Ingham Community Voices

Final Evaluation Report

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INTRODUCTION

Ingham County Community Voices (ICV) was first funded in 1999 by the W. K. Kellogg Foundation as part of its Community Voices Initiative to increase access to health for vulnerable populations. Earlier evaluation activities have shown that through ICV community partnerships and leveraging of funds, the community has achieved results—nearly 60 percent of the community's uninsured have access to organized health care; thousands of community members[1] have been engaged in facilitated dialogue on community health and neighborhood revitalization; institutional partners have modified planning and financing practices to support community improvement; and a grassroots network for engagement, planning, and action has been created.

Development of strong community health partnerships has been identified as both a *contributing factor* to and a *measure of success* of ICV. The Ingham County Health Department (the home of ICV) consciously resisted the role of visibly spearheading the ICV initiative in favor of creating a collaborative community improvement process with multiple partners. Community partners were—and continue to be—engaged throughout the process in community summits, dialogues, development and implementation of action plans, outreach for vulnerable populations, and ongoing evaluation of the initiative. The process has led participants to identify common goals and look outside their own agency or organization for new ideas, thus, strengthening and expanding existing relationships and creating new partnerships.

The design of the local evaluation of ICV was consistent with participatory evaluation methods, using a collaborative research model that engages all community partners in evaluation activities. During the course of the initiative, the evaluation has provided extensive documentation of processes and progress made toward intended outcomes of ICV. A key step in the evaluation was when stakeholders were engaged in defining the community practices that led to these accomplishments. As funding through the foundation initiative drew to a close in 2008, the final evaluation of ICV focused on synthesizing information on the **approach** used to promote community health partnerships and the **factors contributing** to the success of ICV, as well as establishing **direction** for strengthening and sustaining the impact of ICV in the future.

This final evaluation report provides information that can be used for two purposes: one is to lay the foundation for the next level of capacity building within our own community, and the other is to share the approach and lessons learned from the ICV initiative in the hopes that other communities may use the information to benefit their community improvement efforts.

DESCRIPTION OF METHODOLOGY

Because of the values placed on evaluation by the W. K. Kellogg Foundation, there is extensive documentation of the development, evolution, and impact of ICV. In the preparation of this final evaluation report, description of the development and evolution of ICV has been drawn from local evaluation reports and annual progress reports to the

[1] Over 1,300 community members had participated in community dialogues at the time ICV stopped counting attendance in late 2006; many more facilitated dialogues have been held since that time.

W. K. Kellogg Foundation prepared over the course of the initiative. These reports have chronicled the initial focus of the initiative on community dialogues for the creation of an organized system of care, the later identification and support of effective community practices for community improvement, and, more recently, the movement toward action on the determinants of health and community capacity building.

During 2007, key informant interviews and study circles were conducted to gather stakeholder reflections on ICV, lessons learned about building community capacity for accelerating improvement, the degree to which community practices for community improvement have become the norm, and future direction of the initiative. Six persons identified as representatives of primary stakeholders, lead partners, or collaborating organizations, were interviewed individually using a set of open-ended interview questions. Another 13 people responded to the interview questions through an online survey instrument. A study circle was conducted with members of the Ingham County Health Department, which included individuals who have been involved with the initiative since its inception and some who recently assumed administrative responsibilities related to ICV. Another study circle was conducted with members of the Immigrant and Refugee Resource Collaborative, which addresses one of the priority areas supported during the final phase of ICV.

In addition, quantitative data were updated on the activities of Community Health Workers, enrollment in the Ingham Health Plan, and estimates of the proportion of population who would be without health coverage if the health plan did not exist.

EVOLUTION OF INGHAM COMMUNITY VOICES

Two goals were originally identified for the Ingham Community Voices initiative through a series of stakeholder interviews, community dialogues, and neighborhood summits. The goals were to (1) increase access to health services for the uninsured by establishing an organized system of care; and (2) improve health, as experienced by residents, by mobilizing neighborhoods and communities. During the early phases of ICV (1999–2003), the focus under the first goal was the creation and expansion of a viable funding strategy, the Ingham Health Plan, to provide health care coverage for the uninsured population. Under the second goal, a wide range of community and neighborhood development activities were aimed at building capacity to measure health and implement strategies, establishing working relationships among stakeholders, and creating mechanisms for communication between community organizations and policymakers (refer to Attachment A, excerpt from *Community Voices: The Ingham Model*, 2003).

As Ingham Community Voices has evolved, the two goals and the strategies for each have become increasingly intertwined. The evaluation has documented that strategies originally intended to engage and mobilize communities, such as community outreach workers, were effectively utilized to increase enrollment in the Ingham Health Plan, and the availability of coverage through Ingham Health Plan served as an incentive to engage community members. Participation in community development and neighborhood activities grew, the community role in needs assessment and planning was strengthened, and, as key informants have said in the past, "*community institutions began to recognize*

*the resources neighborhoods have to offer and work **with** the neighborhoods, rather than **for** them*." As ICV moved into its final phase, institutional partners were changing the way they do business—relying on the ICV process for neighborhood needs assessment, using information from community summits and actions plans in development of strategic plans, and targeting funding to community priorities. As institutional partners had become more involved in the community and neighborhoods, community residents had become more involved with the institutional partners.[2] (This change in relationships was reiterated during the final evaluation of ICV when key informants said that institutional partners and community-based organizations were learning to effectively use each other as sources of knowledge, experience, and support.)

In late 2003, discussions were launched with community partners to identify and define the methods and patterns of practice that led to accomplishments such as implementation and expansion of the Ingham Health Plan and development of neighborhood action plans and community-building activities. The result of these discussions was the identification of five catalytic community practices for accelerating community improvement: (1) engaging and mobilizing community members; (2) facilitating dialogue and creating connections; (3) identifying and supporting civic leadership; (4) using all the assets of the community for change; and (5) sharing and using data and information to support and monitor progress. These practices were woven throughout initiatives and activities within each of the Ingham Community Voices Phase III priority areas (i.e., community health worker outreach, adult oral health, men's health and prisoner reentry, case management for refugee health, mental health and substance abuse, health plan coverage strategies, and community building).

As community partnerships were enhanced and expanded, the work of ICV became embedded in a comprehensive community collaborative, the Power of We Consortium, formerly the county human service agencies' multipurpose collaborative body. The Power of We Consortium (PWC) expanded its membership and its purpose to become a "network of networks" designed to accelerate change in the capital area by investing in critical infrastructure and supporting the five catalytic community practices.[3] The five community practices, along with a statement of principles and values, formed the foundation for an updated theory of change for community voices (see Attachment B, *The Power of We Theory of Change*, August 2005).

