



United Way
of Delaware County

UNITED WAY OF DELAWARE COUNTY

*2015 Community
Needs Assessment*

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To our community,

For decades, the United Way of Delaware County has invested in solutions to the problems our community faces daily. However, Delaware County has grown and changed significantly. As a result, it is our responsibility to periodically conduct a comprehensive community needs assessment to ensure our time, resources, and donor dollars are aligned with the most appropriate issues and programs and that are invested with the greatest impact and efficiency.

This endeavor spanned nearly twelve months and involved numerous organizations, volunteers and community leaders. We would like to thank the following individuals for joining us on the committee that guided this process:

***Judd Scott**- President, Chief Operating Officer at V&P Hydraulic Products, LLC
Jon Greenwood- Executive Vice President Huntington Bank
Steve Bunyard- President, Dublin Methodist & Grady Memorial Hospitals at OhioHealth
Gary Merrell- Delaware County Commissioner
Shancie Jenkins- Director, Delaware County Job and Family Services
Shelia Hiddleson- Commissioner, Delaware County Health District
Paul Craft- Superintendent, Delaware City Schools
Bill Cornely- Community Volunteer
Bill Nolan- Office Managing Partner at Barnes & Thornburg LLP
Barb Lyon- Vice-President, United Way of Delaware County
Brande Urban- Director of Collective Impact, United Way of Delaware County

*denotes Committee Chair; Bold Denotes UWDC Board Members

In addition to the names above, there were many others involved in sub-committees, data collection and focus group discussions. We greatly appreciate everyone who shared their time and talent with United Way of Delaware County for this project!

Sincerely,



A handwritten signature in black ink, appearing to read "Marilyn McClure-Demers".

Marilyn McClure-Demers
Chair, Board of Directors



A handwritten signature in black ink, appearing to read "Brandon Feller".

Brandon Feller
President, United Way of Delaware County

Background

The United Way of Delaware County (UWDC) strives to continually assess the needs of our community through participation on multiple boards, committees, task forces, coalitions, and also by engaging our donors, clients, volunteers and community leaders on a regular basis. It is, however, necessary and customary for United Ways to periodically conduct a more in-depth analysis of the issues challenging a community and the root causes. The last such review was conducted in 2010 and helped guide the investment of United Way resources in subsequent years. In late 2013, the board of directors and staff of United Way of Delaware County recommended a community needs assessment be conducted during 2014.

Process

In March 2014, a committee of board members, community members, United Way staff and local subject-matter experts convened to guide the assessment process. A three-step process was adopted:

Step One: Review Existing Data

Throughout the spring and summer, the committee broke into sub-groups aligned with UWDC impact areas (Health, Education and Essential Services/Financial Stability) to collect and analyze existing data collected by other social service, health, education and law enforcement providers in our community (Appendix).

Step Two: Collect Data/Feedback from UWDC Constituencies

An online survey tool launched on October 1, 2014 and held open until December 31, 2014 was used to collect feedback from the community as a whole, including UWDC donors and volunteers and clients of United Way funded programs. In an effort to encourage participation in the online survey, United Way emailed 4,952 donors, volunteers and community leaders; asked partner agencies to share the survey with their groups; and purchased targeted advertising on Facebook that reached 15,736 Delaware County adults. 523 people participated in the online survey and provided great feedback on the issues they believe need to be addressed in Delaware County (Appendix).

The committee recognized general community feedback is very important but we also need to hear from those utilizing services funded by UWDC. A brief paper survey was created and distributed to our network of agency partners as an opportunity to solicit feedback from clients who may not have direct access to the internet (Appendix).

Step Three: Engage Key Audiences in Small Group Conversations

From late fall 2014 to early 2015, the committee hosted 8 focus groups in an effort to add personal perspective to the data already collected on the issues confronting Delaware County residents on a daily basis.

UWDC Partner Agencies

School District Leaders

V&P Hydraulics employees

Powell Residents

OhioHealth

West Central Correctional Center (2 groups)

Grace Clinic Patients

Each conversation was summarized (Appendix) and shared with the committee for consideration during the recommendations phase of the community needs assessment.

In addition to the traditional methods of data collection mentioned above, it is important to note that UWDC staff also gathered helpful feedback through meetings and conversations with: *Delaware County Jobs and Family Services, Family and Children First Council, Delaware County Housing Coalition, Delaware County Hunger Alliance, Delaware County Against Human Trafficking Coalition, State of Ohio Human Trafficking Coalition, Central Ohio Rescue and Restore Coalition, Support Through Empowerment and Partnerships (S.T.E.P.), Delaware County Literacy Coalition, Delaware County Foundation, Delaware General Health District, Partnership for a Healthy Delaware County, Delaware City Schools, Olentangy Local Schools, Buckeye Valley Schools, Drug Free Delaware Coalition and the Delaware County Opiate Task Force.*

Needs Assessment Key Findings

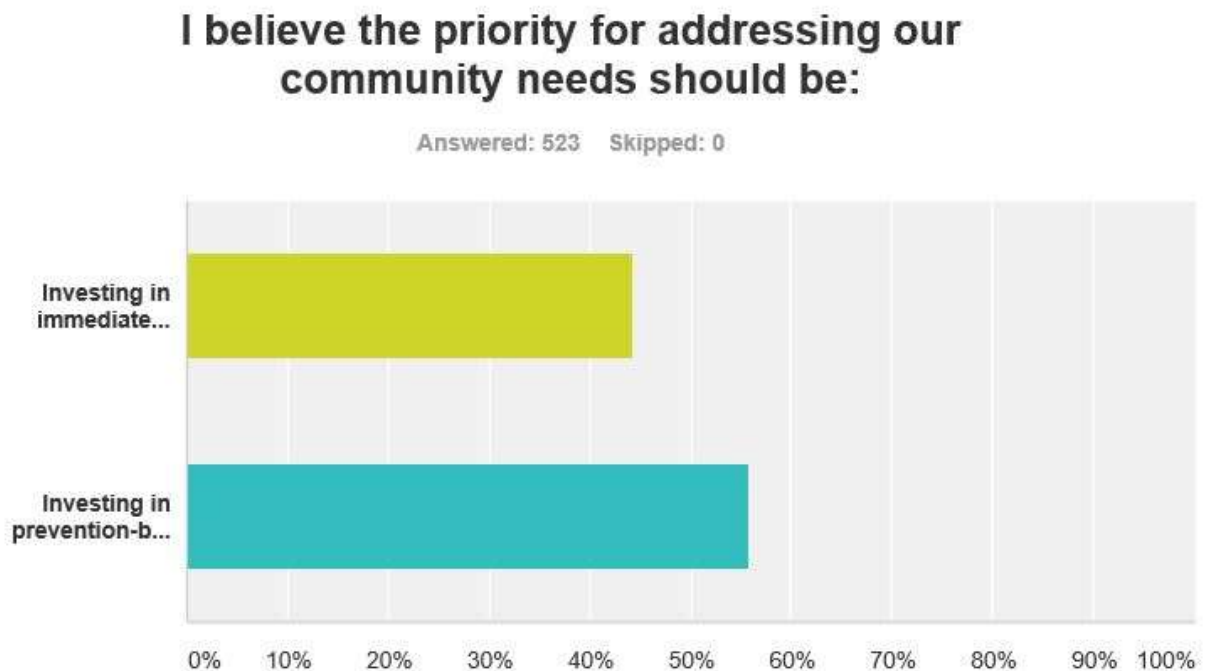
During the course of our study of community needs, dozens of issues were discussed and, where possible, root causes identified. Based on the data reviewed and community discussions, the committee identified the top issues that became recurring themes. They are as follows:

- **Heroin and opiate abuse**
- **Access to mental health services**
- **Food insecurity**
- **Families in constant crisis**

- **Mentorship opportunities for youth and young adults**

It should be noted another major issue which was repeatedly identified is a lack of transportation. The transportation problem in Delaware County makes it difficult for some residents to retain employment, access critical community resources and involve kids in valuable enrichment opportunities.

In addition to asking the community about significant issues, we also sought input regarding strategy. In the online survey and in discussions, we asked residents if they favor intervention or prevention as a strategy to address these needs. Clearly, both are needed but we did see a significant desire for prevention-based programming.



Next



Steps

Identifying the challenges in our community is a significant undertaking but really just the first step. The knowledge gained from this process will become the foundation for our collective impact strategy for the next five years. United Way of Delaware County staff and volunteers will develop collective impact strategies to address the needs identified during this assessment with input and support from community leaders, subject-matter experts, clients, residents and donors. Existing United Way of Delaware County initiatives such as Imagination Library, Hunger Alliance and Human Trafficking Coalition will continue to meet specific needs in our community with a collaborative approach.

Collective Impact

Collective impact is the idea that complex community problems cannot be effectively addressed in an uncoordinated way through programs that operate in a silo. Rather, in order to achieve significant and lasting impact, community resources including money, expertise and staff/volunteers must be organized into a multi-sector strategy with common goals and metrics for all partners (Appendix 5).

The United Way of Delaware County has been moving closer to the collective impact model for several years and has committed to fully implementing coordinated strategies to address top community needs. When appropriate, collective impact will be the tool utilized to direct funding and resources to programs addressing the community priorities as defined by the community needs assessment.

“Traditional” United Way		“Collective Impact” United Way
Broad funding strategy	➡	Funding aligned with community change strategies
Partners are primarily agencies	➡	Partners are whoever can play a role
United Way owns the effort	➡	Community owns the effort
Resources = money	➡	Resources = people, relationships, expertise, and money, etc.
Role is funder/fundraiser	➡	Plays various roles
Asks donors for money once a year	➡	Creates long-term relationships with diverse community investors
Operates as two separate businesses	➡	Cross functional teams work together to create products



UWDC staff and board members have taken time to learn more about collective impact and its successful application in other communities. In October 2013, the president and impact director of UWDC completed training on the collective impact model sponsored by United Way Worldwide and hosted by the United Way of Salt Lake City. The Salt Lake City community has become known nationally for facilitating a collective approach to problem solving and has achieved impressive results that have both created positive change in their community and positioned the United Way as the convener of programs and catalyst for change.

As Delaware County works to implement strategies to address the issues raised in this needs assessment, United Way of Delaware County will continue to promote the use of the collective impact model particularly when it comes to how United Way donor dollars are invested in solutions.



In December 2014, the United Way of Delaware County board of directors authorized staff to construct an allocations pilot program that utilizes the collective impact model. The Delaware County Hunger Alliance was chosen as the group to help pilot this initiative and has worked to develop common goals, strategies and metrics. Under this pilot, local food providers will partner to submit one coordinated grant request to United Way rather than multiple uncoordinated requests/strategies. This process will continue to evolve based on feedback from the Hunger Alliance and United Way staff.

