Specific;
- Measureable;
- Achievable;
- Relevant;
- Time bound; and is it
- An opportunity for Collective Impact?

Collective Impact is the commitment of individuals, groups and/or organizations from different sectors to a common agenda for solving complex social problems.

The Collective Impact model was used to guide this process, identifying those strategies that would be enhanced by shared measures and mutually reinforcing activities among other criteria.

We need to move beyond collaboration and align our efforts and activities if we're going to achieve lasting change to these large-scale social issues.

The Five Conditions of Collective Impact	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

For more on Collective Impact, visit: http://www.ssireview.org/articles/entry/collective_impact

The Process

Once objectives were agreed upon the workgroups brainstormed again to identify specific strategies that are, or could be implemented to support the identified objectives.

Many potential strategies were identified. Ultimately those with existing or willing champions were included in this plan.

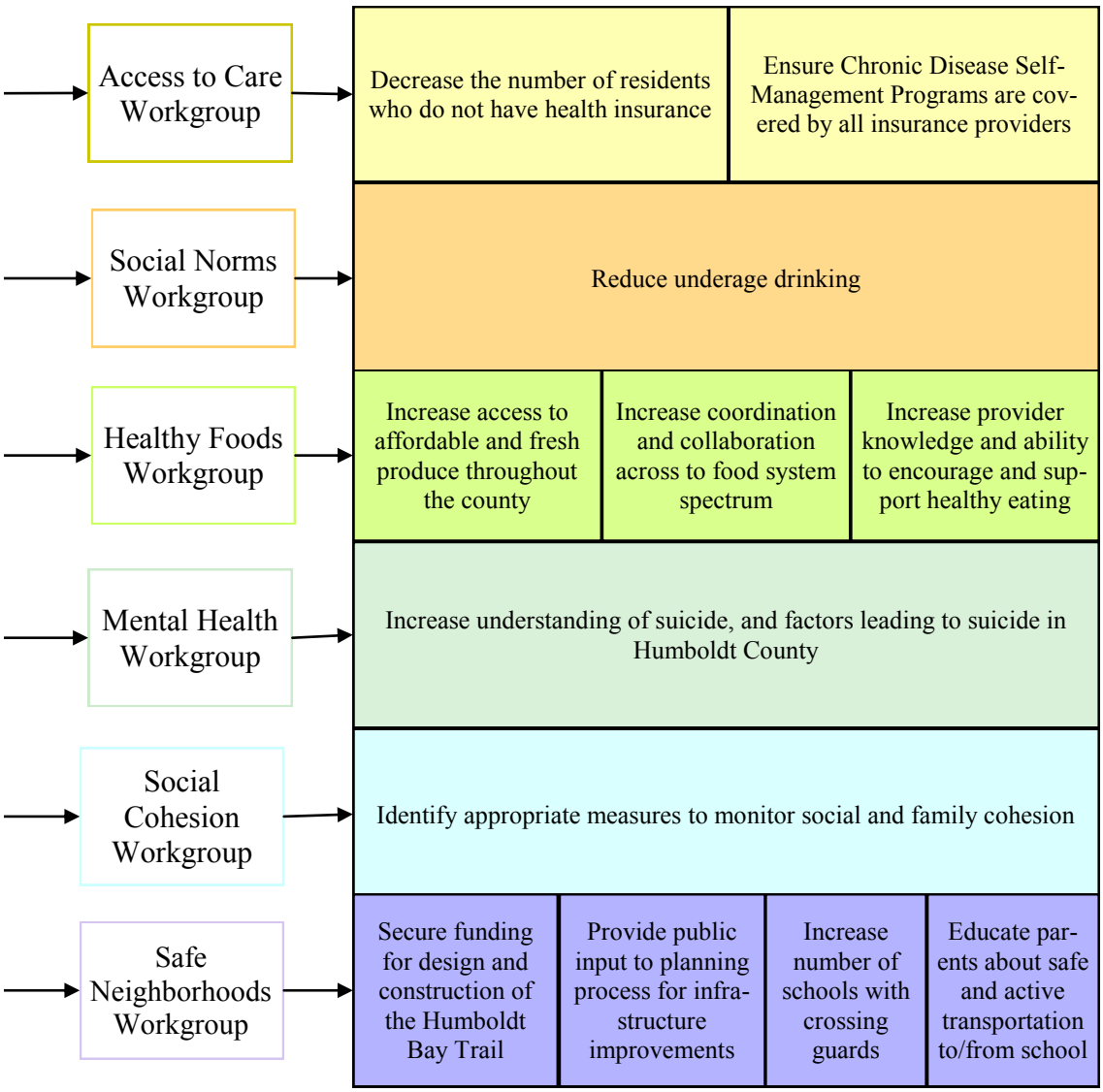
The graphic below summarizes the entire 2-year project and its timeline. The following pages examine

Nov., 2011—Aug., 2013	August—September, 2013	
THE DATA	**COMMUNITY VOICE**	**PRIORITIES**
The data shows that 5 of the leading causes of premature death in Humboldt County are largely preventable.	Using the data from the final Community Health Assessment, six regional meetings were hosted.	During these community forums participants identified their community's health priorities.

each of the priority areas, the objectives developed during the collective work, and identifies partners who are willing to take lead and/or support the implementation of the strategies.

This is by no means an exhaustive list of the work that is or will be undertaken to improve our health outcomes. As this plan is shared and circulated, we welcome additional partners that are willing to add to our collective impact.

October—December, 2013	January, 2014 — Present
LEADERSHIP	**IMPACT**
Topical focus groups identified key measureable objectives for each of the health priorities.	Objectives will be made "SMART" and strategies will be identified or developed and aligned. Individuals or organizations willing and able to implement the strategy will commit to do so.



The Future

This plan will be monitored quarterly with annual published updates on our progress. It will be completely re-envisioned every five years. If you see a place where you or your organization can plug in and increase our impact, please join us. Reach out anytime to Let's Get Healthy Humboldt, LGHH@co.humboldt.ca.us.

Schedule:

Quarterly Lead check-ins every September, December, March and June beginning in September, 2014. Please email for meeting details.

Annual Progress Report released in June of each year. Please email if you would like to recieve an electronic copy of the annual reports.

January, 2019 begins the next comprehensive assessment and planning period. Please email if you would like to be notified and participate.

Champions

City of Arcata
City of Eureka
CalFresh Task Force
Humboldt Allies for Substance Abuse Prevention
Humboldt County Department of Health and Human Services
Humboldt County Office of Education
Humboldt County Public Works
Humboldt Food Policy Council
McKinleyville Organizing Committee
Open Door Community Health Centers

Collaborators

California Center for Rural Policy
California Coastal Conservancy
California Department of Food and Agriculture
California Department of Transportation
College of the Redwoods
Communtiy Alliance with Family Farmers
County Nutrition Action Plan
Expanded Food and Nutrition Education
Family Resource Centers
Food For People
Humboldt Area Foundation
Humboldt County Association of Governments
Humboldt State University
North Coast Clinics Network
North Coast Growers Association
North Coast Railroad Authority
Partnership HealthPlan of California
People Improving Community through Organizing
Redwood Community Action Agency
United Indian Health Services

Priority 1: Increase social and family cohesion.

Why this priority?

Social and Family Cohesion was identified as an important determinant of health for our community. There were three main areas of concern:

- Individual, family, and community resilience
- Empowerment and civic engagement
- Multigenerational connectedness and cultural identity/participation

The breakdown of the above factors was identified as a contributor to each of the leading causes of premature death discussed in the Community Health Assessment.

The idea that improving social and family cohesion can result in better health appears in various public health initiatives. However there are a range of terms and perspectives that encompass this priority area. Looking at definitions for each of the areas, we see that each one is unique and, at the same time, each one is interconnected to the other areas of social and family cohesion.

Some examples:

Resilience is the ability to adapt well over time to life-changing situations and stressful conditions.

Civic engagement can be defined as actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community. The Journal on Active Aging,

Connectedness is defined as “the degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups.”

Cultural identity. American Indian identity, (is) the extent to which adolescents adopted an identity as American Indian and participated in practices, traditions, and spiritual beliefs resonant with tribal culture (Oetting & Beauvais, 1990–91). NIH article

How do these factors affect health?

Building each of these factors in individuals, families and communities has been linked to the prevention of suicide, substance abuse, and cardiovascular disease as well as many other negative health outcomes. Over the past 15 years, non-white and American Indian/Alaska Native persons in Humboldt County die approximately 12 years sooner, on average, than a white person.

The National Prevention Strategy states, “When people are empowered, they are able to take an active role in improving their health, support their families and friends in making healthy choices, and lead community change.”

The California Endowment is working on “Increasing the capacity of residents, including youth, to gain a stronger voice and take part in efforts to improve their communities.”

The CDC identifies promoting individual, family, and community connectedness as one of its strategic directions for the prevention of suicide. In this context, connectedness is defined as “the degree to which a person or group is socially close, interrelated, or

shares resources with other persons or groups."

The CDC notes that "This definition also comprises a wide range of concepts linked in the literature either theoretically or empirically to suicidal behavior, including social support, social participation, social isolation, social integration, social cohesion, and social capital."

Another example is a Culture-Based approach to AOD prevention described by the CA AOD program Native American youth are encouraged to participate in their cultural communities. CA AOD program provides a list of cultural interventions. "All of the activities assume the participation of elders, and include the transmission of tribal history, values, and beliefs. Music, drumming, and singing are also integral parts of most of these activities."

In Humboldt County there are many efforts that currently contribute to Social and Family Cohesion. Examples include: initiatives that increase peer involvement in and influence on service delivery (HCTAYC/ LatinoNet and the Promotoras/PEI-SDR/ System of Care/ United Advocates for Children and Families), community organizing committees (PICO, Loleta group, HAF), youth leadership development (4-H, Friday Night Live), family resource centers, playgroups (First 5), Big Brothers, Big Sisters and Nurse Family Partnership to name just a few.

Many of these activities focus on different aspects of Social and Family Cohesion (SFC). There is little integration among the efforts and there is no agreed upon, shared measurement to evaluate their impact on SFC. In order to make a difference in the area of Social and Family Cohesion, more work is needed to establish a common definition, evaluate our baseline, and identify performance indicators. This is where we will focus our intitial efforts.

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Priority 1: Strengthen social and family cohesion

Goal:	Define what the attainment of social and family cohesion would look like in Humboldt County
Objective:	Identify appropriate measures to monitor social and family cohesion
Strategy:	
Evidence based or Promising Practice?	n/a
Performance Indicator:	
Target:	At least 1 identified measure each for social cohesion and family cohesion
By When?	1/2017
Baseline:	no identified measures
Health outcomes or indicators for monitoring	• Proportion of children who live in households without an employed parent • proportion of the adult population who volunteer • suicide rates • Drug-induced death rates
Responsible Organization	DHHS
Contact	Lara Weiss
Email	lweiss@co.humboldt.ca.us
Collaborators	CCRP, HAF, 1st 5, Stanford, PICO
Policy change required?	No

DHHS: County of Humboldt Department of Health and Human Services

CCRP: California Center for Rural Policy

HAF: Humboldt Area Foundation

PICO: People Improving Community through Organizing

ecrhumanitas.net

Priority 2: Shift social norms around alcohol and other drugs

Why this priority?

scope of alcohol, tobacco and other drug abuse within the community.

In Humboldt County the average age of alcohol initiation is 13-14 years, compared with 16 years statewide.

The use of alcohol, tobacco and other drugs causes problems that are pervasive and touch every area of our lives, including the social and economic fabric of our culture. Alcohol and other drug use effect mortality and morbidity, as well as intended and unintended injury, unplanned pregnancy, poor birth outcomes, childhood development, adolescent health, mental health, violence, infectious diseases, and chronic disease.

People typically adapt to the norms of their community. One of the strategies of environmental prevention is to change community norms so that high risk and illegal use of alcohol, tobacco and other drugs is not acceptable.

Norms are not defined strictly as laws or policies. Norms are often unwritten expectations or rules that a community holds, sometimes by default. For example, a community might believe that it's acceptable to provide alcohol to youth at graduation parties as long as an adult is present. Years ago, smokers could assume that smoking within the homes of friends and family was permissible – and would often do so without asking. That norm has changed: Those who smoke will usually ask if smoking is permitted in their host's home – or just assume smoking takes place outside.

Creating a health-promoting normative environment can include everything from promoting public events that are free from alcohol, tobacco and other drug use to educating community members about the real

Goal:	**Increase community awareness of risks of alcohol and other drug use.**
Objective:	Reduce underage drinking
Strategy:	Develop and facilitate passage of county-wide Social Host Ordinance
Evidence based or Promising Practice?	Social Host Ordinances are considered a Promising Practice for Environmental Strategies
Performance Indicator:	Passage of a Social Host Ordinance
Target:	Implementation of a Social Host Ordinance
By When?	7/2016
Baseline:	No Ordinance in Place
Health outcomes or indicators for monitoring	• Youth reporting accessing alcohol from a home setting • Youth reporting that they have not talked to their parents about the dangers of alcohol and drugs • Youth under age 15 who report drinking
Responsible Organization	ASAP
Contact	Beth Wells
Email	bwells@co.humboldt.ca.us
Collaborators	DHHS, Elected Officials
Policy change required?	Yes

DHHS: County of Humboldt Department of Health and Human Services

ASAP: Humboldt Allies for Substance Abuse Prevention

Priority 3: Increase access to quality healthcare and preventative care

Why this priority?

According to the World Health Organization, many factors combine together to affect the health of individuals and communities. Factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health. The more commonly considered factors such as access and use of health care services often have less of an impact.

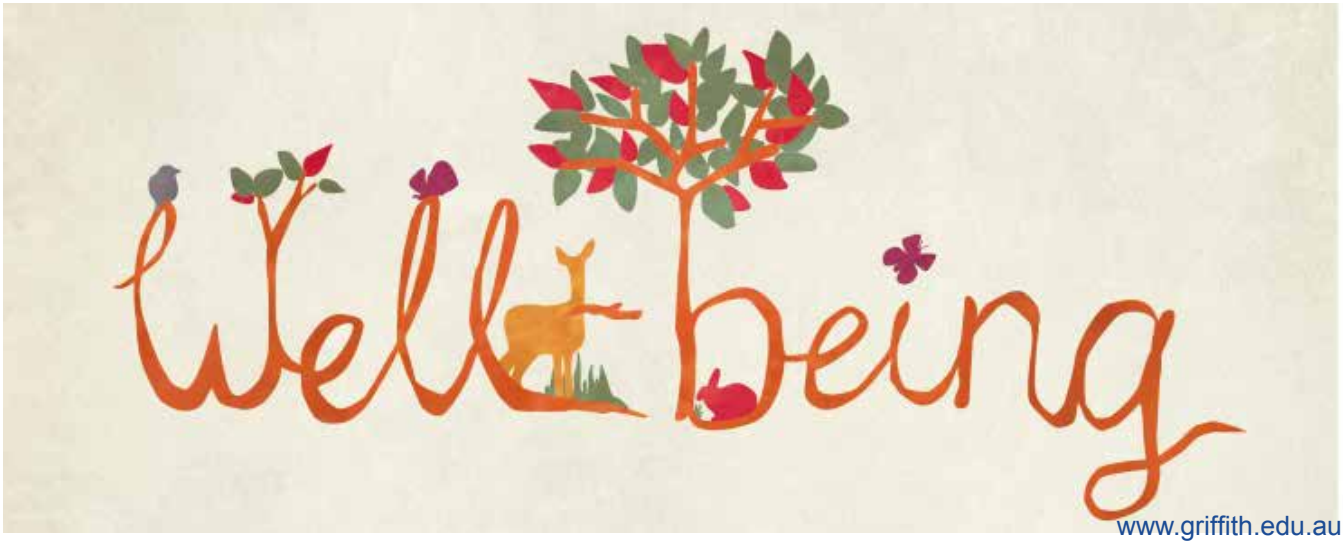
While acknowledging that health care per se is a relatively small contributor to an individual's overall health, the Humboldt County community selected access to quality healthcare and preventive care as a community health improvement plan priority. This two part priority area involves 1) assuring that all individuals have health insurance and therefore access to a medical home and 2) that high quality preventive services are also available. For purposes of preventive care, our focus is on the availability of evidence-based chronic disease self management programs. The baseline of uninsured adults in Humboldt County prior to the Affordable Care Act is 24%, on par with the statewide average.

The Affordable Care Act has greatly increased access to health care services for Humboldt County residents. Accessing health insurance through either through expanded MediCal benefits or through Covered California can be daunting for many and our aim is to assure wide availability of hands-on assistance for eligibles. Assistance needs to be readily available not only for initial health insurance applications but for renewals and for managing changing eligibility status.

Our second priority area is to assure availability of and access to preventive care through Chronic Disease Self Management Programs (CDSMP). CDSMP is an evidenced-based program focused on an individual's self-efficacy, the confidence one has that he or she can master a new skill or affect one's own health. People who take CDSMP classes demonstrate improvements in exercise, cognitive symptom management, communication with physicians, self-reported general health, health distress, fatigue, disability, and social/role activities limitations.

Free CDSMP classes have been widely available and accessed in Humboldt County through the work of the California Center for Rural Policy with funding from the Robert Wood Johnson Foundation. Well over 1300 Humboldt County residents have participated in CDSMP programs since 2005. RW Johnson support of these classes will end in 2015. These classes would securely be available if costs were covered by MediCal and other insurance products.