How is Ingham Community Voices Perceived Now?

During the final evaluation in late 2007, when key informants were asked what "Ingham Community Voices" meant to them, the descriptors used most often were a community engagement process; involvement of grassroots citizens; access to health care; a broad definition of health; collaboration; improving the health and well-being of the community; and raising the voices of those who traditionally have not been heard in the policymaking process. As one person said, *"It represents a movement to create change*

[2] Public Sector Consultants Inc. (PSC), *Ingham Community Voices Phase I and II Evaluation, Final Report* (Lansing, Mich.: PSC, April 2004).
[3] PSC, *Ingham Community Voices Phase III Evaluation, Annual Report* (Lansing, Mich.: PSC, October 2005–September 2006).

from the bottom up. It is the antithesis of 'officials' telling the man on the street what's best for him."

Key informants also said that ICV is a process that is hard to distinguish—it is *"the way we do things."* It has grown considerably from a health care and human services initiative to a community-building initiative that encompasses a much broader agenda and many partner agencies and organizations. Key informants mentioned that the methods used for ICV were applied to other community priorities, such as early childhood development and prisoner reentry. They also cited the Power of We Consortium as an outgrowth of the initiative and a good example of a comprehensive community effort.

While many key informants said that ICV has grown to "*involve more voices from more aspects of the community,"* a few expressed concern that the initiative has not spread to include more neighborhoods, or more of the minority populations, or more community partners.

From its inception, ICV was intentionally designed as a collaborative community improvement process with multiple partners, rather than a distinguishable administrative structure or brand of one organization. ICV utilized existing organizational structures, and encouraged their adaptation, connection, and improvement. Some key informants interviewed during the final evaluation believe these enhanced organizational structures will influence the community for many years. However, the lack of a distinguishable brand for ICV may have had an unintended consequence: key informants who have been tangentially involved in ICV are only aware of its most visible aspects, such as its website, work with neighborhood centers, and the Power of We Consortium. They are less familiar with ICV support for community dialogues, work being done in each of the priority areas, or the five community practices for accelerating community improvement. The point was made by a few key informants that even within the Ingham County Health Department (ICHD), there are staff that *"have no clue"* about Ingham Community Voices. One key informant within ICHD said, "*I am familiar with earlier ICV dialogues, but I am not sure what has been happening with ICV during the past year*."

OUTCOMES OF INGHAM COMMUNITY VOICES

Over the course of the initiative, evaluation of Ingham Community Voices has documented increases in health care coverage and access to oral health services for the uninsured; development of a regional action plan for improved access to substance abuse services; implementation of a series of community dialogues on mental health and creation of the Mental Health Partnership Council as a formal committee of the Capital Area Health Alliance; publication of information to increase awareness of health status disparities; and creation of a multicounty information and referral system, In Touch with Community Resources.

Under the goal of improving health by mobilizing communities, a wide range of community development and neighborhood activities have been carried out, with an emphasis on capacity building, network development, and communication. ICV evaluation has documented that participation by residents has grown in community development and neighborhood activities aimed at improving health; there has been an increase in participation of minority and rural populations and new community leaders

are emerging; community institutions recognize neighborhood resources as an asset for providing services; information sharing among organizations and between organizations and neighborhood-based efforts has improved; and cooperative efforts on community health goals have increased across neighborhood organizations, agencies, and city and county governments.

During earlier evaluation activities, study circle participants and key informants have attributed major policy changes to ICV, including:

- establishment of a formal policy that permits financial reimbursement through Medicaid for public awareness and outreach services;
- ICHD structuring of services to use community organizations and community health workers (CHWs) for service delivery and linkages to other services;
- expanded Ingham Health Plan funding for CHW outreach;
- creation of a mechanism for people to designate donations through the Capital Area United Way (CAUW) specifically for support of CHWs;
- changes in the structure and role of the Power of We Consortium to achieve greater diversity in the consortium and establish responsibility for monitoring community improvement activities and developing funding strategies for community-based work;
- commitment of stakeholders to find resources to invest in community improvement, such as matching local funds to federal Compassion Capital Fund resources to build the capacity of local organizations; and
- participation of community members in shaping priorities and programming of neighborhood centers and community initiatives.

Where has the most progress been made by Ingham Community Voices recently?

As part of final evaluation activities, key informants were asked specifically about progress in the seven priority areas of the national initiative: community health workers, adult oral health, mental health/substance abuse, case management for refugee health, men's health and prisoner reentry, health plan coverage strategies, and community building.

Key informants consistently identified community building, community health workers, health plan coverage strategies, and refugee health as the priority areas where the most progress had been made. They credited the progress made to commitment by the local health department and community partners, resources provided to neighborhood organizations, and the trust that has developed between community partners. Some of the comments made by key informants about progress in each of these priority areas follow:

Community Building

> *The Power of We has promoted, strengthened, and institutionalized the various efforts around community building. Many organizations and programs have benefitted from these efforts and the coordination and partnerships are growing.*

* * *

ICV, through the Power of We, has created the ability to help community not-for-profit agencies improve their organization and capacity to serve. The ICV strategy for delivering services is to build capacity in the community through building capacity in not-for-profit service agencies. A federal grant was obtained to help support agency capacity building.

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In this area there has been great progress regarding community-based outreach organizations. Ingham County has supported the operations of a number of organizations that all work toward connecting neighbors to services and programs. Historically, there was some friction between these organizations as we were all grant funded, often competing for the same funds in the same county. Throughout the final years of ICV, the tension subsided as the ICHD brought us all together and acknowledged each of our strengths and unique abilities. The community groups now see each other as allies, sharing resources, asking questions and offering advice. The outreach workers having a good sense of their counterparts in other areas helps us provide better services to those who walk through our doors and happen to live in another part of town.

Community Health Workers

Extraordinary progress made in this area. ICHD, with support from ICV, has helped to establish a solid identity for CHWs and the work they do. From providing training and support to accompanying CHWs throughout the neighborhood to get a true sense of what 'community' means, the CHW outreach initiative has been a tremendous success.

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The use of community health workers has expanded in the community and their skills have improved. The improvement comes from the recognition by the health department and other agencies that community health workers are effective tools for conducting agency business. The CHW model now has political capital in the community.

* * *

This has had a major impact in the neighborhoods, as more people are now enrolled and using the IHP and we have a better sense of the other needs of local low-income households.

* * *

Community members feel empowered because serious efforts were undertaken and achieved.

Health Plan Coverage Strategies

Strategies to assure access to health care are now a part of the political fabric of the community. The strategies have not changed greatly since the late 1990s when the Ingham Health Plan was formed. The size of the

covered population has increased substantially, until more than 50 percent of uninsured have health plan coverage. This is clearly the result of ICV providing leadership and building community support.