Together, the community needs assessment and adoption of the collective impact model will become the roadmap for creating lasting change and addressing the evolving needs of Delaware County. If you would like to be a part of this exciting work, please contact us by phone or at feedback@uwaydelaware.org.



Appendix

Topic/Impact Area Data Source/Report Name

Education 4 Year Longitudinal Graduation Rate by District
Education Delaware City Schools Report Card
Education Olentangy Local Schools Report Card
Education Buckeye Valley Schools Report Card
Education Big Walnut District Report Card
Education Westerville Schools Report Card
Education Buckeye Valley Academic Snapshot
Education Olentangy Local Schools Annual Report
Education School Discipline Report by District
Education School Attendance by District
Education Delaware County Kindergarten Readiness Scores
Education Discipline Report by District
Education District Mobility Rates
Education Delaware County 4th Grade Math Proficiency
Education Delaware County Kids Receiving Publicly Funded Childcare
Education Delaware County Child Population Total
Education Percent of Delaware County Kids Receiving Food Stamps
Education Percent of Delaware County Child Food Insecurity
Education Delaware County Juvenile Justice Report
Education Middle School Youth Risk Behavior Survey
Education High School Youth Risk Behavior Survey
Education Report on Status of Girls in Central Ohio (Women's Fund)
Education Delaware County Census Report

Health 2013 Health District MAPP Assessment
Health 2013 Executive Summary Ohio Department of Health Youth Risk Behavior Survey
Health Delaware County Cancer Profile
Health Delaware County 3rd Graders With Untreated Dental Decay
Health Delaware County 3rd Graders That Are Obese or Overweight
Health Delaware County Food Insecurity
Health Healthy Ohio- Delaware County Report
Health Delaware County Kids Without Dental Insurance
Health Central OH Trauma System- Injury Report
Health 2012 Ohio Department of Health Summary of Infectious Diseases
Health Delaware County- 6 Leading Causes of Death
Health Social Determinants of Health At The Local Level
Health Delaware County Drug Overdose Data
Health 2012 Ohio Drug Overdose Deaths
Health The Heroin Epidemic
Health Delaware County Obesity Prevention Focus Group

Financial Stability Economic Self-Sufficiency for Women in Central Ohio
Financial Stability 2014 City of Delaware Economic Development Plan
Financial Stability Delaware County Census Report

Financial Stability Delaware County Point in Time Homeless Count
Essential Services Ohio Family Violence Needs Assessment
Essential Services Percent of Delaware County Kids Receiving Food Stamps
Essential Services Feeding America- Map The Meal Gap, Delaware County Data
Essential Services Delaware County Kids Receiving Free or Reduced Lunch
Essential Services 30 Hunger Facts- Lutheran Social Services
Essential Services 2012 Food Access Survey
Essential Services Delaware County Child Food Insecurity
Essential Services American Academy of Pediatrics Article on Screening For Food Insecurity
Essential Services Report on Human Trafficking- Salvation Army
Essential Services 211/Helpline Call Data- Top Needs
Essential Services Ohio Report on Poverty
Essential Services Delaware County Poverty Totals

Collective Impact – Hunger

30 Hunger Facts in 30 Days

- 35% of people served at food pantries are under 18 (children), 1 out of 10 are under 5.
- 17.8% of Ohioans wonder where their next meal is coming from.
- Delaware County is known as the wealthiest and healthiest, yet more than 16,000 residents struggle with food insecurity.
- In the US 22.4% of children are food insecure (more than 16M).
- Hunger can permanently change a child's learning, social interaction and productivity.
- In Ohio 25.7% of children are insecure (more than 680,000).
- SNAP provides only \$4.50 per day.
- Hunger is in 20.6% of families with children vs. 12.2% of families without children.
- 30% of households with seniors have to choose between food and medical care at least once.
- More than 1/3 of our seniors have to shop at food pantries twice or more every half year.
- More than 1/3 of households in the US have to choose between food and necessities.

PIN Fact Sheet

- Of those served more than 98% reported household income was <\$22,339
- 4.6% of Delaware County's population fell below the poverty level.
- 11% of Delaware County residents are food insecure, 17% of the children face it daily.
- Without PIN 41% of those served would go hungry or use necessity money to buy food.
- PIN clients: 25% on fixed income, 41% had one working adult.

Business First Article on Food Trust Study

- Food Trust Study says 2M Ohio residents lack access to healthy food choices.
- FT proposes a \$20M Fund to improve accessibility to healthy food.
- In this 2M residents it includes 500,000 children in low income under served areas.
- Columbus based nonprofit Finance Fund plans to raise capital and administer funds.

Delaware General Health District ACHIEVE Food Access Survey

- Food Access is an issue in Ohio. 24% of rural Ohioans live outside of a 10 minute drive to a supermarket. 3.8% live within a 10 minute drive but have not access to a car. 75% of rural Ohioans live outside of walking distance to a supermarket.
- Healthy Accessibility is also an issue. Large supermarkets (over 40,000 sq. ft. of shelf space) have more healthy food. 57% live outside a 10 minute drive to a large supermarket. 6% of those living within a 10 minute drive don't have access to a car. 24% of rural Ohioans live within a 10 minute drive of fast (normally unhealthy) food.
- In Delaware:
 - 10% reported that often they are unable to buy the food they need because they are out of money/assistance.

- 20% reported that **sometimes** they are unable to buy the food they need because they are out of money/assistance.
- 47% reported that they **never** run out of money/assistance to buy the food they need.

Kids Count Data Center

- In 2010 they reported 25.7% of children in Delaware (50,504) were food insecure.
- In 2010 16.1% of Delaware children were receiving Free Lunch; In 2011 15.7%.
- Children in Delaware receiving SNAP Benefits (Food Stamps); 7.2% in 2010, 7.1% in 2011 & 7.5% in 2012.

Feeding America – Map the Meal Gap

- In 2009
 - In Ohio 18.1% of state population was food insecure. \$835,508,480 needed to meet food requirements.
 - In Delaware 10.8% of population was food insecure. \$7,790,880 needed to meet food requirements.
- In 2012
 - In Ohio 17.2% of state population was food insecure.
 - In Delaware County 9.4% of population was food insecure.

LSS-Delaware Food Pantry Statement of Need

- According to 2012 U.S. Census estimates, 27,000 or 13% of Delaware County residents are eligible for food pantry support, an increase of almost 19.5% since 2007. Feeding America's 2011 Map the Meal Gap report determined that 15% of county children are food insecure.
- Based on statistics from the area's primary food supplier, Mid-Ohio Foodbank (MOF), of the 20 counties in its service area, Delaware has the least amount of food pantry capacity per person living in poverty.
- There are also geographic and schedule gaps in Delaware County's emergency food network. There are no pantries west of U.S. Route 23 outside the city of Delaware. Some residents of Thompson Township are more than 15 miles from the nearest pantry. The county's existing network has limited evening and weekend hours.

PIN Statement of Need

- More than one third of the households served by Feeding America food banks report having to choose between paying for utilities or heating fuel and food.
- 39% of those served by PIN are children under 18 years of age, 56% are between the ages of 18 and 60 and 5% are over the age of 60.
- According to the most recent available U.S. Census data, 4.6% of Delaware County's population falls below the poverty level. This translates into 8,203 individuals. Data from Feeding America states that 9.5% of Delaware County residents (16,220 people) are considered food insecure and 15% of the children (7,390 children) face food insecurity daily.

- According to PIN client surveys, 31% of those requesting emergency food indicate that they will go hungry if PIN is unable to help. Other options our clients considered were: risk nonpayment of utility (24%), use rent money (16%), uncertain (16%), selling or pawning something (9%), or get a cash advance (4%).
- In 2013, benefits from the Supplemental Nutrition Assistance Program (SNAP) were cut by more than 5%. It is unclear at this time if additional cuts will be coming in 2014. At this time, there has been no extension of the long term unemployment benefits which will put a further strain on PIN's resources until such time as the individuals find employment or the benefits are restored.

2014 Community Needs Assessment

Data Review: Summary

Health Impact Subcommittee Notes:

- Need a central database with data, research and statistics (Health District exploring this possibility)
- Mental health access, bed availability
- Schools-untreated mental health issues
- Need immediate access to care with kids with concerns
- Awareness of resources-community doesn't always know what's available
- Senior Citizens-Access/navigation of system, unsafe home, dementia/Alzheimer's
- Lack of access to dental care (ties into nutrition, overall health issues)
- Patient education
- Access to medication—untreated illness due to lack of prescriptions, not able to fill
- Obesity—work to encourage activity, nutrition, create calendar of events
- Involve 211
- How do we get and share information with community?
- Educate law enforcement, fire/EMS, hospital, schools
- Focus groups-social workers, discharge planners, first responders, courts, children's services
- Sponsor Community Health Day-package services, provide access to care

Data Reviewed:

2013 Health District MAPP Assessment

2013 Executive Summary Ohio Department of Health Youth Risk Behavior Survey

Delaware County Cancer Profile

Delaware County 3rd Graders With Untreated Dental Decay

Delaware County 3rd Graders That Are Obese or Overweight

Delaware County Food Insecurity

Healthy Ohio- Delaware County Report

Delaware County Kids Without Dental Insurance

Central OH Trauma System- Injury Report

2012 Ohio Department of Health Summary of Infectious Diseases

Delaware County- 6 Leading Causes of Death

Social Determinants of Health At The Local Level

Delaware County Drug Overdose Data

Education Impact Subcommittee Notes:

1. Life readiness

- Non-academic barriers
- 5 year graduates – we’re losing touch; add support for those non-grads who have made it 90% through the public school system; they’ve gotten this far, let’s get help them to completion.
- More Technical skill/trade skill development;
- State level – lack of exposure to welding; construction, etc.– used to be in the Ag courses – state level support has dissipated
- County Mindset of next step is 4 year old college degree -need exposure and stimulated to other career opportunities
- Pre-professional center at career center; eliminating stigma over attending the career center; taking these types of classes into the schools for exposure/acceptance.