Goal 1:	Increase the number of people who have a medical home by increasing the number of people insured
Objective:	Decrease the number of Humboldt County residents who do not have health insurance
Strategy:	Increase the number of Community Enrollment Counselors in Community Based Organizations and Federally Qualified Health Centers
Evidence based or Promising Practice?	No
Performance Indicator:	Number of Community Enrollment Counselors (CEC)
Target:	10 CECs
By When?	12/31/2015
Baseline:	0 CECs
Health outcomes or indicators for monitoring	Too broad
Responsible Organization	DHHS
Contact	Susan Buckley
Email	sbuckley@co.humboldt.ca.us
Collaborators	NCCN, FRC Network, RCAA
Policy change required?	No



www.griffith.edu.au

Priority 3: Increase access to quality healthcare and preventative care

Goal 2:	Increase access to culturally appropriate preventative healthcare services - specifically Chronic Disease Self-Management Programs (CDSMP).
Objective:	Chronic Disease Self Management Programs are covered by all insurance providers
Strategy:	Assure that local Medi-Cal Managed Care plan covers CDSMPs
Evidence based or Promising Practice?	Yes
Performance Indicator:	PHC Policy
Target:	100% Covered
By When?	12/31/2015
Baseline:	Not Covered
Health outcomes or indicators for monitoring	Too broad
Responsible Organization	DHHS
Contact	Susan Buckley
Email	sbuckley@co.humboldt.ca.us
Collaborators	CCRP, PHC
Policy change required?	Yes

DHHS: County of Humboldt Department of Health and Human Services

NCCN: North Coast Clinics Network

FRC: Family Resource Centers

RCAA: Redwood Community Action Agency

CCRP: California Center for Rural Policy

PHC: Partnership HealthPlan of California

Priority 4: Increase access to and use of diverse mental health care options

Why this priority?

Desire for increased access to mental health services was a common theme of the stakeholder process. This long range goal will be an important part of the implementation of the Affordable Care Act.

Overall health consists of both physical and mental health. The Substance Abuse and Mental Health Administration (SAMHSA) defines health as "including mind, body, spirit and community. Recovery is overcoming or managing one's disease or symptoms and making informed, healthy choices that support physical and emotional wellbeing." Participants in the community health assessment process recognized this and applied those concepts to addressing the problems of suicide, unintentional overdose and other problems related to substance abuse and untreated mental disorders.

Participants identified the large geographic area of Humboldt County as presenting access problems for residents to receive mental health treatment and community support. Participants recognized that this same geography can contribute to isolation and a lack of social cohesion. Other barriers identified were stigma, a reluctance to ask for help and even a reluctance to offer help and support.

It was agreed that more specific aggregate data needed to be available to understand suicide in Humboldt County. This would allow comparison to similar sized counties with high rates of suicide. This could help build community capacity for suicide prevention and early intervention. This could guide existing services and identify the need for new services as well.

Goal:	Increase understanding of mental health as part of overall health and wellbeing
Objective:	Increase understanding of suicide, and factors leading to suicide in Humboldt County
Strategy:	Establish a suicide death review team to review suicide deaths of persons over 18 years.
Evidence based or Promising Practice?	No
Performance Indicator:	Existence of an active team
Target:	All suicides are reviewed
By When?	11/2015
Baseline:	Suicides by persons under 18 are reviewed
Health outcomes or indicators for monitoring	Suicide rate
Responsible Organization	DHHS
Contact	Mike Goldsby
Email	mgoldsby@co.humboldt.ca.us
Collaborators	UIHS, HSU, CR, HCOE, Probation, Hospice
Policy change required?	No

DHHS: County of Humboldt Department of Health and Human Services

UIHS: United Indian Health Services

HSU: Humboldt State University

CR: College of the Redwoods

HCOE: Humboldt County Office of Education

Priority 5: Ensure safe neighborhoods for residents, pedestrians, and bicyclists

Why this priority?

Humboldt County envisions a healthy community that is safe and inviting for residents, pedestrians, bicyclists and motorists. This priority area was identified as an important contributing factor related to several of the most concerning health outcomes experienced in our county. The absence of safe, walkable communities is a leading cause of physical inactivity (link). Physical inactivity is a leading cause of cardio vascular disease which is a leading cause of death in Humboldt County.

In rural communities people often have to travel long distances to their destinations and many areas lack sidewalks, bike lanes, and other infrastructure to support walking and bicycling. Humboldt County is working to increase safety and connect residents by foot, bicycle, and public transit to their schools, workplaces, and communities at large.

Some examples of efforts include: policy passed to reduce the speed limit in school zones (Fortuna), programs that encourage public transit use (Humboldt State University's Jack Pass), education in schools such as suggested walking/biking maps, arrival/dismissal maps, afterschool bike clubs, and bike and pedestrian education in the classroom. Groups are also working to increase and improve walkways, bike paths and connect communities through a trail system.

Encouraging active modes of transportation can improve public health. With more people walking and bicycling, communities experience safer streets, reduced traffic demands, a stronger sense of community, improved air quality, and greater physical fitness. Both walking and cycling are good for your heart, your muscles, your bones, and are linked to improved mental health.

Goal 1:	Increase options for active modes of transportation
Objective:	By 2019, secure funding for design and construction of the Humboldt Bay Trail.
Strategy:	Jurisdictions (County of Humboldt, City of Arcata, City of Eureka) apply for grant funding to further trail completion. Coordinate trail planning between jurisdictions to ensure connectivity. Plan and design trail segments to they are “shovel ready” for future construction grants. Support local fund-raising to provide cost-share for grant applications. Collaborate with NCRA and Caltrans to incorporate trail into railroad and highway corridors.
Evidence based or Promising Practice?	No
Performance Indicator:	Completion of new trail segment designs or construction.
Target:	Continuous trail from Eureka Waterfront to central Arcata
By When?	Construction of one trail segment starting in 2014 (City of Arcata). Completed trail by 2019.
Baseline:	Hikshari’ Trail, Eureka Boardwalk
Health outcomes or indicators for monitoring	Increased walking/bicycling mode share. Increased rate of physical activity
Responsible Organization	City of Arcata, Humboldt County Public Works, City of Eureka
Contact	Karen Diemer, Deputy Director of Environmental Services
Email	kdiemer@cityofarcata.org
Contact	Miles Slattery, Deputy Director of Public Works
Email	mslattery@ci.eureka.ca.gov
Contact	Hank Seemann, Deputy Director of Environmental Services, Humboldt County Public Works
Email	hseemann@co.humboldt.ca.us
Collaborators	HCAOG, Caltrans, NCRA, California Coastal Conservancy.
Policy change required?	No

Priority 5: Ensure safe neighborhoods for residents, pedestrians, and bicyclists

Goal 2:	Increase safety in neighborhoods experiencing high collision rates (all modes)
Objective 2.1:	Provide public input during 2014/2015 for planning infrastructure improvements that will increase bicycle saftey on Central Avenue in McKinleyville.
Strategy:	The McKinleyville Organizing Committee (MOC) and partners will meet regularly with County engineers and the fifth district County Supervisor to address safety concerns and infrastructure needs on the portion of Central Avenue slated for improvements.
Evidence based or Promising Practice?	No
Performance Indicator:	Quarterly meetings are held to provide public input.
Target:	Plan for infrastructure improvements completed
By When?	12/2015
Baseline:	Existing roadway
Health outcomes or indicators for monitoring	Project site is too small for statistically-reliable data. The assumptions are that there will be increased physical activity and reduced collisions between motor vehicles and pedestrians or bicycles.
Responsible Organization	MOC
Contact	Renee Saucedo
Email	renees@hafoundation.org
Collaborators	Humboldt County Public Works, County Supervisor Ryan Sundberg, Humboldt Area Foundation
Policy change required?	No

Goal 2:	**Increase safety in neighborhoods experiencing high collision rates (all modes)**
Objective 2.2:	Increase the number of schools in Eureka with crossing guards from 0 to 3 by Fall 2015.
Strategy:	Develop a volunteer crossing guard training program at Eureka City Schools.
Evidence based or Promising Practice?	Potentially Promising. Under review.
Performance Indicator:	Presence of crossing guards. Roster of crossing guards.
Target:	3 Eureka schools
By When?	8/2015
Baseline:	0 Eureka schools
Health outcomes or indicators for monitoring	Increase in number of students walking or biking to school as indicated in annual parent transportation survey results.
Responsible Organization	Humboldt County DHHS
Contact	Mellody Mallick
Email	mmallick@co.humboldt.ca.us
Collaborators	RCAA, CA Highway Patrol, Eureka Police Department, Eureka City Schools Staff.
Policy change required?	Individual school policies to have crossing guards

Priority 5: Ensure safe neighborhoods for residents, pedestrians, and bicyclists

Goal 2:	Increase safety in neighborhoods experiencing high collision rates (all modes)
Objective 2.3:	Educate parents about safe walking, bicycling, driving and bus-taking to school.
Strategy:	Guidelines for safe walking, bicycling, driving and bus-taking will be included in the parent handbooks of one additional school district.
Evidence based or Promising Practice?	No
Performance Indicator:	Safety guidelines added to Parent Handbooks
Target:	1 additional school district
By When?	8/2014
Baseline:	1 school district - Eureka City Schools
Health outcomes or indicators for monitoring	Project size too small to produce statistically stable data. Assumptions are that more children will use active modes of transportation, thereby increasing their physical activity, and that there will be fewer collisions between students and motor vehicles.
Responsible Organization	Humboldt County DHHS
Contact	Joan Levy
Email	jlevy@co.humboldt.ca.us
Collaborators	RCAA, School principals and superintendants
Policy change required?	No

DHHS: County of Humboldt Department of Health and Human Services

HCAOG: Humboldt County Association of Governments

CalTrans: State of California Department of Transportation

NCRA: North Coast Railroad Authority

MOC: McKinleyville Organizing Committee

RCAA: Redwood Community Action Agency

Priority 6: Improve affordability, availability and knowledge of healthy foods.

Why this priority?

Coordinator, Laura McEwen sums it up this way: "We have worked on a number of strategies to promote healthy lifestyles, but there are a lot of factors that need to be considered and a better future for our children is only possible if we work together across the food spectrum to address a complex set of issues. Individual isolated interventions just do not work."

Everyone Deserves Access to Healthy Food.

"We know that a lot of things contribute to poor nutrition and obesity but access is a key issue," says Ira Singh Deputy Director of Public Health, Humboldt County Department of Health and Human Services. "When people don't have the ability to get healthy foods in their community at an affordable price, it is much harder for them to be healthy overall." Ann Holcomb, Executive Director of Food for People, continues that thread to its core: "Food is not a luxury, it's a necessity. It's not a want. You need food, and every community needs access to affordable food -whatever is affordable for that community." Continuing the thread in the other direction, North Coast Growers Association Executive Director, Portia Bramble, asserts "When you are talking about food systems and access to healthy food, it is important to highlight local and fresh produce – not just because fresh is best nutritionally, but because local farmers are vital to community wellness, economic viability, and sustainability." Humboldt Food Policy Council

Goal 1:	Increase access to affordable, nutritious foods.
Objective 1.1:	Increase access to affordable and fresh produce throughout the county.
Strategy:	Develop plans and partnerships to identify and address produce deserts.
Evidence based or Promising Practice?	No
Performance Indicator:	Copies of completed plans
Target:	Adopted plans, shared vision, shared commitment of strategies
By When?	9/2015
Baseline:	Some coordination. No shared plans.
Health outcomes or indicators for monitoring	California Health Interview Survey data: Did not eat fast food in the past week Eat five or more servings of fruits / vegetables Eligible adults who participate in the CalFresh program
Responsible Organization	Food Policy Council
Contact	Barbara O'Neal
Email	boneal@co.humboldt.ca.us
Collaborators	NCGA, CAFF, CCRP, FFP, CNAP, DHHS, RCAA, HFPC
Policy change required?	No

DHHS: County of Humboldt Department of Health and Human Services

NCGA: North Coast Growers Association

CAFF: Communtiy Alliance with Family Farmers

CCRP: California Center for Rural Policy

FFP: Food For People

CNAP: County Nutrition Action Plan

CHIS: California Health Interview Survey

RCAA: Redwood Community Action Agency

HFPC: Humboldt Food Policy Council

CFTF: CalFresh Task Force

EFNED: Expanded Food and Nutrition Education

CDFA: California Department of Food and Agriculture

Priority 6: Increase affordability, availability and knowledge of healthy foods

Goal 1:	Increase access to affordable, nutritious foods.
Objective 1.2:	Increase coordination and collaboration across the food system spectrum every year for the next three years.
Strategy1.2.1:	Increase commitment to and participaton in food-related coordinating groups.
Evidence based or Promising Practice?	No
Performance Indicator:	Attendance reports
Target:	Increase 10% each year
Performance Indicator:	Participant survey
Target:	Reported increase in collaboration
By When?	Measured annually in June
Baseline:	Regular meetings of FPC, CNAP and CTF
Health outcomes or indicators for monitoring	CHIS data: Did not eat fast food in the past week Eat five or more servings of fruits / vegetables Eligible adults who participate in the CalFresh program
Responsible Organization	Food Policy Council
Contact	Barbara O'Neal
Email	boneal@co.humboldt.ca.us
Collaborators	UC CalFresh, DHHS CFTF, CNAP, EFNED, CDFA
Policy change required?	No
Strategy 1.2.2	Host a Food Summit
Evidence based or Promising Practice?	No
Performance Indicator:	Event report and evaluations
Target:	Successful Summit
By When?	10/2016
Baseline:	Summit requested by CFTF
Health outcome or indicators for monitoring	Indirect
Responsible Organization:	CFTF
Contact:	Barbara O'Neal
Email:	boneal@co.humboldt.ca.us
Collaborators	HFPC, CNAP
Policy change required?	No

Goal 2:	**Increase understanding of what healthy eating means.**
Objective 2.1:	Increase provider (clinicians, school meal providers) knowledge and ability to encourage and support healthy eating.
Strategy2.1.1:	Increase the number of physicians and clinic offices using Food Rx or other food prescription tool.
Evidence based or Promising Practice?	Yes
Performance Indicator:	Providers reporting # of Food Rx prescriptions made
Target:	All ODCHC sites use Food Rx and have shared information with other providers
By When?	12/2017
Baseline:	Some ODCHC clinicians have begun to use Food Rx or similar
Health outcomes or indicators for monitoring	Project is too small to produce statistically-significant data. The assumption is that those who are "prescribed" healthy food by their clinician may adopt a healthier diet.
Responsible Organization	ODCHC
Contact	Barbara O'Neal
Email	boneal@co.humboldt.ca.us
Collaborators	FFP, Pantries, Community Gardens, NCCGC, NCGA, DHHS
Policy change required?	ODCHC - specific policy may be developed
Strategy 2.1.2	Increase school meal quality and use by students
Evidence based or Promising Practice?	No
Performance Indicator:	Program use
Target:	At least 4 school districts improve lunch participation by 5%.
By When?	12/2016
Baseline:	Percent of free/reduced meals to ADA is 7/3% below state average
Health outcome or indicators for monitoring	CHIS data: Did not eat fast food in the past week Eat five or more servings of fruits / vegetables
Responsible Organization:	HCOE
Contact:	Barbara O'Neal
Email:	boneal@co.humboldt.ca.us
Collaborators	CAFF, DHHS, CCRP, HC Food Service Network
Policy change required?	School district - specific policies may be developed

APPENDIX A: COMMUNITY STRENGHTS & ASSETS

Humboldt County is about a six hour drive north from San Francisco or Sacramento, or about an hour on the turbo-prop planes that service our regional airport.

The communities -- Arcata, Eel River Valley, Eureka, Fortuna, McKinleyville and Willow Creek -- where the meetings were held included large and small, incorporated and not, coastal and inland. They also identified the myriad of assets and strengths they have to work with.

Humboldt County is beautiful, rural, and remote — so isolated that residents sometimes joke they live "behind the redwood curtain." And they love it here. Our most prized community assets were captured in the "wordles" that follow. These assets provide the building blocks to improve our health.

Combined Communities


Walkable
Environment
Schools
Farmers-Market
Arcata
Resources
Weather
Safe
Bicycles
Marsh
Accountability
Bookstores
Community-Forest
Music
Friendly
Generous
Amazing-People
Arts
Small


Families
community
Valley
Riverlodge
Quiet
Sun
Water Park
Small
Ferndale
Friendly
Trees
Open
Rhonert-Park
Rain
Loleta
Beach
Fog
Cooler
Eel-River-Valley
Ocean
Clean
View
Air
Tranquil
Festivals
Redwoods
River
Safe
Arboles


Climate
Seals
People
Old-town
Art
HIksari-Trail
Bay
Boardwalk
Clean-air
Madaket
History
Neighborhoods
Gardening
Cultural-diverstiy
Redwood-curtain
Zoo
Festival-atmosphere
Waterfront
Weather
Walkable
Arts-Alive
Eureka
Woodley-Island-Marina
Ocean
Houses
Disc-golf-course
Murals
Forest
Architecture
Supporting
Bikable
Beach
Music
Jefferson
No-traffic
Community
Cultural-diversity
Festivals
Good-food


SoHum
land
nonprofits
Food
KMUD
Beauty
Relationships
ocean
Strong-community-ties
wild
Trees
river
Nature
Wildlife
Small
Musicians
Creative-people
Consciousness
Clean-air
River
Good-Friends
Natural-Beauty
Redwoods
beauty
Friends
No-traffic


Willow
Creek
Snow
Summer
Warm
Home
Family
Fun
Weather
River
Play
Swimming
Forests
Small
Seasons
Trinity-River
Sun
Trees
Wild


Ocean
Beach
Hammond-Trail
Redwoods
Innovative
Home
Airport
Trails
Clam-beach
Mad-River
McKinleyville
Views

APPENDIX B: SPECTRUM OF PREVENTION WORKSHEETS

The strategies listed in this plan started in these brainstorming pages, and are being implementedto improve our community health outcomes. These pages are a valuable index of possible interventions for future initiatives.