* * *

The Ingham Health Plan continues to provide coverage to approximately 15,000–18,000 people per year. The provider network has increased to include more specialty services. Many people use ICV-supported neighborhood centers to enroll and get information about their health plan, and to navigate through the provider system. The board of the IHP corporation is diverse and includes users and community advocates. They have set a priority on getting 'user-level' feedback that informs the way policies are set.

Case Management for Refugee Health

Agencies serving refugees have learned to cooperate and coordinate services—reducing duplication of services and filling in gaps. This is a change from a competitive attitude bent on protecting agency turf. The change resulted from ICV efforts to convene agencies and focus on the needs of the refugee population.

Key informants noted less progress in other priority areas. They said that good strides have been made in creating awareness of adult oral health needs and providing services, but more work needs to be done to serve the uninsured. In the area of mental health/substance abuse, key informants said that dialogues had been used effectively to increase awareness of both mental health and substance abuse issues, and the community mental health agency was credited for expanding its vision to include promoting and improving the level of mental health in the community in addition to treating the most acutely mentally ill. The few respondents who were aware of any work in the area of men's health and prisoner re-entry mentioned the formation of a group to coordinate efforts, and they stressed the importance of addressing the transition of men from prison to the community.

What changes in the relationships between institutions and community-based partners have occurred as a result of Ingham Community Voices?

Earlier ICV evaluation findings indicated institutional partners were "changing the way they are doing business," and that information sharing and cooperative efforts on community health goals had increased across neighborhood organizations, agencies, and city and county governments. To further explore the changes taking place, and as part of final ICV evaluation activities, key informants were asked in what ways they had seen relationships change between institutions and community-based partners as a result of ICV.

All key informants described some change in relationships between institutions and community-based partners; a few used superlatives such as "dramatic" and "cutting edge" to describe the change; and many gave specific examples.

There have been dramatic changes in how community-based organizations are seen by institutions and agencies—as reporters of community conditions and partners in problem solving—and community-based organizations realized they had to step up and become a partner.

* * *

We are on the cutting edge of public health—engaging the community—getting neighborhoods to see health as central to their mission.

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Both the Capital Area United Way and the community foundation have moved from just supporting individual agencies to supporting broader community impact.

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Health plans are beginning to work with community-based organizations.

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The City of Lansing was very much influenced by ICV and tailored programs and services and designed planning efforts and policies to be consistent with the information and spirit that came out of ICV.

* * *

When I started this work, I found it frustrating that different factions of the community didn't communicate, much less cooperate. Neighborhoods networked with other neighborhoods, faith groups networked with other faith groups (but mostly within their own denomination), businesses networked within business organizations . . . but there was no system for bringing entities from all of these seemingly unrelated realms to a single table to share ideas and problem solve. The Power of We and the Compassion Capital initiative have made great strides toward crossing those boundaries and creating opportunities for collaboration and change.

* * *

The major human service agency representatives sit regularly at the same table with representatives of community-based organizations. They share problems and propose solutions, often coordinating efforts and moving in the same direction.

* * *

Community-based organizations now see our institutions as partners—not the enemy from whom we are trying to extract information and services. When a CHW calls an institutional partner regarding services for a neighbor, there is a respect and friendliness that dominates the conversation. Conversely, I believe that our institutions feel the same way about [community-based organizations]: that CHWs are trying to make the job of the health department, for example,

easier by being an intermediary between often-intimidated neighbors and what can be seen as large bureaucracies.

* * *

Because many organizations are part of the Power of We Consortium, [the Immigrant and Refugee Resource Collaborative] is better able to gain more support and resources for the immigrant and refugee population than we would otherwise have. Issues such as transportation and English as a second language are communitywide issues, and it is in the best interest of the community to work on them together. The networking has led to many projects. The Capital Area District Library (CADL) began partnering with refugee services around the goal of helping refugee teens learn English. This effort began with a grant and then, due to the program's success, the CADL decided to continue funding it. Now the CADL is active in the Immigrant and Refugee Resource Collaborative.

When asked if there were differences in the depth and breadth of these changes depending on the institutions or community-based organizations involved, some key informants said that the local health department and the City of Lansing were the institutions that were most affected, and that, in fact, the health department had initiated many of the changes. Key informants also noted that some human service agencies were more ready to accept the new model than others. Likewise, some community-based organizations are more ready to learn and grow, change, and participate in the new order in Ingham County. One respondent said it this way:

> *I've found that 'old school' organizations still operate with an isolationist mentality, that is, we are all fighting for a small pot of funding, and therefore we have to look out for ourselves. The new philosophy emphasizes the benefits of collaboration and the concept that when one succeeds, we all succeed.*

Key informants said that the commitment to the community process, the willingness to share and receive information and advice, and the availability of time and resources of institutions and organizations that have been ready and willing to change have made the difference: *"Those that can get out of their silos and actually listen are better able to bring solutions that really work."*

One key informant said,

> *These changes in relationships have occurred over the past 30 years and are played out in a number of venues and around a number of issues. The benefits are that the talents, views, and motivation of these parties are brought together for common purposes.*

This is consistent with earlier evaluation findings that the history and characteristics of the Ingham County community were conducive to a community-based approach to improving access to health and that many individuals, agencies, and collaborative groups

were poised to become partners at the time ICV was initiated. The ICV initiative focused attention on the incentives for these various entities to support community development.[4]

Are the five community practices for accelerating community improvement becoming the norm in community change efforts?

In late 2003, community partners discussed the methods and patterns of practice that led to accomplishments such as implementation and expansion of the Ingham Health Plan and development of neighborhood action plans and community-building activities. The result of these discussions was the identification of five catalytic community practices for accelerating community improvement:

1. Engaging and mobilizing community members;
2. Facilitating dialogue and creating connections;
3. Identifying and supporting civic leadership;
4. Using all the assets of the community for change; and
5. Sharing and using data and information to support and monitor progress.

In the final evaluation of ICV, key informants were asked to describe examples of the community practices being applied and the extent to which they thought the practices were becoming the norm. All respondents could describe at least one example of one of the practices being applied, and some gave an example of an initiative that was using all five practices. The most examples given by key informants were of "facilitating dialogue and creating connections." While many of these examples were of a specific dialogue in the community on various topics, some mentioned the practice of facilitating dialogue **and** creating connections as part of a larger initiative or community process, such as through the structure and meeting agendas of the Power of We Consortium. The next most often mentioned examples of the community practices were of "engaging and mobilizing community members" (e.g., the work of neighborhood centers; community participation in the development of action plans) and "sharing and using data and information to support and monitor progress" (e.g., the Power of We community indicators report; analysis of data on immigrant and refugee populations by Michigan State University for use by the Immigrant and Refugee Coalition). The fewest number of examples were given for the practices of "identifying and supporting civic leadership" and "using all the assets of the community for change."

