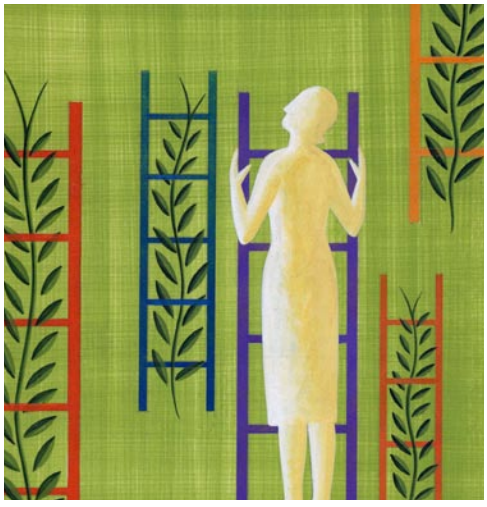
GIH INSIDE *stories*

It is exciting for GIH to present the inaugural issue of Inside Stories. *This series' intent is to build an honest learning community to help each of us improve our work. Our project's pioneers are the Sierra Health Foundation and its community partners who boldly tackled a critical issue we all face: improving the health and well-being of children. They aimed for sustainability, built on community-driven change. In doing so, they experienced the same tensions and questions around accountability, evaluation, and expectations that so many of us encounter—namely, how do we "know" we have made a difference? Many of us will see ourselves and our work reflected in this story, which we hope will provoke new thought processes and new conversations. That is what stories and this series are all about. Our thanks to Sierra Health and the community members who so candidly spoke about their challenges, frustrations, and vision. They are not only charter members of this project, but early explorers into the complex terrain of community building to bring about social change.*

Margaret O'Bryon, president and CEO, Consumer Health Foundation; member-at-large, GIH Board of Directors

What to Expect When You're Expecting to Improve Community Health

Building grassroots capacity for change can be a messy, hard-to-measure business.



Community Partnerships for Healthy Children (CPHC), the Sierra Health Foundation's $20 million project aimed at improving the health and well-being of children in northern California between 1993 and 2003, marked a shift. For Sierra, community partnerships were an intentional move upstream away from providing services to creating an environment where health could be improved. The idea was embraced by a board that was willing to focus on the social determinants of health, says Sierra vice president Dorothy Meehan. At the same time, however, the pioneering initiative raised questions within the board about how to define and measure effectiveness when building community capacity to effect health change.

And no wonder. CPHC was a huge social experiment fueled by the foundation's faith—supported in the early 1990s only by a few models and scant literature—that giving communities roughly $45,000 a year, plenty of training, and ample license to devise their own ways of improving children's health through community building, would yield long-term payoffs that short-term services grants could not.

Sierra was one of only a few funders at the time—The Colorado Trust was another—making such a prolonged, large-scale commitment to community building of this kind.

The Sacramento-based foundation dived into what was fairly unknown territory after its own experience and observations of the larger field led it to conclude that decades of short-term, narrowly focused, top-down grantmaking had failed to create sustained health improvements. And a funding style that tended to dictate to communities rather than work with them had fueled grassroots resentment toward outside entities imposing their ideas and personnel with little community input. Like Asset-Based Community Development (ABCD) itself, an approach created by Northwestern University's John Kretzmann and John McKnight at about the same time that Sierra launched CPHC, Sierra's new project was a response to the shortcomings of past funding philosophies.

Nailing Down Jello?

Though supportive of the new project, some board members were uncomfortable with the health indicators. "'Look,' some of them said, 'we don't have any health outcomes and the ones we have are too soft,'" recounts Al R. Jonsen, a Sierra board member since the foundation's inception in 1984.

The idea that strengthened communities would lead to healthier children was new in the early 1990s, and Sierra's board, says Jonsen, was used to funding more traditional grants. Sierra had engaged in simpler projects whose impact was easier to count. Faced with such a large investment in a new, more complex program, CPHC's enthusiasts and skeptics alike felt compelled to ask, "How do we tell if the investments we make will improve health outcomes?" CPHC marked the first time, says Jonsen, that Sierra's board began to talk in a serious way about health outcomes. The board worked hard to identify the outcome measures Sierra would use.