Goal: Increase community awareness of risks of alcohol and other drug use.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Promote and prevent opportunities available through the Affordable Care Act
	Implement a Social Host ordinance
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Increase physicians' use of CURES system to track pharmaceutical prescriptions
	Promote alcohol-free events
	Increase AOD prevention for youth
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Reduce youth access to alcohol and prescription drugs
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers on meaningful interventions and referrals
	Produce and promote directory of treatment and prevention programs
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Educate public about addiction as a chronic disease
	Promote family dinner initiatives as opportunities for families to talk about drugs
	Promote benefits of drug-free lifestyle
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase peer support networks and resources
	Increase school-based AOD prevention

Goal: Increase access to treatment to address multigenerational drug abuse.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Increase funding to AOD and MH treatment
	Increase length of treatment when appropriate
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Increase treatment options
	Increase treatment options for those incarcerated
	Address drug prescribing patterns, and provide options for chronic pain management
	Make available guidelines for sober living environments
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Increase coordination and communication between AOD providers
	Increase meaningful multi-generational contact and support
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers on intervention and treatment resources for addicted patients
	Educate law enforcement on substance abuse similar to CIT program
	Increase cultural awareness in AOD treatment providers for ethnic and racial minorities and LGBT clients
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Promote speaker's programs to reduce stigma and increase help-seeking behavior
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Overdose prevention education, NarcAn promotion
	Youth empowerment and leadership opportunities and career opportunities
	Implement Children's Program Kit

Goal: Increase the number of people who have a medical home by increasing the number of people insured.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Simplify Medi-Cal
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Train outreach and navigator staff within local organizations
	Train Certified Enrollment Counselors within local organizations
	Establish systems to support insurance renewals
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate primary care providers to follow up on referrals and recommendations for preventative care
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Use media to educate people about enrollment and a medical home
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase understanding of how to enroll electronically and via phone

Goal: Increase access to culturally appropriate preventative healthcare services - specifically Chronic Disease Self Management Programs (CDSMP).

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Sustain CDSMP for Medi-Cal clients
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Ensure providers effectively refer patients to CDSMPs Ensure referral and CDSMP materials are available in Spanish
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate providers about CDSMPs so that they will understand and promote them
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate individuals about CDSMPs so that they will participate in and complete programs

Goal: Increase active modes of transportation for all.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reduce school zone speed limit
	Change HTA bus policy to allow shoppers to have a greater number of bags on board
	Increase and improve walkways and bike paths
	Connect communities through trail system
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Improve bus shelters
	Make bus routes directional rather than circular
	Increase animal control near school routes
	Improve timing of traffic lights
	Increase public bathroom access
	Advocate for better street lighting
	Install alternatives to yellow bombs for visually impaired
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Share goals, strategies and policies between groups working on this goal area
	Groups increase awareness of and coordinate with each other's efforts
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate traffic control officers
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop and distribute school arrival / dismissal maps
	distribute school-specific recommended walking / biking routes
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase bike and pedestrian education in the schools and community
	Teach people how to use the bus system

Goal: Increase safety in neighborhoods experiencing high collision rates (all modes).

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reduce school zone speed limits
	Establish steeper penalties for distracted driving
	Pass joint use policies
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Expand Jack Pass beyond HSU
	Develop school crossing guard programs
	Increase number of controlled left turn signals, crosswalks, and speed tables
	Improve timing of traffic lights
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Facilitate neighborhood engagement to prioritize projects
	Increase cooperation between cities and county
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Develop data overlaying auto collisions and SES and encourage CalTrans, HCAOG, and local governments to use the data to prioritize projects
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop, maintain and provide access to maps of bike / pedestrian routes
	Decrease number of vehicle trips
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase education to drivers by law enforcement
	Increase bike and pedestrian education

Goal: Increase access to affordable services especially in outlying areas and for diverse populations.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Develop and financially secure people from culturally & linguistically diverse groups for jobs
	Bring / extend community resources and programs to school system
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Educate providers on use & importance of using interpreters
	Build mental health infrastructure to improve response time
	Collect and share data to increase awareness
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Increase community support groups
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Increase effectiveness of mental health services
	Increase awareness of existing services and support for mental health, suicide prevention and early intervention
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Educate the community around and about mental health parity, Medi-Cal and Covered California
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase awareness regarding self-care and self-awareness especially for students of color

Goal: Increase understanding of Mental Health as part of overall health and well-being.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Implement a policy requiring education about mental health, including early identification
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Increase screening and recognition for mental health, especially for employees
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Reduce stigma by using social networks and media
	Encourage an existing network to map all existing services
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Increase provider skills for recognition, screening for mental health, suicide prevention and early intervention through training
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop a strategy to reduce stigma around mental health
	Increase informed social support
	Increase awareness and knowledge-base of consumers and community regarding mental health for early intervention
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Increase awareness regarding self-care and self-awareness especially for students of color
	Increase involvement of consumers and clients in decision-making about treatment options

Goal: Increase opportunities for community engagement: by youth; through community organizing; in cultural activities; and through volunteering.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Alter insurance requirements to allow for community events
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Translate information for events into Spanish
	Provide accessible information
	Post volunteer opportunities on employer blogs / bulletin boards
	Allow paid volunteer time for employees
	Require or promote community service opportunities for families and youth
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Support and create cultural celebrations
	Support and promote community organizing networks
	Support and promote Adopt-A-Block programs
	Support and promote playgroups
	Encourage teen advisory panels to guide projects
Educating Providers Which providers transmit skill and knowledge to others about this issue?	
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Develop a volunteer app or website
	Use social and other media
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Support and promote community organizing efforts
	Support and promote youth leadership programs
	Get information out about opportunities
	Support and promote Speakers' Collective, Seeds of Understanding, and other programs that support individuals to share their stories

Goal: Increase frequency of shared family and community meals.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Daily meals at the Senior Resource Center
	Change school transportation to alleviate barriers to attending family meals
	Meals provided at worksites for whole family
	Avoid planning events at dinner time
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate Family Resource Center staff about the health and social benefits of family meals
	Encourage primary care providers, mental health care providers, etc., to promote health and social benefits of family meals
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Conduct a social media campaign about family dinners
	Invite youth to serve and dine at senior centers
	Organize dinners together with community gardens and farms
	Adopt-a-grandparent for meals
	Conduct a county wide campaign for monthly family dinner night
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate youth about the importance of family meals

Goal: Increase resiliency among high risk and / or marginalized groups.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Reinstate early mental health initiative
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Promote trauma-informed care
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Develop and support a friendship hotline Promote and support grief services
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Link families from one program to another Develop and support school-based resiliency-building programs
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Promote awareness of "who supports you, and who do you support?"

Goal: Increase access to affordable, nutritious foods.

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Change policies about donating event food, reataurant leftovers, post-sell-date foods, etc.
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Glean excess foods for re-distribution
	Purchase farm shares and / or start a garden at workplaces
	Increase school usage of local produce and food products
	Develop a way for local farmers to meet the demands for produce in food deserts
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Educate service providers about existing resources so they can effectively refer their clients to services
	Support and promote “Plant a Row for the Hungry”
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Plant more community gardens
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Decrease stigma of food support programs (CalFresh, school lunches, pantries)
	Get mobile produce wagons or other produce distribution into neighborhoods

Goal: Increase understanding of what healthy eating means

Spectrum of Prevention	
Influencing Policy and Legislation What local or state policies influence this issue?	Implement policies to encourage and consistently fund use of CalFresh at farmers' markets
	Implement a policy that supports bonus produce and / or bonus dollars for USDA-funded programs
Changing Organizational Practices What [workplace, school, program, etc] practices influence this issue?	Establish wellness policies and practices at workplaces and schools to eliminate sugar-sweetened beverages and sugary snacks
	Promote healthy food and snack sales at youth events and fundraisers
Fostering Coalitions and Networks Who is working on this issue? Who else could be part of these groups?	Share goals, strategies, policies and agendas to increase awareness and coordination of efforts
Educating Providers Which providers transmit skill and knowledge to others about this issue?	Health care providers educate patients and help them set specific goals, including prescriptions for nutrition such as Food Rx
	Increase understanding and awareness among lunch providers and teachers
Promoting Community Education What strategy(ies) will reach large groups of people with the message about this issue?	Implement marketing campaigns
	Use newspaper articles
Strengthening Individual Knowledge and Skills What will strengthen the knowledge and skill that will support this issue?	Educate employees at worksites
	Educate new parents about nutrition

DELIVERABLE 1

ATTACHMENT A

COMMUNITY PARTNER MEETING PACKETS

Community Partner Meeting

10-25-13 Packet

Let's get Healthy, Humboldt!

Community Health Improvement Plan

October 25, 2013

Purpose: To collectively create a Community Health Improvement Plan.

Desired Outcomes:

At the close of today's meeting, we will have:

- Heard the themes from the six regional meetings that preceded this one.
- Examined and discussed the "Spectrum of Prevention" framework.
- Generated goals and strategies for addressing the themes.
- Explored and expanded our understanding of who is included in the local public health system.
- Considered our roles in Let's Get Healthy Humboldt! going forward.

AGENDA	Time
Ice Breaker	10 - 10:15
Opening • Purpose, outcomes • Agenda • Time-frame • Roles and ground rules	10:15 – 10:30
Context for today • Background on LGHH Process • Six regional meetings accomplished • Contributing factors to leading health problems • Prioritization result from regional meetings	10:30 – 10:40
Spectrum of Prevention • Developing objectives • Developing strategies	10:40 – 10:50
Transition to groups	10:50 – 10:55
Goal Development • What would success look like if we addressed this issue?	10:55 – 11:40
Goal Prioritizing What is: • Achievable? • Sustainable? • Supportable?	11:40 – 12:15
LUNCH	**12:15 – 12:45**
Report-out	12:45 – 1:15

Transition to Groups	1:15 – 1:30
Strategy Building • How, exactly, are we going to do that? • Is anybody doing that now?	1:30-2:30
Report Out	2:30 – 3:30
Next Steps • Be part of Let's Get Healthy Humboldt!, the Community Health Improvement Plan • November 22nd.	3:30 – 3:50
Closing	3:50 - 4


Small
Festival-Atmosphere
Accountability
Food
Arboles
People
Trees
Airport
Bookstores
Innovative
Jefferson
Bay
Marsh
Festivals
Play
Riverlodge
Warm
Relationships
Wild
Consciousness
Murals
Farmers-Market
Architecture
Woodley-Island-Marina
Swimming
Generous
Hammond-Trail
Community-Forest
Wildlife
History
Neighborhoods
Good-Friends
Mad-River
Hiksari-Trail
Arts-Alive
Musicians
Home
Redwoods
KMUD
Ferndale
Tranquil
Friendly
Seasons
Summer
Environment
Redwood-Curtain
Nature
Supportive
Waterfront
Valley
Nonprofits
Natural-Beauty
Open
Safe
Houses
Water
Weather
Music
Family
View
Forest
Beach
Boardwalk
Cultural-Diversity
Views
Climate
No-Traffic
Parks
Sun
Gardening
Madaket
Clam-beach
Arts
Rain
Trinity-River
Cooler
Schools
Cultural-Diversity
Walkable
Clean-Air
Strong-Community-Ties
Forests
Fun
Disc-Golf-Course
Bicycles
Ocean
Families
Zoo
Snow
Seals
Creative
Good-Food
Fog
Old-Town
Community
Trails
Bikable
Friends
Clean
River
Beauty
Rhonert-Park
Quiet
Land
Loleta

The Public Health System

pub·lic health (pŭb`lĭk `helth) *n.*

: the art and science dealing with the protection and improvement of community health by organized community effort and including preventive medicine and sanitary and social science

-Merriam-Webster

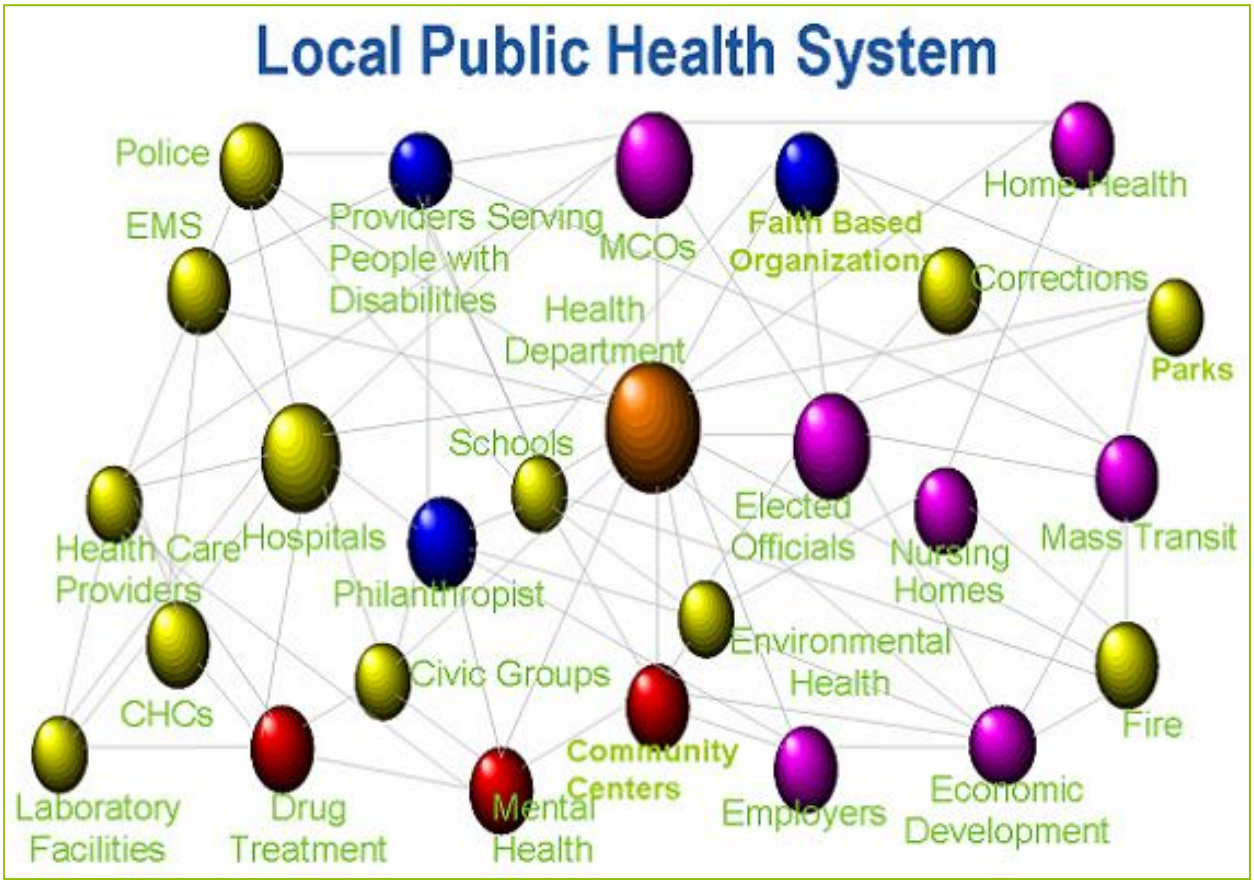
There are 3 Core Functions and 10 Essential Public Health Services that describe public health activities and provide a framework for protecting and improving community health (see graphic on facing page).

DHHS Public Health is one of over 2,800 state, local and tribal health departments charged with ensuring the provision of the 3 Core Functions and 10 Essential Services of public health in their jurisdictions.

But it's not DHHS alone. As illustrated in the graphic below, many organizations play a role in improving the public's health and, together, make up the Public Health System.

Our public health "system" is comprised of many agencies working in concert to keep us healthy and safe from disease and injury.

Public health systems are commonly de-



fined as "all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction."

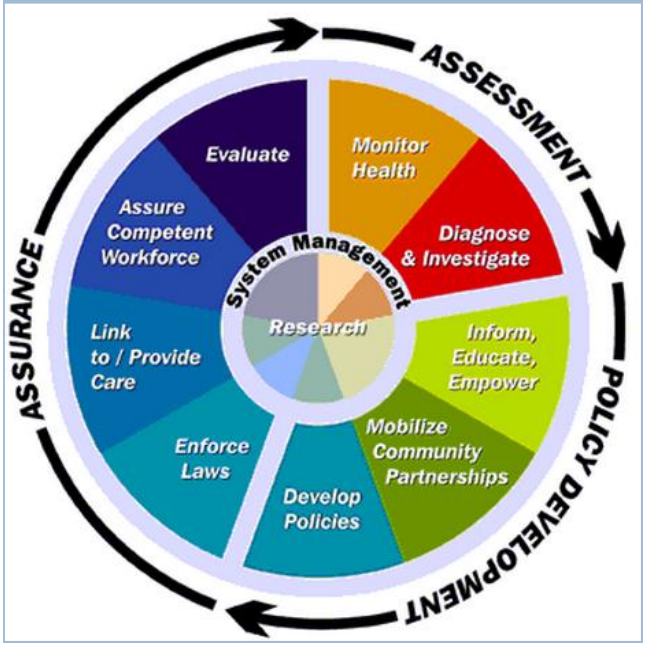
The complex nature of most social problems belies the idea that any single program or organization, no matter how well managed and funded, can singlehandedly create lasting large-scale change.

Developing strong relationships among these organizations will support us all in achieving what the *Stanford Social Innovative Review* (SSIR)(Winter 2011) calls Collective Impact.

The promise of the Collective Impact approach is substantial improvement on large scale social problems through structured collaboration that includes five key conditions: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organization.

Together, using a collective impact approach, we can align our resources and move our county toward a healthy future.