2. Child mental health

- Every school building could utilize a mental health counselor
- 2 elementary suicide attempts
- Food insecurity levels high
- Preschools know about special needs offerings. Get referrals from daycares. MH has advocate who checks on the preschools.
- Help Me Grow program - Central intake is for newborn-3 years old
 - Is seeing an increase of 2 year olds who are “out of control”;
 - now diagnosing children with autism at 18 mos. old. – needs helps with costs.
- Trauma informed care practices – how do we meet the needs of kids who may have adverse issues in the home and how does it impact them outside of the home;
 - relates to chronic health issues or mental health issues – the more you have in your household the greater likelihood of the amount of issues in the schools; how can we reduce the amount of experiences in the household – looking at policies;

3. Alcohol and other drug issues

- Many alcohol issues including using the vapor pens and putting liquid in them.
- Clark stations seem to offer illicit substances.
- Prevention is needed in the elementary, middle school starting
- Concern over opiate-addicted babies

4. Prevention/Early intervention

- Suicide prevention

- ATOD prevention/intervention
- Stress management
- Sexual Violence prevention
 - Nearly 1 in 10 students reports they have been forced into sexual activity – and that number is NOT disaggregated by gender. Since girls are more often the victim of rape rather than the rapist, we can guess the percentage of girls being raped is MUCH higher than the reported 9%. According to the YRBS 2013

5. Parenting support & parent awareness (mental health issues – how to deal with)

- Foster care system – being supportive to this demographic
- more Grandparents acting as custodial parent– not technically foster;
- Delaware County doesn't have placement for disabled students – we don't have homes for them;
- Parents losing jobs due to mental health issues of child.
- Parent Support groups

Data Reviewed:

4 Year Longitudinal Graduation Rate by District

Delaware City Schools Report Card

Olentangy Local Schools Report Card

Buckeye Valley Schools Report Card

Big Walnut District Report Card

Westerville Schools Report Card

Buckeye Valley Academic Snapshot

Olentangy Local Schools Annual Report

School Discipline Report by District

School Attendance by District

Delaware County Kindergarten Readiness Scores

Discipline Report by District

District Mobility Rates

Delaware County 4th Grade Math Proficiency

Delaware County Kids Receiving Publicly Funded Childcare

Delaware County Child Population Total

Percent of Delaware County Kids Receiving Food Stamps

Percent of Delaware County Child Food Insecurity

Delaware County Juvenile Justice Report

Middle School Youth Risk Behavior Survey

High School Youth Risk Behavior Survey

Report on Status of Girls in Central Ohio (Women's Fund)

Delaware County Census Report

Essential and Financial Stability Impact Subcommittee Notes:

- Do people know what to do with fresh foods?
- Need more affordable housing.
- Foreclosures leveled out across the county but still very high in small rural towns- Ostrander, Ashley, Sunbury, etc....
- Can we push more services out to the rural areas. LSS food model is great...can we tag along with other programs?
- Not a lot of affordable housing options.
- Issues seen at the Legal Clinic- foreclosures dropped but are trending back up this year. Lots of hourly cuts.
- INCREASE in manufacturing jobs available in Delaware County. Jobs are available but there is limited skilled labor training in Delaware County.
- Food insecurity- kids and seniors are impacted the most. Access- hard for some people to get to healthy foods.
- More education and tools to promote self-sufficiency.

Data Reviewed:

Economic Self-Sufficiency for Women in Central Ohio

2014 City of Delaware Economic Development Plan

Delaware County Census Report

Delaware County Point in Time Homeless Count

Ohio Family Violence Needs Assessment

Percent of Delaware County Kids Receiving Food Stamps

Feeding America- Map The Meal Gap, Delaware County Data

Delaware County Kids Receiving Free or Reduced Lunch

30 Hunger Facts- Lutheran Social Services

2012 Food Access Survey

Delaware County Child Food Insecurity

American Academy of Pediatrics Article on Screening For Food Insecurity

Report on Human Trafficking- Salvation Army

211/Helpline Call Data- Top Needs

Ohio Report on Poverty

Delaware County Poverty Totals

**Information, data and observations provided by agencies in their annual grant applications were also considered in all three subcommittees.*

FOOD INSECURITY

17,890 Delaware County residents reported being food insecure



Reduce number of food insecure Delaware County residents by 2%



Delaware County Community Health Improvement Plan 2014-2018

MENTAL HEALTH

For every 100,000 residents there were 144 suicide attempts



Reduce the number of suicide attempts by 25% for every 100,000 residents



Delaware County Community Health Improvement Plan 2014-2018

ALCOHOL ABUSE AND DRUG ABUSE

59% of out-of-home
placements for
Delaware County
children and families
were due to
substance
abuse



Reduce out-of-home
placements for
Delaware County
children and families
due to
substance
abuse to
47.2%



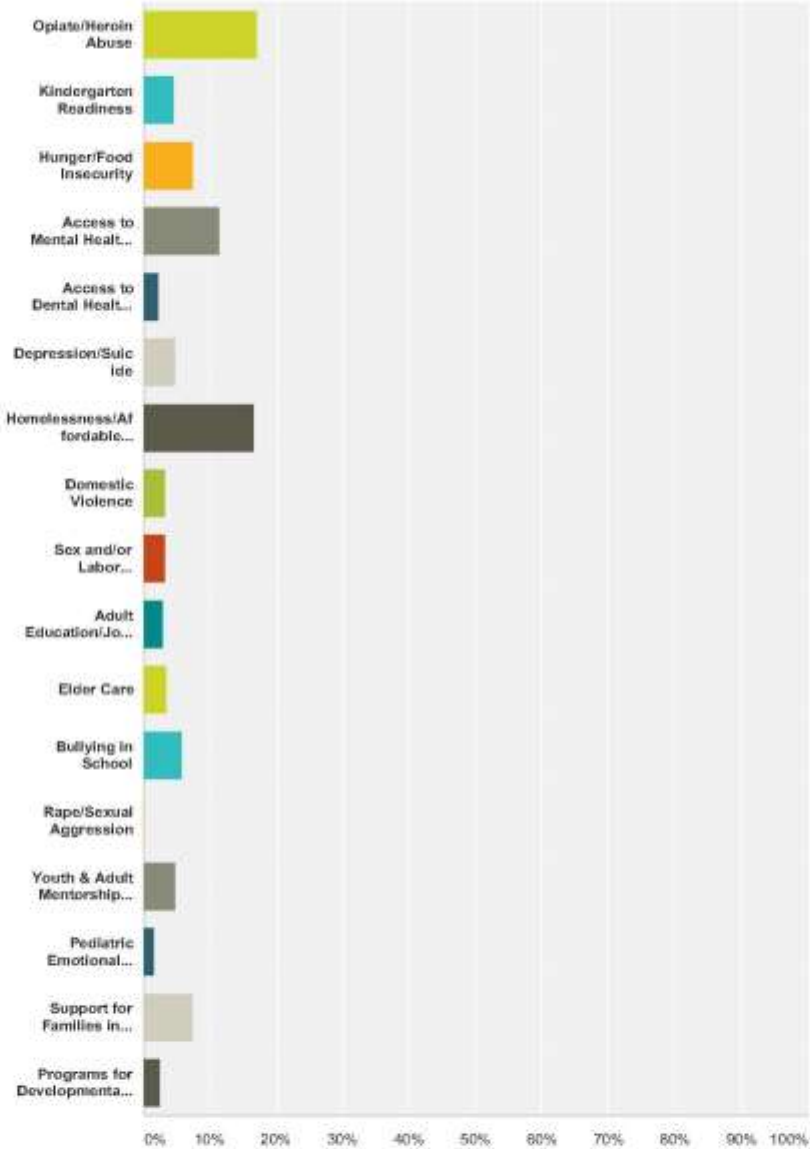
Delaware County Community Health Improvement Plan 2014-2018

Q1: **One issue I believe is a concern in Delaware County or that needs more attention is:**

(Answered 523; skipped 0)

United Way of Delaware County Needs Assessment

SurveyMonkey



Answer Choices	Responses
Opiate/Heroin Abuse	17.02% 89
Kindergarten Readiness	4.59% 24

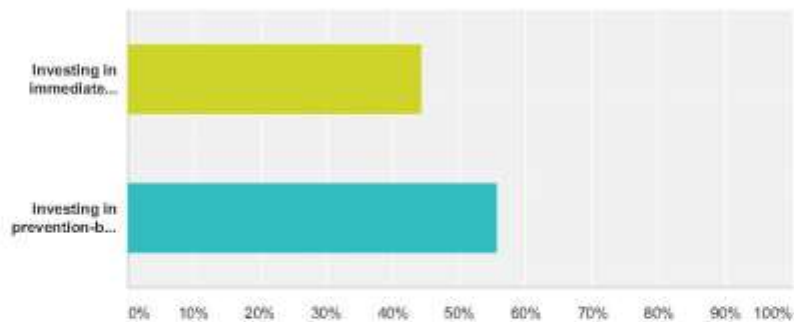
United Way of Delaware County Needs Assessment

SurveyMonkey

Hunger/Food Insecurity	7.46%	39
Access to Mental Health Services	11.47%	60
Access to Dental Health Services	2.29%	12
Depression/Suicide	4.78%	25
Homelessness/Affordable Housing	16.83%	87
Domestic Violence	3.25%	17
Sex and/or Labor Trafficking	3.44%	18
Adult Education/Job Skills	2.87%	15
Elder Care	3.63%	19
Bullying in School	5.93%	31
Rape/Sexual Aggression	0.19%	1
Youth & Adult Mentorship Opportunities	4.78%	25
Pediatric Emotional Disturbances	1.72%	9
Support for Families in Crisis	7.46%	39
Programs for Developmentally Challenged	2.49%	13
Total		523

Q2 I believe the priority for addressing our community needs should be:

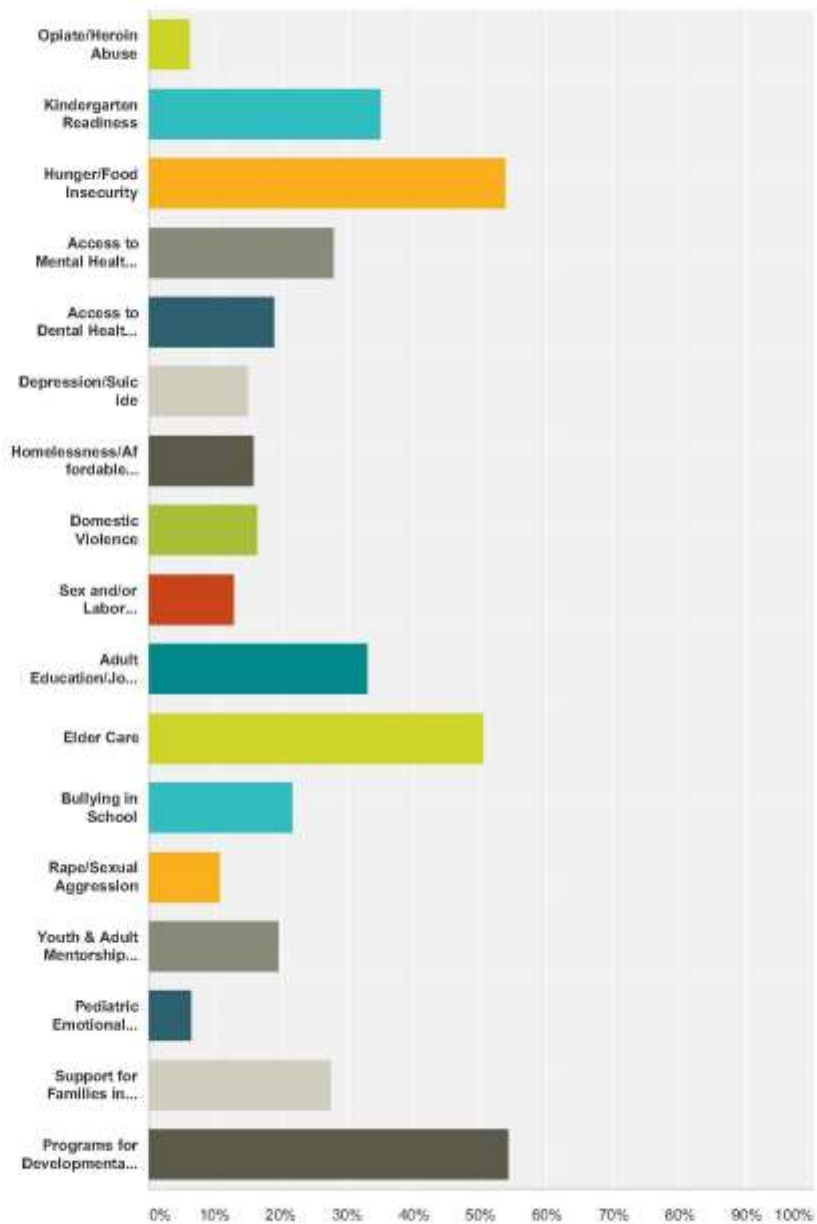
Answered: 523 Skipped: 0



Answer Choices	Responses
Investing in immediate intervention services	44.36% 232
Investing in prevention-based programming	55.64% 291
Total	523

Q3 I believe our community does a good job at addressing:

Answered: 523 Skipped: 0



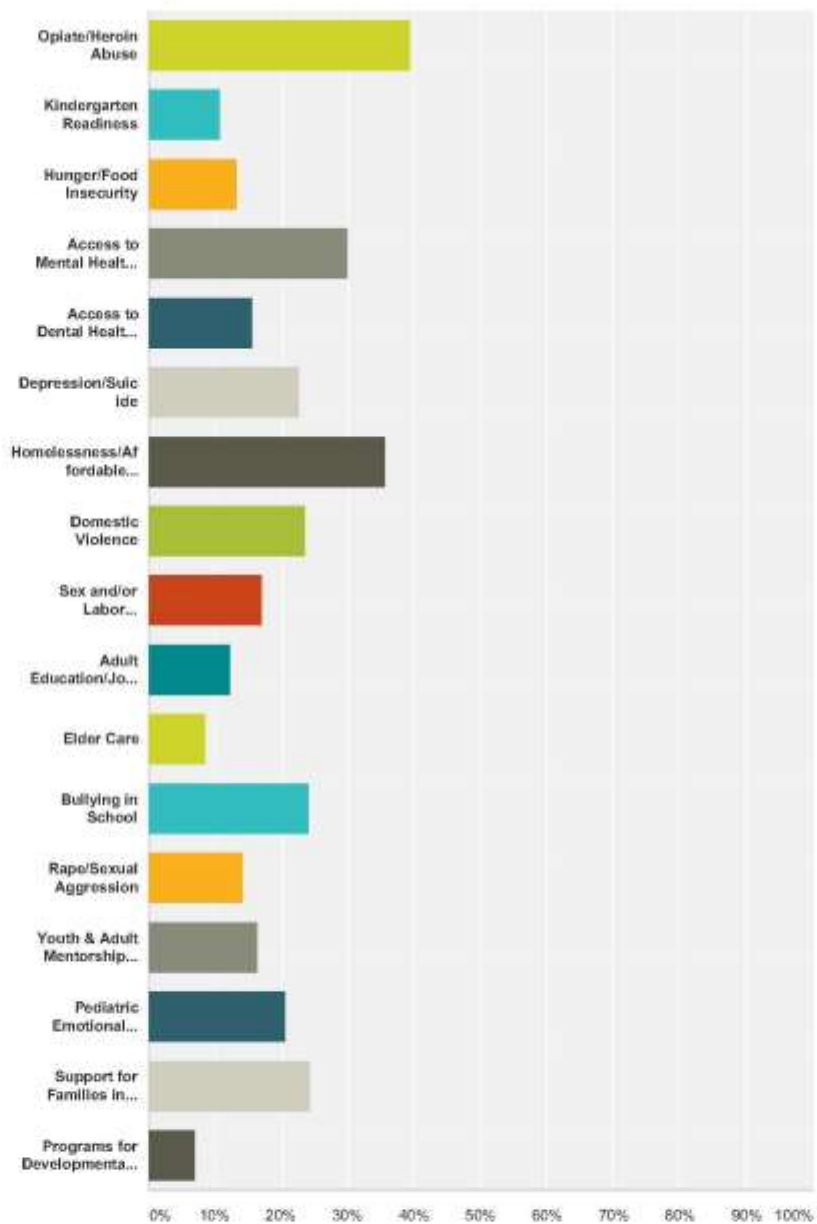
United Way of Delaware County Needs Assessment

SurveyMonkey

Answer Choices	Responses	
Opiate/Heroin Abuse	6.31%	33
Kindergarten Readiness	34.99%	183
Hunger/Food Insecurity	53.92%	282
Access to Mental Health Services	27.92%	146
Access to Dental Health Services	18.93%	99
Depression/Suicide	15.11%	79
Homelessness/Affordable Housing	15.67%	83
Domestic Violence	16.44%	86
Sex and/or Labor Trafficking	13.00%	68
Adult Education/Job Readiness Skills	32.89%	172
Elder Care	50.48%	264
Bullying in School	21.80%	114
Rape/Sexual Aggression	10.90%	57
Youth & Adult Mentorship Opportunities	19.69%	103
Pediatric Emotional Disturbances	6.50%	34
Support for Families in Crisis	27.53%	144
Programs for Developmentally Challenged	54.30%	284
Total Respondents: 523		

Q4 I believe our community does not do a good job at addressing:

Answered: 523 Skipped: 0



Answer Choices	Responses
Opiate/Heroin Abuse	39.39% 206
Kindergarten Readiness	10.90% 57

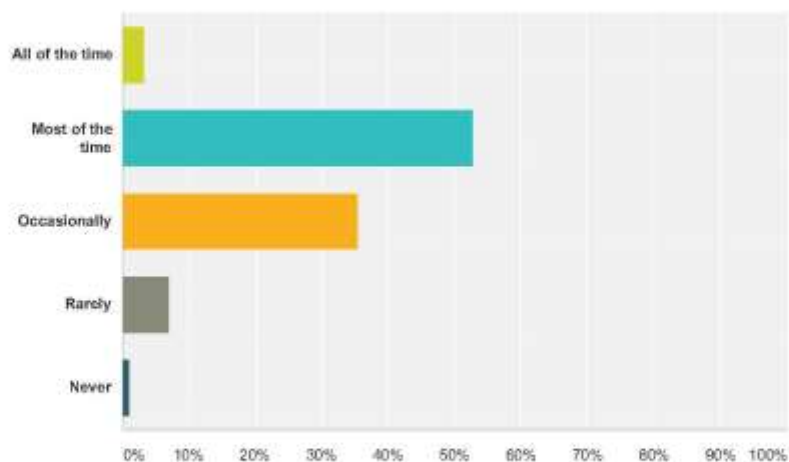
United Way of Delaware County Needs Assessment

SurveyMonkey

Hunger/Food Insecurity	13.38%	70
Access to Mental Health Services	30.02%	157
Access to Dental Health Services	15.68%	82
Depression/Suicide	22.75%	119
Homelessness/Affordable Housing	35.76%	187
Domestic Violence	23.52%	123
Sex and/or Labor Trafficking	17.21%	90
Adult Education/Job Readiness Skills	12.24%	64
Elder Care	8.60%	45
Bullying in School	24.28%	127
Rape/Sexual Aggression	14.15%	74
Youth & Adult Mentorship Opportunities	16.44%	86
Pediatric Emotional Disturbances	20.65%	108
Support for Families in Crisis	24.47%	126
Programs for Developmentally Challenged	7.07%	37
Total Respondents: 523		

Q5 I believe local social service providers work well together to provide a coordinated approach to solving problems:

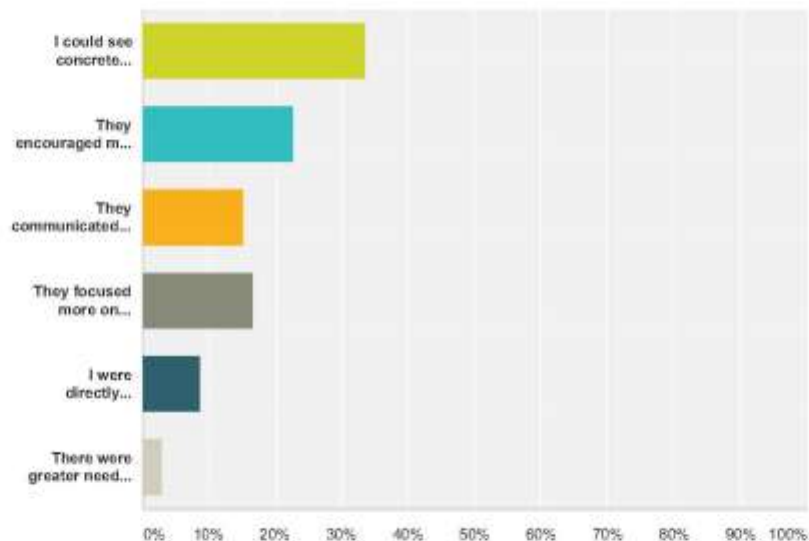
Answered: 523 Skipped: 0



Answer Choices	Responses
All of the time	3.44% 18
Most of the time	52.77% 276
Occasionally	35.56% 186
Rarely	7.07% 37
Never	1.15% 6
Total	523

Q6 I would invest more in United Way's community programs if:

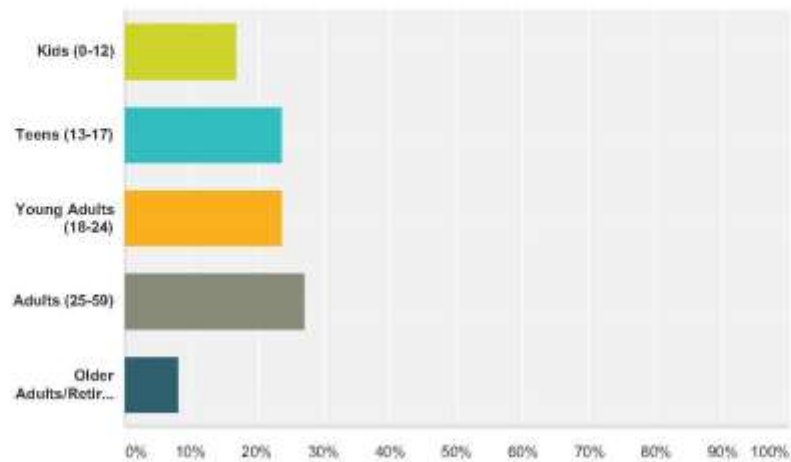
Answered: 523 Skipped: 0



Answer Choices	Responses
I could see concrete results	33.65% 176
They encouraged more collaboration of agencies	22.75% 119
They communicated with me more	15.30% 80
They focused more on prevention	16.63% 87
I were directly involved in the programming	8.80% 46
There were greater needs in our community	2.87% 15
Total	523

Q7 I believe that the age group that needs additional resources/services in Delaware County is:

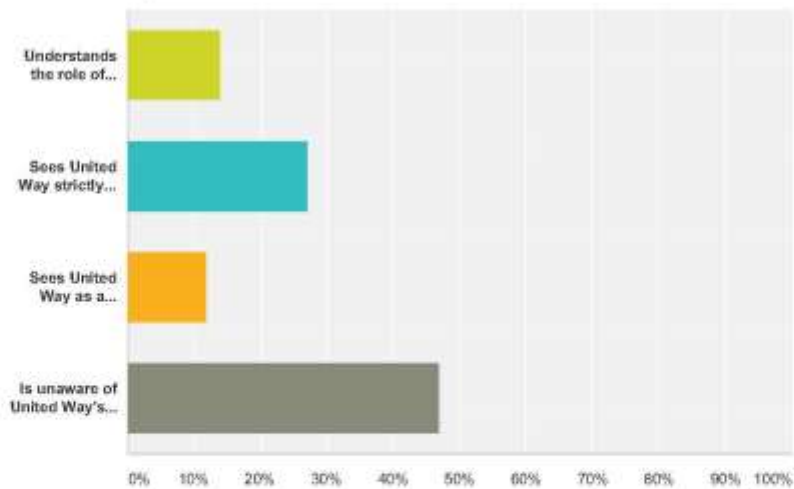
Answered: 523 Skipped: 0



Answer Choices	Responses	
Kids (0-12)	16.83%	88
Teens (13-17)	23.90%	125
Young Adults (18-24)	23.90%	125
Adults (25-59)	27.15%	142
Older Adults/Retirees (60+)	8.22%	43
Total		523

Q8 The role of United Way is to identify and coordinate community resources (time, talent, donations) in order to positively impact pressing community issues and create lasting change. I believe the community:

Answered: 523 Skipped: 0



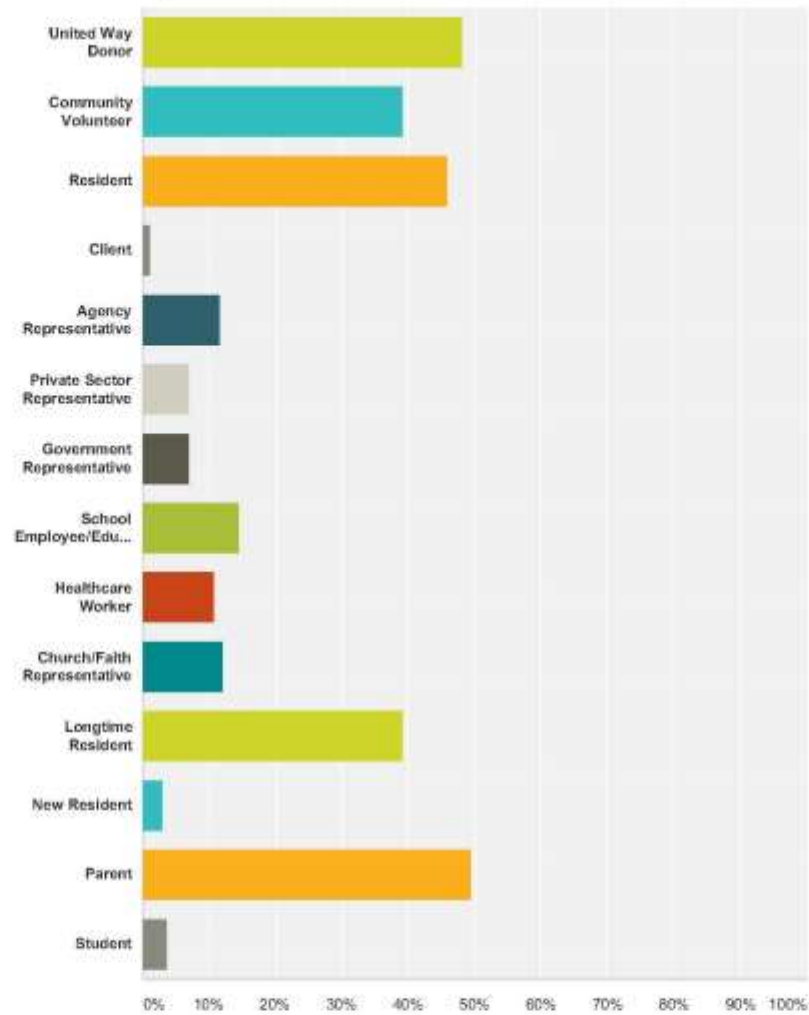
Answer Choices	Responses
Understands the role of United Way	13.96% 73
Sees United Way strictly as a workplace fundraiser	27.15% 142
Sees United Way as a community change agent	11.85% 62
Is unaware of United Way's role in strengthening the community	47.04% 246
Total	523

Q9 Tell us about any observations you have about community needs or trends identified:

Answered: 128 Skipped: 397

Q10 About me- I am a (mark all the apply):

Answered: 523 Skipped: 0



Answer Choices	Responses
United Way Donor	48.18% 252
Community Volunteer	39.20% 205
Resident	45.89% 240
Client	1.34% 7
Agency Representative	11.66% 61
Private Sector Representative	7.07% 37
Government Representative	7.07% 37

School Employee/Educator	14.53%	76
Healthcare Worker	10.90%	57
Church/Faith Representative	12.05%	63
Longtime Resident	39.20%	205
New Resident	3.06%	16
Parent	49.52%	259
Student	3.82%	20
Total Respondents: 523		

Q11 Thank you for participating in this survey and sharing your thoughts with us. If you would like to get involved with United Way's efforts to address community needs, please leave your name and email below!

You can also learn more at www.LiveUnitedDelawareCounty.org.

Answered: 38 Skipped: 485

Client Survey Results

	ASHLEY FOOD PANTRY	COUNCIL FOR OLDER ADULTS	COMMUNITY ACTION ORGANIZATION	LUTHERAN SOCIAL SERVICES
	(12 surveyed)	(24 surveyed)	(62 surveyed)	(17 surveyed)
<i>Opiate/Heroin Abuse</i>	0	1	3	2
<i>Hunger/Food Insecurity</i>	4	3	9	6
<i>Mental Illness</i>	3	1	15	5
<i>Lack of Dental Care</i>	3	4	14	6
<i>Depression/Suicide</i>	1	6	16	5
<i>Homelessness/Affordable Housing</i>	1	1	4	4
<i>Domestic Violence</i>	0	0	3	1
<i>Sex and/or Labor Trafficking</i>	0	0	0	0
<i>Unemployed</i>	6	5	20	2
<i>Under-employed</i>	0	3	5	3
<i>Caring for an Older Relative</i>	0	3	3	2
<i>Lack of Affordable Legal Services</i>	0	2	7	2
<i>Bullying in School</i>	1	0	1	1
<i>Rape/Sexual Aggression</i>	0	0	3	0
<i>Criminal Record/Incarceration</i>	1	0	9	2
<i>Behavioral Challenges</i>	0	0	10	3
<i>Developmental Delays</i>	1	0	4	2
<i>Untreated Chronic Illness</i>	4	1	4	0
<i>Treated Chronic Illness</i>	1	9	9	4
<i>Lack of Transportation</i>	1	8	15	4
<i>Teenage Pregnancy</i>	0	0	1	0
<i>Inability to Read</i>	0	1	3	0
<i>Problems at School (grades, attendance, behavior)</i>	1	0	3	2
<i>Lack of Affordable Child Care</i>	0	0	3	2
<i>OTHER</i>	0	6	9	2

FOCUS GROUP – Grace Clinic of Delaware Ohio

Location: Grace Clinic Offices

Date: December 17, 2014

Total # of People: 5 (not including two staff members)

What is Delaware County doing well?

- Food pantries
 - Appreciate the new location
 - Evening hours are helpful
 - Clients liked that they didn't have a ton of paperwork to fill out
 - No transportation issues getting to the new facility at LSS.
- Grace Clinic
 - The people who work here are a godsend.
 - Incredibly helpful that staff can call in prescriptions so clients don't have to come in every time with limited transportation available.
 - They take care of us – physically, mentally and spiritually.

What is your biggest concern for Delaware County?

- Transportation costs and availability
 - Perhaps offering new picture i.d. program for those who are at or below the poverty level – special price for those who qualify.
- Need to know about opportunities for citizens. Where do I look? i.e. missed out on the Holiday Clearinghouse opportunity but they didn't tell me where to go since I missed out.
- Need utility assistance
 - Need help for underemployed or those who work on a contracting basis for jobs.
- Need a homeless shelter
 - Clients have reached out a helping hand to a well-known homeless man. It is reported the homeless man doesn't want to be in Marion due to being comfortable with all the resources and people in Delaware County.
 - It is difficult to stay here and there yet not be able to get back to Delaware County to apply for a job here. Would be nice for homeless to use a Delaware County address.

Issues you are concerned about regarding YOUTH

- Nothing to do
 - Afterschool and summer time are of great concern
 - Nowhere to go outside of the library
 - Would like to see the Summer Rec at the playground come back
 - Many teens at Mingo Park – not a safe place; children/parents are accosted and jumped
 - Would like more library activities
- If your family doesn't have money there are limited options/activities for youth; This makes many youth feel excluded.
- A couple examples
 - – it is difficult to ask for sponsorships for athletics – what if they aren't available and it hurts/embarrassing to say you need help.
 - Including more youth in the fair – costs are high; What happened to Free Friday after Brown Jug Day?

Issues concerning you about OLDER ADULTS

- Home healthcare
 - Companies like SSIL closed down
 - Clients losing healthcare workers
 - Feels like our county doesn't take senior health seriously
 - Better resources in home health

FOCUS GROUP – West Central Correctional Center

Location: West Central Correctional Center

Date: January 20, 2015

Total # of People: 10 Men in Group #1 (not including one staff member)
7 Women in Group #2 (not including one staff member)

Group #1

What is Delaware County doing well?

- Job & Family Services does their best
- Maryhaven – Outpatient services
 - Open to all – regardless of finances – “had no money and they work with you.”
 - There wasn't a wait list a year ago.
 - Counseling – will talk about anything
 - Need to upgrade capacity
 - Difficult to get to from other side of Delaware
- RPR – good with space
 - Need to schedule to get in
- Great space for older adults at Willowbrook

What is your biggest concern for Delaware County?

- Would like the SRO's to interact with students more
 - Several people felt if they had been interacted with by SRO that would've helped with making better decisions. Feel like they reach out to the reachable child.
- Need more connection to help in the schools
 - Concern for their children and nephews and nieces
 - Need more prevention
 - Most started using illicit drugs in middle school
 - Most started using/tried alcohol and tobacco in elementary
 - Sex education with an abstinence only approach doesn't work i.e. they teach us about STD's but not how we can get them.
 - Add in pieces on sexual abuse
 - Parent class – need to bring that back to school or offer support for parents
- More sober living houses – difficult not to relapse when you get back around the same environment
- Need more businesses willing to hire those with felony charges.
- Would love to go through Getting Ahead classes
- Need a Mental Health Center

- Better access to mental health services, especially for those relating to sexual assault and abuse.

Group #2

What is Delaware County doing well?

- PIN & Community Action has helped with bills
 - Appreciate the Holiday Clearinghouse
 - Not a whole lot of hassle
 - Good attitudes
- Delaware County does a good job of having resources but many find out about something after it has happened.
 - Missed out on Supplies for Scholars.
 - Would like a central place online to find updates.
- Little Sheep helped with costs while waiting for paperwork from JFS. Made sure her children were taken care of in daycare center when others weren't willing to help.
- Furniture ministry is very helpful.

What is your biggest concern for Delaware County?

- Homeless shelters and assistance
 - Woman has children but they received shelter yet she didn't. She wasn't taken in because she was told her children needed to be with her.
 - Salvation Army gave one month to come up with rent for the next month. She was unable to come up with it as she got a job but only one paycheck that month due to just starting. She says she was making \$7.39. Lost the house due to unable to pay rent. This counts against her with the agency as she now has an eviction on record with them. She said she felt like she received more assistance when she didn't have a job then when she had a low-paying job.
 - Suggested a gap month or a gradual rent responsibility program to be able to take care of other needs. Feels like once they start working, everything is taken away from them – they are still barely making it.
 - Need help with application fees; Can't afford rent and application fees in housing programming
 - Have used White Sands – they are helpful
 - Need help with electric bills
- Less job opportunities for females.
- Expressed great interest in Getting Ahead classes
- Need new clothes – one young woman was remarking she was being released to Delaware County today and she didn't have any clothes, especially ones for a job interview.
- Need sober living house
- More mental health services
- Teens only have Mingo Park – every type of drug you want is sold there. They won't let their kids go to Mingo.
- Would like a job fair in Delaware City.

Biggest Concern for Older Adults

- More family assistance for those with seniors

- Concern for meals and eligibility for those meals. Seniors don't always know the requirements and that they qualify.

**Education Committee Assessment Meeting
MINUTES–September 17, 2014**

Todd Tracy, Liberty Presbyterian Church
Mindy Rich, Delaware City Schools
Peggy Kroon Von Diest –DCBDD/FCFC
Paul Craft – Delaware City Schools
Pat Fabrisi – Columbus State, Delaware Campus
Brande Urban, United Way
Lisa LeMaster, Del. Co. Juvenile Courts

Mark Raiff- Olentangy Schools
Laryssa Hook – 4-H/OSU extension
Stephanie Scribner– Family & Children's First Council
Bill Nolan, Barnes & Thornburg
Andy Miller, Buckeye Valley Schools
Brandon Feller, United Way
Amy Hill, Del-Mor. Mental Health & Recovery Services

Sent in notes: **Lisa Riegel**, Educational Partnerships Institute

Goals

- Data Review
- Consensus of Trends
- Develop recommendations

1. Welcome and Introductions

2. Data Review

a. Report out from group regarding data results

- i. 4- year Longitudinal Graduation Rate (District) – North Union, Westerville, Elgin also covers – above average in graduating 4 year; students with disabilities staying past their 18 year – able to stay until 22 years old – 95%
- ii. 2009 HS YRBS Survey – Suicide #'s; brought guns – few gun incidences; typically knife; mental health skills low – needing coping skills – underlying factor in bullying depressed; suicidal thoughts going into elementary students
- iii. Children's Defense Fund 2010– undiagnosed mental health expulsion rates – aligns with what we are seeing in schools; anxiety and stress disorders;
 1. DCS hired social skills specialist (Woodward) – focusing in elementary schools – will expand her services; DCS – crisis intervention training (5-15 people);
 Ventures academy; number and intensity has changed in the last few years; more and more kids ready to learn at high levels.
 Mostly at elementary levels; finding support – 6 to 9 mos. waiting period for services; need a strong pediatric psychiatric support – difficult to find; intensity not just numbers; also increase in autism;
 mental health board – coming here for their services;
 - a. Parents losing jobs due to mental health issues of child.
 - b. Preschools know about special needs offerings. Get referrals from daycares. MH has advocate who checks on the preschools.

2. HMG - Central intake for 0-3 – seeing an increase of 2 year olds who are “out of control”; now diagnosing children with autism at 18 mos. old. – needs helps with costs.
 3. BV – seeing same;
 - a. opened up preschool;
 4. Olentangy – similar;
 - a. growth in emotional disturbance; increase of autism;
 5. 4-H – seeing more information on forms with mental health issues filled in; expense of medications for child diagnosis; lower income not able to access resources – for diagnosis; where to go; affordability of meds; OSU offers 7 week course for parents of ADHD children
 6. Suggested calling it “barriers to educating”; growth of county is affecting this issue – keeping up with the needs. Trying to identify – the most distressed needs; The PEACE (Prevention Education in All Classroom Environments) Collaborative is finding an increase in violence, bullying, suicide prevention, - suggesting intervening earlier with prevention as opposed to ms and hs age. Explosion of 2nd and 3rd grade #'s. Mental Health Board provides school intervention specialists. Stigma is the main roadblock to getting treatment.
 7. Prevention services keep getting cut. Parenting classes label parents – they don't want to go.
- iv. 2013 MS YRBS
- v. 2013 HS YRBS
1. Here are some thought about Lisa saw in the Youth Behavior Surveys
 1. Bike helmets are not being worn enough across the board
 2. Students are carrying weapons to school – at the high school level 5% of students said they carried a gun to school in the last 30 days. Considering the size of the student body, that is a LOT of guns in the building
 3. Bullying and fighting is an issue, but I think the real story is that students are stressed and depressed without good coping skills (see numbers on threatened on school property, bullying at school or online, and suicide numbers)
 4. Also, as students get older, it appears that more of the ones that make a suicide plan then go ahead and attempt (ex. At HS, 22.9% felt hopeless, 13.8% thought about it, and 11.6% tried. That is huge. In MS, 9.6 planned and less than half tried (4%).
 5. Rape stats are alarming. Nearly 1 in 10 students reports they have been forced into sexual activity – and that number is NOT disaggregated by gender. Since girls are more often the victim of rape rather than the rapist, we can guess the percentage of girls being raped is MUCH higher than the reported 9%.
- vi. 090303 profile report wffinal
- vii. Attendance Rate (District)
- viii. BV Academic Snapshot
- ix. BV Report Card
- x. Delaware City Schools Report Card
- xi. Delaware County 4th Grade math Proficiency
- xii. Del Co. Child Food Insecurity
- xiii. Del Co. Child Population Total

- xiv. Del Co. Juvenile Justice
- xv. Del Co. Kids on Free and Reduced Lunch
- xvi. Del Co. Kids receiving publicly funded childcare
- xvii. Del Co. Kids w/out dental insurance
- xviii. Del County KRAL Scores
- xix. District Discipline Report
- xx. District Mobility Rates
- xxi. Gallup Report – State of Americas Schools
- xxii. KRAL percent by band w/Student Disagg
- xxiii. Olentangy Annual Report 2013
- xxiv. Olentangy Report Card
- xxv. Percent of Del Co kids receiving food stamps
- xxvi. School District Discipline Report
- xxvii. Westerville District Report Card

After several reports out on data, the group discussed overall what they were seeing/hearing and their stats:

- Elementary – 5th grade math – state indicator went up; districts are making strides in 5th grade; county is doing well in reading; early book reading helping.
- 3rd grade reading results – good.
- k-3 – not as many concerns academically.
- minority scores – graduation rates have been high.
- Need more about poverty; family challenges
- Gifted programming is a challenge; BV good overall; helping the 15% gifted; feel like they've pulled back in the social aspect of the gifted programs; - relates to stress students feel – not sure if it relates to behavioral issues.
- Transitions – biggest gap 8th going to 9th grade year – struggling to get back on track; demands are higher; (BV) – prepared but the rigor/change; – pressure mounts up; fade out of commitment; – options/extracurricular; (Olentangy) – socioecon – self-select due to lack of resources/funding – less likely to be involved
- Arts programs: like to see more at BV- able to maintain through budgets; currently offering “art on a cart” and “music on a car” (DCS)
- Offering Online programming – BV
- Olentangy - 150 seats who dual enrollment college credit; 22 advanced placement courses 75%; could get high school and college credit - was paying for it; now the schools – lose 2 mil budget; when it was a partnership is was win-win
- k-3 literacy – not needed
- BW – not present
- Non-academic barriers – alcohol and other drug barriers

Every building could have a mental health counselor; Many alcohol issues including using the vapor pens and putting liquid in them. Clark stations seem to offer illicit substances.

2 elementary suicide attempts –

Prevention is needed in the elementary, middle school starting

5 year graduates – we're losing touch; add support for those non-grads who have made it 90% through the public school system; they've gotten this far, let's get help them to completion.

Food insecurity levels – free and reduced lunch numbers gap between

Trauma informed care practices – how do we meet the needs of kids who may have adverse issues in the home and how does it impact them outside of the home; relates to chronic health issues or mental health issues – the more you have in your household the greater likelihood of the amount of issues in the schools; how can we reduce the amount of experiences in the household – looking at policies;

Foster care system – more Grandparents acting as custodial – not technically foster; how do we support -doesn't have placement for disabled students – don't have homes for them;

Opiate addicted babies

- Technical skill/trade skill development; CSCC providing education – integrated systems lab opportunities at CSCC

State level – lack of exposure to welding; construction – used to be in the Ag courses – state level has dissipated

Mindset of 4 year old college degree -need exposure and stimulated to other career opportunities

Adult Ed – Job and Family Srvcs providing; adult ed certificates would be helpful;

Pre-professional center at career center; stigma over attending the career center; taking these type of classes into the schools for exposure/acceptance.

Identify 3-5 key issues

1. Life readiness
2. Child mental health
3. Alcohol and other drug issues
4. Prevention/Early intervention
5. Parenting support & parent awareness (mental health issues – how to deal with)
 - a. Support groups
 - b. Webinars
 - c. Parent Project

3. Next Steps

- a. Conduct focus groups, survey monkey and interviews (October/November)
 - i. Will send a survey on education to all committee members
 - ii. Please pass this survey on to your network
- b. Sub-committee representatives meet to provide recommendation of 1-2 key issues (October)

V&P Hydraulics Employee Focus Group

As a community, we

do a great job of addressing:

Food distribution- very visible

Old Dennison building on Sandusky St.- Lines of people needing food.
Good programs but people are not aware.

What is one concern for Delaware County? What issues need more attention?

Homeless Shelters- Shelter

Two homeless men at Burger King

Winter St. Bridge- next to laundry

Mix of root causes-

Lack of work ethic, education, independence, hard to find people that want to work. "Fear of Failure is what you have to have"

Many people don't have transportation to get to services- Mobile pantries help.

Drugs- Heroin...more money into treatment.

Kids don't have warm clothes.

Children:

Basic needs. Backpacks.

Teens:

Education/prevention....need to get into the schools. We need to educate kids on how to thrive...what do they need in life.

Drug abuse simulation.

If you could invest United Way money into any issue or program, what would it be?

Kids- invest in them early.

Education

Education

Start Early

Basic Services- food, clothing, shelter

Glasses, braces for kids.

Healthcare-

Soup kitchen-

Focus Group- Powell Residents: 6 in attendance

What do we do well?

Non-profit administration and guidance
Efficiency of fundraising campaign
Program evaluation

What areas need more resources/attention?

Early education
Dental and eye care access and affordability Domestic Violence (hidden need) Heroin Use/Prevention
Child abuse, neglect, advocacy

Most Pressing Issue to Invest In

Early Education-quality of instructors
Youth Mental Health Care

Ohio Health Associates: 4 in attendance

What do we do well?

ElderCare through the Council for Older Adults Children and Juvenile Services available Concern from the community to help Caring, problem-solving community Drug Free Delaware-Resource Officers

What areas need more resources/attention?

Awareness of services
Heroin Use/Treatment
Lack of resources for drug-addicted moms Mental Health-lack of resources and available beds. Current providers are overwhelmed.
Hunger--need to continue expanding services and resources Homelessness Programming for Single Males with medical needs---hard to find locations to discharge them to.
Adult Protective Resources---lack of coordination/resources

Most Pressing Issue to Invest In

The community would greatly benefit from a housing program that helps homeless individuals with mental health issues/drug addiction.

FUNDED AGENCY FOCUS GROUP

Top Concerns:

- Transportation
 - Limited Mass Transit/expensive
 - Cab Service ?
 - Connecting bike paths...especially to the YMCA
- Areas of high poverty among wealth

- Large group of lower middle class/working poor
 - Increased reliance on Medicaid
 - Increased housing instability/homelessness
- Mental Health
 - Young children and families
 - Lack of providers that accept Medicaid
 - Exposure to violence
- Changing Circumstances
 - Breaking the cycle of poverty
 - Cultural issues related to poverty
- Dental Services
 - Availability of low cost providers
 - High deductibles
- Challenges in accessing services for single men/women without families
- Affordable Housing
- Drug Addiction
 - Affects all ages
- Aging Population- lack of service providers
- Jobs that pay a living wage
 - And provide enough hours

Collective Impact

By John Kania & Mark Kramer

Stanford Social Innovation Review
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Stanford Social Innovation Review
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Collective Impact

LARGE-SCALE SOCIAL CHANGE REQUIRES BROAD CROSS-SECTOR COORDINATION, YET THE SOCIAL SECTOR REMAINS FOCUSED ON THE ISOLATED INTERVENTION OF INDIVIDUAL ORGANIZATIONS.

BY JOHN KANIA & MARK KRAMER

Illustration by Martin Jarrie

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

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

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

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

These leaders realized that fixing one point on the educational continuum—such as better after-school programs—wouldn't make much difference unless all parts of the continuum im-

proved at the same time. No single organization, however innovative or powerful, could accomplish this alone. Instead, their ambitious mission became to coordinate improvements at every stage of a young person's life, from "cradle to career."

Strive didn't try to create a new educational program or attempt to convince donors to spend more money. Instead,

through a carefully structured process, Strive focused the entire educational community on a single set of goals, measured in the same way. Participating organizations are grouped into 15 different Student Success Networks (SSNs) by type of activity, such as early childhood education or tutoring. Each SSN has been meeting with coaches and facilitators for two hours every two weeks for the past three years, developing shared performance indicators, discussing their progress, and most important, learning from each other and aligning their efforts to support each other.

Strive, both the organization and the process it helps facilitate, is an example of *collective impact*, the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. Collaboration is nothing new. The social sector is filled with examples of partnerships, networks, and other types of joint efforts. But collective impact initiatives are distinctly different. Unlike most



collaborations, collective impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants. (See “Types of Collaborations” on page 39.)

Although rare, other successful examples of collective impact are addressing social issues that, like education, require many different players to change their behavior in order to solve a complex problem. In 1993, Marjorie Mayfield Jackson helped found the Elizabeth River Project with a mission of cleaning up the Elizabeth River in southeastern Virginia, which for decades had been a dumping ground for industrial waste. They engaged more than 100 stakeholders, including the city governments of Chesapeake, Norfolk, Portsmouth, and Virginia Beach, Va., the Virginia Department of Environmental Quality, the U.S. Environmental Protection Agency (EPA), the U.S. Navy, and dozens of local businesses, schools, community groups, environmental organizations, and universities, in developing an 18-point plan to restore the watershed. Fifteen years later, more than 1,000 acres of watershed land have been conserved or restored, pollution has been reduced by more than 215 million pounds, concentrations of the most severe carcinogen have been cut sixfold, and water quality has significantly improved. Much remains to be done before the river is fully restored, but already 27 species of fish and oysters are thriving in the restored wetlands, and bald eagles have returned to nest on the shores.

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

Even companies are beginning to explore collective impact to tackle social problems. Mars, a manufacturer of chocolate brands such as M&M's, Snickers, and Dove, is working with NGOs, local governments, and even direct competitors to improve the lives of more than 500,000 impoverished cocoa farmers in Cote d'Ivoire, where Mars sources a large portion of its cocoa. Research suggests

that better farming practices and improved plant stocks could triple the yield per hectare, dramatically increasing farmer incomes and improving the sustainability of Mars's supply chain. To accomplish this, Mars must enlist the coordinated efforts of multiple organizations: the Cote d'Ivoire government needs to provide more agricultural extension workers, the World Bank needs to finance new roads, and bilateral donors need to support NGOs in improving health care, nutrition, and education in cocoa-growing communities. And Mars must find ways to work with its direct competitors on pre-competitive issues to reach farmers outside its supply chain.

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

ISOLATED IMPACT

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

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

Despite the dominance of this approach, there is scant evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world. No single organization is responsible for any major social problem, nor can any single

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

It may seem impossible to evaluate hundreds of different organizations on the same set of measures. Yet recent advances in Web-based technologies have enabled common systems for reporting performance and measuring outcomes. These systems increase efficiency and reduce cost. They can also improve the quality and credibility of the data collected, increase effectiveness by enabling grantees to learn from each other's performance, and document the progress of the field as a whole.³

All of the preschool programs in Strive, for example, have agreed to measure their results on the same criteria and use only evidence-based decision making. Each type of activity requires a different set of measures, but all organizations engaged in the same type of activity report on the same measures. Looking at results across multiple organizations enables the participants to spot patterns, find solutions, and implement them rapidly. The preschool programs discovered that children regress during the summer break before kindergarten. By launching an innovative "summer bridge" session, a technique more often used in middle school, and implementing it simultaneously in all preschool programs, they increased the average kindergarten readiness scores throughout the region by an average of 10 percent in a single year.⁴

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

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

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

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

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

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

The Strive networks, for example, have been meeting regularly for more than three years. Communication happens between meetings too: Strive uses Web-based tools, such as Google Groups, to keep communication flowing among and within the networks. At first, many of the leaders showed up because they hoped that their participation would bring their organizations additional funding, but they soon learned that was not the meetings' purpose. What they discovered instead were the rewards of learning and solving problems together with others who shared their same deep knowledge and passion about the issue.

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

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

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

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

FUNDING COLLECTIVE IMPACT

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

As successful as Strive has been, it has struggled to raise money, confronting funders' reluctance to pay for infrastructure and preference for short-term solutions. Collective impact requires instead that funders support a long-term process of social change without identifying any particular solution in advance. They must be willing to let grantees steer the work and have the patience to stay with an initiative for years, recognizing that social change can come from the gradual improvement of an entire system over time, not just from a single breakthrough by an individual organization.

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

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

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

Funding collective impact initiatives costs money, but it can be a highly leveraged investment. A backbone organization with a modest annual budget can support a collective impact initiative of several hundred organizations, magnifying the impact of millions or even billions of dollars in existing funding. Strive, for example, has a \$1.5 million annual budget but is coordinating the efforts and

increasing the effectiveness of organizations with combined budgets of \$7 billion. The social sector, however, has not yet changed its funding practices to enable the shift to collective impact. Until funders are willing to embrace this new approach and invest sufficient resources in the necessary facilitation, coordination, and measurement that enable organizations to work in concert, the requisite infrastructure will not evolve.

FUTURE SHOCK

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

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

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

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

Notes

1. Interview with Early Merchant, CEO of the Greater Cincinnati Foundation, April 10, 2010.
2. See Mack Krumer, Marie Parkhurst, and Lalicha Vaidyanathan, *Breakthrough in School Measurement and Social Impact*, FSG Social Impact Advisors, 2009.
3. "Successful Strives," United Way of Greater Cincinnati, second edition, fall 2009.
4. Indianapolis, Houston, Richmond, Va., and Hayward, Calif., are the first four communities to implement Strive's process for educational reform. Portland, Ore., Fresno, Calif., Mesa, Ariz., Albuquerque, and Memphis are just beginning their efforts.

**Channeling Change:
Making Collective Impact Work**

By Fay Hanleybrown, John Kania, & Mark Kramer

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Channeling Change: Making Collective Impact Work

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

BY FAY HANLEYBROWN, JOHN KANIA, & MARK KRAMER

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

In the winter 2011 issue of *Stanford*

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Social Innovation Review we introduced the concept of "collective impact" by describing several examples of highly structured collaborative efforts that had achieved substantial impact on a large scale social problem, such as The Strive Partnership¹ educational initiative in Cincinnati, the environmental cleanup of the Elizabeth River in Virginia, and the Shape Up Somerville campaign against childhood obesity in Somerville, Mass. All of these initiatives share the five key conditions that distinguish collective impact from other types of collaboration: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and the presence of a backbone organiza-

tion. (See "The Five Conditions of Collective Impact" below.)

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

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

The Five Conditions of Collective Impact

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

Isolated Impact vs. Collective Impact

Isolated Impact	Collective Impact
<ul style="list-style-type: none"> Funders select individual grantees that offer the most promising solutions. Nonprofits work separately and compete to produce the greatest independent impact. Evaluation attempts to isolate a particular organization's impact. Large scale change is assumed to depend on scaling a single organization. Corporate and government sectors are often disconnected from the efforts of foundations and nonprofits. 	<ul style="list-style-type: none"> Funders and implementers understand that social problems, and their solutions, arise from the interaction of many organizations within a larger system. Progress depends on working toward the same goal and measuring the same things. Large scale impact depends on increasing cross-sector alignment and learning among many organizations. Corporate and government sectors are essential partners. Organizations actively coordinate their action and share lessons learned.

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

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

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

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

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

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

At the same time, our continued research has provided a clearer sense of what it takes for collective impact to succeed.

The purpose of this article, therefore, is to expand the understanding of collective impact and provide greater guidance for those who seek to initiate and lead collective impact initiatives around the world. In particular, we will focus on answering the questions we hear most often: How do we begin? How do we create alignment? And, How do we sustain the initiative?

AWAKENING THE POWER OF COLLECTIVE IMPACT

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

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

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

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

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

THE PRECONDITIONS FOR COLLECTIVE IMPACT

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

The most critical factor by far is an *influential champion* (or small group of champions) who commands the respect necessary to bring CEO-level cross-sector leaders together and keep their active en-

gagement over time. We have consistently seen the importance of dynamic leadership in catalyzing and sustaining collective impact efforts. It requires a very special type of leader, however, one who is passionately focused on solving a problem but willing to let the participants figure out the answers for themselves, rather than promoting his or her particular point of view.³ In the case of GAIN, four individuals with deep experience in the development field—Bill Foege, the former director of the US Centers for Disease Control who is largely credited with eradicating smallpox, Kul Gautam, a senior official at UNICEF, Duff Gillespie, head of the Office of Population and Nutrition at US Agency for International Development (USAID), and Sally Stansfield, one of the original directors at The Bill & Melinda Gates Foundation—came together to look at large scale opportunities to address malnutrition in populations at risk in the developing world. Together they galvanized the 2002 UN General Assembly special session that led to the creation of GAIN and to the sub-

distribution, and demand creation capacities of the private sector to reach millions of people efficiently and sustainably, as was the case for GAIN? Conducting research and publicizing a report that captures media attention and highlights the severity of the problem is another way to create the necessary sense of urgency to persuade people to come together.

BRINGING COLLECTIVE IMPACT TO LIFE

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

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

Phase II, *Organize for Impact*, requires that stakeholders work together to estab-

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

sequent engagement of hundreds of government, corporate, and nonprofit participants.

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

The final factor is the *urgency for change* around an issue. Has a crisis created a breaking point to convince people that an entirely new approach is needed? Is there the potential for substantial funding that might entice people to work together, as was the case in Franklin County? Is there a fundamentally new approach, such as using the production,

lish common goals and shared measures, create a supporting backbone infrastructure, and begin the process of aligning the many organizations involved against the shared goals and measures.

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

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

solution from scratch.

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

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

SETTING THE COMMON AGENDA

Developing a well-defined but practical common agenda might seem like a straightforward task. Yet we find that regardless

of the issue and geography, practitioners struggle to agree on an agenda with sufficient clarity to support a shared measurement system and shape mutually reinforcing activities. Setting a common agenda actually requires two steps: creating the boundaries of the system or issue to be addressed, and developing a strategic action framework to guide the activities of the initiative.

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

Or consider the boundaries drawn by Opportunity Chicago, a collective impact effort that included foundations, government agencies, nonprofits, and employers working to connect low-skilled public housing residents to employment in connection with the city’s sweeping plan to

transform public housing. The initiative’s leaders realized that new housing would not help if the residents could not meet the work requirement established to qualify for residency. As a result, they included workforce development within the housing initiative’s boundaries and established Opportunity Chicago, the collective impact initiative that ultimately placed 6,000 residents in jobs.

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

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

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

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

Phases of Collective Impact

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

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

the initiative, as well as more ambitious, long-term systemic strategies that may not show impact for several years.

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

common measures. Organizations have few resources with which to measure their own performance, let alone develop and maintain a shared measurement system among multiple organizations.

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

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

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

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

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

Since 2002, the Tamarack Institute has been guiding Canada's approach to fighting poverty through the Vibrant Communities Initiative in a dozen Canadian cities. The Tamarack Institute refers to their strategic action frameworks as "frameworks-for-change," and cogently describes their value as follows: "A strong framework for change, based on strong research and input from local players, shapes the strategic thinking of the group, helps them make tough choices about where to spend their time and energy, and guides their efforts at monitoring and evaluating their work. Ask anyone involved in the effort about where they are going and their road map for getting there, and they will tell you."⁶

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

endless changes in the local context, and the arrival of new actors with new insights and priorities."

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

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

SHARED MEASUREMENT SYSTEMS

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

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

Shared measurement systems also require strong leadership, substantial funding, and ongoing staffing support from the backbone organization to provide training, facilitation, and to review the accuracy of data. In CHF's case, the foundation funded

Sigma process or the Model for Improvement. In the case of GAIN, the initiative has both a performance framework and rigorous monitoring and evaluation criteria which feed into an organization-wide learning agenda. Their Partnership Council, comprised of world experts in the fields of nutrition, agriculture, economics, and business, advises the board of directors on the learning agenda, reviews the data to ensure its integrity, and recommends programmatic and management improvements.

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

and staffed the development of the homelessness management information system (HMIS) and the process of developing shared measures.

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

Having shared measures is just the first step. Participants must gather regularly to share results, learn from each other, and refine their individual and collective work based on their learning. Many initiatives use standardized continuous improvement processes, such as General Electric's Six

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

KEEPING COLLECTIVE IMPACT ALIVE

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

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

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

Although the core backbone functions

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

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

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

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

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

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

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

Once the strategic action framework is agreed upon, different working groups are formed around each of its primary leverage points or strategies. GAIN, for example, is overseen by a board of directors, with a 100-person secretariat that operates through four program initiatives: large-scale fortification, multi-nutrient supple-

ments, nutritious foods during pregnancy and early childhood, and enhancing the nutritional content of agriculture products. These programs are supported by 15 working groups on both technical and programmatic topics like salt iodization, infant and child nutrition, and advocacy, as well as functional working groups on evaluation and research, communications, and donor relations. Livewell Colorado operates with 22 cross-sector coalitions that reinforce the state's common agenda within individual communities. Communities That Care has three working groups focused on parent education, youth recognition, and community norms, and a school health task force. More complicated initiatives may have subgroups that take on specific objectives within the prioritized strategies.

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

Backbone Organizations

Types of Backbones	Description	Examples	Pros	Cons
Funder-Based	One funder initiates CI strategy as planner, financier, and convener	Calgary Homeless Foundation	<ul style="list-style-type: none"> Ability to secure start-up funding and recurring resources Ability to bring others to the table and leverage other funders 	<ul style="list-style-type: none"> Lack of broad buy-in if CI effort seen as driven by one funder Lack of perceived neutrality
New Nonprofit	New entity is created, often by private funding, to serve as backbone	Community Center for Education Results	<ul style="list-style-type: none"> Perceived neutrality as facilitator and convener Potential lack of baggage Clarity of focus 	<ul style="list-style-type: none"> Lack of sustainable funding stream and potential questions about funding priorities Potential competition with local nonprofits
Existing Nonprofit	Established nonprofit takes the lead in coordinating CI strategy	Opportunity Chicago	<ul style="list-style-type: none"> Credibility, clear ownership, and strong understanding of issue Existing infrastructure in place if properly resourced 	<ul style="list-style-type: none"> Potential "baggage" and lack of perceived neutrality Lack of attention if poorly funded
Government	Government entity, either at local or state level, drives CI effort	Shape Up Somerville	<ul style="list-style-type: none"> Public sector "seal of approval" Existing infrastructure in place if properly resourced 	<ul style="list-style-type: none"> Bureaucracy may slow progress Public funding may not be dependable
Shared Across Multiple Organizations	Numerous organizations take ownership of CI wins	Magnolia Place	<ul style="list-style-type: none"> Lower resource requirements if shared across multiple organizations Broad buy-in, expertise 	<ul style="list-style-type: none"> Lack of clear accountability with multiple voices at the table Coordination challenges, leading to potential inefficiencies
Steering Committee Driven	Senior-level committee with ultimate decision-making power	Memphis Fast Forward	<ul style="list-style-type: none"> Broad buy-in from senior leaders across public, private, and nonprofit sectors 	<ul style="list-style-type: none"> Lack of clear accountability with multiple voices

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

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

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

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

Memphis Fast Forward illustrates how one community can address multiple com-

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

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

THE ESSENTIAL INTANGIBLES OF COLLECTIVE IMPACT

Our guidance here on implementing collective impact has said little about the “softer” dimensions of any successful change effort, such as relationship and trust building among diverse stakeholders, leadership identification and development, and creating a culture of learning. These dimensions are essential to successfully achieving collective impact. We, as well as others, have written extensively about the profound impact that getting the soft stuff right has on social change efforts. And indeed, all

of the successful collective impact practitioners we’ve observed can cite numerous instances when skillful implementation of these intangible dimensions was essential to their collective efforts.

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

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

1. Originally named *Strive* when the earlier article appeared.

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

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

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

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