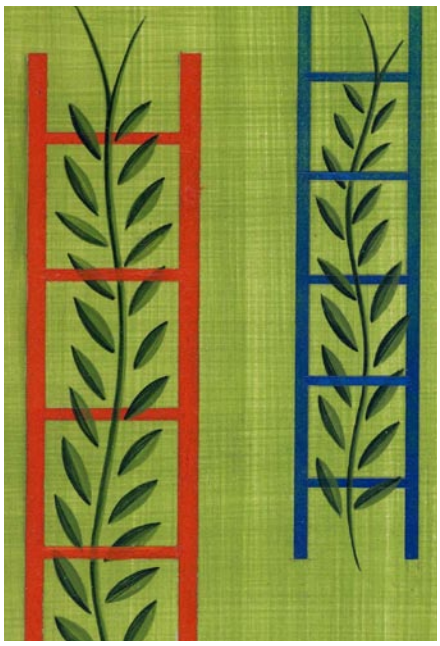
Defining and measuring desired results turned out to be harder than expected, and were at the heart of some of the greatest learning that Sierra gleaned from CPHC. The issues surrounding data collection and analysis reflected larger challenges that Sierra was to face in using community building as a strategy for improving health. As Meehan points out, one of the most pointed challenges became resolving a basic tension in goals that bubbled to the surface over the issue of evaluation indicators: Are we doing this project to leave communities better equipped to improve child health eventually, or are we expecting them to produce tangible health outcomes by changing policies, large and small, now? Sierra felt compelled to do both to prove the efficacy of the environmental approach, because little research existed then to back up the idea.

[T]he tension the teams contended with was over the notion "this community effort is inherently good" versus "we'll believe it's good once we get the data."

The tension over the two objectives manifested itself in several ways. For instance, Sierra unintentionally ended up sending mixed messages to grantees: The process of community building alone is fine, take your time; community building alone is not sufficient, we need to see hard outcomes—and sooner rather than later. The grant's dual goals also created confusion among the technical assistance and evaluation firms that Sierra hired to manage the meat of the project. The Center for Collaborative Planning (CCP) provided the intensive, up-close technical assistance to grantees that is needed for communities new to capacity building. Part of the Public Health Institute, CCP staff were true believers in McKnight's ABCD. Some of the Sierra and CCP staff at the time were, in the words of one, passionate "sixties community organizing kind of people" who took readily to the idea of community building based on the notion that even an alcoholic on a park bench likely has a skill, such as house painting, to contribute to the community.

To gauge the efficacy of its investment in this grassroots approach, the foundation relied on the evaluation firm SRI International. Sierra tasked SRI with evaluating the overall initiative partially based on community-generated data. The same evaluators also assessed each site, helping grantees collect and analyze their own data in the process. SRI program manager Kathy Hebbeler says that the tension the CCP and SRI teams contended with was over the notion "this community effort is inherently good" versus "we'll believe it's good once we get the data."

The lessons from working through that tension and learning more generally about what to expect from communities have informed the foundation's own grantmaking, and remain relevant to funders engaged in community partnerships today. Sierra's assessment experience is especially germane. Sixteen years ago



the cry for accountability was not as strong as it is now. Pressure from policymakers and the public has made generating outcome data more standard practice. More foundation boards expect hard results. But how realistic is it to expect grassroots groups (with few institutional ties) to collect their own evaluation data? How realistic is it to shore up community capacity and expect communities to produce tangible health outcomes within a few years? Should funders be widening their own definitions of progress?

What took place in the rural California outpost of Shingletown, whose residents ran a CPHC collaborative, is illustrative.

Taking Shingletown's Measure

"I'm sure they went, 'This is a very nice story, but where are the hard figures?'" recounts Lori Juszak, twelve years after the then 34-year-old divorced mother of three became the collaborative coordinator for her Ponderosa-pine-filled rural community, 35 miles east of Redding. Where Juszak comes from, even baseline numbers are scarce. "We didn't even know how many people there were in Shingletown," she says of the residents living hidden and scattered along a wooded, 20-mile stretch of Highway 44 climbing up to Lassen Volcanic National Park.

Shingletown was one of Sierra's best functioning community collaboratives. Unlike other project coordinators, Juszak had some college under her belt. Her awareness of the need to track data and her willingness to learn how and what to count helped put her group at the successful end of the grantee scale. Some of her counterparts around the state were unable or unwilling to absorb the Sierra-provided training.

Even so, Juszak and her colleagues faced evaluation difficulties that were typical among Sierra's CPHC communities, including its urban locales. Juszak could regale foundation staff with compelling tales of how, over grant-generated pizza parties or recreation programs, Sierra's modest investments brought together community members who had never spoken to each other before. Of how, after a drug-dealing-father was asked to coach pee-wee basketball and his drug-abusing pregnant wife became the team mom, both cleaned up, spurring five other families to do the same. Of how, when Juszak confronted a man whom she had witnessed hitting his young son, she learned that he had lost his job because of caring for his cancer-stricken wife. That the father loved Hemingway and Jack London. That though he looked like "ten miles of bad road," Juszak arranged for him to read to local school kids, after which he grew involved with his son's studies.

In fact, drawing reclusive, institution-phobic parents into their children's school lives was part of a strategy that Shingletown's collaborative had agreed upon through community consensus during two years of planning. The goal was met; but counting it was another matter. "How do you quantify how many people now feel comfortable going to the school?" Juszak says she asked at the time.

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Tracking their own progress with scant data and data collection know-how frustrated project grantees like Juszak. But it also posed a problem for Sierra and its evaluators, who were counting on the grassroots figures to help gauge the initiative's overall impact.

Rashomon Squared

The complex stew of measurement difficulties, multiple players, range of grantee ability to meet the grant's terms, and different expectations about outcomes within the Sierra project team made the issue of whether grantees were living up to the faith put in them a normative one. Like Akira Kurosawa's 1950 film in which witnesses report different versions of the same crime, CPHC's players each saw something else, depending on their perch at the time. Katy King-Goldberg, who as a Sierra and then CCP staff member grew personally close to the community members she trained, admits to her own bemusement about the project when she shuttled between Sierra's Sacramento headquarters and the sometimes far-flung communities. "I would come from a meeting with [Sierra president] Len [McCandliss] and Dorothy and feel that I was looking at it much more from the foundation board view. And it's like, 'What in the world were we thinking? All this money and nothing was happening.' And then I'd go do a site visit and come back and feel, 'You don't have a clue what's going on. I saw all this wonderful stuff.' And both were true."

It was a few years into the project before the foundation fully realized that the three key parties (Sierra, CCP, and SRI) had somewhat different philosophies, and those differences were playing out unproductively. Early communication with the communities was a mess, says Meehan, as grantees heard various messages depending on who they were speaking to at the top. SRI's evaluators, she observes, were stuck in the middle. Looking at the health outcomes Sierra asked them to measure, says Meehan, SRI concluded that the communities weren't doing what Sierra wanted them to do. In contrast, CCP's technical assistance

people, she says, insisted, "No, what they're doing is okay."

At that point, according to Meehan, the team sat around the table in Sierra's upstairs conference room and wrote down their theories of change: If certain things happen, "x" will result. All agreed that community building can bring better health outcomes. The differences involved the timeline. Over a long enough horizon you can probably get health changes, she felt, but as a foundation leader, "I don't always have the luxury of that time horizon." And no one knew how long it would take to see solid outcomes.

Meanwhile, up north in Shingletown, from a small office carved out of a portable classroom provided by the local elementary school, Lori Juszak and her collaborative members struggled to understand the evaluation training. Up to the very last year she dealt with SRI, says Juszak, "we still didn't know what they were saying." Their reaction to workshops held on site and in Sacramento wasn't much better. "We shook our heads and acted like we were understanding. But when they left we just looked at each other and went, 'God, what was that about?' A 'shift in paradigm'? A who?" Six or eight months into the workshops, she says "we whined a little bit and said, we came all this way and we don't understand what you're saying." Both CCP and SRI, says Juszak, tried very hard. They made adjustments in their training, walked collaborative members more slowly through it, visited them. It certainly helped that Juszak knew CCP was passionate about what Shingletown was doing.

Evaluation 101

SRI was passionate about getting the data it needed, but community coordinators were still having problems quantifying what to them was more of a process.

Referring to SRI, Juszak recalls: "They were in San Francisco, at Stanford or wherever. Stanford has numbers all over the place, but you come to Shingletown, we had only just learned to count. At the very beginning, we put in stories about how we all got together and everybody had a good time and the community really mixed with the school. And they'd say, 'How many people were there? How many community members actually spoke to how many school members?' Well, God, we don't know. I used to give SRI fits because I'd joke, "You know, 27 percent of statistics are made up on the spot.'"

Being flexible about definitions of progress indicators was crucial. If she had believed there was only one way to do things, Hebbeler says, she would have thrown up her hands over this evaluation.

Juszak never felt that anyone from the Sierra team was unhappy with her community collaborative because of the challenges they faced coming up with data. But, she says, she and her group felt a lot of pressure "to be better educated than we were."

After considerable coaching, Juszak started to incorporate figures into her reports. For baseline data, her collaborative members conducted a survey by phoning every fourth household in Shingletown and extrapolating. And she started counting the numbers of people showing up at collaborative family events. Juszak's keenness to learn evaluation—along with her formidable organizational and people skills—put Shingletown in the top half of the 15 communities that retained Sierra funding until project end. (In CPHC's first years the funder had reluctantly cut support to about 15 others because they lacked the right mix of relevant goals; inclusive, committed leadership; and willingness to learn that these grants required.) Not all of the collaborative leaders were able to deal with data issues as well as Juszak eventually was able to do.

Dorothy Meehan, looking back, says that Sierra asked too much of community organizers. "It would have been more effective for us to have collected the evaluation data for them," she says today.

Unlike Shingletown, which had the benefit of Juszak's steady leadership and unbound devotion, almost a third of CPHC communities suffered from coordinator turnover, which Sierra hadn't anticipated. This made sustained training difficult if not impossible. Some coordinators remain bothered by the time they spent on evaluation, while others, like Juszak, are thankful for learning how to do it.

SRI was keenly aware of the stresses that evaluation put on grantees. Kathy Hebbeler says that some coordinators would cry over their evaluation reports because they wanted to get them right and they wanted to look good. "Meltdown happened all the time," she says. "They cared so much, they had so much passion about what was going on in their communities." SRI staff would break down the process for them, says Hebbeler. And the Sierra team would bring together the coordinators, most of whom were women, allowing them to vent to each other to help relieve the strain of juggling reporting requirements with other collaborative and family responsibilities. "We used to joke that part of our job is evaluation and part of it is therapy," says Hebbeler.

Learning All Around

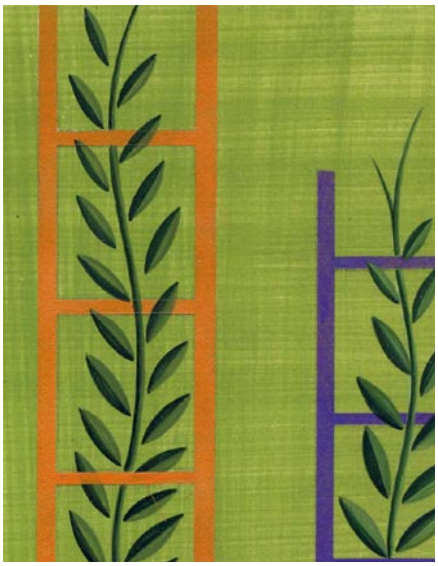
Lori Juszak and her fellow CPHC coordinators were not the only ones learning as they went along. Hebbeler

and her SRI colleagues came to the project with no experience in helping people think through what their evaluation questions should be. Neither she, SRI, nor anyone else she knew had ever trained people from scratch. "We had no idea," she says, "what it would take to build a community's capacity to do their own evaluations." At three or four all-day training sessions over six to eight months, the SRI team worked hard to teach community leaders with disparate educational backgrounds the rudiments of data collection and indicator identification. This task was more arduous in places like Shingletown, whose absence of data was a real education for SRI.