3 Core Functions, 10 Essential Services

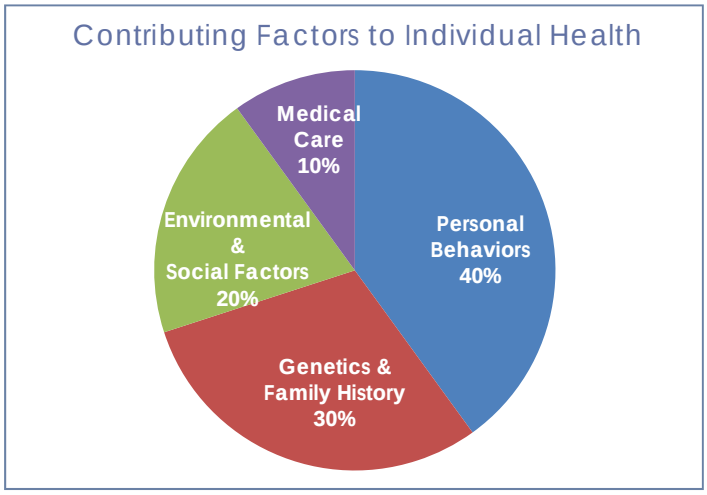


The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

http://www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work

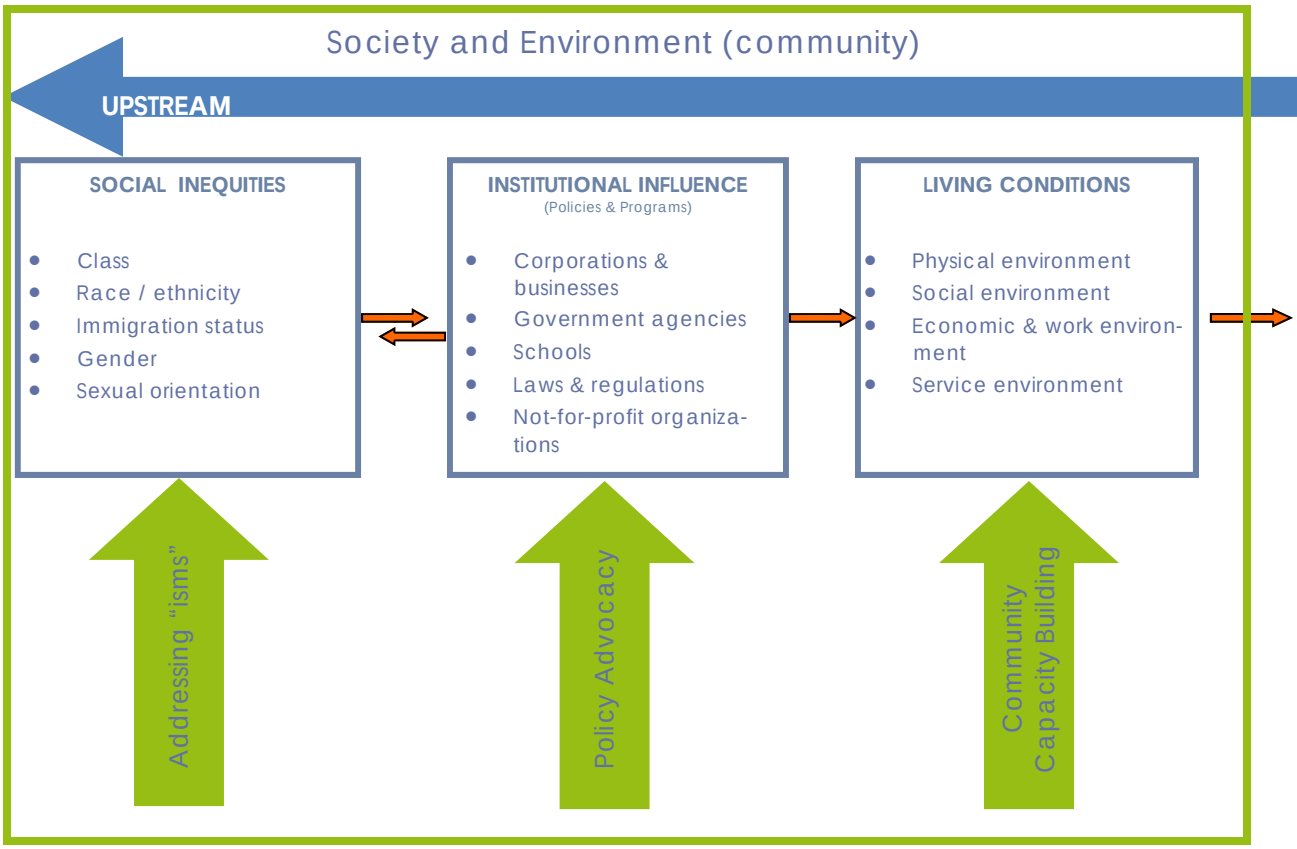
What Drives Health?



Research suggests that only about 10 percent of your health status is determined by the medical care you receive.

While genetics plays a substantial role, our lifestyle choices, and the physical and social environments that influence those choices, are a much more powerful determinant—accounting for about two-thirds of health outcomes. Public health and many social services focus on those environments, aiming to make is easier for people to be healthy.

The graphic, below and on the facing page, shows a framework that describes different categories for evaluating community health. Understanding the problems and opportunities in each of these areas helps us think about the best ways to make improvements.



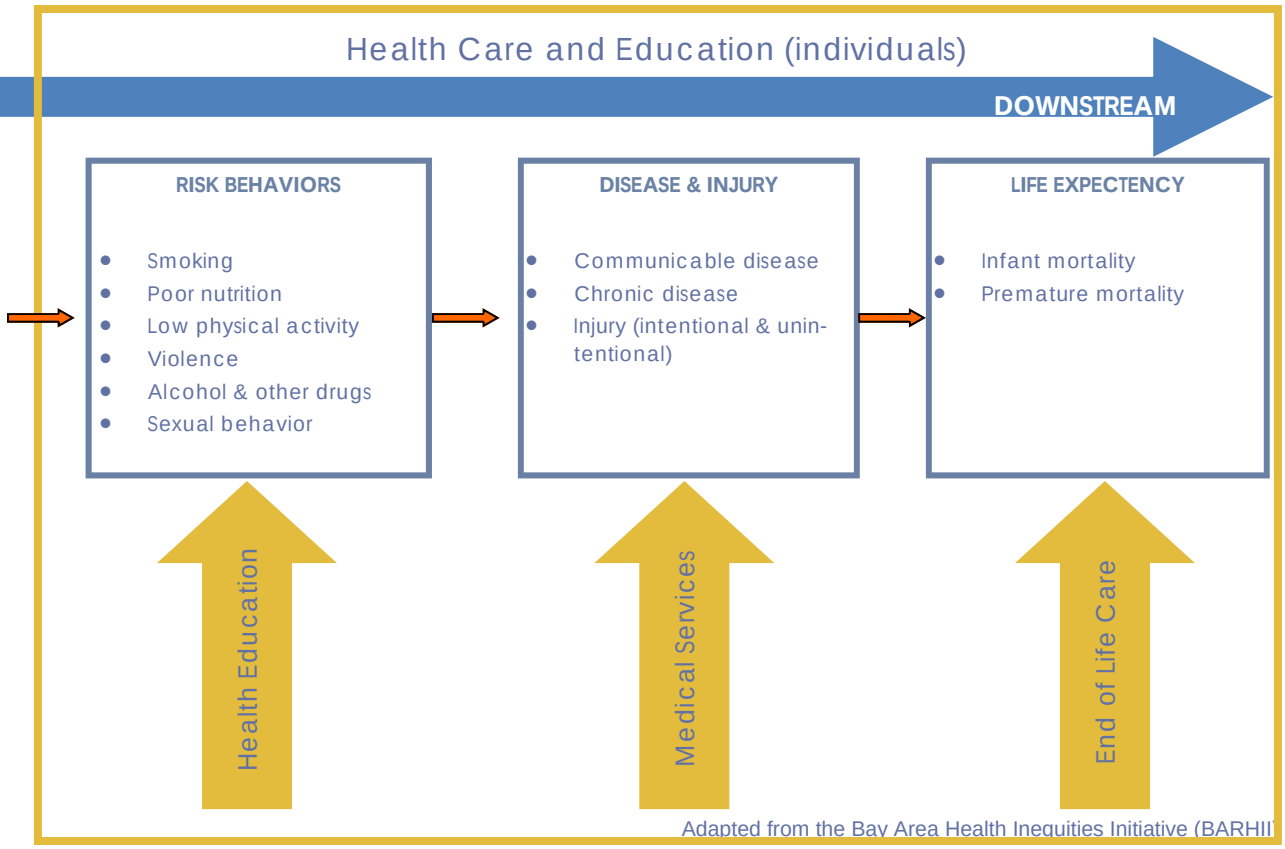
When efforts can be made to change factors further "upstream", health impacts will be more significant and reach will be greater than when efforts are targeted at the more "downstream" factors.

Working "upstream" at the community level usually entails addressing health inequities.

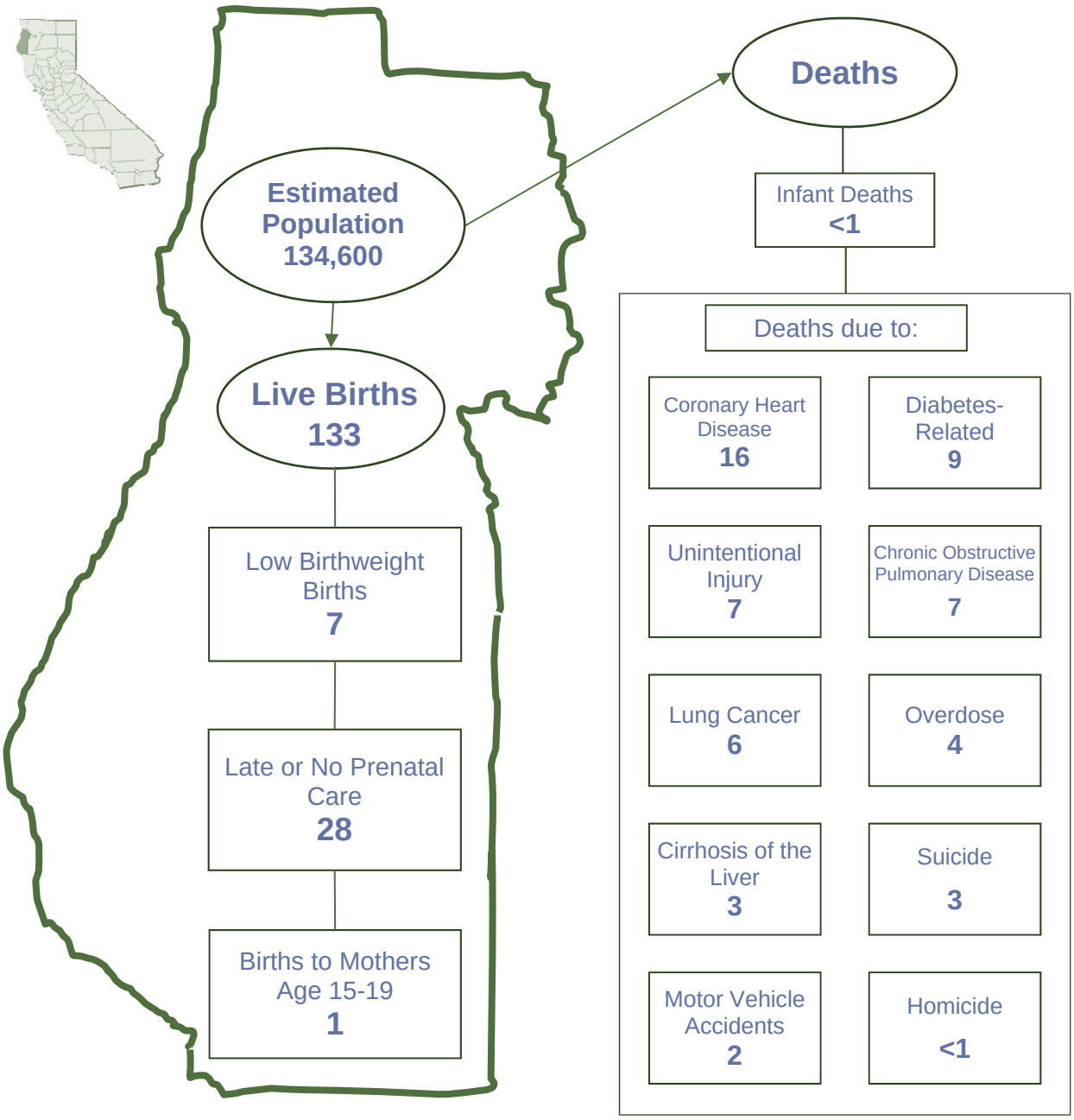
The World Health Organization describes health inequities as avoidable inequalities in health between groups of people. Inequities occur at the global, national and local level , and are influenced by both social and environmental factors.

An example of health inequities can be seen locally in our rates of diabetes-related and lung cancer deaths when compared across races; and regionally, Humboldt County residents experience rates of drug and alcohol-related deaths that are inequitable when compared statewide or nationally.

> ***"It is unreasonable to expect that people will change their behavior so easily when so many forces in the social, cultural, and physical environment conspire against change. If successful programs are to be developed to prevent disease and improve health, attention must be given not only to the behavior of individuals, but also to the environmental context within which people live."***
>
> -Institute of Medicine



A Typical Month



Note: Average per month represents estimated average annual number of events divided by twelve, and rounded to the nearest whole number.

Data Sources: Humboldt County Public Health and California Department of Public Health

Demographics

HUMBOLDT DEMOGRAPHIC PROFILE	Humboldt County	*California*
Population, 2010	**134,623**	37,253,956
Population, percent change, 2000 to 2010	**6.4%**	10.0%
Population, 2000	**126,518**	33,871,648
Persons under 5 years old, percent, 2009	**6.1%**	7.5%
Persons under 18 years old, percent, 2009	**20.2%**	25.5%
Persons 65 years old and over, percent, 2009	**13.0%**	11.2%
Female persons, percent, 2009	**50.4%**	49.9%
White persons, percent, 2010 (a)	**81.7%**	57.6%
White persons not Hispanic, persons, 2010	**77.2%**	40.1%
Black persons, percent, 2010 (a)	**1.1%**	6.2%
American Indian and Alaska Native persons, percent, 2010 (a)	**5.7%**	1.0%
Asian persons, percent, 2010 (a)	**2.2%**	13.0%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	**0.3%**	0.4%
Persons reporting two or more races, percent, 2010	**5.3%**	4.9%
Persons of Hispanic or Latino origin, percent, 2010 (b)	**9.8%**	37.6%
Foreign born persons, percent, 2005-2009	**5.2%**	26.8%
Language other than English spoken at home, pct age 5+, 2005-2009	**8.8%**	42.2%
High school graduates, percent of persons age 25+, 2005-2009	**89.9%**	80.5%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	**26.9%**	29.7%
Veterans, 2005-2009	**11,194**	2,092,627
Mean travel time to work (minutes), workers age 16+, 2005-2009	**18.1**	27.0
Housing units, 2009	**59,457**	13,433,718
Homeownership rate, 2005-2009	**57.0%**	57.9%
Housing units in multi-unit structures, percent, 2005-2009	**19.3%**	30.7%
Median value of owner-occupied housing units, 2005-2009	**$327,900**	$479,200
Households, 2005-2009	**52,520**	12,187,191
Persons per household, 2005-2009	**2.4**	2.9
Per capita money income in past 12 months (2009 dollars) 2005-2009	**$23,496**	$29,020
Median household income, 2009	**$35,985**	$58,925
Persons below poverty level, percent, 2009	**19.0%**	14.2%
Percent Workforce Unemployed (July 2012)	**10.8%**	10.9%
Land area, 2000 (square miles)	**3572.5**	155959.3
Persons per square mile, 2010	**37.7**	238.9

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
Sources:
US Census Bureau State & County QuickFacts (http://quickfacts.census.gov/qfd/index.html)
State of California Employment Development Department (http://www.labormarketinfo.edd.ca.gov/?pageid=1006)

Impact Matrix	Alcohol and Other Drug Overdose	Suicide	Motor Vehicle Crashes	Cardiovascular Disease	Liver Disease / Chirrhosis
Strengthen social and family cohesion.	Poverty. Social isolation. Lack of healthy activities for youth. Exposure to trauma. Lack of support for creating healthy families. Lack of early AOD education.	Social Isolation. Exposure to trauma. Poverty. Availability of lethal means.		Lack of active family activities.	Social Isolation. Lack of support for creating healthy families. Poverty
Shift social norms related to alcohol and other drugs.	Acceptance of use. Ease of access to street and prescription drugs. Youth exposed to drug culture at home and in community.	Ease of access to street and prescription drugs. Youth exposed to drug culture at home and in community.	Driving under the influence. Acceptance of use. Ease of access to street and prescription drugs. Youth exposed to drug culture at home and in community.	Acceptance of use. Ease of access to street and prescription drugs. Youth exposed to drug culture at home and in community.	Acceptance of use. Ease of access to street and prescription drugs. Youth exposed to drug culture at home and in community.
Improve access to quality health and preventative care.	Lack of early intervention. Poverty.	Lack of treatment outside of a crisis.		Lack of access to healthy foods. Poverty. Lack of transportation options.	Lack of heatlh and nutrition education. Racism.
Improve access to and use of diverse mental health care options.	Lack of transitional services from jail. Stigma.	Lack of treatment outside of a crisis. Stigma.	Driving under the influence. Stigma.		Lack of access to diverse treatment options. Lack of clean needles.
Improve affordability, availability and knowledge of healthy foods.				Poverty. Lack of health and nutrition education. Influential marketing of unhealthy foods	Lack of access to healthy foods. Lack of heatlh and nutrition education.
Ensure neighborhoods are safe for residents, pedestrians, bicyclists and motorists.	Poverty. Lack of early AOD education.		Lack of safe streets for walking and biking	Lack of transportation alternatives. Lack of safe streets for walking and biking.	Lack of transportation alternatives.

