

WORKING TOGETHER WORKS

Programs that Create Collaborative Change

MOST COMMUNITIES FACE PROBLEMS that prevent the full development of their citizens' potential. The issues are as universal as racism and poverty, and as individualized as teen pregnancy, poor health care, and insufficient living-wage jobs. There are innumerable programs aimed at finding solutions to problems like these, but they too often fall short because of the interrelatedness of the problems or because the full force of the community has not been brought to bear on the issue. Organizations and individuals who are trying to solve deep-rooted, systemic social problems too frequently work in isolation: the so-called "silo" syndrome. In cases where communities come together to identify problems broadly and create a course of action that involves multiple organizations and sectors, the results are inevitably better and more sustainable. This approach to community problem solving goes by many names: partnership, coalition, collaboration, etc. Each of these labels implies a different level of commitment, but they share one thing in common: the desire to *collaborate*—literally "to work together." The secret behind many communities' success in problem solving is that they have found the means and developed the vehicles needed to work together around critical issues.

While the concept of collaboration is easy enough to understand, in practice it is never as simple as it sounds. Serious problems arise when we try to apply the concept to a real community setting with its complex web of differing points of view, agendas, and levels of commitment. Barbara Gray (1989) outlines a three-phase approach to developing effective collaborations. They are: 1) the problem-setting phase; 2) the direction-setting phase; and 3) the implementation phase. The problem-setting phase allows a community to get its bearings about the problem to be solved, generate a commitment to the collaborative process, and decide who needs to be at the table to solve the problem. In the direction-setting phase, the group organizes the work to be done by setting an agenda, deciding on the informa-



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tion that is needed, agreeing on a general course of action, and communicating the plan to the larger community. The implementation phase develops the procedures and methods needed to get the job done and assigns specific tasks to the collaborators. These steps provide a general guide for organizing community problem-solving efforts. They are not intended to be linear or all-inclusive. Communities may be doing work in all three phases at the same time; the important thing is that all of the steps are taken. Full-fledged collaboration is a gradual process. Communities need to build a foundation of trust before they can tackle specific issues.

The joint approach to problem solving is gaining credibility in communities across the nation. In a national survey on community partnerships commissioned in 2001 by the Pew Partnership for Civic Change, almost 90% of the top business, nonprofit, and local government leaders in the 200 largest cities said that working together across sectors is more effective than tackling problems alone. A large majority of those interviewed said that their organizations were actively engaged with others in the community to solve problems. If anything, these leaders wished they had *more* opportunities to work across organizational lines.

The following case studies feature proven strategies for effecting a collaborative approach to problem solving. In the cases of Aiken, Arlington, and St. Louis, a clear understanding of a problem has mobilized a wide range of citizens and organizations to work together. Jacksonville Community Council Inc. is a national model for mobilizing the community to anticipate and think broadly about issues and opportunities. Taken together, they provide practical advice to all sectors—government, business, and nonprofit—on new ways to address community issues.



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Growing into Life



Challenge: Faced with an alarming public health issue such as infant mortality, how can citizens, medical professionals, and public officials collaborate to address the problem?



Background: Aiken County, South Carolina is a large rural county of 135,000 people, comprised of a small middle class and a large low-income population. In the late 1980s, Aiken's infant mortality rate was among the highest in South Carolina, which in turn had one of the highest infant death rates in the country. The rate for minority children was double that of white

children. Community members understood that this devastating problem was demoralizing the community at large, but no one seemed to know how to approach the issue. Bereaved families were not the only victims. Health professionals, police officers, and social service providers all felt a sense of helplessness that affected their lives and professions.



Solution: In response to the alarmingly high infant mortality rates in Aiken County, the governor of South Carolina instigated the formation of Growing into Life in 1989. A community-based collaborative, the program began as a forty-member task force comprised of doctors, nurses, emergency medical technicians, health department and social service case workers, local government officials, police, and religious leaders. Governed by a “virtual board” that met on-line, the partnership established several key programs to combat infant mortality. The task force created the Fetal and Infant Mortality Review (FIMR) board to examine in depth each infant death that occurred in Aiken County. It also investigated current practices in prenatal care and postnatal services. Growing into Life then developed innovative educational programs and interventions for pregnant women and new mothers. Through the collaboration, nurses and police officers were able to create a program called “MOMS and COPS” which combines prenatal education with community policing. Working in collaboration with the health department, the program also created the VIPP (Very Important Pregnant Person) card that entitled pregnant women to move to the head of the line at public health clinics.