Some key informants said the five community practices are under way all the time; there are too many examples to mention. Some felt that the practices have been institutionalized as evidenced by the existence of the Leadership and Practice Committee, the Community Data Committee, community health worker outreach, and the Power of We Indicator report. Some said that sharing data has become routine. Regarding the practice of facilitating dialogue and creating connections, some key informants said that conversations are occurring in many different ways in the community.

[4] *Ingham Community Voices Phase I and II Evaluation, Final Report.*

Several key informants said that the five practices are all necessary and intertwined; one practice alone is not as strong as the combination. One respondent said the practices interact constantly and that every successful initiative has used them as coordinated building blocks. Another person made the same point using the Power of We community indicator report as an example; this key informant said that sharing data through the report is used as a method for engaging the community to foster community improvement by using all the assets of the community for change, and that dialogue has helped shaped the indicators in the report. One individual knew of one initiative where the approach became top down rather than following the community practices, and said that initiative was not as successful as a result.

Disseminating the Five Community Practices

"Identifying and supporting civic leadership" and "engaging and mobilizing community members" were practices that the most key informants suggested needed more work. One respondent said that there have not been concerted efforts to identify new leadership, but rather that efforts have been aimed at involving individuals who have traditionally been engaged in community activities, particularly within the African American community.

> *There are a number of people in the Black community who hold leadership positions who need to be involved but have not been approached beyond sending out a letter announcing an upcoming event. I am speaking of the church leaders, leadership of Greek groups, civic improvement groups, and self-help groups. Normally when I attend large community meetings, I run into the same half dozen or so folks that make most large community meetings. There needs to be follow-up with the new faces that show up at times to further engage them in activities on an ongoing basis."*

Another respondent made a similar comment regarding the practice of engaging and mobilizing community members:

> *There needs to be more earnest outreach to involve new potential leaders in the community who would have some fresh ideas and perspectives on addressing some of the problems.*

Other suggestions for improving the five practices included convening smaller groups concerned with a single issue and giving them time to really dialogue rather than just listening to experts and reacting; sharing data more widely with the partners around the table; and developing a shared definition of progress so that our community can begin to share and use the proper data to get to our desired goal.

When key informants were asked what could be done to disseminate and support these practices more broadly in the community, they made the following suggestions:

- Continue dialogue about these practices, whether connected to ICV or not.
- Really engage those that are disenfranchised and those on the other end of the scale who are very comfortable in their own little worlds.
- Bigger is not better. Create many more subgroups with common interests and goals. Work can get done quicker and will be sustained in a better way because you will get more buy-in from those that really care.

- Write articles about the five practices and successful programs or projects that are using the five community practices; publish articles in neighborhood newsletters, local papers, radio and TV shows, and have larger employers disseminate updates with paychecks.
- Hold meetings when working folks are available.

The importance of engaging more of the broader community was echoed by several key informants. One individual put it this way:

> *My experience is that when you are involved in a process or project you think it is widely communicated and everyone knows about it. But when you are outside the project or process, you find that very little is known about it and a very small percentage of people are engaged. The way to support practices more broadly in the community is to identify ways to engage the community outside the current circle.*

FACTORS CONTRIBUTING TO SUCCESS

In previous evaluation reports, the following factors were identified as contributing to the success of ICV:

- the history and characteristics of the Ingham County community were conducive to a community-based approach to improving access to health;
- ICV focused attention on incentives for partners to support community development;
- the local health department made a conscious decision to work through existing community organizations rather than create a separate entity;
- community organizations and agencies were granted a great deal of flexibility;
- ICV built upon existing capacity and relationships of neighborhood organizations, provided funding support for communication and outreach, and emphasized contributions that could be made by people in the neighborhood; and
- continued dialogue among all partners has supported the process.

The W.K. Kellogg Foundation requirements for evaluation led to close examination and reflection on the results achieved and identification of practices that contributed to results. Likewise, the foundation's emphasis on using evaluation findings to continually improve the initiative and strengthen the community led to current capacity building efforts in the community.

As part of the interviews for the final evaluation, key informants were reminded of earlier evaluation findings and asked to reflect on why they think ICV has been successful. Several people said they agreed with the factors mentioned above. As one person said, *"We had a firm foundation before the WKKF grant, and then ICV took us up a huge notch."*

Some respondents elaborated as follows on the points above:

- Leadership of the health department, other human service agencies and organizations, and key governmental leaders has been critical to success.

- The amount of flexibility given to community-based organizations has created and strengthened relationships with parts of the community.
- A compatibility of vision and a shared value of what a community should be helped to build the commitment to work together.
- Organizations were forced to find new solutions and could no longer just rely on traditional sources of funding for their existence.
- ICV supported and worked through existing organizations so that, instead of being alienated, they were embraced.

Many of the key informants credited the leadership and staff of the Ingham County Health Department with the success of ICV, sometimes noting that this work was "behind the scenes." One person took time to give the following description of the ICHD role:

> *The staff at the Ingham County Health Department was dedicated to carrying through the ideals of ICV. Not just when it was new and fun, or easy, or fulfilling, but through all phases of the project. They remained committed to the principle of quality, timely care for all people as a right. They worked tirelessly to make sure community-based organizations felt supported and heard, and that our concerns were really addressed and not glossed over. Many thanks to Melany Mack, Ron Uken, Bruce Bragg, Doak Bloss, and Dean Sienko, and too many others to thank. They were willing to meet with community-based organizations anytime, anywhere to hear our concerns. They have been innovative, resourceful, true friends to the neighborhood-based organizations and the people we serve.*

Credit was also given to the role that the W. K. Kellogg Foundation played in the success of ICV. The W. K. Kellogg Foundation was so committed to the goals of the Community Voices Initiative that they were "intolerant of failure." One key informant said that as the funder for the initiative, the foundation

> *held our feet to fire on how well we were doing at community engagement and meeting expectations of the grant. They were willing to be confrontational; always challenging us to do better. They were never saying that we were doing it all, but that we were doing better.*

NEW DIRECTIONS AND NEXT STEPS

As the funded project period for ICV comes to a close, the stakeholders in the community are continuing to explore ways that the work of the initiative can be sustained. An initiative may be considered successfully "institutionalized' if it can continue after the original funding is gone and lead individuals are no longer involved. During the final evaluation, key informants were asked to describe the aspects of ICV that have been successfully institutionalized and what should be done to strengthen and sustain the impact of ICV in the future.