Spectrum of Prevention: Strategy for Change

SAMPLE - Lactation Accommodation in Workplaces

SPECTRUM LEVEL:	SAMPLE ANSWERS:
6. Influencing Policy and Legislation What is one example of a local or state policy that supports breastfeeding? (Challenge yourself: identify a potential new policy that would promote positive breastfeeding environments)	1. Lactation accommodations in workplaces 2. Subsidized breast pumps 3. Tax breaks for breastfeeding mothers 4. Local, state, and federal policies to protect a woman's right to breastfeed in public
5. Changing Organizational Practices What is one potential hospital practice and one potential workplace practice that would support breastfeeding?	1. Break time for employees to pump 2. Unless medically necessary, no formula provided at hospitals 3. Adequate maternity leave
4. Fostering Coalitions and Networks Who are four potential members of a local coalition striving to create work sites that support breastfeeding?	1. Labor union 2. Public Health Department 3. La Leche League 4. Doctor 5. Hospital 6. Parents
3. Educating Providers Who are two different groups of providers that could have a substantial impact on breastfeeding environments?	1. Employers 2. Nurses 3. Day care providers 4. Grandparents 5. Children's store employees
2. Promoting Community Education What is one potential strategy to reach large groups of people with the message that breastfeeding is important?	1. Breastfeeding posters in workplaces 2. Hold "feed-ins" in restaurants, parks and other highly visible venues
1. Strengthening Individual Knowledge and Skills What is one potential strategy to strengthen knowledge and skills that support new mothers in initiating breastfeeding?	1. Training community lactation consultants 2. Support groups for new parents 3. Training employers on effective strategies for supporting breastfeeding employees

Spectrum of Prevention: Strategy for Change

SAMPLE - Cultivating Peace in Salinas

In an effort to improve health outcomes for children, youth and families, the City of Salinas joined together with the Violent Injury Prevention Coalition (VIPC) and their foundation Partners for Peace to launch a community collaborative planning process. The resulting framework, Cultivating Peace in Salinas, focuses primarily on reducing youth violence through the strategies below.

SPECTRUM LEVEL:	ACTIVITIES/STRATEGIES:
6. Influencing Policy and Legislation Developing Strategies to change laws and policies to influence outcomes in health and safety	• Translate report recommendations into an action plan for the ballot • Develop public policies to address alcohol as a risk Factor for violent behavior • Develop public policies to address gun regulation in Salinas
5. Changing Organizational Practices Adopting regulations and procedures to improve health and safety and create new standards for organizations	• Increase after-school and recreation opportunities • Prioritize economic development and job training for youth • Implement measures to reduce truancy • Promote family –friendly practices among employers
4. Fostering Coalitions and Networks Convening groups and individuals for broader goals and greater impact	• Develop collaboration between city, county and school districts to implement this plan • Continue VIPC as violence prevention coordinating group • Establish an intergovernmental youth services board • Collaborate to produce an annual report card
3. Educating Providers Informing providers who will transmit skills and knowledge to others or become advocates for your goal	• Develop a strategy to reduce gang violence • Support practitioners who work in violence prevention
2. Promoting Community Education Reaching groups of people with Information and resources to promote health and safety	• Develop initiatives that promote positive community values • Enhance positive media messages and reduce the impact of negative messages • Encourage more positive role models and mentors for youth • Convene community-wide dialogue on discipline
1. Strengthening Individual Knowledge and Skills Enhancing an individual's capacity to prevent injury or illness and promote health and safety	• Invest in early childhood and parent support initiatives • Improve literacy rates for children and adults

SPECTRUM OF PREVENTION

6. INFLUENCING POLICY AND LEGISLATION

Developing strategies to change laws and policies to influence outcomes in health and safety

5. CHANGING ORGANIZATIONAL PRACTICES

Adopting regulations and procedures to improve health and safety and create new standards for organizations

4.FOSTERING COALITIONS AND NETWORKS

Convening groups and individuals for broader goals and greater impact

3.EDUCATING PROVIDERS

Informing providers who will transmit skills and knowledge to others or become advocates for your goals

2.PROMOTING COMMUNITY EDUCATION

Reaching groups of people with information and resources to promote health and safety

1.STRENGTHENING INDIVIUAL KNOWLEDGE AND SKILLS

Enhancing an individual's capacity to prevent injury or illness and promote health and safety

Community Partner Meeting

11-22-13 Packet

Let's Get Health Humboldt
Community Health Improvement Plan

Friday, November 22, 2013
9 a.m. – Noon
HCOE Annex, Myrtle Ave., Eureka

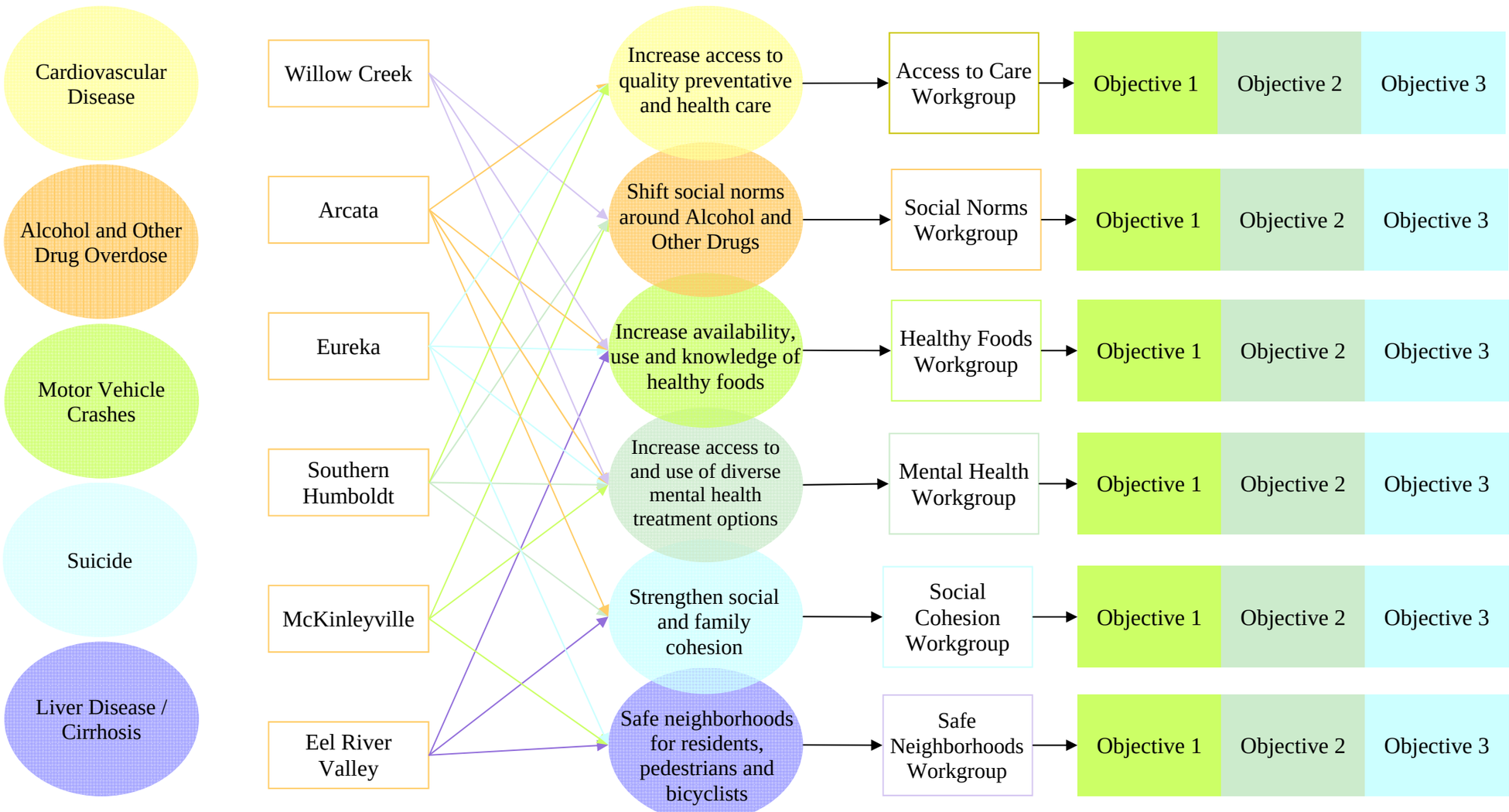
Purpose: To collectively create a Community Health Improvement Plan.

Desired Outcomes for today's meeting:

- **We will have a catalog of current activities in pursuit of the community's priorities, and their measures.**
- **We will have furthered our understanding of the Collective Impact Model, and how we might use the framework to improve our outcomes.**

AGENDA	Time
Welcome & Opening	9:00 – 9:40
Recap	
Primer on Collective Impact	
Today's Process	
Workgroup breakouts	9:40 – 11:30
Report out	11:30 – 11:55
Close	11:55 – 12:00

Nov., 2011—Aug., 2013	August—September, 2013		October, 2013	November, 2013
THE DATA	**COMMUNITY VOICE**	**PRIORITIES**	**LEADERSHIP**	**IMPACT**
The data shows that 5 of the leading causes of premature death in Humboldt County are largely preventable.	Using the data from the final Community Health Assessment, six regional meetings were hosted.	During these community forums participants identified their community's health priorities.	Topical focus groups will identify key measureable objectives for each of the health priorities.	Strategies to address the indicators will be identified or developed, and individuals or organizations willing and able to implement the strategy will commit to do so.



Stanford SOCIAL INNOVATION REVIEW

Informing and inspiring leaders of social change

By John Kania & Mark Kramer | 62 | Winter 2011

Collective Impact

Large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.

The scale and complexity of the U.S. public education system has thwarted attempted reforms for decades. Major funders, such as the Annenberg Foundation, Ford Foundation, and Pew Charitable Trusts have abandoned many of their efforts in frustration after acknowledging their lack of progress. Once the global leader—after World War II the United States had the highest high school graduation rate in the world—the country now ranks 18th among the top 24 industrialized nations, with more than 1 million secondary school students dropping out every year. The heroic efforts of countless teachers, administrators, and nonprofits, together with billions of dollars in charitable contributions, may have led to important improvements in individual schools and classrooms, yet system-wide progress has seemed virtually unobtainable.

Against these daunting odds, a remarkable exception seems to be emerging in Cincinnati. Strive, a nonprofit subsidiary of KnowledgeWorks, has brought together local leaders to tackle the student achievement crisis and improve education throughout greater Cincinnati and northern Kentucky. In the four years since the group was launched, Strive partners have improved student success in dozens of key areas across three large public school districts. Despite the recession and budget cuts, 34 of the 53 success indicators that Strive tracks have shown positive trends, including high school graduation rates, fourth-grade reading and math scores, and the number of preschool children prepared for kindergarten.

Why has Strive made progress when so many other efforts have failed? It is because a core group of community leaders decided to abandon their individual agendas in favor of a collective approach to improving student achievement. More than 300 leaders of local organizations agreed to participate,

including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum improved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at*every* stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead, through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more

than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.

Or consider Shape up Somerville, a citywide effort to reduce and prevent childhood obesity in elementary school children in Somerville, Mass. Led by Christina Economos, an associate professor at Tufts University's Gerald J. and Dorothy R. Friedman School of Nutrition Science and Policy, and funded by the Centers for Disease Control and Prevention, the Robert Wood Johnson Foundation, Blue Cross Blue Shield of Massachusetts, and United Way of Massachusetts Bay and Merrimack Valley, the program engaged government officials, educators, businesses, nonprofits, and citizens in collectively defining wellness and weight gain prevention practices. Schools agreed to offer healthier foods, teach nutrition, and promote physical activity. Local restaurants received a certification if they served low-fat, high nutritional food. The city organized a farmers' market and provided healthy lifestyle incentives such as reduced-price gym memberships for city employees. Even sidewalks were modified and crosswalks repainted to encourage more children to walk to school. The result was a statistically significant decrease in body mass index among the community's young children between 2002 and 2005.

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M's, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d'Ivoire, where Mars sources a large portion of its cocoa. Research suggests that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars's supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d'Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain.

These varied examples all have a common theme: that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations. Evidence of the effectiveness of this approach is still limited, but these examples suggest that substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses, and the public were brought together around a common agenda to create collective impact. It doesn't happen often, not because it is impossible,

but because it is so rarely attempted. Funders and nonprofits alike overlook the potential for collective impact because they are used to focusing on independent action as the primary vehicle for social change.

ISOLATED IMPACT

Most funders, faced with the task of choosing a few grantees from many applicants, try to ascertain which organizations make the greatest contribution toward solving a social problem. Grantees, in turn, compete to be chosen by emphasizing how their individual activities produce the greatest effect. Each organization is judged on its own potential to achieve impact, independent of the numerous other organizations that may also influence the issue. And when a grantee is asked to evaluate the impact of its work, every attempt is made to isolate that grantee's individual influence from all other variables.

In short, the nonprofit sector most frequently operates using an approach that we call *isolated impact*. It is an approach oriented toward finding and funding a solution embodied within a single organization, combined with the hope that the most effective organizations will grow or replicate to extend their impact more widely. Funders search for more effective interventions as if there were a cure for failing schools that only needs to be discovered, in the way that medical cures are discovered in laboratories. As a result of this process, nearly 1.4 million nonprofits try to invent independent solutions to major social problems, often working at odds with each other and exponentially increasing the perceived resources required to make meaningful progress. Recent trends have only reinforced this perspective. The growing interest in venture philanthropy and social entrepreneurship, for example, has greatly benefited the social sector by identifying and accelerating the growth of many high-performing nonprofits, yet it has also accentuated an emphasis on scaling up a few select organizations as the key to social progress.

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single organization cure it. In the field of education, even the most highly respected nonprofits—such as the Harlem Children's Zone, Teach for America, and the Knowledge Is Power Program (KIPP)—have taken decades to reach tens of thousands of children, a remarkable achievement that deserves praise, but one that is three orders of magnitude short of the tens of millions of U.S. children that need help.

The problem with relying on the isolated impact of individual organizations is further compounded by the isolation of the nonprofit sector. Social problems arise from the interplay of governmental and

commercial activities, not only from the behavior of social sector organizations. As a result, complex problems can be solved only by cross-sector coalitions that engage those outside the nonprofit sector.

We don't want to imply that all social problems require collective impact. In fact, some problems are best solved by individual organizations. In "Leading Boldly," an article we wrote with Ron Heifetz for the winter 2004 issue of the *Stanford Social Innovation Review*, we described the difference between *technical problems* and *adaptive problems*. Some social problems are technical in that the problem is well defined, the answer is known in advance, and one or a few organizations have the ability to implement the solution. Examples include funding college scholarships, building a hospital, or installing inventory controls in a food bank. Adaptive problems, by contrast, are complex, the answer is not known, and even if it were, no single entity has the resources or authority to bring about the necessary change. Reforming public education, restoring wetland environments, and improving community health are all adaptive problems. In these cases, reaching an effective solution requires learning by the stakeholders involved in the problem, who must then change their own behavior in order to create a solution.

Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships. It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set ofnonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed.

THE FIVE CONDITIONS OF COLLECTIVE SUCCESS

Our research shows that successful collective impact initiatives typically have five conditions that together produce true alignment and lead to powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations.

Common Agenda Collective impact requires all participants to have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions. Take a close look at any group of funders and nonprofits that believe they are working on the same social issue, and you quickly find that it is often not the same issue at all. Each organization often has a slightly different definition of the problem and the ultimate goal. These differences are easily ignored when organizations work independently on isolated initiatives, yet these differences splinter the efforts and undermine the impact of the field as a whole. Collective impact requires that these differences be discussed and resolved. Every participant need not agree with every other participant on all dimensions of the problem. In fact, disagreements continue to

divide participants in all of our examples of collective impact. All participants must agree, however, on the primary goals for the collective impact initiative as a whole. The Elizabeth River Project, for example, had to find common ground among the different objectives of corporations, governments, community groups, and local citizens in order to establish workable cross-sector initiatives.

Funders can play an important role in getting organizations to act in concert. In the case of Strive, rather than fueling hundreds of strategies and nonprofits, many funders have aligned to support Strive's central goals. The Greater Cincinnati Foundation realigned its education goals to be more compatible with Strive, adopting Strive's annual report card as the foundation's own measures for progress in education. Every time an organization applied to Duke Energy for a grant, Duke asked, "Are you part of the [Strive] network?"And when a new funder, the Carol Ann and Ralph V. Haile Jr./U.S. Bank Foundation, expressed interest in education, they were encouraged by virtually every major education leader in Cincinnati to join Strive if they wanted to have an impact in local education.[1]

Shared Measurement Systems Developing a shared measurement system is essential to collective impact. Agreement on a common agenda is illusory without agreement on the ways success will be measured and reported. Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other's successes and failures.

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other's performance, and document the progress of the field as a whole.[2]

All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative"summer bridge" session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.[3]

Mutually Reinforcing ActivitiesCollective impact initiatives depend on a diverse group of stakeholders working together, not by requiring that all participants do the same thing, but by encouraging each participant to undertake the specific set of activities at which it excels in a way that supports and is coordinated with the actions of others.

The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action. Each stakeholder's efforts must fit into an overarching plan if their combined efforts are to succeed. The multiple causes of social problems, and the components of their solutions, are interdependent. They cannot be addressed by uncoordinated actions among isolated organizations.

All participants in the Elizabeth River Project, for example, agreed on the 18-point watershed restoration plan, but each is playing a different role based on its particular capabilities. One group of organizations works on creating grassroots support and engagement among citizens, a second provides peer review and recruitment for industrial participants who voluntarily reduce pollution, and a third coordinates and reviews scientific research.