"SRI came in with their own approach but learned on the job how to come up with an evaluation design that made sense for this kind of community work," observes Harvey Chess, an outside trainer who conducted workshops for CPHC grantees. Adjusting as they went along, SRI evaluators also consulted with Doug Easterling, who was evaluating The Colorado Trust's Colorado Healthy Communities initiative, which had started a bit earlier than Sierra's project, and was comfortable looking at processes as much as outcomes.

Being flexible about definitions of progress indicators was crucial. If she had believed there was only one way to do things, Hebbeler says, she would have thrown up her hands over this evaluation. Her greatest frustrations with CPHC were the inability to get solid markers on children's health, and to devise one measurement strategy across communities, since each had different aims—such as building a playground, creating an after-school program, improving dental care access. But she did the best she could. "Sometimes you have to bend the rules even if you don't get the data you want," she says. Maybe SRI was taking a page from CCP's playbook, because after much angst, a chunk of both players' world views rubbed off on each other over the years. Katy King-Goldberg says that some time around 2001, SRI team members incorporated into their outcomes diagram changed relationships—the human connections that strengthen a community's cohesion and ability to bring about larger changes—as a factor affecting ultimate results. For its part, CCP generally supported Sierra and SRI when forced to cut off grantees that were unequipped to meet the grant's requirements.

Hebbeler suggests that because of the present results-based climate, had SRI been starting this initiative today, her evaluation team would likely not have encountered the same problem with data collection. Maybe so, but Diane Littlefield, CCP's director of training and technical assistance for CPHC, argues that finding realistic community indicators that can be measured simply and that have validity remains a challenge. Thirteen years after



CPHC began, people still live in messy, complicated communities, not science labs. The field, she says, needs to have a discussion about the things that would be worth measuring "that communities can be expected to measure."

Even if evaluation experts and foundations could now agree on what those measures are, Sierra has learned that with community building, it's not a matter of communities having or not having what it takes to produce health changes down the road. It's "degrees to which they have it," says Meehan, and whether they have the capacity to learn it within the timeframe of the grant. That's still a tough call.

Payoff

Sierra knew that improving children's health was going to be hard to measure, and could not pinpoint hard figures on how many northern California children saw their health or well-being improved by its grants between 1993 and 2003. But the funder's willingness to go where few had tread before did improve the lives of many in its grantee communities, and produced a wealth of lessons for the field. The foundation learned, for instance, the difference between data and knowledge. If, as Harvey Chess argues, "Knowledge is much softer and political but is also the stuff of really good programs," then CPHC's trials and tribulations are enormously useful for funders interested in similar community work. (For more on lessons learned, see the Inside Stories link at www.gih.org. For Sierra's CPHC evaluation report, see www.sierrahealth.org/programs/cphc.html.)

Was CPHC a "really good program?" All fifteen communities saw boosts in confidence, internal communication, and networking capabilities that could be leveraged to improve quality of life for children and families. Getting communities to reach the policy part was harder in many cases. Dorothy Meehan can say with confidence that over ten years, the project changed some health outcomes in some communities. Often these changes were secured incrementally through local policy changes, like getting a school district to extend its hours so a collaborative could start an after-school program. Some changes were more dramatic, like successfully lobbying for a sorely needed clinic

to open in a community. A number of collaborative members made their voices heard by serving on the county commissions charged with allocating California tobacco tax funds to benefit child health.

Shingletown now has clout it did not before. By working with the California Highway Patrol, Caltrans, and local police, residents were able to greatly reduce traffic fatalities on Highway 44 by getting better signage, passing lanes, and better enforcement through designation as a DUI corridor. Nothing would have happened, says Juszak, if only a few, inexperienced residents had gone to their legislator to complain about the road's dangers.