What aspects of ICV have been successfully institutionalized?

Almost all key informants said that ICV has been institutionalized in some way. Even though key informants were not asked explicitly about the community practices at this

point in the interview, it is noteworthy that many of the examples they gave of ICV having been institutionalized are also examples of the five community practices for accelerating community improvement. One respondent specifically said that the five community practices are becoming the norm, and therefore institutionalized. Aspects of ICV that key informants identified as institutionalized are listed below. Corresponding community practices are noted in parentheses.

- Whenever there is an issue in the community, there is a concerted effort to convene people; the community is demanding engagement. (Community practice: Engaging and mobilizing community members)
- Relationships and collaboration continue to be supported by the Power of We Consortium. (Community practice: Facilitating dialogue and creating connections)
- ICV supported the development of the Investors Steering Committee and provided the seed money to them so they could begin to jointly invest in community initiatives. (Community practice: Identifying and supporting civic leadership)
- People and agencies have learned to do business differently, in a cooperative fashion, convening the community to understand problems and to develop strategies. Solutions do not just pop out of agencies and into communities. (Community practices: Engaging and mobilizing community members; Using all the assets of the community for change)
- There is recognition that what will make us successful is working together. (Community practice: Using all the assets of the community for change)
- Leveraging investment of community resources and development of the braided contract approach continue to be used as financing strategies for community improvement. (Community practice: Using all of the assets of the community for change)
- Changed relationships and funding going to the grassroots has helped position us to gain more resources, such as the Compassion Capital Fund. (Community practices: Facilitating dialogue and creating connections; Using all of the assets of the community for change)
- Data development and data-based decision making are ongoing. (Community practice: Sharing and using data and information to support and monitor progress)

What should be done to strengthen and sustain the impact of ICV in the future?

Looking forward, the challenges that were identified repeatedly by key informants were the economic outlook for Michigan and its effect on the availability of resources and collaboration; leadership transitions; and the risk of complacency. Key informants offered specific suggestions to address these challenges in order to strengthen and sustain the impact of ICV.

Availability of Resources and Collaboration

One key informant said that because of the economic climate and financial pressures, the community may not be able to look to institutional partners, such as area hospitals, as a

source of financial support for community initiatives in the future. Some respondents said they hope the commitment of resources continues. One person specifically said,

> *I hope that the Ingham County Health Department and the Ingham County Board of Commissioners appreciate all of the work that went into building the ICV project and that they agree to continue to financially support and build upon the positive changes that have been initiated!*

While some respondents said that in a tight economy the ability to reach out and collaborate is severely restricted, others said that it is even more important to collaborate as resources become more limited: *"Collaboration is our only means of survival; we are going to need each other."*

Leadership Transitions

Not surprisingly, given the time that has elapsed since ICV was initiated, the community is experiencing leadership transitions at every level, within both institutional and community-based organizations. Key informants recognized that leadership capacity needs to be developed, and they also said that there are individuals that could be developed as potential leaders. *"Continuing efforts to develop good leaders who are sensitive to the voices in the community is very important."* One suggestion was to expand leadership capacity development workshops that have been offered to community-based and faith-based organizations through the Compassion Capital Fund initiative. One respondent said that from his perspective as a black resident of the Lansing area, more and continued efforts must be made to further engage the potential leadership that exists in the African American population. He said this is a frustration shared by others he has talked with informally in the African American community.

Risk of Complacency

Many of the key informants said that to ensure continued progress it is important to continue the current practices and work being done. But they also stressed that it will be important to keep the process dynamic and responsive. They offered the following suggestions:

- Build the Power of We Consortium by bringing more parts of the community into it.
- Continue the strong central support for ICV, but also ensure that when the W. K. Kellogg Foundation voice is gone, another challenger takes its place, but not a "one issue challenger." There needs to be some source for observing the process and challenging its assumptions and direction.
- Make sure successes are shared.
- Keep talking and listening. Continue dialogue about our community well-being and the community practices for accelerating change. One respondent suggested training more facilitators of dialogue.

Continued and expanded involvement of the community was a predominant theme in remarks by key informants across all sectors of the community and regardless of their level of participation in ICV. As one key informant said, *"We have to have the power of we–engaging with other community partners—the voice of the community speaking together."*

Members of the Immigrant and Refugee Resource Collaborative study circle provided insight on what it takes to engage and mobilize the community. They said, *"If community people feel there is a connection they will come back, but when very vocal 'with it' people have moved on, newer people have come on and felt lost."* Another key informant shared a similar comment about the need for tangible benefits:

> *At one large gathering of the African American community there was a lively exchange of ideas and thoughts, but many of the ideas coming forth that evening have not materialized and as a result the community has not increased in its engagement.*

A representative of a community agency made the same point this way:

> *If I continue to learn something and the tasks are focused on something concrete and moving forward, then I keep coming. [Participating in meetings] must help me do my job better and help me connect with others. I need to see feedback on progress so I can see the benefit.*

One member of the Immigrant and Refugee Resource Collaborative summed up the ICV initiative while expressing his concern for the future:

> *It's sad the ICV is ending. It has been an incredible tool to get the voice of the community connected to those who can act on behalf of the community through a unified approach—that is our struggle. How do we make our issues part of the entire community? I am concerned that our voices will be buried again.*

OBSERVATIONS AND RECOMMENDATIONS

As the initiative comes to a close, the challenge for the community is the primary challenge confronting all collaborative efforts: how to sustain and strengthen the collaborative process. At this point, it is particularly informative to revisit the work of Lasker and Weiss,[5] renowned researchers in the field of community collaboration. Throughout the initiative—and prior to publication of Lasker and Weiss' work—ICV has sought to correct the shortcomings that Lasker and Weiss describe as undermining collaborative problem-solving in communities, namely, "the politics of interest groups, the eroding sense of community, and the limited involvement of community residents in civic problem solving." Lasker and Weiss present a description of a "community health governance" model that defines a successful collaborative problem-solving process. As ICV evolved, their description of the community health governance model was used to inform the discussions and refinement of the ICV logic model.