The 15 SSNs in Strive each undertake different types of activities at different stages of the educational continuum. Strive does not prescribe what practices each of the 300 participating organizations should pursue. Each organization and network is free to chart its own course consistent with the common agenda, and informed by the shared measurement of results.

Continuous Communication Developing trust among nonprofits, corporations, and government agencies is a monumental challenge. Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. They need time to see that their own interests will be treated fairly, and that decisions will be made on the basis of objective evidence and the best possible solution to the problem, not to favor the priorities of one organization over another.

Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems. All the collective impact initiatives we have studied held monthly or even biweekly in-person meetings among the organizations'CEO-level leaders. Skipping meetings or sending lower-level delegates was not acceptable. Most of the meetings were supported by external facilitators and followed a structured agenda.

The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google Groups, to keep communication flowing among and within the networks. At first, many of the

leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings' purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

Backbone Support OrganizationsCreating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. Coordination takes time, and none of the participating organizations has any to spare. The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails.

The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly. Strive has simplified the initial staffing requirements for a backbone organization to three roles: project manager, data manager, and facilitator.

Collective impact also requires a highly structured process that leads to effective decision making. In the case of Strive, staff worked with General Electric (GE) to adapt for the social sector the Six Sigma process that GE uses for its own continuous quality improvement. The Strive Six Sigma process includes training, tools, and resources that each SSN uses to define its common agenda, shared measures, and plan of action, supported by Strive facilitators to guide the process.

In the best of circumstances, these backbone organizations embody the principles of adaptive leadership: the ability to focus people's attention and create a sense of urgency, the skill to apply pressure to stakeholders without overwhelming them, the competence to frame issues in a way that presents opportunities as well as difficulties, and the strength to mediate conflict among stakeholders.

FUNDING COLLECTIVE IMPACT

Creating a successful collective impact initiative requires a significant financial investment: the time participating organizations must dedicate to the work, the development and monitoring of shared measurement systems, and the staff of the backbone organization needed to lead and support the initiative's ongoing work.

As successful as Strive has been, it has struggled to raise money, confronting funders' reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that

funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization.

This requires a fundamental change in how funders see their role, from funding organizations to leading a long-term process of social change. It is no longer enough to fund an innovative solution created by a single nonprofit or to build that organization's capacity. Instead, funders must help create and sustain the collective processes, measurement reporting systems, and community leadership that enable cross-sector coalitions to arise and thrive.

This is a shift that we foreshadowed in both "Leading Boldly" and our more recent article, "Catalytic Philanthropy," in the fall 2009 issue of the *Stanford Social Innovation Review*. In the former, we suggested that the most powerful role for funders to play in addressing adaptive problems is to focus attention on the issue and help to create a process that mobilizes the organizations involved to find a solution themselves. In "Catalytic Philanthropy," we wrote: "Mobilizing and coordinating stakeholders is far messier and slower work than funding a compelling grant request from a single organization. Systemic change, however, ultimately depends on a sustained campaign to increase the capacity and coordination of an entire field." We recommended that funders who want to create large-scale change follow four practices: take responsibility for assembling the elements of a solution; create a movement for change; include solutions from outside the nonprofit sector; and use actionable knowledge to influence behavior and improve performance.

These same four principles are embodied in collective impact initiatives. The organizers of Strive abandoned the conventional approach of funding specific programs at education nonprofits and took responsibility for advancing education reform themselves. They built a movement, engaging hundreds of organizations in a drive toward shared goals. They used tools outside the nonprofit sector, adapting GE's Six Sigma planning process for the social sector. And through the community report card and the biweekly meetings of the SSNs they created actionable knowledge that motivated the community and improved performance among the participants.

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a $1.5 million annual budget but is coordinating the efforts and increasing the effectiveness of organizations with combined budgets of $7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact.

Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

FUTURE SHOCK

What might social change look like if funders, nonprofits, government officials, civic leaders, and business executives embraced collective impact? Recent events at Strive provide an exciting indication of what might be possible.

Strive has begun to codify what it has learned so that other communities can achieve collective impact more rapidly. The organization is working with nine other communities to establish similar cradle to career initiatives.[4] Importantly, although Strive is broadening its impact to a national level, the organization is not scaling up its own operations by opening branches in other cities. Instead, Strive is promulgating a flexible process for change, offering each community a set of tools for collective impact, drawn from Strive's experience but adaptable to the community's own needs and resources. As a result, the new communities take true ownership of their own collective impact initiatives, but they don't need to start the process from scratch. Activities such as developing a collective educational reform mission and vision or creating specific community-level educational indicators are expedited through the use of Strive materials and assistance from Strive staff. Processes that took Strive several years to develop are being adapted and modified by other communities in significantly less time.

These nine communities plus Cincinnati have formed a community of practice in which representatives from each effort connect regularly to share what they are learning. Because of the number and diversity of the communities, Strive and its partners can quickly determine what processes are universal and which require adaptation to a local context. As learning accumulates, Strive staff will incorporate new findings into an Internet-based knowledge portal that will be available to any community wishing to create a collective impact initiative based on Strive's model.

This exciting evolution of the Strive collective impact initiative is far removed from the isolated impact approach that now dominates the social sector and that inhibits any major effort at comprehensive, large-scale change. If successful, it presages the spread of a new approach that will enable us to solve today's most serious social problems with the resources we already have at our disposal. It would be a shock to the system. But it's a form of shock therapy that's badly needed.

Stanford SOCIAL INNOVATION REVIEW

Channeling Change: Making Collective Impact Work

By Fay Hanleybrown, John Kania, & Mark Kramer

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Channeling Change: Making Collective Impact Work

An in-depth look at how organizations of all types, acting in diverse settings, are implementing a collective impact approach to solve large-scale social problems.

BY FAY HANLEYBROWN, JOHN KANIA, & MARK KRAMER

What does a global effort to reduce malnutrition have in common with a program to reduce teenage substance abuse in a small rural Massachusetts county? Both have achieved significant progress toward their goals: the Global Alliance for Improved Nutrition (GAIN) has helped reduce nutritional deficiencies among 530 million poor people across the globe, while the Communities That Care Coalition of Franklin County and the North Quabbin (Communities That Care) has made equally impressive progress toward its much more local goals, reducing teenage binge drinking by 31 percent. Surprisingly, neither organization owes its impact to a new previously untested intervention, nor to scaling up a high-performing nonprofit organization. Despite their dramatic differences in focus and scope, both succeeded by using a collective impact approach.

In the winter 2011 issue of *Stanford Social Innovation Review* we introduced the concept of "collective impact" by describing several examples of highly structured collaborative efforts that had achieved substantial impact on a large scale social problem, such as The Strive Partnership[1] educational initiative in Cincinnati, the environmental cleanup of the Elizabeth River in Virginia, and the Shape Up Somerville campaign against childhood obesity in Somerville, Mass. All of these initiatives share the five key conditions that distinguish collective impact from other types of collaboration: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organization. (See "The Five Conditions of Collective Impact" below.)

We hypothesized that these five conditions offered a more powerful and realistic paradigm for social progress than the prevailing model of isolated impact in which countless nonprofit, business, and government organizations each work to address social problems independently. The complex nature of most social problems belies the idea that any single program or organization, however well managed and funded, can singlehandedly create lasting large-scale change. (See "Isolated Impact vs. Collective Impact" on page 2.)

Response to that article was overwhelming. Hundreds of organizations and indi-

The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

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Isolated Impact vs. Collective Impact

Isolated Impact	Collective Impact
◆ Funders select individual grantees that offer the most promising solutions.	◆ Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system.
◆ Nonprofits work separately and compete to produce the greatest independent impact.	◆ Progress depends on working toward the same goal and measuring the same things.
◆ Evaluation attempts to isolate a particular organization's impact.	◆ Large scale impact depends on increasing cross-sector alignment and learning among many organizations.
◆ Large scale change is assumed to depend on scaling a single organization.	◆ Corporate and government sectors are essential partners.
◆ Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits.	◆ Organizations actively coordinate their action and share lessons learned.

viduals from every continent in the world, even including the White House, have reached out to describe their efforts to use collective impact and to ask for more guidance on how to implement these principles.

Even more surprising than the level of interest is the number of collective impact efforts we have seen that report substantial progress in addressing their chosen issues. In addition to GAIN and Communities That Care, Opportunity Chicago placed 6,000 public housing residents in new jobs, surpassing its goal by 20 percent; Memphis Fast Forward reduced violent crime and created more than 14,000 new jobs in Memphis, Tenn.; the Calgary Homeless Foundation housed more than 3,300 men, women, and children and contributed to stopping what had been the fastest growing rate of homelessness in Canada; and Vibrant Communities significantly reduced poverty levels in several Canadian cities.

The initiatives we cited in our initial article have also gained tremendous traction: Shape Up Somerville's approach has now been adapted in 14 communities through subsequent research projects and influenced a national cross-sector collaborative. The Strive Partnership recently released its fourth annual report card, showing that 81 percent of its 34 measures of student achievement are trending in the right direction versus 74 percent last year and 68 percent two years ago.[2] Its planned expansion to five cities when the article came out has since been vastly expanded as more than 80 communities (including as far away as the Ruhr Valley in Germany) have expressed interest in building on The Strive Partnership's success.

Part of this momentum is no doubt due to the economic recession and the shortage of government funding that has forced the social sector to find new ways to do more with less—pressures that show no signs of abating. The appeal of collective impact may also be due to a broad disillusionment in the ability of governments around the world to solve society's problems, causing people to look more closely at alternative models of change.

More and more people, however, have come to believe that collective impact is not just a fancy name for collaboration, but represents a fundamentally different, more disciplined, and higher performing approach to achieving large-scale social impact. Even the attempt to use these ideas seems to stimulate renewed energy and optimism. FSG has been asked to help launch more than one dozen collective impact initiatives, and other organizations focused on social sector capacity building such as the Bridgespan Group, Monitor Institute, and the Tamarack Institute in Canada, have also developed tools to implement collective impact initiatives in diverse settings.

As examples of collective impact have continued to surface, it has become apparent that this approach can be applied against a wide range of issues at local, national, and even global levels. In fact, we believe that there is no other way society will achieve large-scale progress against the urgent and complex problems of our time, unless a collective impact approach becomes the accepted way of doing business.

At the same time, our continued research has provided a clearer sense of what it takes for collective impact to succeed. The purpose of this article, therefore, is to expand the understanding of collective impact and provide greater guidance for those who seek to initiate and lead collective impact initiatives around the world. In particular, we will focus on answering the questions we hear most often: How do we begin? How do we create alignment? And, How do we sustain the initiative?

AWAKENING THE POWER OF COLLECTIVE IMPACT

Of all the collective impact examples we have studied, few are as different in scale as GAIN and Communities That Care, yet both of these efforts embody the principles of collective impact, and both have demonstrated substantial and consistent progress toward their goals.

GAIN, created in 2002 at a special session of the United Nations General Assembly, is focused on the goal of reducing malnutrition by improving the health and nutrition of nearly 1 billion at risk people in the developing world. The development of GAIN was predicated on two assumptions: first, that there were proven interventions that could be employed at scale to improve nutrition of the poor in developing countries, and second, that the private sector had a much greater role to play in improving the nutrition even for the very poor. GAIN is now coordinated by a Swiss Foundation with offices in eight cities around the world and more planned to open soon. In less than a decade, GAIN has created and coordinated the activity of 36 large-scale collaborations that include governments, NGOs, multilateral organizations, universities, and more than 600 companies in more than 30 countries. GAIN's work has enabled more than 530 million people worldwide to obtain nutritionally enhanced food and significantly reduced the prevalence of micronutrient deficiencies in a number of countries. In China, South Africa, and Kenya, for example, micronutrient deficiencies dropped between 11 and 30 percent among those who consumed GAIN's fortified products. During that time, GAIN has also raised $322 million in new financial commitments and leveraged many times more from its private sector and government partners.

At the other end of the spectrum, the Franklin County / North Quabbin Region

of Western Massachusetts has a population of only 88,000 people dispersed across 30 different municipalities and 844 square miles. When two local social service agencies—the Community Coalition for Teens and the Community Action of the Franklin, Hampshire, and North Quabbin Regions—first called a meeting to discuss teenage drinking and drug use, they were astonished that 60 people showed up. From that first meeting, coincidentally also in 2002, grew Communities That Care, that now includes more than 200 representatives from human service agencies, district attorney's offices, schools, police departments, youth serving agencies, faith-based organizations, local elected officials, local businesses, media, parents, and youth. Overseen by a central coordinating council, the initiative operates through three working groups that meet monthly to address parent education, youth recognition, and community laws and norms. In addition, a school health task force links these work groups to the 10 public school districts in the region. Over an eight-year time frame, the work of Communities That Care has resulted not only in reducing binge drinking, but also in reducing teen cigarette smoking by 32 percent and teen marijuana use by 18 percent. The coalition has also raised more than $5 million of new public money in support of their efforts.

Different as they may be, these two initiatives demonstrate the versatility of a collective impact approach and offer broad insights into how to begin, manage, and structure collective impact initiatives.

THE PRECONDITIONS FOR COLLECTIVE IMPACT

Three conditions must be in place before launching a collective impact initiative: an *influential champion*, *adequate financial resources*, and a sense of *urgency for change*. Together, these preconditions create the opportunity and motivation necessary to bring people who have never before worked together into a collective impact initiative and hold them in place until the initiative's own momentum takes over.

The most critical factor by far is an *influential champion* (or small group of champions) who commands the respect necessary to bring CEO-level cross-sector leaders together and keep their active engagement over time. We have consistently seen the importance of dynamic leadership in catalyzing and sustaining collective impact efforts. It requires a very special type of leader, however, one who is passionately focused on solving a problem but willing to let the participants figure out the answers for themselves, rather than promoting his or her particular point of view.[3] In the case of GAIN, four individuals with deep experience in the development field—Bill Foege, the former director of the US Centers for Disease Control who is largely credited with eradicating small pox, Kul Gautam, a senior official at UNICEF, Duff Gillespie, head of the Office of Population and Nutrition at US Agency for International Development (USAID), and Sally Stansfield, one of the original directors at The Bill & Melinda Gates Foundation—came together to look at large scale opportunities to address malnutrition in populations at risk in the developing world. Together they galvanized the 2002 UN General Assembly special session that led to the creation of GAIN and to the subsequent engagement of hundreds of government, corporate, and nonprofit participants.

Second, there must be adequate *financial resources* to last for at least two to three years, generally in the form of at least one anchor funder who is engaged from the beginning and can support and mobilize other resources to pay for the needed infrastructure and planning processes. The Gates Foundation, the Canadian International Development Agency, and the USAID played this role in the case of GAIN. For Communities That Care, a federal grant provided the necessary multi-year support.

The final factor is the *urgency for change* around an issue. Has a crisis created a breaking point to convince people that an entirely new approach is needed? Is there the potential for substantial funding that might entice people to work together, as was the case in Franklin County? Is there a fundamentally new approach, such as using the production, distribution, and demand creation capacities of the private sector to reach millions of people efficiently and sustainably, as was the case for GAIN? Conducting research and publicizing a report that captures media attention and highlights the severity of the problem is another way to create the necessary sense of urgency to persuade people to come together.

BRINGING COLLECTIVE IMPACT TO LIFE

Once the preconditions are in place, our research suggests that there are three distinct phases of getting a collective impact effort up and running.

Phase I, *Initiate Action*, requires an understanding of the landscape of key players and the existing work underway, baseline data on the social problem to develop the case for change, and an initial governance structure that includes strong and credible champions.

Phase II, *Organize for Impact*, requires that stakeholders work together to establish common goals and shared measures, create a supporting backbone infrastructure, and begin the process of aligning the many organizations involved against the shared goals and measures.

> The appeal of collective impact may be due to a broad disillusionment in the ability of governments to solve society's problems, causing people to look at alternative models of change.

Phase III, *Sustain Action and Impact*, requires that stakeholders pursue prioritized areas for action in a coordinated way, systematically collect data, and put in place sustainable processes that enable active learning and course correcting as they track progress toward their common goals. (See "Phases of Collective Impact" on page 4.)

It is important to recognize that the initiative must build on any existing collaborative efforts already underway to address the issue. Collective impact efforts are most effective when they build from what already exists; honoring current efforts and engaging established organizations, rather than creating an entirely new

solution from scratch.

Being realistic about the time it will take to get through these initial organizing stages is equally important. It takes time to create an effective infrastructure that allows stakeholders to work together and that truly can ameliorate a broken system. The first two phases alone can take between six months and two years. The scope of the problem to be addressed, the degree of existing collaboration, and the breadth of community engagement all influence the time required. Conducting a readiness assessment based on the preconditions listed above can help to anticipate the likely time required.

Once the initiative is established, Phase III can last a decade or more. Collective impact is a marathon, not a sprint. There is no shortcut in the long-term process of social change. Fortunately, progress happens along the way. In fact, early wins that demonstrate the value of working together are essential to hold the collaborative together. In a collective impact education initiative FSG is supporting in Seattle, for example, collaboration in the first year of the initiative led to a dramatic increase in students signing up for College Bound scholarships; not the ultimate goal, but an encouraging sign. Merely agreeing on a common agenda and shared measurement system during Phase II often feels like an important early win to participants.

SETTING THE COMMON AGENDA

Developing a well-defined but practical common agenda might seem like a straightforward task. Yet we find that regardless of the issue and geography, practitioners struggle to agree on an agenda with sufficient clarity to support a shared measurement system and shape mutually reinforcing activities. Setting a common agenda actually requires two steps: creating the boundaries of the system or issue to be addressed, and developing a strategic action framework to guide the activities of the initiative.