And if a "good" program and a policy result can also be defined by the way a grant has improved how communities and local institutions do business, then Shingletown and some of Sierra's other collaboratives have scored big. For instance, by attending Child Protective Services (CPS) meetings, Juszak's collaborative members were able to convince CPS workers to call them before reporting a family for abuse. That gave volunteers time to visit the family, assess the cause of abuse, and offer food or clothes, which sometimes thwarted further abuse and often prevented the family from having to be reported. Further, before the Sierra grant, Shingletown had no interaction with the Redding-based public health department, nor did town residents welcome such involvement in their Sierra grant. Over time, as that agency became better set up to do outreach, it asked the (by then highly visible) collaborative if it wanted to work with agency staff on a California Endowment's Partnership for the Public's Health grant. Juszak and the community were happy and well positioned to do so.

Juszak also used what she learned from SRI about data tracking to leverage other program grants through the years—one from The California Wellness Foundation to bolster Shingletown's dental van program, one from Shasta County's First 5 Commission (which distributes tobacco tax revenue) to convene young child-parent playgroups. Based on her experience in seeking further support, foundations right now have not shown interest in supporting sparsely populated rural areas, she says. But if the funding pendulum swings back to Shingletown, the collaborative she helped build will be well perched to take on new initiatives.

Change in outcomes for children or youth takes a long time and a commitment of resources beyond those of the foundation, says Meehan. Sierra is now much more realistic about the investment in time and resources needed to make change.

Fine Tuning

CPHC's twists and turns have not deterred Sierra or other foundations from the capacity-building philosophy, whose benefits to community health are more valued now than they were a decade ago. The research showing that building community can change health outcomes is growing stronger, says Dorothy Meehan. Pioneers like Sierra and The Colorado Trust, with their rich experience in long-term capacity building, better understand how interrelated issues are within communities. What programs like CPHC show is that bolstering communities' social infrastructure is just as necessary as supporting specific health interventions. Both methods are needed.

Despite the concerns of some Sierra board members about CPHC's cost-benefit ratio, the positives the project brought to communities paved the way for the board to more readily accept projects with broadly defined health goals. For instance, Sierra's new REACH initiative, focusing on adolescent youths' successful transitions to adulthood, has a community-building component. Sierra designed it, however, with CPHC's lessons firmly in mind. Over a much shorter timeframe (four years), REACH will fund only seven communities, all near Sacramento. To up the chances of getting more bang for the buck, this time Sierra will aim to fund communities that already share similar levels of capacity and that are operating from a stronger social base than where some CPHC grantees had begun. The foundation will also insist on grantees that come with grassroots-institutional partnerships already in place, as opposed to grassroots groups that go it alone—which Shingletown had done to reasonable effect, but others had not.

These changes, says Meehan, will permit the foundation to rely on more established community or agency leaders. Sierra still wants to instill in communities an appreciation for measurement, to help them see what is working and what is not so that strategies can be adjusted. But for REACH, Sierra will provide more of that evaluation expertise either through funding local experts or contracting with evaluators who will measure change across all funded communities. Change in outcomes for children or youth takes a long time and a commitment of resources beyond those of the foundation, says Meehan. Sierra is now much more realistic about the investment in time and resources needed to make change. With REACH, the funder will be trying to capture shorter term evidence of progress toward achieving desired longer-term change. With so much new knowledge behind them, Sierra board members will have a better idea of what to expect from REACH, relative to its trailblazing predecessor.

The Calculus of Community Change

Commentary

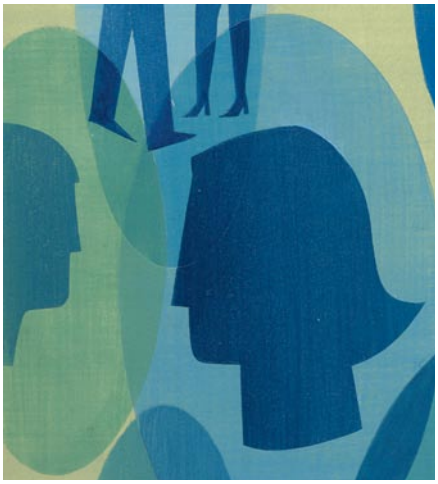
This compelling case study is a particularly apt first installment in GIH's *Inside Stories* series. It resonates with me because it vividly portrays the challenges that every funder confronts when trying to stimulate community change to improve health. This brief treatment cannot do justice to such a complex, multiyear undertaking, but should serve as a useful catalyst for discussion within the field. For a more in-depth description of CPHC and its accomplishments, I refer you to the Sierra Foundation's excellent series of publications, *We Did It Ourselves: Guidelines for Successful Community Collaboration*, which can be downloaded at www.sierrahealth.org/library/special.html.

The context in which CPHC was launched in 1993 makes the project a pathbreaking effort in many ways. Most foundations at the time restricted their funding to time-limited projects with very specific objectives. The notion of a ten-year investment in community capacity building was virtually unprecedented. The Sierra Health Foundation also took on an especially difficult challenge. It focused for the most part on small, geographically dispersed rural communities that historically had lacked the kinds of institutional resources you might find in even marginal urban neighborhoods. Sierra also sought to develop local grassroots partnerships that were often outside the official infrastructure. The grants to the communities were modest in size. The idea was not to build up a service network but to develop residents' capacity to advocate for needed policy changes.

In other words, CPHC was a real risk-taking venture, in the best sense of the term. It was not conventional philanthropic practice. While it was guided by Kretzmann's and McKnight's work on Asset-Based Community Development, it also represented a real leap-of-faith investment in the power of prevention. As such, it did not readily lend itself to standard measurement strategies or neat, short-term outcomes. I think it is fair to say that none of the principal parties involved embarked on this journey with a clear expectation of where it would lead or what it would require of them. But even if all the participants had crafted a linear theory of change at the outset, surprises would have emerged. Lots of unanticipated things happen when we directly engage with communities over time.

CPHC was a real risk-taking venture, in the best sense of the term. It was not conventional philanthropic practice. It did not readily lend itself to standard measurement strategies or neat, short-term outcomes.

Sierra Health Foundation had the wisdom to invest in both substantial technical assistance, via the Center for Collaborative Planning, and in an ongoing evaluation, via SRI International. This case study addresses the evolution of the complex relationships among these three parties and the CPHC communities over the course of the initiative. Significant philosophical and cultural differences came to light as the program unfolded. Each entity had its own view of what was happening; clarity and alignment were difficult to achieve, let alone sustain, over time. This is the real stuff of community change. Even when everyone agrees about the importance of the enterprise, the initiative is fraught with complications and is certainly not linear or easily measurable.



To me, the ultimate lesson of this story has to do with expectations about what it really takes to catalyze and sustain grassroots community change. Too few foundations are willing to meet communities where they are and have the patience to stick with them through their ups and downs in order to really build their capacity. The initiative funding model is based on a tacit linear assumption about capacity building. With each series of trainings and experiences, we expect to see a commensurate growth in capacity and a parallel trend in short-term outcomes. What occurs, then, when a project coordinator leaves, as happened in many of these communities? Along with her go the investment in training and progress in relationship development. What does that do to the curve of community change? Yet that is the kind of thing that we should expect to happen in real-life communities that don't see themselves as social experiments.

What is ultimately sustainable from these efforts? Despite some concerns the foundation might have had, it seems its patience in building local capacity paid off in many unexpected ways. Despite their initial struggles with measurement, many of these communities later found themselves poised to compete effectively for subsequent funding from a variety of sources, particularly programs that expected to see evidence in place of ongoing community collaboration. If one were to calculate today the benefits that have accrued to the CPHC communities, I'd speculate that they would greatly outweigh Sierra's original funding. To use the current parlance, that is an attractive return on investment.

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I salute the Sierra Health Foundation not only for candidly sharing this experience with the field, but also for its internal commitment to learning. It has set a stellar example for the rest of us to follow. Only through critical self-analysis and public dialogue will we together help to realize the potential of philanthropy for community change. We are frequently told that philanthropy has an opportunity—some would say an obligation—to take risks in pursuit of our ultimate aims. This story is a splendid example of how that kind of courage and risk-taking can yield multiple benefits.

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Thanks to the individuals interviewed for this story. Special thanks to Dorothy Meehan for her time and candor.