Scope, Scale, and Sustainability: What It Takes to Create Lasting Community Change

Part Two: Initiative Profiles

February 1, 2008

Association for the Study and Development of Community
438 N. Frederick Avenue, Suite 315
Gaithersburg, MD 20877
301-519-0722 voice
301-519-0724 fax
www.capablecommunity.com

Table of Contents

Cleveland Community Building Initiative

Principal Sponsor(s): Cleveland Foundation and Rockefeller Foundation

Geographic Focus: Cleveland, Ohio

Demonstration Period: 1993 – 2000

Initiative Profile: The Cleveland Community Building Initiative was an early comprehensive community initiative that emerged from the anti-poverty efforts of the Rockefeller and Cleveland Foundations. The Cleveland Foundation's Commission on Persistent Poverty established the Cleveland Community Building Initiative Council in 1993 to develop a long-term plan for addressing chronic urban poverty. Acting as a transitional body to guide the development of a comprehensive and integrated plan for the city, the council eventually transformed into an independent nonprofit known as CCBI. The structure of the CCBI included a board of trustees to govern the initiative and four village councils, consisting of residents and other stakeholders, charged with local implementation. Action plans were developed jointly by the village councils, CCBI staff, and members of the board (which included a number of members from the original commission and a representative from each of the village councils). The four "villages" targeted by the CCBI were the East (Fairfax), Central (King-Kennedy Estates), West (Ohio City and a portion of the Detroit Shoreway), and Mount Pleasant neighborhoods.

Strategy and Outcomes: CCBI took an asset-based approach to developing action plans intended to address chronic poverty in a holistic manner. The original Commission on Persistent Poverty adopted five principles for a long-term strategy to address poverty in Cleveland: (1) the city's plan should be comprehensive and integrated; (2) strategies should be tailored to individual neighborhoods; (3) the development of strategies should begin with an inventory of a community's assets, not deficits; (4) local communities should be involved in shaping strategies and choices; and (5) the approach should be piloted and evaluated before being taken to scale. These principles developed into CCBI's strategy of encouraging collaboration across sectors (e.g., education, human services, economic development) at the village, city, and county levels, to enable more comprehensive responses to poverty. As part of the planning process, each village convened two focus groups to develop an asset inventory of their neighborhoods, an effort supplemented by information gathered in a similar format on a city-wide level from representatives of over 100 other stakeholder agencies and organizations. Each village council also engaged in a range of other start-up activities, including establishing the geographic boundaries of the village, strategic planning, expanding its membership to represent the diversity of the surrounding area, establishing operating procedures and by-laws, and initiating pilot projects. Selected outcomes of the CCBI include:

- The development of a family education center in the Mount Pleasant Village, delivering integrated services to improve family economic self-sufficiency and comprehensive family supports;

- The creation of a family resource center in the East, which addressed the village's lack of integrated service delivery by working cooperatively with the state, county, and city, as well as the public education, human, and social service systems, to develop a model pilot program providing information, referral, advocacy, and community outreach to village residents;

- The implementation of the Children At Risk Project, a collaborative venture of CCBI, the Central Village Council, the Criminal Justice Service Agency of Cuyahoga County, and the Friendly Inn Settlement House, to reduce poverty, violence, teen pregnancy, infant mortality, school dropout rates, and substance abuse among the neighborhood's children, while increasing residents' opportunities for employment, affordable housing and home ownership, health and wellness, child care, transportation, and improved academic performance; and

- The creation of the West Village Housing Task Force, a clearinghouse for residents and developers, through which village residents can provide input on public and private community development and housing rehabilitation.

Use of Data: Case Western Reserve's Center on Urban Policy and Social Change provided the primary support to CCBI for data collection, analysis, and other evaluation tasks. CCBI was one of the first CCIs to use a theory-of-change approach to evaluation (Milligan, Coulton, York, & Register, 1998). The center also supported the work of the village councils with qualitative and quantitative research on council formation and operations, assessment of neighborhood assets, agenda formation, and action project development. The center helped the councils to identify short-, medium-, and long- term benchmarks to measure progress at the neighborhood level in such areas as youth and family development, access to institutions and services, indicators of safety and security, indicators of economic opportunity, and neighborhood identity (see the references section for a link to a list of measures and indicators).

Scope, Scale, and Sustainability

Scope: Responding to the unique needs of each village, CCBI attempted to address a wide range of issues including health, education, physical revitalization, labor force development, economic development/entrepreneurial training, and neighborhood image enhancement and safety.

Scale: The original intent of the Commission on Persistent Poverty was to focus on relatively small geographical areas to allow for the development of pilot projects that could then be taken to scale if successful. Aside from residents and community-based organizations located within the villages, the CCBI included seven citywide partners with expertise and resources applicable to the program areas: Neighborhood Progress, Inc.; the Council of Economic Opportunities; the Cleveland Initiative for Education; Metrohealth Medical Center; Case Western Reserve University; and others. The village councils were responsible for organizing local collaboratives that would connect the primarily neighborhood-based stakeholders with the citywide partners to design and implement

pilot projects according to the priorities identified by the villages in their planning processes. This structure was intended to create synergies and encourage adoption of successful strategies, but proved limited due to a lack of clear roles for the citywide partners and challenges in creating collaborative relationships between the neighborhood and citywide organizations.

Sustainability: Evaluation findings indicate that despite a variety of programmatic work conducted at the village level, few CCBI activities were sustained beyond the end of the initiative's funding. The structural disconnect between the village councils and the citywide agencies contributed to the lack of sustainability; the citywide organizations had access to financial resources, but ultimately these resources were not deployed on behalf of CCBI. In addition, CCBI was unable to garner sufficient resources from other local and national funders.

References

Milligan, S.E., Nario-Redmond, M. & Coulton, C.J. (1997). The 1995-1996 Cleveland Community-Building Initiative Baseline Progress Report: Village Council Formation, Asset Appraisal, Agenda Formation, and Action Projects. Center on Urban Policy and Social Change, Case Western Reserve University, Retrieved April 5, 2007 from http://povertycenter.cwru.edu/urban_poverty/dev/pdf/research/docs_ct/Five_Aspects_Indicators_and_Measures.pdf

Nario-Redmond, M., Milligan, & S. E., Norton, J. S. (1998). The 1997-98 Cleveland Community Building Initiative baseline report on collaborative relationships. Retrieved February 01, 2007 from http://povertycenter.cwru.edu/urban_poverty/dev/pdf/complete2.pdf.

Comprehensive Community Revitalization Program

Principal Sponsor(s): Surdna Foundation

Geographic Focus: South Bronx, New York

Demonstration Period: 1992 – 1998

Initiative Profile: Considered one of the first comprehensive community initiatives, the Comprehensive Community Revitalization Program was started in 1992 by the Surdna Foundation with an initial grant contribution of $3 million. Over the course of the initiative, another twenty funders contributed an additional $9 million. Nearly 80 percent of the funding was flexible. CCRP sought to revitalize the South Bronx by encouraging a grassroots approach to community building. The foundation chose six established community development corporations to act as organizers, catalysts, and implementers of strategies designed to recreate their neighborhoods. Each CDC was then provided with a CCRP program director and a funders advisory committee to assist in the allocation of the initiative's financial and technical resources. Together with the CDC's knowledge of community issues in the South Bronx, these resources were used to create a comprehensive, holistic approach to generating an action plan to address immediate community needs. Action plans came to include a broad range of activities, including economic development projects, child care and family learning programs, new primary health care facilities, quality-of-life physical planning, school enrichment programs, community safety, employment initiatives, and job training, as well as management information system development and neighborhood alliance-building.

Strategy and Outcomes: CDCs were selected based on a strong track record of implementing large-scale housing programs in their respective communities. The initiative planned to build on this success to address pressing economic and social concerns as identified by residents. CCRP's strategy called for the CDCs to take the lead in developing the plan for their communities because of their deep understanding of the needs in their neighborhoods. A number of strategies were used from the outset to help guide the initiative. They included: (1) the use of community plans as a blueprint for change, (2) involvement of residents and local businesses in the planning process, (3) technical assistance to help the CDCs with difficult program elements, (4) focus on achievable and quick results, (5) organizational capacity-building support, (5) funding for CCRP-related staff, and (6) linkages to sources of private and government funding to sustain CCRP over the long term. Two of the six original CDCs were dropped during the course of the initiative due to performance-related challenges.

Many significant outcomes resulted from the work planned and facilitated by CCRP (Miller and Burns, 2007):

- Establishment of several new primary health care centers (logging nearly 35,000 patient visits a year);

- Creation of the New Bronx Employment Service, which placed more than 2,000 residents in jobs;
- Restoration of the Bronx River and restoration/creation of nine refurbished/new community parks and playgrounds;
- Development of a new shopping center and state-of-the-art youth recreation center;
- Nearly 2,800 additional units of affordable housing built or rehabilitated; and
- Implementation of a variety of employment and asset-building programs, including the creation of new businesses and savings and micro-loan programs.

Data Use: While the CCRP used data in a number of program-specific ways to support the work of individual CDCs and the initiative as a whole, there was no single comprehensive effort to develop a unified data warehouse. The largest data-related effort involved assistance to help the CDCs improve their management information systems to move beyond case management to support more comprehensive programming; however, these new data systems were largely for "in-house" use by the CDCs. Otherwise, the initiative relied on the standard combination of measuring outputs (e.g. increases in patient visits to new health care services) and outcomes (e.g. number of placements by job training programs) to assess the results of specific programs.

Scope, Scale, and Sustainability

Scope: CCRP developed out of the understanding that the institutions within distressed communities need to be rebuilt in response to social and economic problems. Approaches to community change prior to CCRP largely focused on one aspect of change, such as the CDCs' focus on housing, instead of addressing issues in a comprehensive manner. Nevertheless, CCRP capitalized on the strength of local CDCs to create entities positioned to address community development in a more comprehensive manner. CCRP resources helped the CDCs navigate the technical and operational challenges of broadening their missions to include healthcare, employment, green space, education, and other quality-of-life needs. For the most part, the CDCs adopted an incremental approach to expansion and took on strategies aligned with their core missions and competencies.

CCRP took an integrated approach to program development, which helped the initiative achieve the scope needed to make meaningful improvements. For instance, the South Bronx faced a chronic shortage of health care practitioners and facilities. In addition, there were few local jobs and high unemployment. CCRP integrated the two issues by (1) providing training for nursing and health care administration and (2) building health care facilities; new health care facilities were then able to employ members of the community.

Scale: CCRP targeted six neighborhoods in the South Bronx; this concentrated geography was conducive to making a difference in community-level outcomes. CCRP's physical redevelopment and open space restoration significantly improved neighborhood safety and quality of life. The provision of primary health care centers and training of resident health practitioners provided critically needed services that had been virtually absent in the community.

Sustainability: Much of the CCRP-initiated work was sustained, largely due to smart initial funding, strategic program design and integration, and the focus on community building. At the end of the demonstration program, CCRP incorporated into an independent nonprofit organization to function as an alliance among the four participating CDCs. While CCRP, Inc., is no longer an operating entity, the four South Bronx CDCs that participated in CCRP continue their partnerships and collaboration. Quality-of-life physical plans and strategic neighborhood action plans continue to guide and inspire South Bronx revitalization efforts.

References

Miller, A., & Burns, T. (2006) Going comprehensive: Anatomy of an initiative that worked. New York, NY: Local Initiatives Support Corporation.

Spilka, G., & Burns, T. (1998) Summary final assessment report: Comprehensive Community Revitalization Program. Philadelphia, PA: OMG Center for Collaborative Learning. Retrieved January 04, 2007 from http://www.omgcenter.org/PDF/ccrp_final_assess_report.pdf.

Civic Practices Network. (1996). Case study: Investing in community: Lessons and implications of the Comprehensive Community Revitalization Program. Retrieved January 05, 2007 from http://www.cpn.org/topics/community/bronx2.html.

Health Improvement Initiative

Principal Sponsor(s): The California Wellness Foundation

Geographic Focus: Nine communities in California

Demonstration Period: 1996 – 2001

Initiative Profile: The Health Improvement Initiative was a six-year, $20-million investment by The California Wellness Foundation to support health systems changes at the community level. As its first cohort, the HII targeted nine sites in the state of California: three at a county-wide level (Mendocino Community Health Partnership, Solano Health Improvement Initiative, and Tehama County Health Partnership), one a group of three cities (the Western Coachella Valley Health Partnership), and the remaining five different configurations of census tracts or zip codes at the sub-county level (Oceanside Partners for Healthy Communities, Pasadena/Altadena Health Partnership, North Sacramento/Del Paso Community Alliance, Contra Costa County Partners for Health, and Sonoma County Health Partnership). Six sites with more focused program activities were added later. The goal of the HII was to improve the overall population health in its target areas through: (1) identifying and creating systems changes, (2) providing direct preventive services, and (3) measuring population health. The HII governance structure used a lead agency, with each grantee creating (or using an existing) community collaborative of key stakeholders, called a health partnership. The foundation funded four types of support: direct technical assistance; measurement (e.g. public opinion polling); evaluation; and assistance with organization, meetings, and logistics. The HII also created the California Center for Health Improvement, the first state-wide, independent organization focused on health policy.

Strategy and Outcomes: Marking a change from most community health programs, the HII focused on systemic factors directly affecting the health of the population as a whole in each of its sites. To support an initiative with such a broad scope, the California Wellness Foundation set aside the first year of the initiative for planning and capacity-building efforts to support the health partnerships, in addition to funding a wider-than-average array of technical assistance supports. Another unique strategic approach was the creation of the CCHI to work directly with policymakers at the state level, to provide a mechanism for the communication of programs, policies, and data from the sites. The HII focused its activities on four areas: (1) service integration, (2) results-based-budgeting, (3) data integration, and (4) policy development. Evaluations found that the strategy of using the CCHI to create a "learning community" among the sites to support the diffusion of data, best practices, and other critical information was especially effective. Notable outcomes of the HII include:

- The delivery of significant direct services, including 24,450 instances of high-intensity services (defined as one-on-one encounters, such as case management or mentoring) and 42,949 instances of medium-intensity services (defined as group or more indirect encounters, such as health education classes or support groups);

- Implementation of multiple systems reforms initiatives, with evaluators reporting that six of the nine sites played a critical role in advancing systems changes and that a total of 30 systems reforms efforts was undertaken, of which 21 had been completed at the time of the evaluation; and

- The creation of the CCHI, now the Center for Health Improvement, which has evolved into an independent nonprofit that plays a significant, ongoing role in disseminating the results of the HII and related initiatives and promoting health policy development at the state and local levels.

Use of Data: The HII provides an interesting example of how a CCI can effectively use data to influence directly the policymaking process. One HII strategy unique among the initiatives reviewed for this study was the commissioning of opinion polls on population health issues, in part to demonstrate to elected and other state and local government officials where popular support existed for particular programs, strategies, and issues. Another was the creation of the CCHI, which institutionalized the role of data collection and analysis as a stand-alone organization located in the state capitol of Sacramento; the CCHI continues to play a role in influencing systems-level decision-making by providing non-partisan research on population health issues directly to policymakers.

Scope, Scale, and Sustainability

Scope: The HII stands out from other CCIs with regard to scope in (1) the decision to target entire communities as opposed to smaller units such as neighborhoods and (2) an approach that looked at population health as a whole rather than focusing on more specific health issues, policies, and programs. Evaluation findings reveal that important factors in the success of HII were the initial one-year planning period and the availability of technical assistance from the beginning of the initiative, which allowed the individual sites to tailor their efforts to the specific needs of the community while maintaining the overall focus on population health.

Scale: In terms of scale, an important aspect of HII was the development of an organization (the CCHI) that could act as a vehicle to advance a state-wide agenda for health improvement based in large part on data collected at the nine sites. In addition, the HII used a variety of mechanisms to engage the community as a whole, ranging from public opinion polling to direct intervention through public health education programs. This broad array of both active mechanisms (e.g., classes for community residents) and passive mechanisms (e.g., public service announcements) maximized the reach of different efforts by maximizing the ability of the initiative to engage stakeholders at different levels of activity.

Sustainability: The HII was very successful in sustaining the work of its health partnerships after the grant cycle. Seven of the nine partnerships continued to function as collaboratives (typically incorporating as nonprofits if not already so structured), with one of the remaining sites spinning off successful programs to individual organizations and the other deciding that a formal partnership structure was not necessary to continue

its work. In one evaluation, 90% of the respondents said they would continue to work with other organizations on similar health policy issues in the future. As already mentioned, the CCHI continues to function as an independent state-level organization for non-partisan health policy advocacy, primarily with the California state legislature.

References

Cheadle, A., Beery, W.L., Greenwald, H.P., Nelson, G.D., Pearson, D., & Senter, S. (2003). Evaluating the California Wellness Foundation's Health Improvement Initiative: A logic model approach. *Health Promotion Practice 4(2),* 146-156.

Procello, A. & Nelson, G. (2002). The California Wellness Foundation Health Improvement Initiative: Challenges, accomplishments, and lessons learned. Retrieved December 29, 2006 from http://www.tcwf.org/pub_lessons/ezine3/content/print_version.htm.

Local Investment Commission

Principal Sponsor(s): Kansas State Government

Geographic Focus: Kansas City, Missouri

Demonstration Period: 1992 – Present

Initiative Profile: The Local Investment Commission was established in 1992 in Kansas City, Missouri by Bert Berkeley, chairman of Tension Envelope Company, and Gary Stangler, then director of the Missouri Department of Social Services. This initially public-private effort aimed to find ways to improve DSS' operations and improve outcomes for families and children in Kansas City. In 1994, LINC incorporated as a nonprofit institution to receive private foundation funds. Most of LINC's funding now comes from state and federal agencies; about 15% comes from private foundations and fee-for-service activities. LINC is a staffed organization that supports a 36-member volunteer citizen commission appointed by a state official. Commission members are drawn from many parts of the community, with a majority representing the business community and neighborhood organizations. A professional cabinet consisting of public agency staff, elected officials, and service providers contributes professional advice and support to the citizen commission. LINC utilizes a range of volunteers from the community to serve on working groups and assist with program outreach and implementation. Much of LINC's work has targeted systems reform and improved access to public services through placing services in local neighborhoods. LINC focuses on health care, family services, programs for the aging, the welfare-to-work program, neighborhood involvement, and education in Kansas City.

Strategy and Outcomes: LINC came into existence in response to public scrutiny over the Kansas City Department of Social Services' ineffectiveness in its social services operations. Those criticizing the department believed that decisions were being made by individuals who did not understand the impact of their decisions on the community at large. Moreover, individuals that helped to shape LINC believed that community members, particularly those of the underrepresented inner city, can isolate specific community problems more effectively than can individuals that serve in government without knowledge of the communities they "control." LINC was intended to give the community a voice in establishing community initiatives and programs and better allocating services**;** Comprehensive Neighborhood Services (CNS) was the major initiative under LINC that sought to establish citizen empowerment. LINC wanted to carry out four critical functions: (1) engaging, convening, and supporting diverse groups and communities; (2) establishing quality standards and promoting accountability; (3) brokering and leveraging resources; and (4) promoting effective policy measures. Specific outcomes of LINC include:

- Numerous education projects, including an extended school day offered to students who are behind in school, with tutoring provided by teachers working overtime or community tutors;

- Welfare reform projects, including changes that have enabled over 3,200 people to be placed in jobs; and

- Changes in the Jackson County Department of Social Services, such as a new professional development program for frontline workers, senior managers, and supervisors.

Use of Data: The development of comprehensive and integrative approaches to the gathering and use of data is a core activity for LINC, with three key areas. First, LINC established the Community Technology Forum, a database that catalogs services provided by over 350 community organizations organized by nine-digit zip code. Second, LINC created a data warehouse that compiles existing data from seven state agencies along with data from the 16 CNS sites in Kansas City. Distinct from a system-wide management information system, the warehouse provides coordinated access to data within different agencies, allowing staff and other partners the flexibility to organize the information to meet their needs. For example, the warehouse allows tracking of services provided to individual families. Third, LINC developed an information sharing system (linked to the warehouse) that tracks services provided at each of the CNS sites; this system can be employed to identify gaps in services, among other uses.

Scope, Scale, and Sustainability

Scope: LINC defines its mission as "creating a caring community that builds on its strengths to provide meaningful opportunities for children, families, and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the common good." Initially, LINC was interested in improving the local office of the Missouri Department of Social Services; over time, the scope of the project expanded to address employment and training, health care, child care, housing, elderly affairs, and education. LINC has successfully used strategies that tackle a social problem from multiple angles. For example, the commission's welfare reform initiative included policy and regulation changes, employment training, job creation, and a performance-based approach to funding service providers, with the result that welfare recipients were able to enter the workforce in a way that enhanced their overall quality of life.

Scale: LINC's focus on systems change and its strategy of channeling programs using the CNS framework has enabled the organization to operate at a scale uncommon among CCIs. For each intervention undertaken, LINC typically designs programs and seeks funding in a way that facilitates going to scale. For instance, LINC funded an after-school program by capturing untapped state and federal funds in an innovative way, enabling placement of the program in nearly every Kansas City elementary school.

Sustainability: LINC is still going strong, with much of its enduring success due to its systems change approach and strong relationships with both the private and public sectors. In addition, authentic resident empowerment and the emphasis on decision making by individuals acting as citizens, rather than as organizational representatives, have led to strategies, funding, and community capacity building that support meaningful and lasting change.

References

Local Investment Commission. (1998). *Setting A Community Agenda: A Case Study of The Local Investment Commission, Kansas City, Missouri*. Retrieved January 02, 2007, from http://www.kclinc.org/uploadedFiles/Data/reports/casestudy2.pdf.

Local Investment Commission. (2002). *Evaluation of the Local Investment Commission (LINC) of Greater Kansas City, Missouri's Before and After School Program: Final Report*. Retrieved January 02, 2007, from http://www.kclinc.org/uploadedFiles/Data/reports/YaleBushEval.pdf.

Neighborhood and Family Initiative

Principal Sponsor(s): Ford Foundation

Geographic Focus: One neighborhood located in each of four cities: Detroit, Hartford, Memphis, and Milwaukee

Demonstration Period: 1990 – 1998

Initiative Profile: The Neighborhood and Family Initiative was a $15-million investment by the Ford Foundation to strengthen four communities and improve the quality of life for families within these communities. Targeting one neighborhood in each community, the NFI was guided by three main goals: (1) develop sustainable processes, organizations, and relationships to address the physical, social, and economic circumstances of low-income neighborhoods; (2) create synergy among related strands of program activities (e.g. . housing, economic development, community organizing, human services); and (3) strengthen informal neighborhood networks of support and leadership to build a grassroots foundation for community-building efforts. In each city, the Ford Foundation chose a community foundation to serve as the local intermediary. The community foundation then selected one target neighborhood and developed the "neighborhood collaboratives" that would serve as the governance structure at each site. Each collaborative included residents, business owners and professionals, and representatives from the public, private, and nonprofit sectors. Across all four sites, general technical assistance and the facilitation of cross-site communication were provided by the Center for Community Change, a national intermediary and technical assistance provider. Seedco, a national community economic development intermediary, received $3 million to provide assistance for specific programs.

Strategy and Outcomes: The Ford Foundation selected sites with a strong community foundation and neighborhoods that were important units of action capable of being identified and mobilized. Ford chose to use community foundations as intermediaries because of the belief that such foundations would bring local legitimacy to the initiative, provide links to additional resources, and serve as honest brokers in organizing local stakeholders into collaboratives. While strategic planning and the development of specific outcome goals were left to the individual sites, two guiding principles informed the overall approach of the NFI: (1) the goal of moving beyond comprehensive programs to the creation of a "whole strategy" to address the complex relationships among the different challenges facing neighborhoods and (2) the idea that all stakeholders with a vested interest in the neighborhoods should participate to the greatest extent possible in crafting that whole strategy. Specific outcomes of the NHI included:

- Numerous grassroots projects in Hartford, including the creation of the Collaborative Community Council to develop and strengthen neighborhood block clubs, increased street lighting for public safety, the development of summer enrichment and job placement programs for youth, and the rehabilitation of 16 neighborhood homes;

- In Memphis, creation of the nonprofit Orange Mound Development Corporation (to help construct and rehabilitate housing) and the opening of a family resource center in a local elementary school;

- In Milwaukee, a joint project with four other community-based organizations to purchase 33 acres for development into an industrial park and a job training program that placed over 100 participants with local employers; and

- In Detroit, development of a community policing program, implementation of a job training program that placed over 60 participants with local employers, conversion of 27 apartments into low-income housing, and participation in numerous projects related to the city's Empowerment Zone initiative (a separate federally-funded community development program).

Use of Data: Evaluations indicate that strategic use of data was not a priority for the NFI. Three reasons were cited: the comparatively small size of most projects, limited resources provided for evaluation, and general skepticism among stakeholders about the utility of tracking community-level outcomes given capacity and resource issues.

Scope, Scale, and Sustainability

Scope: NFI's strategic approach was to identify one neighborhood in each city to allow for the development of truly holistic approaches to improving outcomes for residents. These neighborhoods ranged in size from 9,000 to 20,000 residents, with poverty rates between 29% and 52%. Special emphasis was placed on both building more formal connections among existing stakeholders (e.g., through the creation of alliances and collaboratives) and engaging existing networks of informal support and leadership in the target areas. The ultimate goal of the NFI was to weave programs and groups into a comprehensive agenda for change that could capitalize on naturally occurring connections among different arenas of action.

Scale: Most of the programs developed by the four collaboratives were small in scale. The hope of the Ford Foundation was that the inclusion of "resource" and "bridge" stakeholders would help these efforts grow to scale. According to evaluations, however, the most effective projects were more modest, "medium-sized" efforts, such as the creation in Milwaukee of a revolving loan fund for businesses and the housing development work of the Orange Mound Development Corporation in Memphis. In a similar vein, in Detroit, the collaborative created an infrastructure that allowed the neighborhood to capitalize on the city's participation in the federal Empowerment Zone program, in effect allowing the neighborhood to more effectively access the resources provided by a larger scale initiative. Based on these outcomes, the NFI tended to be supportive rather than generative of large-scale projects.

Sustainability: In Detroit, Hartford, and Memphis, the NFI collaboratives transformed into independent nonprofit organizations that continue the work of the initiative. In Milwaukee, the collaborative disbanded and spun off remaining program activities to

other organizations, several of which the collaborative had created. Ultimately, longer-term outcomes were seen more around the development of new institutional and social networks, rather than in the creation of specific programs that persisted after the end of formal Ford Foundation support.

References

Chaskin, R., Chipenda-Dansokho, S., Joseph, M., & Richards, C. (2001). An evaluation of the Ford Foundation's Neighborhood and Family Initiative. Retrieved January 03, 2007 from http://www.chapinhall.org/article_abstract.aspx?ar=1295.

Enterprise Foundation. (2000). Program Profile: Neighborhood and Family Initiative Collaborative, Milwaukee, Wisconsin. Retrieved January 04, 2007 from http://www.practitionerresources.org/cache/documents/19322.pdf

The Aspen Institute. (1999). Neighborhood and family initiative. Retrieved January 04, 2007 from http://www.commbuild.org/html_pages/ccilist.htm.

Neighborhood Improvement Initiative

Principal Sponsor(s): William and Flora Hewlett Foundation

Geographic Focus: San Francisco, California (Bay Area)

Demonstration Period: 1996 – 2005

Initiative Profile: The Neighborhood Improvement Initiative was started in 1996 by the William and Flora Hewlett Foundation in response to the economic disparities that intensified in the Bay Area with the Silicon Valley boom. The initiative was designed as a comprehensive urban revitalization effort to improve the quality of life for residents in three low-income neighborhoods: Mayfair in east San Jose, the 7th Street/ McClymonds corridor in West Oakland, and the mid-town/university garden park corridor of East Palo Alto. After an initial planning phase, grants to each of the three NII neighborhoods provided a commitment of $750,000 per year for six years (renewed by Hewlett annually, based on performance); the grants were staggered, with the Mayfair grant awarded in 1996, West Oakland in 1998, and East Palo Alto in 1999. In each of the communities, Hewlett acted as the sponsor, granting management authority to a local community foundation. Each community foundation, in turn, worked with local groups to set up resident bodies to govern implementation. The NII was intended to accomplish six goals: (1) connect fragmented efforts to address poverty-related issues in selected communities, (2) improve the capacity of participating community-based organizations, (3) improve the capacity of Bay Area community foundations to support neighborhood improvement strategies, (4) create a vehicle for increasing resident involvement in neighborhood planning and improvement strategies, (5) leverage significant public/private resources to support community improvement, and (6) provide statistical evidence of changes in poverty indicators over a long-term period.

Strategy and Outcomes: NII's strategy was to allow residents to drive community planning and implementation over a demonstration period of several years until the community was capable of assuming more direct control over change efforts. The community planning process generated a set of priority issues and indicated the types of services and supports needed. To support the local planning efforts, Hewlett created partnerships with two local universities, Stanford and the University of California at Berkeley, to help provide responsive research, technical assistance, and evaluation supports. The outcomes of the initiative varied significantly by site. The West Oakland initiative was dissolved due to continual board and staff turnover and an inability to engage community partners; nevertheless, the West Oakland site did help facilitate the shutdown of a yeast factory that was a large source of air-pollution in the neighborhood. In East Palo Alto, neighborhood block clubs were formed to address neighborhood safety and cleanup and improve relations between residents and the police. In addition, East Palo Alto initiated an after-school program to provide academic supports to students and an ESL training program for parents. Mayfair had greater success in making significant physical improvements, providing affordable housing, and incubating new businesses.

Use of Data: The NII is another initiative that experienced ongoing challenges around the acquisition and use of data (Brown & Fiester, 2007). Reasons cited include the absence of specific outcomes clearly linked to the theories of change developed by the sites, the number of small-scale projects that made it difficult to link programs to results, and a relatively late shift in emphasis by the Hewlett Foundation toward tracking outcomes data.

Scope, Scale, and Sustainability

Scope: The three neighborhoods were chosen because of their social and economic isolation and level of physical deterioration. NII wanted to create change by making improvements in the physical, economic, and social aspects of these neighborhoods, thereby creating a safe community that would attract investment and jobs. Each site composed a preliminary plan after a year of assessing the strengths and weaknesses of the neighborhood and its residents. Based on this plan, improvements were to be accomplished through coordinated and effective services, improved operational and financial capacity of community-based organizations, increased resident involvement in neighborhood improvement efforts, increased investment in the target neighborhoods, and improved neighborhood-level outcomes.

Scale: Most elements of NII operated at a relatively modest scale. For example, Mayfair's health education initiative enrolled nearly 1,000 children in health insurance; more than 500 adults in the Mayfair site have participated in adult literacy, ESL, and computer training. East Palo Alto provides ESL education to approximately 250 adults per year, and about 100 students participated in the after-school program to improve literacy and study skills.

Sustainability: While the West Oakland site was dissolved four years into the initiative, the other two sites continue to run and modestly expand their programs. NII's intensive organizational capacity building created local institutions that are now positioned to address community problems. This is particularly true in Mayfair, where community building and resident engagement have strengthened the social fabric of the neighborhood.

References

Brown, P., & Fiester, L. (2007). Hard lessons about philanthropy & community change from the Neighborhood Improvement Initiative. Menlo Park, CA: The William and Flora Hewlett Foundation.

Pastor, M., Jr., Benner, C., Rosner, R., Matsouka, M., & Jacobs, J. (2004). Linking Neighborhood Improvement Initiatives and the new regionalism in the San Francisco Bay area. Retrieved March 14, 2007 from http://cjtc.ucsc.edu/docs/r_Community_Building_Community_Bridging.pdf.

Parzen, J. (2002). University partnerships with community change initiatives: Lessons learned from the technical assistance partnerships of the William and Flora Hewlett Foundation's Neighborhood Improvement Initiative. Retrieved March 14, 2007 from http://www.hewlett.org/NR/rdonlyres/EF2DE98C-0C6C-464B-B4F0-01699B1DF059/0/UniversityPartnershipsReport.pdf.

The Community Foundation Silicon Valley. (2005). Lessons from the middle, managing a Neighborhood Improvement Initiative. Retrieved March 14, 2007 from http://www.siliconvalleycf.org/docs/LessonsfromtheMiddle.pdf.

Neighborhood Preservation Initiative

Principal Sponsor(s): The Pew Charitable Trusts

Geographic Focus: Ten neighborhoods in nine cities: Boston, Cleveland, Indianapolis, Kansas City, Memphis, Milwaukee, Philadelphia, St. Paul, and San Francisco

Demonstration Period: 1993 – 1997

Initiative Profile: The Neighborhood Preservation Initiative funded by the Pew Charitable Trusts constituted a three-year investment in ten working-class neighborhoods across nine large metropolitan areas. NPI's founding premise was two-fold: often, working-class neighborhoods are overlooked by foundations and government agencies because they are not the most distressed; at the same time, these neighborhoods are vulnerable and subject to deterioration due to neglect. Through the NPI, Pew sought to make small, preventive investments in working-class communities to prevent despair, along with the larger, sustained investments that would be needed to repair blighted communities. Sites originally labeled "working class" were selected; residents, however, characterized these neighborhoods as "transitional," to place emphasis on the fact that they were experiencing negative changes (in crime, unemployment, and civic participation rates, for example) that needed to be addressed to avoid desolation.

As a result of its funding strategy, NPI evolved into a partnership among Pew, local foundations, and community organizations. To qualify for funding, each community had to meet two criteria: (1) a total population exceeding one million residents and (2) presence of a community foundation with annual grant activity totaling $2.5 million at a minimum. Pew made three-year project grants totaling $6.6 million to nine community foundations; foundations received up to $800,000 over three years on the condition of a 50% local match. On average, sites retained a $1-million budget for each of the three years of the initiative.

The goals of the initiative were to: (1) help existing neighborhood-based organizations visibly improve their communities, (2) build the capacity of neighborhood-based organizations to sustain long-term improvements, (3) stimulate new public and private investments in working-class neighborhoods, and ultimately (4) move working-class neighborhoods in a positive direction. Local foundations provided technical assistance via conferences and cross-site peer learning, in addition to progress monitoring, for sites.

Strategy and Outcomes: NPI focused specifically on four areas of intervention: crime prevention, economic opportunity, physical revitalization, and youth development.

The Nelson A. Rockefeller Institute of Government conducted an evaluation of NPI, and the Cornerstone Consulting Group produced two evaluative reports with lessons learned. Reported outcomes based on visual and anecdotal data include:

- Expanded employment opportunities;
- Increased access to public transportation;
- Economic redevelopment of commercial districts;
- Improved housing stock;
- Rehabilitation of blighted housing units; and
- Maintenance of the owner-renter distribution.

Use of Data: Unlike most national initiatives, NPI did not prioritize data-driven strategies and outcomes. While the program was evaluated, quantitative measures were limited primarily to outputs.

Scope, Scale, and Sustainability

Scope: The four areas of NPI intervention (crime prevention, economic opportunity, physical revitalization, and youth development) were identified as "critically important for neighborhood stability." Grantees across sites implemented programs in at least one of these areas; each site was responsible for designing programs that best met local needs and resident priorities. Ultimately, the community was responsible for delegating resources across the area(s) of intervention.

According to NPI's guiding strategic philosophy, energy and commitment from community groups produce the greatest "bang for the buck" in community revitalization efforts. Because of this philosophy, NPI was community-driven, focusing more effort on energizing the commitment of community groups than on improving specific activities; strong community involvement was therefore critical to strategizing and implementing plans for change.

Scale: NPI was unique in its strategy of making small investments in transitional neighborhoods to prevent large-scale decline. The success of NPI in achieving community-level outcomes is uncertain, given the relative paucity of outcome data. Limited results in Kansas City showed a 28% increase in home prices from 1995 to 1999.

Sustainability: Several years after the end of the initiative, many of the programs initiated by NPI at local agencies remained in operation. NPI's emphasis on building capacity and creating visibility for revitalizing working-class neighborhoods (for the purpose of leveraging additional funding) may have helped sustain the initiative. Though organizations were not able to maintain comparable levels of national funding after the initiative ended, they were able to diversify their revenue streams sufficiently to address local needs. Evaluation reports cite the lack of concrete outcome measures as a stumbling block to continuing to obtain additional funding.

References

Kirby, M. (1998). Chapter 4: Vollintine-Evergreen, Memphis. *Cityscape: A Journal of Policy Development and Research, 4(2)* 61-87.

Wright, D. (1998). Comprehensive strategies for community renewal. Retrieved February 20, 2007 from http://www.commbuild.org/documents/wright.html.

The Atlanta Project

Principal Sponsor: The Carter Center

Geographic Focus: Atlanta, Georgia

Demonstration Period: 1991 – 1999

Initiative Profile: The Atlanta Project was a $32-million anti-poverty initiative with four major goals: (1) unite Atlanta as a community, (2) foster cooperation among service providers and other groups, (3) foster empowerment, and (4) enhance the quality of life in neighborhoods. Initiated by former President Jimmy Carter and the Carter Center, TAP focused on twenty "clusters" of neighborhoods in Atlanta and three surrounding counties identified as containing high concentrations of poverty. The TAP governance structure consisted of cluster coordinators and their staff housed in public high schools, an "executive advisor" for each cluster provided by a private sector partner, and a steering committee comprised of key stakeholders that coordinated the efforts of smaller volunteer task forces working in six functional areas: health, housing, economic development, education, community development, and public safety. TAP's Collaboration Center, with over 40 staff housed in a downtown office, helped to coordinate programs, seek funding, evaluate programs, provide resources, and facilitate communication among the clusters. A 36-member policy advisory board drawn from high-profile community leaders provided general guidance and links to resources.

Strategy and Outcomes: TAP's strategy was to develop a comprehensive approach to reducing poverty that would empower neighborhood residents by letting individual clusters develop their own strategic plans and specific initiatives. The governance structure of TAP was envisioned as a "process," rather than a "mechanism," one that would eventually disband as the projects within and across clusters became independently sustainable. TAP intentionally avoided a formal connection with local government, in favor of reliance on resource donations from the private sector and local charities, along with the extensive use of volunteers to support the efforts of each cluster. TAP also sought to bridge divides of race and class by directly connecting corporate partners with target neighborhoods through the placement of executive advisors in each of the clusters and the use of volunteers drawn from throughout the Atlanta metropolitan region. Major outcomes of the project included:

- Immunization/Children's Health Initiative, through which 7,000 volunteers went door-to-door to collect data and distribute educational materials, resulting in over 16,000 children seen at immunization sites in a one-week period. This campaign also resulted in the creation of a multi-county computer database to track the health records of all youth in metropolitan Atlanta;

- Georgia Common Access Application, an effort by ten state and federal agencies to consolidate the application forms for government assistance programs into a single document, saving 1.1 million tax dollars for every 100,000 applicants;

- Community Development Funds, money raised through volunteer efforts and put into a "resource pool" managed by the Metropolitan Atlanta Community Foundation to support grassroots and other nonprofit organizations working in TAP clusters; and
- Code Enforcement, which created a manual to educate neighborhood residents on how to report code violations (e.g. abandoned cars, unsafe buildings) and a software program to track those violations.

Use of Data: Data collection and analysis for TAP were handled primarily by the Data and Policy Analysis (DAPA) group coordinated by faculty and students at Georgia Tech University. The core mission of DAPA was the democratization of data by providing neighborhood-level information to individuals and organizations in low-income neighborhoods. This included providing raw data, creating maps (e.g. the number and locations of rental units in a neighborhood), assisting with data analysis, and linking data with policy advice. While DAPA worked with TAP to develop indicators and other measures of community well-being, its work focused on providing data to improve policy, for example, translating information from a community needs assessment into data maps to identify optimal sites for Head Start centers.

Scope, Scale, and Sustainability

Scope: TAP's twenty clusters covered a "priority zone" of 200 square miles with 534,000 residents and 100 identifiable neighborhoods. Clusters were chosen based on poverty level as measured by the number of single-parent households and single mothers. The policy advisory board's choice of the six functional areas defined the scope of the anti-poverty agenda, with the development of specific programs and broader strategies left up to individual cluster coordinators and steering committees. Ideally, the Collaboration Center would then help the clusters connect their individual work to create a collective, comprehensive set of larger initiatives to address the multiple sources of poverty in the region. While TAP sought to engage stakeholders across different sectors within metropolitan Atlanta, the initiative focused primarily on the private sector, local charities, and volunteers, with less emphasis placed on building connections with local government and human services providers.

Scale: Aside from several large efforts such as the Children's Health Initiative, TAP decided to forgo building consensus among a wide range of stakeholders and instead "jump-start" its work by pursuing more modest, easier-to-accomplish programs that could later grow to scale. TAP also sought to bridge the region's racial divide by engaging substantial numbers of volunteers to work directly in the target neighborhoods, a strategy that emphasized creating connections among individuals more than institutions. In theory, this focus on small grassroots programs, neighborhood empowerment, and volunteerism would ultimately develop into a broad coalition and agenda. Because of the emphasis on resident empowerment and the hope that programs would take root at the neighborhood level, TAP avoided the creation of a formal governance structure in favor of a more decentralized approach.

Sustainability: Originally planned as a five-year project, TAP transitioned into a second phase in 1997 by scaling down to four clusters that would pursue a more limited agenda in four functional areas: private sector-state relationships in welfare-to-work programs, development of after-school programs for at-risk middle school students, development of pre-kindergarten programs for underserved neighborhoods, and the creation of health services to increase childhood immunizations. In 1999, Georgia State University took over the project by establishing the Neighborhood Collaborative to continue the work. Evaluators estimate that, overall, sustainable programs took root in eight clusters.

Additional Resources

Barbash, S. (1994). The Atlanta Project. *Boston Review, June/September.* Retrieved December 6, 2006 from http://www.bostonreview.net/BR19.3/Barbash.html.

Giles, M. W. (1993) The Atlanta Project: A community-based approach to solving urban problems. *National Civic Review,* 82*,* 354-363. Retrieved December 6, 2006 from http://www.cpn.org/topics/community/atlanta.html.

The Homeless Families Program

Principal Sponsor(s): Robert Wood Johnson Foundation and the U.S. Department of Housing and Urban Development (HUD)

Geographic Focus: Nine cities throughout the United States

Demonstration Period: 1990 – 1995

Initiative Profile: The Homeless Families Program was a five-year, $27-million initiative, jointly sponsored by the U.S. Department of Housing and Urban Development and the Robert Wood Johnson Foundation, with sites in nine cities across the country; each site received $600,000 per year. The goal of the program was to develop a more systemic approach to providing services to the homeless by improving not only residential stability for homeless families, but also access to necessary social services (mental health, domestic violence intervention, suicide prevention, drug/alcohol abuse counseling, and child care). Ultimately**,** HFP aimed to find a long-term solution to homelessness and did not consider this solution to be one focused solely on housing; HFP was driven by the assumption that homelessness is compounded by multiple problems and can be addressed effectively only through comprehensive intervention.

Strategy and Outcomes: Sites were guided by the HFP national program office and HUD. Local leadership and technical assistance were provided by a city or county public agency, a coalition for the homeless, and/or another nonprofit provider. HFP sites adopted a two-pronged approach to combating homelessness. First, HUD supplied 150 Section 8 housing certificates (totaling $30 million in rental subsidies for five years) to each site for homeless families. Meanwhile, homeless families received a social services case manager to coordinate and improve access to a comprehensive set of social services. Specific outcomes of the HFP were:

- More than 85% of previously homeless families were still housed in six of the nine sites at the conclusion of the five-year demonstration period. According to evaluation findings, this represents more than a doubling of the time the families spent in permanent housing as compared to the same period before they entered the program.

- Access to programs or services improved. Overall, individuals were able to access needed medical care, child care, and mental health services that were difficult for them to access before they entered the program.

- A housing locator for homeless families was created to address the needs of those who could not find housing. In tight housing markets, landlords who will accept Section 8 vouchers are often difficult to find. The housing locator identified landlords willing to accept vouchers.

Use of Data: HFP evolved as a result of several programs, including the Health Care for the Homeless Program co-funded by the RWJF and Pew Charitable Trusts in 1985. The evaluation of this program led to the creation of the fist substantive, multi-city dataset on characteristics of the homeless population. Despite the rich, data-driven history of HFP, the initiative was not characterized by rigorous data use.

Scope, Scale, and Sustainability

Scope: Research supporting the guiding principals of the initiative showed that often, homeless families are headed by women with a history of mental health problems, domestic violence victimization, and drug abuse; a majority of these families do not receive social services to address their needs. HFP aimed to stabilize homeless families by providing adequate social services facilitated by case managers assigned to each family in the program. Families in the program needed help in multiples areas, including physical and mental health, substance abuse, education and training, and child care. Case managers met with families on a regular basis to assess their needs and coordinate services.

Scale: The scale of the initiative was modest; 1,670 families were accepted into the program and approximately 1,300 families entered services-enriched housing. Though these numbers are small compared to other national initiatives, the focus on female-headed families is likely to have made a sizeable dent in addressing the larger homelessness problem in each of these sites, and lessons learned about offering comprehensive social services to homeless families may have been applied to the general homeless population.

Sustainability: Evaluations of the Homeless Families Program showed that the initiative was successful in improving awareness of the high percentage of homeless families headed by young females. Furthermore, the initiative saw systems change (changes in the role of the public housing authority and its perception of the needs of female-headed homeless households) and "systems fixes" (changes in the utilization of caseworkers for homeless families). After five years, 60% of homeless families that participated in the program continued to be stably housed.

References

Rog, D. J., & Gutman, M. (1997). The Homeless Families Program: A summary of key findings. In Isaacs, S.L., & Knickman, J.R. (eds.), *To Improve Health and Health Care*. Retrieved January 03, 2007 from http://www.rwjf.org/files/publications/books/1997/chapter_10.html.

Urban Health Initiative

Principal Sponsor: Robert Wood Johnson Foundation

Geographic Focus: Baltimore, Detroit, Oakland, Philadelphia, Richmond

Demonstration Period: 1995 – 2005

Initiative Profile: The Urban Health Initiative was a five-site, ten-year, $60.75-million investment by the Robert Wood Johnson Foundation to make a measurable impact on children's health and safety by taking proven programmatic strategies to scale through community-wide systems reform. The UHI targeted five major urban areas across the country, with each community identifying or developing a "change agent" (either a lead agency or collaborative of organizations) to provide leadership and manage the initiative. The role of these governance entities was to (1) work with the community to identify the outcomes to be achieved, (2) identify best practices, (3) gather and use data to guide the decision-making process, and (4) change policies at a program and systems levels. A national program office originally located in the School of Public Health at the University of Washington acted as the intermediary, eventually becoming an independent nonprofit, the Institute for Community Change.

Strategy and Outcomes: The strategic approach of the UHI was to operationalize the definition of "scale" by identifying clear, quantitative measures for the goals each site hoped to achieve. For example, each site completed the "denominator exercise," to determine how many children would have to be reached by a particular service strategy to make a measurable change in the statistical outcomes and how much money that would cost. Rather than provide direct services, each site focused on recruiting stakeholder buy-in for identified best practices, diverting funding to support the adoption of these best practices, and then institutionalizing these practices within the community. A central strategic assumption of the UHI was that broad-scale systems change could not happen without the support of city bureaucracies and the population as a whole. Based on this assumption, each site developed a political strategy and a communications campaign, a much more intentional and direct approach to the politics of systems reform than that of other CCIs. Overall, the UHI sought to marry the more typical neighborhood focus of previous CCIs with a truly community-wide, systemic approach to improving children's health and safety. Major outcomes included:

- Philadelphia's development of a children's budget to track funding streams for youth/family programs; development of a children's report card to gather and track data on outcomes; and implementation of eleven Beacon programs, school-based centers that provide education, early care, youth development, and job training services;

- Oakland's creation of an integrated human services program at seven of its most troubled middle schools, which placed a three-person team at each site to

coordinate the delivery of mental health, anti-violence, family development, and youth outreach programs; and

- Detroit's success in negotiating with their mayor to divert $400 million in casino revenue over twenty years to rehabilitate city recreation centers; support after-school programs; and establish the Michigan After-School Partnership, now its own agency in the state government's department of education, to manage the new programs.

Use of Data: The UHI stands out among the CCIs reviewed here with regard to its thoughtful, strategic, and wide-ranging use of data to inform and influence programs and policies. At the initiative level, all sites were required to track outputs and outcomes and report the results of their tracking every six months to the national program office. Individually, sites gathered and used data in a number of innovative ways, with Philadelphia Safe and Sound perhaps most exemplary in this regard. In addition to the children's budget and report card, now used by local government officials in a number of decision-making processes, the site developed an integrated data information system that allows for exchange of data among the city's school district, police department, and other agencies to support the development of more comprehensive services. Safe and Sound also provides geographic information to support the work of service agencies, allowing agencies to map gaps in services by looking at housing, health, crime, early childhood, and other relevant indicators. Finally, Safe and Sound partnered with the city to develop a performance-based contracting system to assess the success of private sector providers by tracking improvements in client outcomes.

Scope, Scale and Sustainability

Scope: The UHI focused on the entire metropolitan area at each of its sites and covered a broad range of policy arenas related to health and human services, making it one of the larger CCIs. Each site engaged in a two-year planning process to identify key health and safety indicators for the community, gather data related to those measures, and identify the type and amount of resources that would need to be shifted to make significant progress toward outcome goals. UHI is notable also for its strategy of identifying other major federal and foundation initiatives underway at the sites, then developing partnerships and leveraging resources in collaboration with these other efforts.

Scale: Unlike most CCIs, UHI incorporated an explicit strategy to address scale. UHI emphasized policy development and systems change rather than service provision. The most critical factor in achieving scale was the ability to understand the meaning of "scale" in terms of the number of children or families that would have to be reached to make a positive change in community-level indicators. Armed with this information, sites were able to design strategies and estimate resources required to go to scale. For instance, Baltimore's family support strategy targeted 13,000 families at a cost of $46 million. Philadelphia's after-school program targeted 96,000 children at a cost of $150 million.

Sustainability: UHI's emphasis on systems change and strategic use of data resulted in a number of enduring community capacities. Specific mechanisms to channel and redirect public dollars remain, such as Philadelphia's children's report card and children's budget and Maryland's After School Opportunity Fund. Through building local "change agent" capacity and systems knowledge, UHI created ongoing community ability to influence the public agenda through strategic communications and policy development.

References

Brown, P. (2005). The experience of an intermediary in a complex initiative: The Urban Health Initiative's national program office. Seattle, WA: Urban Health Initiative. Retrieved April, 3, 2007 from http://www.urbanhealth.org/docs/ExperienceREV_for%20web.pdf.

Brown, P., Richman, H., & Weber, J. (2005). The Urban Health Initiative: Lessons for philanthropy. Chicago, IL: Chapin Hall Center for Children.

Jellinek, P. (2004a). Reflections on the start-up of the Urban Health Initiative: If we had it to do over, what would we do differently? Seattle, WA: Urban Health Initiative. Retrieved April, 3, 2007 from http://www.urbanhealth.org/docs/Reflections%20for%20web.pdf.

Jellinek, P. (2004b). The origins of the Urban Health Initiative. Seattle, WA: Urban Health Initiative. Retrieved April, 3, 2007 from http://www.urbanhealth.org/docs/The%20Origins%20for%20web.pdf

Metz, R.A. (2005). Sustainable funding for program strategies. Seattle, WA: Urban Health Initiative. Retrieved April, 3, 2007 from http://www.urbanhealth.org/docs/Sustainable_for%20web.pdf.

Nario-Redmond, M., Milligan, & S. E., Norton, J. S. (1998). The 1997-98 Cleveland Community Building Initiative baseline report on collaborative relationships. Retrieved February 01, 2007 from http://povertycenter.cwru.edu/urban_poverty/dev/pdf/complete2.pdf.

VanderWood, J. (2003). Using data in the decision-making process. Seattle, WA: Urban Health Initiative. Retrieved April, 3, 2007 from http://www.urbanhealth.org/docs/Using%20Data%20for%20web.pdf