Creating Boundaries. Establishing the boundaries of the issue is a judgment call based on each situation. For example, in another collective impact initiative that focused on teen substance abuse, a cross sector set of stakeholders in Staten Island, N.Y. drew their boundaries to include key factors such as parental and youth social norms as well as prevention and treatment activities. They could as easily have included many other related "root causes" of substance abuse such as youth unemployment or domestic violence. While these issues undoubtedly contribute to substance abuse, the group felt less able to impact these areas, and therefore left these issues outside the boundaries of their efforts. On the other hand, working with retailers to limit the availability of alcohol to minors, although outside the social sector, was determined to be an issue inside the boundary of what the group felt they could take on.

Or consider the boundaries drawn by Opportunity Chicago, a collective impact effort that included foundations, government agencies, nonprofits, and employers working to connect low-skilled public housing residents to employment in connection with the city's sweeping plan to transform public housing. The initiative's leaders realized that new housing would not help if the residents could not meet the work requirement established to qualify for residency. As a result, they included workforce development within the housing initiative's boundaries and established Opportunity Chicago, the collective impact initiative that ultimately placed 6,000 residents in jobs.

Boundaries can and do change over time. After nearly a decade of addressing teen substance abuse prevention, Communities That Care is launching a second initiative to address youth nutrition and physical activity, applying the existing structure and stakeholders to a closely related but new topic area within their mission of improving youth health in their region.

Determining geographic boundaries requires the same type of judgment in balancing the local context and stakeholder aspirations. While Shape Up Somerville chose a city-wide focus to tackle childhood obesity, Livewell Colorado addressed the same issue for the entire state by bringing together a more widely dispersed group of representatives from businesses, government, nonprofits, healthcare, schools, and the transportation sector.

Although it is important to create clarity on what is and what is not part of the collective efforts, most boundaries are loosely defined and flexible. Subsequent analysis and activity may draw in other issues, players, and geographies that were initially excluded. Communities That Care, for example, began by serving only Franklin County, and expanded their geographic boundaries in their seventh year to include North Quabbin.

Developing the Strategic Action Framework. Once the initial system boundaries have been established, the task of creating a common agenda must shift to developing a strategic framework for action. This should not be an elaborate plan or a rigid theory of change. The Strive Partnership's "roadmap" for example, fits on a single page and was originally developed in just a few weeks. The strategic framework must balance the necessity of simplicity with the need to create a comprehensive understanding of the issue that encompasses the activities of all stakeholders, and the flexibility to allow for the organic learning

Phases of Collective Impact

Components for Success	PHASE I Initiate Action	PHASE II Organize for Impact	PHASE III Sustain Action and Impact
Governance and Infrastructure	Identify champions and form cross-sector group	Create infrastructure (backbone and processes)	Facilitate and refine
Strategic Planning	Map the landscape and use data to make case	Create common agenda (goals and strategy)	Support implementation (alignment to goals and strategies)
Community Involvement	Facilitate community outreach	Engage community and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Analyze baseline data to identify key issues and gaps	Establish shared metrics (indicators, measurement, and approach)	Collect, track, and report progress (process to learn and improve)

process of collective impact to unfold. This framework for action can serve a critical role in building a shared agenda. As Chad Wick, one of the early champions of The Strive Partnership explains, "Our map got everyone to suspend their own view of the world and got us on a common page from which to work. It allowed others to suspend their preconceived views and be open minded about what was and what could be."

Hundreds of organizations and individuals from every continent in the world, even including the White House, have reached out to describe their efforts to use collective impact.

Successful frameworks include a number of key components: a description of the problem informed by solid research; a clear goal for the desired change; a portfolio of key strategies to drive large scale change; a set of principles that guide the group's behavior; and an approach to evaluation that lays out how the collective impact initiative will obtain and judge the feedback on its efforts.

Since 2002, the Tamarack Institute has been guiding Canada's approach to fighting poverty through the Vibrant Communities initiative in a dozen Canadian cities. The Tamarack Institute refers to their strategic action frameworks as "frameworks-for-change," and cogently describes their value as follows: "A strong framework for change, based on strong research and input from local players, shapes the strategic thinking of the group, helps them make tough choices about where to spend their time and energy, and guides their efforts at monitoring and evaluating their work. Ask anyone involved in the effort about where they are going and their road map for getting there, and they will tell you."[4]

We believe their description applies equally well to any strategic action framework that guides a common agenda. Our experience also suggests that it may not always make sense to start off by implementing every single strategy identified in the common agenda. It is also important to pursue a portfolio of strategies that offer a combination of easy but substantive short-term wins to sustain early momentum for the initiative, as well as more ambitious, long-term systemic strategies that may not show impact for several years.

Importantly, strategic action frameworks are not static. Tamarack goes on to note: "They are working hypotheses of how the group believes it can [achieve its goals], hypotheses that are constantly tested through a process of trial and error and updated to reflect new learnings, endless changes in the local context, and the arrival of new actors with new insights and priorities."

FSG research bears out this need for continuous adaptation. The Strive Partnership has evolved their roadmap three times in the last five years. GAIN has built in a robust feedback loop from its programming, and over the past eight years has incorporated best practices and lessons learned as a fundamental component of its fourth annual strategic action framework. And Communities That Care has revised its community action plan three times in the last eight years.

Implementing a collective impact approach with this type of fluid agenda requires new types of collaborative structures, such as shared measurement systems and backbone organizations.

SHARED MEASUREMENT SYSTEMS

Practitioners consistently report that one of the most challenging aspects to achieving collective impact is shared measurement—the use of a common set of measures to monitor performance, track progress toward goals, and learn what is or is not working. The traditional paradigm of evaluation, which focuses on isolating the impact of a single organization or grant, is not easily transposed to measure the impact of multiple organizations working together in real time to solve a common problem. Competing priorities among stakeholders and fears about being judged as underperforming make it very hard to agree on common measures. Organizations have few resources with which to measure their own performance, let alone develop and maintain a shared measurement system among multiple organizations.

Yet shared measurement is essential, and collaborative efforts will remain superficial without it. Having a small but comprehensive set of indicators establishes a common language that supports the action framework, measures progress along the common agenda, enables greater alignment among the goals of different organizations, encourages more collaborative problem-solving, and becomes the platform for an ongoing learning community that gradually increases the effectiveness of all participants.[5] Mutually reinforcing activities become very clear once the work of many different organizations can be mapped out against the same set of indicators and outcomes.

Consider the collective impact effort to reduce homelessness in Calgary, Canada, supported by the Calgary Homeless Foundation (CHF). When stakeholders first came together to define common measures of homelessness, they were shocked to discover that the many agencies, providers, and funders in Calgary were using thousands of separate measures relating to homelessness. They also found that providers had very different definitions of key terms, such as the "chronic" versus "transitional" homeless, and that their services were not always aligned to the needs of the individuals served. Merely developing a limited set of eight common measures with clear definitions led to improved services and increased coordination. Even privacy issues, a major legal obstacle to sharing data, were resolved in ways that permitted sharing while actually increasing confidentiality. As Alina Turner, vice president of strategy at CHF put it, "Putting shared measures in place is a way to start the deeper systems change in a way that people can get their heads around . . . starting from a common framework to get alignment across a whole system of care."

Developing an effective shared measurement system requires broad engagement by many organizations in the field together with clear expectations about confidentiality and transparency. The Calgary homelessness initiative worked with both

a cross-sector advisory committee and a service provider committee to develop common measures from evidence-based research. The measures were then refined through iterative meetings with dozens of stakeholders before being finalized.

Shared measurement systems also require strong leadership, substantial funding, and ongoing staffing support from the backbone organization to provide training, facilitation, and to review the accuracy of data. In CHF's case, the foundation funded and staffed the development of the homelessness management information system (HMIS) and the process of developing shared measures.

Developments in web-based technology permit huge numbers of stakeholders to use shared measurement inexpensively in ways that would have been impossible even a few years ago. CHF has adopted a sophisticated HMIS system with different levels of secure data access for providers, government agencies, and funders. The Strive Partnership, in collaboration with Cincinnati Public Schools, Procter & Gamble, and Microsoft, has made major advances in shared measurement by introducing the "Learning Partner Dashboard," a web-based system that allows schools and nonprofit providers to access data including the performance of individual students and the specific services they receive. Memphis Fast Forward's Operation, Safe Community, built a tool for tracking and publicizing county-wide crime data and facilitated the memorandum of understanding that resulted in data sharing and participation by all five local municipal police departments and the Sheriff's office.

Having shared measures is just the first step. Participants must gather regularly to share results, learn from each other, and refine their individual and collective work based on their learning. Many initiatives use standardized continuous improvement processes, such as General Electric's Six Sigma process or the Model for Improvement. In the case of GAIN, the initiative has both a performance framework and rigorous monitoring and evaluation criteria which feed into an organization-wide learning agenda. Their Partnership Council, comprised of world experts in the fields of nutrition, agriculture, economics, and business, advises the board of directors on the learning agenda, reviews the data to ensure its integrity, and recommends programmatic and management improvements.

> There is no other way society will achieve large-scale progress against urgent and complex problems, unless a collective impact approach becomes the accepted way of doing business.

Regardless of the continuous improvement approach chosen, the backbone organization plays a critical role in supporting the process of learning and improving throughout the life of the collaborative.

KEEPING COLLECTIVE IMPACT ALIVE

Two key structural elements enable collective impact initiatives to withstand the overwhelming challenges of bringing so many different organizations into alignment and holding them together for so long: the *backbone organization* and *cascading levels of linked collaboration*.

Backbone Organization. In our initial article we wrote that "creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative." We also cautioned, "Coordinating large groups in a collective impact initiative takes time and resources, and too often, the expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails."

Our subsequent research has confirmed that backbone organizations serve six essential functions: providing overall strategic direction, facilitating dialogue between partners, managing data collection and analysis, handling communications, coordinating community outreach, and mobilizing funding.

Although the core backbone functions are consistent across all of the collective impact initiatives we have studied, they can be accomplished through a variety of different organizational structures. (See "Backbone Organizations" on page 7.) Funders, new or existing nonprofits, intermediaries like community foundations, United Ways, and government agencies, can all fill the backbone role. Backbone functions can also be shared across multiple organizations. The Magnolia Place Community Initiative in Los Angeles, for example, strives to optimize family functioning, health and well-being, school readiness, and economic stability for a population of 100,000. The Initiative has a small, dedicated staff that drives the work. Multiple partner organizations from the 70 organizations in the network fulfill different backbone functions, such as collecting and analyzing data, and maintaining a coherent strategic vision through communications.

Each structure has pros and cons, and the best structure will be situation-specific, depending on the issue and geography, the ability to secure funding, the highly important perceived neutrality of the organization, and the ability to mobilize stakeholders. Backbone organizations also face two distinct challenges in their leadership and funding. No collective impact effort can survive unless the backbone organization is led by an executive possessing strong adaptive leadership skills; the ability to mobilize people without imposing a predetermined agenda or taking credit for success. Backbone organizations must maintain a delicate balance between the strong leadership needed to keep all parties together and the invisible "behind the scenes" role that lets the other stakeholders own the initiative's success.

Backbone organizations must also be sufficiently well resourced. Despite the growing interest in collective impact, few funders are yet stepping up to support backbones associated with the issues they care about. Adopting a collective impact approach requires a fundamental shift in the mindset of many funders who are used to receiving credit for supporting specific short-term interventions. Collective impact offers no silver bullets. It works through many gradual improvements over time as stakeholders learn for themselves how to become more aligned and effec-

tive. Funders must be willing to support an open-ended process over many years, satisfied in knowing that they are contributing to large scale and sustainable social impact, without being able to take credit for any specific result that is directly attributable to their funding.

Worse, backbone organizations are sometimes seen as the kind of overhead that funders so assiduously avoid. Yet effective backbone organizations provide extraordinary leverage. A backbone's funding is typically less than 1 percent of the total budgets of the organizations it coordinates, and it can dramatically increase the effectiveness of the other 99 percent of expenditures. Backbone organizations can also attract new funds. As mentioned above, both GAIN and Communities That Care have raised substantial new funding for their work.

Even the best backbone organization, however, cannot single-handedly manage the work of the hundreds of stakeholders engaged in a collective impact initiative. Instead, different levels of linked collaboration are required.

Cascading Levels of Linked Collaboration. We have observed markedly similar patterns in the way successful collective impact efforts are structured across many different issues and geographies. Each begins with the establishment of an oversight group, often called a steering committee or executive committee, which consists of cross-sector CEO level individuals from key organizations engaged with the issue. Under the best circumstances, the oversight group also includes representatives of the individuals touched by the issue. This steering committee works to create the common agenda that defines the boundaries of the effort and sets a strategic action framework. Thereafter, the committee meets regularly to oversee the progress of the entire initiative.

Once the strategic action framework is agreed upon, different working groups are formed around each of its primary leverage points or strategies. GAIN, for example, is overseen by a board of directors, with a 100-person secretariat that operates through four program initiatives: large-scale fortification, multi-nutrient supplements, nutritious foods during pregnancy and early childhood, and enhancing the nutritional content of agriculture products. These programs are supported by 15 working groups on both technical and programmatic topics like salt iodization, infant and child nutrition, and advocacy, as well as functional working groups on evaluation and research, communications, and donor relations. Livewell Colorado operates with 22 cross-sector coalitions that reinforce the state's common agenda within individual communities. Communities That Care has three working groups focused on parent education, youth recognition, and community norms, and a school health task force. More complicated initiatives may have subgroups that take on specific objectives within the prioritized strategies.

Although each working group meets separately, they communicate and coordinate with each other in cascading levels of linked collaboration. Effective coordination by the backbone can create aligned and coordinated action among hundreds of organizations that simultaneously tackle many different dimensions of a complex issue. The

Backbone Organizations

Types of Backbones	Description	Examples	Pros	Cons
Funder-Based	One funder initiates CI strategy as planner, financier, and convener	Calgary Homeless Foundation	◆ Ability to secure start-up funding and recurring resources ◆ Ability to bring others to the table and leverage other funders	◆ Lack of broad buy-in if CI effort seen as driven by one funder ◆ Lack of perceived neutrality
New Nonprofit	New entity is created, often by private funding, to serve as backbone	Community Center for Education Results	◆ Perceived neutrality as facilitator and convener ◆ Potential lack of baggage ◆ Clarity of focus	◆ Lack of sustainable funding stream and potential questions about funding priorities ◆ Potential competition with local nonprofits
Existing Nonprofit	Established nonprofit takes the lead in coordinating CI strategy	Opportunity Chicago	◆ Credibility, clear ownership, and strong understanding of issue ◆ Existing infrastructure in place if properly resourced	◆ Potential "baggage" and lack of perceived neutrality ◆ Lack of attention if poorly funded
Government	Government entity, either at local or state level, drives CI effort	Shape Up Somerville	◆ Public sector "seal of approval" ◆ Existing infrastructure in place if properly resourced	◆ Bureaucracy may slow progress ◆ Public funding may not be dependable
Shared Across Multiple Organizations	Numerous organizations take ownership of CI wins	Magnolia Place	◆ Lower resource requirements if shared across multiple organizations ◆ Broad buy-in, expertise	◆ Lack of clear accountability with multiple voices at the table ◆ Coordination challenges, leading to potential inefficiencies
Steering Committee Driven	Senior-level committee with ultimate decision-making power	Memphis Fast Forward	◆ Broad buy-in from senior leaders across public, private, and nonprofit sectors	◆ Lack of clear accountability with multiple voices

real work of the collective impact initiative takes place in these targeted groups through a continuous process of "planning and doing," grounded in constant evidence-based feedback about what is or is not working.

The working groups typically develop their own plans for action organized around "moving the needle" on specific shared measures. Once plans are developed, the working groups are then responsible for coming together on a regular basis to share data and stories about progress being made, and for communicating their activities more broadly with other organizations and individuals affected by the issue so that the circle of alignment can grow. This confers an additional benefit of collective impact: as the common agenda's center of gravity becomes more apparent to all those working on the issue, even people and organizations who have not been directly engaged as a formal part of the initiative start doing things in ways more aligned to the effort. Brenda Ranum, a leader within The Northeast Iowa Food & Fitness Initiative that has brought five rural counties together to improve access to healthy, locally grown foods and to create opportunities for physical activity, refers to this benefit in alignment as getting "order for free." In our own consulting work supporting collective impact initiatives for issues as varied as juvenile justice reform, sustainable fishing, education reform, youth development, and agricultural development, we have also observed the benefits of this "order for free" phenomenon.

The backbone organization provides periodic and systematic assessments of progress attained by the various work groups, and then synthesizes the results and presents them back to the oversight committee that carries the sustaining flame of the common agenda.

The number of working groups and the cascading layers of collaboration may also change over time. As working group strategies are modified based on an examination of what is working, some groups may end and new ones begin to pursue newly identified strategies defined by the common agenda. What is critically important is that all strategies pursued clearly link back to the common agenda and shared measures, as well as link to each other.

Memphis Fast Forward illustrates how one community can address multiple complex issues through this multi-level cascading structure. The work of Memphis Fast Forward is overseen by a 20-person cross-sector steering committee with the goal of making Memphis one of the most successful economic centers in the southern United States. They developed a common agenda focused on four key levers: public safety, education, jobs, and government efficiency. Each lever constitutes its own sub-initiative and is overseen by its own cross-sector steering committee and supported by a dedicated backbone organization. Each sub-initiative then cascades into linked working groups focused around the strategic levers unique to each of the four selected areas. Public Safety, for example, has developed its own strategic action framework that has 15 strategies, each with lead partners and cross-sector representation. The combined efforts of these linked work groups has led to a decrease in violent and property crimes of 26 percent and 32 percent respectively over the last five years.