Lasker and Weiss acknowledge that "engaging a broad array of people and organizations in a successful collaborative process is extremely difficult." To be successful in improving community health, they suggest that a collaborative process must first achieve

[5] Roz D. Lasker and Elisa S. Weiss, Broadening Participation in Community Problem Solving: A Multidisciplinary Model to Support collaborative Practice and Research, *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 80, No. 1 (March 2003), 14–47. All further quotations from Lasker and Weiss are taken from this article.

outcomes of individual empowerment, bridging social ties, and synergy, and that certain process characteristics and special kinds of leadership and management are required to achieve these proximal outcomes. The successes that have been documented for ICV—such as increased participation of residents in community improvement activities, new and expanded partnerships, and creation of mechanisms for health coverage and access to oral health—can be seen as examples of the individual empowerment, bridging social ties, and synergy that Lasker and Weiss describe. ICV also has been consistent with the critical process characteristics of *who* is involved (i.e., broad and diverse involvement providing a variety of knowledge, skills, expertise, perceptions, connections, legitimacy and credibility, and convening power) and *how* they are involved (i.e., involvement in ways that make it feasible for a broad array of people to participate, provide participants with real influence and control over the collaborative process, and promote group dynamics that are conducive to meaningful discourse). Furthermore, the ICV initiative meets the third critical process characteristic of scope; it is a collaborative process that is ongoing, includes agenda setting as well as action, and focuses on multiple issues and problems. As key informants told us in the final evaluation, ICV is a movement to create change from the bottom up; by involving community members in agenda setting as well as action, it is "*the antithesis of officials telling the man on the street what's best for him*." And it has grown considerably from a health care and human services initiative to a community-building initiative that encompasses a much broader agenda and many partner agencies and organizations.

The "special kinds of leadership and management" that Lasker and Weiss describe have been evident in the ICV initiative from its inception. They note that

> *community collaborations benefit from having leaders and staff who believe deeply in the capacity of diverse people and organizations to work together to identify, understand, and solve community problems. These kinds of individuals understand and appreciate different perspectives, are able to bridge diverse cultures, and are comfortable sharing ideas, resources, and power.*

The comment made by one key informant about the Ingham County Health Department staff "*dedication to carrying through the ideals of ICV*" confirms the Lasker and Weiss theory **and** the wisdom of the ICHD's leadership approach.

To support the community collaborative process, this special leadership approach must be translated into management. Lasker and Weiss point out that there are particular management functions that need to be performed, such as providing orientation and mentoring for new participants, minimizing logistical barriers that some people face, recognizing and making use of the assets that each participant brings to the collaboration, making good use of participants' financial and in-kind resources, and establishing relationships among organizations at multiple levels. One critical role they identify is helping the collaborative develop a diversified resource base, including commitments of both in-kind and financial resources from a broad array of participants.

The community practices that underpin ICV—*engaging and mobilizing, dialogue and creating connections, identifying and supporting leadership, using all assets*, s*haring*

data and information—are strikingly similar to the management functions described by Lasker and Weiss. ICHD and the Power of We Consortium have used these community practices to translate their leadership style into the way they manage the process. For example, to effectively use all the assets of the community, ICHD staff recognized the importance of a creating a diversified resource base and sought out community partners to form the Investors Steering Committee of the Power of We Consortium. This infrastructure resulted in diversifying the resource base while increasing community involvement in the work of the consortium. Thus, the "power of we" has become more than a name and reflects the way all stakeholders work together to leverage resources that are available both from within and outside the community.

Moving Forward

To sustain and strengthen the impact of ICV in the future, PSC offers the following recommendations based on the final evaluation findings and our study of the process since its inception.

Leadership

To maintain and strengthen community ownership of the process, the ICHD and its institutional partners must continue leadership roles with humility and an emphasis on active, community advocacy.

Lasker and Weiss note that many community partnerships around the country are not structured in a way that supports community group discourse. The typical organization of collaborations is that of "spokes of a wheel" with one person or organization at the hub who talks to each of the other participants, rather than establishing a process to engage **all** participants in dialogue with each other. ICV has avoided this typical collaborative structure and focused on a process of community engagement and dialogue. But Lasker and Weiss warn that even collaborations that bring a diverse group of people together on an ongoing basis will not achieve meaningful group discourse without the "right kind of leadership."

Throughout the evaluation of ICV, the leadership approach within the ICHD has been credited for success of the initiati*ve in the community*. *Phrases such as "behind the scenes" and "l*eading from behind" have been used to describe the ICHD's leadership approach. Even when the ICHD has been praised for the success of ICV over the years, the key staff involved has been quick to demur and instead acknowledge the leadership and work of many community partners.

This humility has been good for the collaborative effort. However, it is important to note that this behind-the-scenes leadership approach is not passive. While ICV staff did not "do" all of the work that led to the accomplishments attributed to ICV, they were present and, even more importantly, influential in many of aspects of the work. They made sure that community voices were heard and that concerns were addressed. They prodded and questioned key stakeholders and community partners, as well as themselves, to ensure that the process was supported by policy decisions. They found creative ways to arrange financial support that would increase the stability and credibility of community partners. Leadership from behind requires an active, yet humble role—a tireless champion for

community improvement efforts. The community ownership of the collaborative process will expand and deepen if all institutional partners adopt this leadership style.

Agenda and Action

Community partners and stakeholders must be engaged in setting the agenda for collaboration, and the collaborative effort must be clearly tied to action in order to maintain their interest and motivation.

Evaluation has documented ICV's success in engaging members of the community in shaping priorities and initiatives, not only in terms of the number of people participating, but also in their sense of involvement. People and agencies have learned to do business differently by convening the community to understand problems and to develop strategies. And, as one person said, "*Community members feel empowered because serious efforts were undertaken and achieved.*"

But as key informants said during the final evaluation, community partners will lose interest and motivation if the collaborative process is not clearly tied to a change process and results are not apparent. This is so important that their voices bear repeating:

> *If I continue to learn something and the tasks are focused on something concrete and moving forward, then I keep coming. Participating in meetings must help me do my job better and help me connect with others. I need to see feedback on progress so I can see the benefit.*
>
> * * *
>
> *At one large gathering of the African American community, there was a lively exchange of ideas and thoughts, but many of the ideas coming forth that evening have not materialized and as a result the community has not increased its engagement.*

Lasker and Weiss point out another dynamic affecting the collaborative process: while effective community problem-solving requires broader, more active citizen involvement in the work of government, government agencies and elected officials also must participate in collaborative problem-solving processes that "reside in civil society." They conclude that

> *two complementary forms of collaboration are required to strengthen the ability of communities to solve complex problems: one in which the community participates in the work of government and another in which government participates in community-driven processes in civil society.*

A question posed at one point by a staff member at the ICHD became almost a mantra for ICV: *How can we make sure community partners see our resources as their own, and how can we make sure that we treat community partners as our greatest asset?* This might be taken a step further by asking: How can we encourage institutional partners to see community *processes* as their own, and how can we assure that community partners see government *processes* as their own?

As the process of community collaboration has evolved in the capital area, more diverse community representatives have been brought into the various collaborative structures

(e.g., Power of We Consortium, Leadership and Practice Committee, Community Data Committee). The number and diversity of participants has led to successful implementation of several community improvement initiatives, and the new partnerships that have been created are a benefit in themselves. However, it appears that as community representation has increased, the level of commitment to the process by institutional partners has decreased—individuals who hold higher level positions within public and private agencies no longer attend meetings on a regular basis. The challenge for leadership of ICV is to assure that the collaborative process continues to provide a recognized value for both institutional partners and community partners.

Community Practices

To keep the community improvement process dynamic and responsive, the Power of We Consortium should revisit the five community practices for accelerating change and expand their application.

All key informants could describe examples of the five community practices being applied, even though they did not always cite the specific wording used in Power of We Consortium materials. When asked to describe aspects of ICV that have been successfully institutionalized, many of the examples they gave were also examples of the five community practices. (Only one person said, "I've never understood the five practices.") When asked what should be done to strengthen and sustain the impact of ICV in the future, key informants talked about community engagement, leadership capacity, and collaboration—all components of the five community practices.

The Power of We Consortium should review the five community practices to determine how they can be refined, disseminated, supported, and expanded. Community partners and stakeholders could be engaged in dialogue to deepen understanding of all of the five practices. Those who are "outside of the current circle" and those who have been involved over time could contribute to and benefit from dialogue about the community practices and how they have contributed to the success of collaborative efforts in the capital area. Specific ways to apply and strengthen the practices could be identified.

For example, key informants talked about the importance of continued and expanded involvement of the community. Community members and stakeholders could be asked *what* motivates their participation, *how* to engage and mobilize community members, and *how* to seek out individuals that have not been involved to date. Community partners and stakeholders who are involved should be encouraged to always ask, "Who are we missing?"

All participants in the collaborative process should be reminded of what ICV has learned about the practice of dialogue and creating connections—the importance of in-depth listening, of being inclusive of all perspectives, of giving all participants an equal voice, and of providing opportunities and facilitation to create connections. Facilitating dialogue and creating connections could be applied in smaller group settings (as suggested by one key informant) and at multiple levels within the community, and more people could be trained to facilitate dialogue.

Key informants emphasized the importance of continuing efforts to develop good leaders who are sensitive to the voices in the community. As one person said, there needs to be more earnest outreach to involve new potential leaders with fresh ideas and perspectives. One of the ways that the Power of We Consortium could identify and support civic leadership is to sustain leadership capacity-building efforts that have been implemented through the Compassion Capital Fund (CCF) initiative, perhaps through ongoing mentoring relationships and scheduled opportunities for networking. Community partners and stakeholders will need to commit resources—time, talent, facilities, and funding—to support these types of leadership-building activities as the CCF funding comes to an end.

Over the course of ICV, the practice of using all the assets of the community for change has been instrumental to many achievements—from the creation of the Ingham Health Plan, to the use of community organizations for service delivery, to the commitment of resources as matching funds for the federal CCF initiative. To continue and strengthen this practice, all community partners and stakeholders should be encouraged to seek out and build new partnerships to achieve common goals. The Power of We Consortium could support the development of new partnerships by providing more opportunities for smaller groups to come together around common interests and actions, using the six goal areas of the Power of We Consortium as a framework. The challenge will be to maintain the achievements that have been made in leveraging institutional resources while maximizing assets that are imbedded in the community.

Some key informants said that sharing data has become routine. However, PSC recommends that more could be done to *use* data and information to support and monitor progress. For example, community partners and stakeholders could host forums on the goal areas and sentinel indicators contained in the Power of We community indicators report. Community partners or stakeholders with detailed data and information on the sentinel indicators or related community actions could serve as expert resources for these forums. Dialogue questions could be posed to explore what the data and information say about *how* the community is doing and *what* the community should be doing. In this way, data is used to drive change since all partners are encouraged to tie actions to data, and, at the same time, data is being used to monitor progress towards improving community well-being.

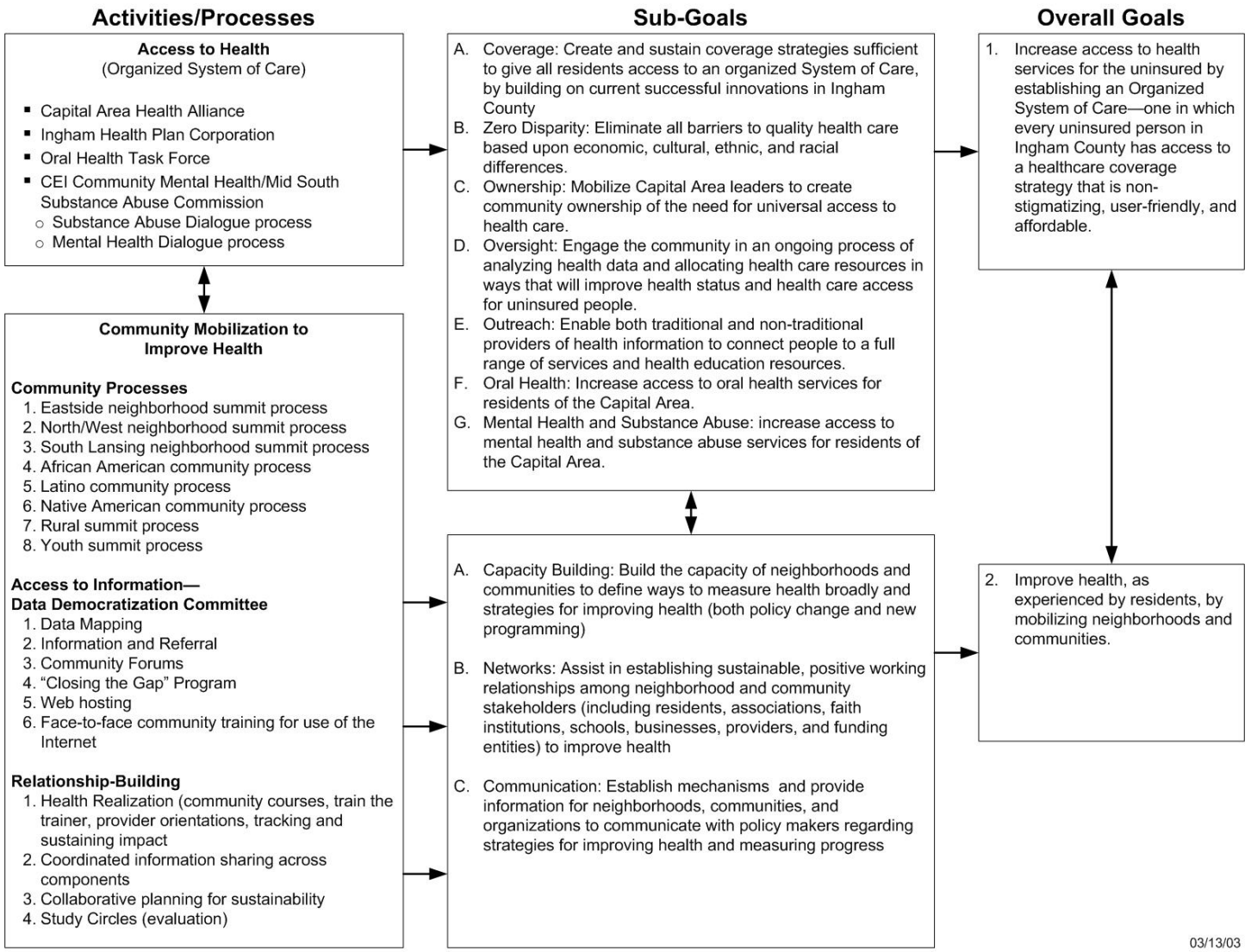
The successful application of these five community practices requires an intentional, management focus. In the case of three of the practices—indentifying and supporting leadership, using all assets, and sharing data and information—a vehicle to implement the practice has been created, namely the Leadership and Practice Committee, the Investors Steering Committee, and the Community Data Committee, respectively. To carry out and expand the application of the community practices over time, the Power of We Consortium must establish a vehicle to build capacity of the community for *each* of the five practices while tying *all* of the practices together. This might be accomplished by expanding the management function of the Leadership and Practice Committee to address some of the other community practices and to serve as a unifying vehicle. The five community practices will be truly institutionalized when they become part of a common management process for all organizational partners.

Attachments

Attachment A: The Ingham Model Part 1

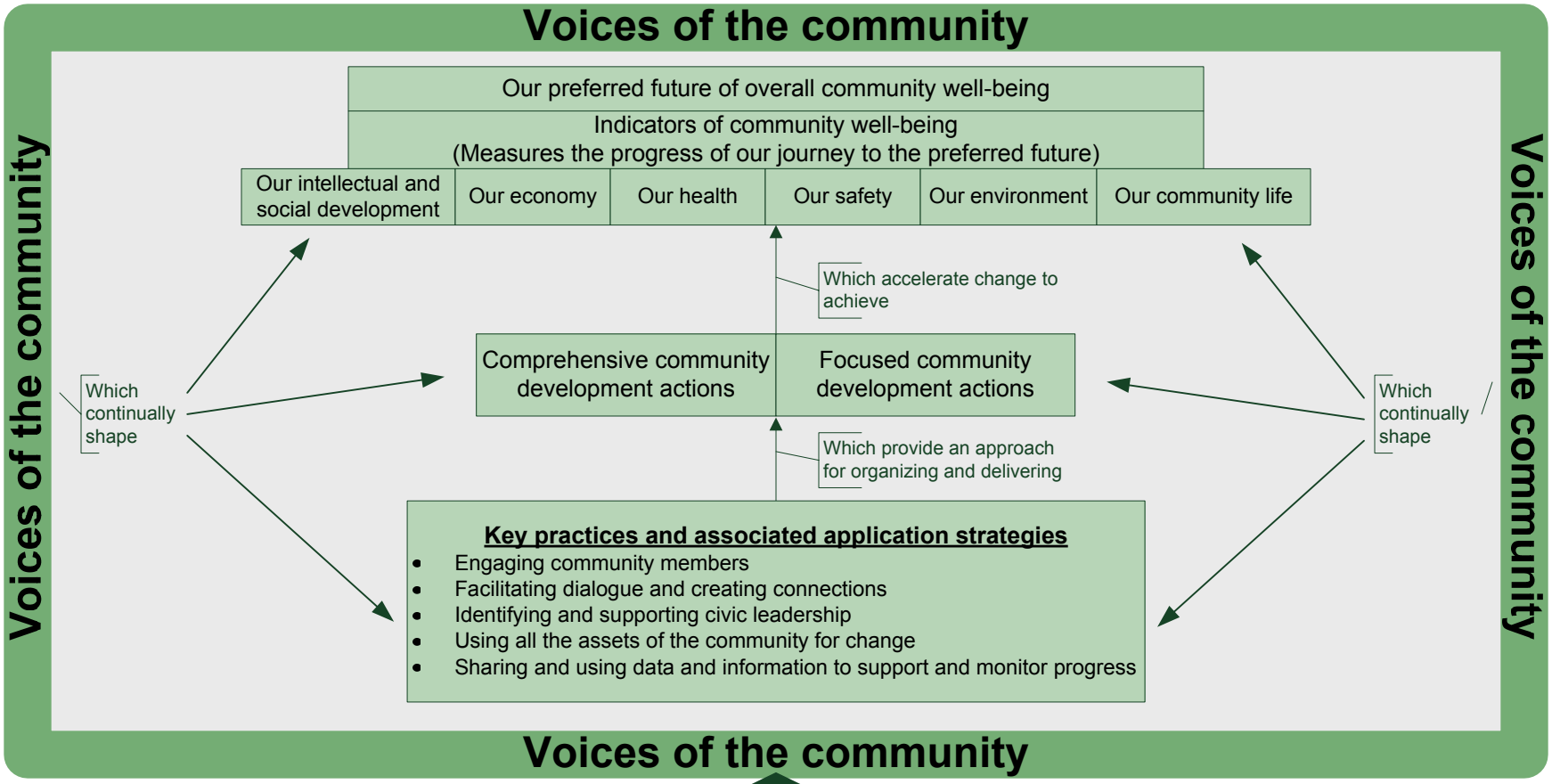
Attachment B: The Power of We Theory of Change

THE INGHAM MODEL—PART I



The Power of We Theory of Change

Last updated 08/15/05



From these foundations emerge

Voices of the community

A deliberate commitment to the core requirements of dialogue—equality, empathetic listening, and surfacing assumptions non-judgmentally—to help our community gain new perspectives and insights, overcome mistrust, and find common ground for action

Our principles and values

- Work on the underlying causes of the challenges we face
- Work together to unleash the enormous power for change that emerges when people connect to one another
- Build on all of our assets and strengths to solve our problems

The conceptual foundations

- Comprehensive Community Initiatives: Working on the root causes of complex, inter-related community problems
- Social Capital: Social connection, trust, civic participation
- Engagement & Mobilization: Bringing people together to understand and find solutions to complex inter-related community problems