Testing 1, 2, 3: Based on an outside evaluation, Growing into Life programs helped to reduce the overall infant mortality rate in Aiken County by 50%:

from a high of 15.2 deaths per 1,000 live births in 1985-87, to 7.6 deaths per 1,000 in 1999. The 1999 rate was lower than the state average of 10.4 and only five tenths of a point higher than the national average.



Maintenance Required:

- Be creative in reaching out to target populations. “MOMS and COPS” is an example of how nurses and community police can work together to solve a community problem. Seek out new kinds of collaborations.
- Gather the hard data necessary to understand the real nature of the problem. The FIMR board’s review of all infant deaths disproved the assumption that most of the deaths were due to Sudden Infant Death Syndrome. Armed with this new, more accurate information, Growing into Life was able to launch a campaign to address the real causes of the area’s infant mortality.
- Take the time necessary to develop effective programs. Growing into Life members worked together over a two-year period to create a toll-free pregnancy care line staffed by on-duty maternity nurses. Their patience paid off. Once established, this program saved the life of a woman and her baby during its first month of operation.



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Warning:

- Be careful not to place blame. Infant mortality is an emotional issue that affects all members of a community. Growing into Life members understood that pointing fingers would not lead to solutions.
- Understand that having a nontraditional board structure can impact an organization’s ability to get funding. Growing into Life’s “virtual” board, which used the Internet for communication and meetings, did not conform to the standard structure of most 501(c)(3) organizations and as a result lost many funding opportunities.

As an organization, Growing into Life is no longer in operation, but its impact on reducing infant mortality in Aiken County has resulted in statewide implementation of its most successful components. The FIMR board continues to meet on a quarterly basis. “MOMS and COPS” remains a powerful tool for prenatal education, and the toll-free pregnancy line continues to provide immediate medical advice to pregnant women. Thanks to the program’s collaborative leadership, Aiken County is now in a position to address its public health concerns in new and innovative ways.

Dental Health for Arlington



Challenge: How can a community maximize its resources to provide basic health services to low-income children?



Background: Dental decay is the most prevalent chronic childhood illness in the United States—resulting in an estimated 51 million school hours lost annually by children suffering from dental problems. Children living in poverty, who lack access to appropriate dental services, suffer disproportionately from oral disease. Low-income children and their parents in Arlington and southeast Tarrant County, Texas were no exception. In 1991, a United Way community needs assessment revealed that poor dental health and the absence of affordable and accessible dental services were major problems among Arlington and Tarrant County residents. Patients often waited seven months for an appointment with a county dental program 25 miles away.



Solution: Community members in southeast Tarrant County were determined to find a way to provide dental care to low-income families. Representatives from 16 community agencies and professional dental health organizations worked together to resolve the problem. Established in 1992, Dental Health for Arlington, Inc. (DHA) is a not-for-profit community

Dental decay is the most prevalent chronic childhood illness in the United States.



service agency that offers dental care to low-income residents of southeast Tarrant County through two programs: the Allan Saxe Dental Clinic and the SMILES program (Sealing Molars Improves the Life of Every Student). The clinic provides free restorative dental care to low-income or indigent adults and children. SMILES provides dental screening, prevention education, and sealants to low-income children in public schools.

SMILES aims to improve the oral health of children in order to improve their overall health, self-esteem, and ability to learn. There are four components to the program: 1) a comprehensive oral health screening by a dentist at the child's school (parents of children with severe dental problems are referred to outside services for free or low-cost dental care); 2) a new toothbrush for each child; 3) oral health education; and 4) with parental permission, application of sealants to healthy molars using portable dental equipment at the school. More than 200 volunteer dental professionals have provided \$4.8 million in free dental care to low-income residents.



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Testing 1, 2, 3: In 1999 and 2000, 21 low-income public schools participated in the SMILES program. More than 5,000 children were screened; 1,819 children received sealants; and 6,029 teeth were sealed. Annually, approximately 40% of the children screened receive sealants on one or more teeth. SMILES has expanded to meet local community needs. Between 1993 and 2000 the number of participating schools has increased by 90%; the number of children screened has increased 93%; the number of children receiving sealants has grown by 99%, as has the total number of teeth sealed. Testing of students showed increased knowledge of dental health.



Maintenance Required:

- Develop a positive working relationship with the school system. Any school-based program's success is dependent upon the support of the school administration, nurses, and classroom teachers.
- Providing on-site services eliminates many of the barriers that prevent low-income children from receiving needed care.



Warning:

- Simply referring parents of children with severe decay to low-cost care may not be enough. Educate parents about oral health and follow up with them to address obstacles to accessing service.

- Clarify the program’s mission and limit interventions to those that further the mission. Establish specific criteria and parameters for collaborations and partnerships.
 - Evaluate the effectiveness of all fundraising events. Consider computing a benefits ratio by dividing the income earned by the staff hours required to plan and implement the event.
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SMILES is an effective school-based program that annually reaches over 5,000 underserved children. The children who participate in SMILES receive not only prevention education, but also free treatment and referrals to free and low-cost dental care. SMILES proves that basic education teaches children to take an interest in their dental health, leading them to brush their teeth regularly and maintain good dental hygiene. A large part of the SMILES program’s success lies in the staff’s ability to work with school officials to bring dental services directly to the children who need it. For more information, see www.dentalhealtharlington.org.

Jacksonville Community Council Inc.



Challenge: How can communities get citizens involved in planning and implementing civic change?



Background: In the early 1970s, Jacksonville, Florida stood poised to enter a period of tremendous physical growth and development. Community leaders and citizens alike questioned the city’s readiness for the future and its ability to respond to the challenges the changes would bring. In 1974, the president-elect of the Jacksonville Area Chamber of Commerce convened a three-day planning meeting for 100 civic leaders including public officials, city council members, labor representatives, military personnel, religious leaders, and top-level business executives. For the first time in the city’s history, representatives from a fragmented community with diverse sectional interests came together and talked about Jacksonville, its problems and its opportunities. The participants created a priority list of critical issues facing the community and developed a shared commitment to solving the identified problems. In addition, participants agreed that there needed to be a mechanism for continuing the dialogue begun at the conference.



Solution: Jacksonville Community Council Inc. (JCCI) was established in 1975 as a nonprofit, nonpartisan, broad-based civic organization. It grew out of the Community Planning Council, the social services planning arm of the United Way. JCCI expanded its membership and scope to include all facets of the community. In this way, JCCI became a hybrid community organization with characteristics of both a planning council and a civic league.

JCCI's citizen-led studies are a hallmark of the program. Each year, through a citizen participation process, JCCI identifies a number of significant community problems and selects two for concentrated study. Diverse citizen study committees meet weekly for six to nine months, gain an understanding of each issue, reach consensus on key findings, and recommend solutions. Typically, there are 24 to 27 weekly meetings composed of 30 to 50 study committee members. Following completion of the study process and the publication of a report, a newly formed citizens' implementation task force takes the report to the community and seeks to place issues on the community agenda. The short-term goal of the citizen study process is to increase public awareness of important community issues. The long-term goal is to realize positive community change as a result of study recommendations. Since 1977, there have been 57 citizen studies conducted through JCCI on topics ranging from adult literacy to growth management to race relations.



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Testing 1, 2, 3: Findings from an outside evaluation show that JCCI's study process is highly effective. Once citizens begin the study process, they stay with it to the finish. Overall, the retention rate of participants in the study process was between 59% and 83% during the evaluation period. Researchers found that the JCCI study process provides a critical structure for informed consideration of community problems with a near-term focus on solutions. Most of the study committee recommendations in the cases analyzed have been implemented, and evaluators found that implementation efforts were most likely to succeed when the recipients of recommendations had participated in the process.



Maintenance Required:

- Develop and follow a detailed set of guidelines for citizen-led committees. Focus on the problem itself rather than the approach needed to solve the problem. This creates a shared set of expectations among participants and maintains the focus of the group on working through issues, not jumping to unsubstantiated conclusions.

- Provide analysis-based recommendations. The study process reflects a well-rounded understanding of the problem and the roles of the players involved. The report should provide a documented basis for action including background facts and detailed analysis.
- Recognize that the study process is a learning experience. Participants gain a greater understanding of the issue and acquire valuable listening and consensus-building skills. They become better qualified to continue work in community problem solving, whether through the program or in other organizations.



Warning:

- Recruit a diverse group of participants for each study committee. New voices in the conversation are critical to ensure that all citizens in the community are represented.
- Recognize the danger of stakeholder domination. Avoid having specific interests overwhelm committee discussions. Ideally, stakeholders would actively present their points of view and bring their organizations' interests in line with developing community consensus.
- Don't be afraid to change. Continuous self-evaluation is a necessary part of a healthy organization. When problems are discovered, changes can be made to improve the program and its results.



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JCCI seeks nothing less than to improve the quality of life in Jacksonville. It is founded on a deep faith in the ability of citizens to set aside their differences and join together to learn and reason about problems of mutual concern. Its growth and success offer renewed hope for this basic democratic concept as a means of addressing the complex issues of modern urban communities. Through a combination of analysis and implementation, the study process goes beyond talk and creates real change in the community. JCCI's work has served as a blueprint for change in governmental structure and processes, the delivery of human services, education, public safety, health, and other areas of community life. For more information, see www.jcci.org.

Bridges Across Racial Polarization®



Challenge: How can communities address chronic social issues such as racial polarization through a citizen-led initiative?



Background: Racial polarization remains one of the core problems facing the nation and St. Louis, Missouri is no exception. An analysis of 2000 census data found that of the 50 largest metropolitan areas in the United States, St. Louis was the ninth most racially segregated. In a 1995 study, residents of the St. Louis region perceived the quality of race relations in the metropolitan area to be on the decline. Respondents reported that interaction between the races was limited, with most contacts occurring in public arenas, such as shopping malls and workplaces. While 80% of citizens polled in the study said that good race relations are very important to the quality of life in the community, the majority of respondents also admitted that they did not know how individuals could begin working to improve those relations. Citizens in the St. Louis region needed to create a way to address the racial polarization in their community.



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Solution: In the spring of 1993, two Leadership St. Louis program graduates—one white, one black—met to discuss racial polarization and the perceived lack of interracial social contact among St. Louisans. They decided to pilot the concept of informal, interracial social gatherings, which they hoped would offer opportunities to develop new friendships. Initially, 40 people formed small interracial social groups that met over a nine-month period. Encouraged by participants' enthusiasm and the success of the pilot program, the Bridges Across Racial Polarization® program was adopted by the Leadership Center of Greater St. Louis, the predecessor to FOCUS St. Louis. From that initial group of 40 people, the Bridges program has grown to include over 300 participants.

Bridges Across Racial Polarization® is a voluntary program that brings together groups of 8 to 12 people from a mix of racial backgrounds. The groups meet regularly on an informal, social basis, often in each other's homes. Program participants have the opportunity to interact and build relationships with people from other races whom they might not otherwise meet, to hear different ideas and perspectives, and to increase mutual awareness and understanding. To launch a Bridges group, program staff recruit and train one person of color and one white person to act as co-



hosts. The co-hosts help recruit group participants from different racial backgrounds. Usually the participants do not know each other before the groups are formed. Groups typically meet for a potluck dinner six to eight times a year, with each session lasting two to three hours. Often groups discuss books or media articles about race, share family traditions, and talk about personal experiences with racism and prejudice. Other activities include attending theater performances, concerts, and lectures on race issues. Program staff provide support, training, and materials.



Testing 1, 2, 3: Based on findings from an outside evaluation, Bridges Across Racial Polarization® is effective in improving individual relationships between people of different races and promoting racial understanding. Participants report developing deeper, more trusting relationships with members of their Bridges group who are of different races than themselves. In addition, Bridges program participants apply their new knowledge about racism and racial polarization in their personal lives and in their communities outside of the group. This is groundbreaking research using an approach sometimes disregarded as too “soft” to assess quantitatively.



Maintenance Required:

- Recruitment and marketing require ongoing attention. School groups, youth, and faith communities may be particularly interested in participating.
- Develop and disseminate up-to-date information about racial issues. Incorporate knowledge on how interracial contact works into training and written materials.
- Ensure a diversity of race, gender, and marital status in each group of participants. This balance is meant to eliminate any sense of isolation among participants and leads to a more productive discussion and interchange of ideas.
- Rotate hosting the session among participants' homes. This allows everyone to share in some aspect of support for each gathering (either hosting or bringing food for the meal). Potluck dinners also reinforce the social and personal aspect of the project. It should not feel like a business meeting.
- Form a steering committee comprised of individuals from various stakeholder groups to advise staff in maintaining and growing the program.
- Program staff should track the progress of all groups and share ideas and success stories with the others. Groups benefit from learning about their counterparts' activities, issues, and questions.



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**Warning:**

- Determine the appropriate organizational home for a racial polarization program. While a regional civic organization is well suited for Bridges in St. Louis, a different type of organization may be a more appropriate home in a different community.
- Support each group's activities. Naturally, some existing groups do not want or need much special assistance from program staff; however, some other groups may need help improving or enriching their discussions.

For many communities across the United States, racial polarization negatively impacts the growth and development of civic-minded communities. Racism and racial polarization are embedded in issues such as urban sprawl, light rail expansion, political campaigns, equal education, and economic opportunity. Programs like Bridges help to reverse racial polarization and to promote interracial communication and understanding. Bridges is not the answer to all systemic racial issues, but it is a model that citizens in any racially polarized community can adopt to begin improving race relations. For more information, see www.focus-stl.org.