One of the lead individuals associated with Memphis Fast Forward characterizes both the challenges and the value of this approach: "By using a decentralized but linked approach, each effort has its own governance and unique structure but all efforts come together to share learnings. It took us a while to realize the value in formally bringing the backbone organization leaders together for sharing and problem solving. Initially, the different initiatives were only loosely communicating, but then we realized that we had a great opportunity to all learn from each other and should do so more intentionally and proactively." Now leaders from the four initiatives meet monthly.

THE ESSENTIAL INTANGIBLES OF COLLECTIVE IMPACT

Our guidance here on implementing collective impact has said little about the "softer" dimensions of any successful change effort, such as relationship and trust building among diverse stakeholders, leadership identification and development, and creating a culture of learning. These dimensions are essential to successfully achieving collective impact. We, as well as others, have written extensively about the profound impact that getting the soft stuff right has on social change efforts. And indeed, all of the successful collective impact practitioners we've observed can cite numerous instances when skillful implementation of these intangible dimensions was essential to their collective efforts.

One such intangible ingredient is, of all things, food. Ask Marjorie Mayfield Jackson, founder of the Elizabeth River Project, what the secret of her success was in building a common agenda among diverse and antagonistic stakeholders, including aggressive environmental activists and hard-nosed businessmen. She'll answer, "Clam bakes and beer." So too, The Tamarack Institute has a dedicated "Recipes Section" on its website that recognizes "how food has been that special leaven in bringing people together." In attempting collective impact, never underestimate the power and need to return to essential activities that can help clear away the burdens of past wounds and provide connections between people who thought they could never possibly work together.

As much as we have tried to describe clear steps to implement collective impact, it remains a messy and fragile process. Many attempts will no doubt fail, although the many examples we have studied demonstrate that it can also succeed. Yet even the attempt itself brings one important intangible benefit that is in short supply nowadays: hope. Despite the difficulty of getting collective impact efforts off the ground, those involved report a new sense of optimism that dawns early on in the process. Developing the common agenda alone has produced remarkable changes in people's belief that the future can be different and better even before many changes have been made. For many who are searching for a reason to hope in these difficult times, this alone may be purpose enough to embrace collective impact. ◆

1 Originally named Strive when the earlier article appeared.

2 http://www.strivetogether.org/wp-content/uploads/2011/11/2011-Strive-Partnership-Report.pdf.

3 We described the qualities of such a leader as Adaptive Leadership, in Ronald Heifetz, John Kania, and Mark Kramer, "Leading Boldly," *Stanford Social Innovation Review*, winter 2004.

4 *Cities Reducing Poverty: How Vibrant Communities Are Creating Comprehensive Solutions to the Most Complex Problems of Our Times*, The Tamarack Institute, 2011: 137.

5 Mark Kramer, Marcie Parkhurst, and Lalitha Vaidyanathan, *Breakthroughs in Shared Measurement and Social impact*, FSG, 2009.

Collective Impact Case Study:
Franklin County
Communities that Care Coalition

FSG

Discovering better ways
to solve social problems

This case study accompanies a video interview with Kat Allen, the co-backbone leader of the Communities that Care Coalition serving Franklin County and the North Quabbin region.

Summary

The Communities that Care Coalition is a collective impact initiative reducing substance abuse and improving well-being for teens in 30 towns in rural Western Massachusetts.

Key Facts

Initiative / backbone name: Communities that Care Coalition

Year initiative formed: 2002

Mission: Bring Franklin County schools, parents, youth, and the community together to promote protective factors, reduce risk factors, prevent substance use and other risky behaviors, and improve young people's ability to reach their full potential and thrive

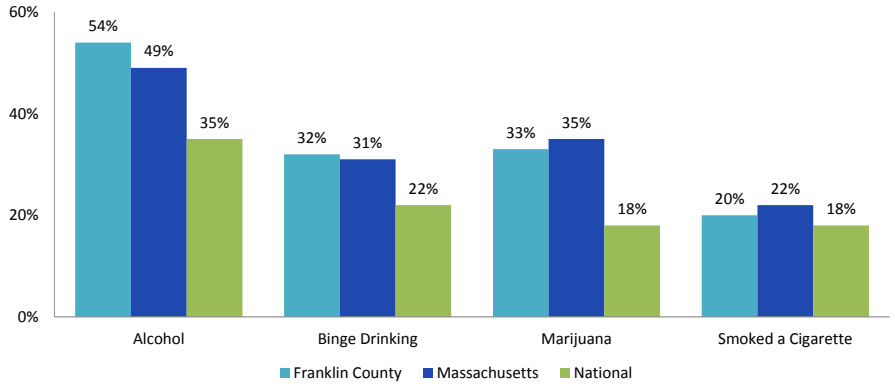
Geography: Rural Franklin County, MA

Impact area(s): Health – Substance Abuse, Education and Youth

Problem

In the early 2000s, substance abuse rates in Franklin County, Mass., were higher than regional and national averages, spurring concern among community leaders about the health and well-being of the young people their communities. The below diagram illustrates the severity of this problem:

Percent of 10th Graders that Reported Use at Least Once within the Past 30 Days (2003)[1]



Even more, social service were not working in coordination to help young people realize their full potential and thrive.

[1] Communities that Care Coalition, *Community Action Plan 2005*. Accessed June, 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjY5ZTBhYjFkZDkzNDFmYzc

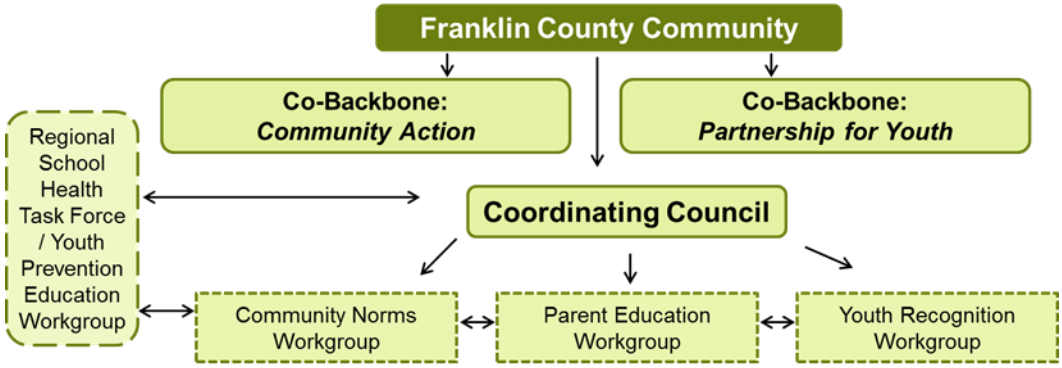
Getting Started

In 2002, a series of funding opportunities catalyzed action in Franklin County. Two separate social service organizations were approached by corporate and government actors who jointly offered more than $100,000 in funding per year for up to ten years for the planning and implementation of programs to address substance abuse and youth development. The organizations decided to collaborate and called an initial meeting of community leaders to discuss teenage drinking and drug use. Sixty cross-sector leaders showed up for this initial meeting, confirming the community's eagerness for change and support for the collaboration. From there, the group participated in a series of five trainings and working sessions offered by the national Communities That Care™ program developed by researchers at the Seattle Social Development Research Group. This formally launched the CTCC collective impact effort, and gave the coalition its name.

Structure

Two social service organizations, Community Action and the Partnership for Youth, jointly administer the initiative and serve as co-backbone organizations. These organizations work alongside a coordinating council of 15 cross-sector leaders that guides the work and serves as the decision-making body for the initiative. The initiative's strategy is outlined in a community action plan and the day-to-day work is implemented by four action-oriented workgroups, each focused on a prioritized lever for change: community norms, parent education, youth recognition, and youth prevention education. The below organizational chart illustrates the initiative's structure:

Organizational Structure of the Communities that Care Coalition



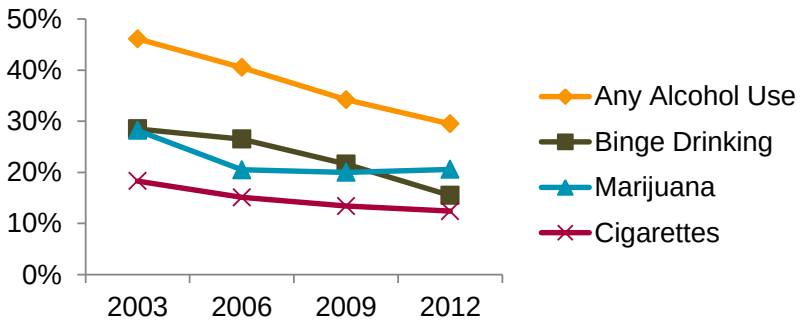
CTCC also serves as a hub for three other district and local-level coalitions that address substance abuse concerns in the community. Each of these district and local-level coalitions turns to CTCC for information,

training, and technical assistance. This enables CTCC's impact to stretch far beyond the direct reach of its staff and programming.

Results

By 2012, Franklin County began to see impressive changes in teen behavior. The below image summarizes these shifts:[2]

Percent of Youth (8th – 12th graders) that Reported Use at Least Once in the Past 30 Days[3]



- Alcohol use decreased 37%
- Binge drinking decreased 50%
- Cigarette smoking decreased 45%
- Marijuana use decreased about 31%

Additionally, CTCC mobilized over $5 million in new funding over its first decade to support strategic planning, marketing, and the implementation of activities to reduce substance abuse.[4]

Five Conditions of Collective Impact

Common Agenda

The community action plan focuses on the coalition's vision to be "a place where young people are able to reach their full potential and thrive with ongoing support from schools, parents and the community."[5]

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[2] Allen, Kat. *Making Collective Impact Work: Discipline, Accountability, and Sitting Down to Family Dinner.* Printed June, 2012, Viewed May, 2013. http://www.fsg.org/KnowledgeExchange/Blogs/CollectiveImpact/PostID/310.aspx
[3] 2012 Massachusetts Prevention Needs Assessment Survey. Accessed June, 2013. http://www.communitiesthatcarecoalition.org/surveys
[4] Communities that Care Coalition, *Community Action Plan 2008*. Accessed June 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OmVhZWM3OWYxYWMyZGRkNQ

A two-year strategic planning process informed the plan and led CTCC and its partners to focus on reducing alcohol and drug use in Franklin County and North Quabbin, Mass., by reducing several "risk factors" including community laws and norms favorable to substance use, parental attitudes favorable to substance use, and poor family management, while increasing the "protective factors" of community, school, and family rewards for positive behaviors. CTCC considers the plan a living document and has updated it twice since it was first published in 2005.

Shared Measurement

While strategies to achieve the coalition's goals shift based on available resources, community synergies, and program evaluation data, the desired outcomes – reductions in alcohol, tobacco use, marijuana use, and binge drinking, as well as improvements in the risk and protective factors listed above – are consistent and shared across all partners in the coalition. To gather data, CTCC works with rural school districts to conduct a series of annual surveys that examine student behaviors and asses risk and protective factors. The coalition also gathers publicly available quantitative data, including arrest records, court data, and hospital records of substance-related injuries. Aggregated data is publicly available on CTCC's website and used by partners to measure progress towards shared outcomes and to continuously improve strategies.

Mutually Reinforcing Activities

Each workgroup developed a set of distinct strategies and activities that feed into the coalition's shared goal of reducing substance abuse. For example, the community norms workgroup runs compliance checks to ensure alcohol vendors check the identification of customers, to create change in the legal and community culture, while the parent education workgroup develops marketing campaigns for parents.

Continuous Communication

Regular meetings and publications ensure a consistent flow of information among CTCC stakeholders. The workgroups and coordinating council each meet monthly and the full coalition meets twice annually. Members of the Regional School Health Task Force rotate attendance at leadership council meetings to stay informed and be able to serve as liaisons between the coalition and local schools. Additionally, the CTCC website is regularly updated with workgroup highlights, progress towards goals, and revised community action plans.

Backbone Support

The Partnership for Youth and Community Action of the Franklin, Hampshire and North Quabbin Regions are two distinct organizations, one a 501(c)(3) and the other a program of the regional council of governments. Each dedicates at least four hours staff time per week to support CTCC. Jointly, the organizations serve as administrators, conveners, and advocates for the initiative. The backbone agencies facilitate the coordinating council and coalition meetings, and run workgroups in the absence of

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[5] Communities that Care Coalition, *Community Action Plan 2008*. Accessed June 2013. https://docs.google.com/viewer?a=v&pid=sites&srcid=ZGVmYXVsdGRvbWFpbnxjdGNub3RlbXBsYXRlfGd4OjNkZDlkNjc2MWRiYjgwZQ

community co-chairs. They keep the coordinating council and coalition informed about relevant policy issues and help mobilize resources to support initiative partners' work towards the common agenda.

Lessons Learned

The "meat and potatoes" of the work can happen at the workgroup level: CTCC's lean backbone structure requires that work be owned by all participants in the initiative. Having the cross-sectoral, volunteer-staffed workgroups own the bulk of the work allows for effective work distribution and fosters deep understanding of community needs. To encourage broad ownership of the work, CTCC emphasizes each partner's role in creating change and each partner's ownership of successes. CTCC has found that creating "collective" ownership of successes instead of "individual successes" helps to keep their effort aligned.[6]

Be rigid in vision and goals, but flexible in strategy: Kat Allen, a CTCC co-chair, notes the "need for collective impact to be simultaneously rigorous and disciplined as well as organic, adaptive and flexible."[7] For example, CTCC initially aimed to change family practices by training parents about youth substance abuse, but the data showed no shift in parental practices or attitudes towards substance abuse. Then, after coming across a study indicating that youth nationally who regularly ate dinner with their families were at lower risk for substance abuse, CTCC revised their strategy and started a public-awareness campaign to impact family dinners. As a result of working adaptively, from 2008 to 2012, the number of youth eating dinner regularly with family increased from 54% to 61%, and outcomes also started to move for key parental indicators.[8]

Leverage relationships to secure CI resources in the rural context: CTCC's rural context presents a number of unique challenges related to funding, including the lack of prominent foundations, distance from state policymaking, and a lack of access to other funding opportunities. To navigate those challenges, CTCC has built community relationships to attract in-kind support, human resources, staff support, and funding for program implementation and evaluation. Overall, CTCC has been quite successful, mobilizing over $5 million, including federal substance abuse and mental health services administration (SAMHSA) funding. Additionally, the creative dual backbone structure provides a "safety net" for the coalition when funding fluctuates for each organization.[9]

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[6] FSG Interviews and Analysis
[7] Allen, Kat. *Making Collective Impact Work: Discipline, Adaptability, and Sitting Down to Family Dinner*. Posted June, 2012. Accessed May, 2013.
[8] Kania, John and Mark Kramer. *Embracing Emergence: How Collective Impact Addresses Complexity*; Allen, Kat. Interview with FSG, March 2013. Accessed May, 2013.
[9] Iyer, Lakshmi. *How Do Rural Communities in the U.S. Implement Collective Impact?* Published Nov., 2012, Accessed May 2013.

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All statements and conclusions, unless specifically attributed to another source, are those of the authors and do not necessarily reflect those of the other organizations or references notes in this report.

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The Difference between Collaboration and Collective Impact

by Jeff Edmondson on November 12, 2012

We recently hit the benchmarks of having over 150 communities reach out to us and 80 communities having completed the Site Readiness Assessment to join the Strive Network. As we start our discussions with each community on the work of collective impact through building civic infrastructure, I would estimate at least half have declared “we are already doing that!”

Based on these conversations, we have been able to identify the most critical differences between the historical definition of “collaboration” and the emerging understanding of “collective impact”. The diagram below outlines the differences as simply as possible.

The first is that in collaboration, we have historically come together to implement a new program or initiative. This is most often the case when we wanted to apply for or have been awarded a grant. When it comes to collective impact, community leaders and practitioners come together around their desire to improve outcomes consistently over time. The outcome serves as the true north and the partners can uncover the right practices to move the outcome over time.

This brings us to the second difference: using data to improve, not just prove. In collaboration, data is often used to pick a winner or prove something works. In collective impact, data is used for the purpose of continuous improvement. We certainly want to find what works, but the partners are focused instead on using the data to spread the practices across programs and systems not simply scale an individual program.

Third, collaboration is often one more thing you do on top of everything else. People meet in coffee shops or church basements to figure out how to do a specific task together and in addition to their day job. Collective impact becomes part of what you do every day. It is not one more thing because it is truly about using data on a daily basis – in an organization and across

community partners – to integrate practices that get results into your everyday contribution to the field.

And last, collaboration is often about falling in love with an idea. Somebody may have visited a program somewhere and seen something they liked so they advocated to bring it to town. The core assumption in their efforts is that success elsewhere will be consistent with success right here. Collective impact is about advocating what those practices you know get results in your own backyard. The voice of community partners is leveraged to protect and spread the best of what exists right here and now instead of what one hopes would get results down the line.

It will be those communities that exemplify the rigor and realities of collective impact that can help us fully grasp the shift that needs to be made to achieve population level impact. We are on our way with the interest of so many and we are hopeful that we can collectively embrace this fundamentally new way of doing business.

Part II: Collaboration Multiplier Analysis

Collaborator 1

Expertise/Resources:

Results/Outcomes:

Key Strategies:

Collaborator 2

Expertise/Resources:

Results/Outcomes:

Key Strategies:

Collaborator 3

Expertise/Resources:

Results/Outcomes:

Key Strategies:

What results/outcomes can be achieved together?

What partner strengths can the collaborative utilize?

What strategies/activities can 2+ partners work together on? Who takes the lead (L) and who plays a supportive (S) role?

Collaborator 4

Expertise/Resources:

Results/Outcomes:

Key Strategies:

Collaborator 5

Expertise/Resources:

Results/Outcomes:

Key Strategies:

Collaborator 6

Expertise/Resources:

Results/Outcomes:

Key Strategies: