



Social Impact Consultants

Discovering better ways  
to solve social problems

A photograph showing several hands of different ethnicities holding white puzzle pieces, symbolizing collective effort and social impact. The hands are arranged in a circle, each holding a piece that fits into the larger picture.

## Collective Impact Basics: Part 2

Prepared for  
**Washington State Department of Health and  
Office of Superintendent of Public Instruction**  
June 2013

# Introductions



**Fay Hanleybrown**, Managing Director, leads FSG's Collective Impact practice and Seattle office. She has facilitated multiple CI workshops, spoken about CI across the nation, managed CI projects, and co-authored several publications including "Channeling Change: Making Collective Impact Work".



**Samantha King**, Consultant, is based in FSG's Washington, D.C. office. Sam's recent CI work includes the Minnesota Diabetes Collective Impact Initiative, which brought together 35 of the key healthcare players in the state to develop strategies to reduce new cases of diabetes and to reduce the human burden and rising cost of care for people with diabetes.

## FSG Overview



- **Nonprofit consulting firm specializing in strategy, evaluation, and research** with offices in Boston, Seattle, San Francisco, DC, Geneva, and Mumbai



- Partner with **foundations, corporations, nonprofits, and governments** to develop more effective solutions to the world's most challenging issues



- Recognized **thought leader in philanthropy and corporate social responsibility** with multiple articles published in *HBR*, *SSIR*, *Chronicle of Philanthropy*, and the *American Journal of Evaluation*
- Staff of **100 full-time professionals** with **passion and experience** to solve social problems
- **Advancing Collective Impact** via publications, conferences, speaking engagements, client projects

# Agenda

## **Review of Collective Impact**

Creating a Common Agenda

Emergent Strategy

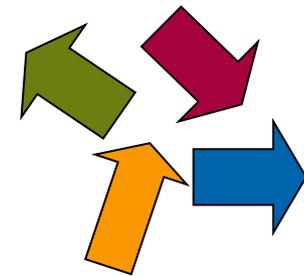
Wrap Up

# Traditional Approaches Are Not Solving Our Toughest—Often Complex—Challenges

- Funders select **individual grantees**
- Organizations **work separately** and **compete**
- **Evaluation** attempts to **isolate** a particular organization's impact
- Large scale change is assumed to depend on **scaling organizations**
- Corporate and government sectors are often **disconnected** from foundations and nonprofits

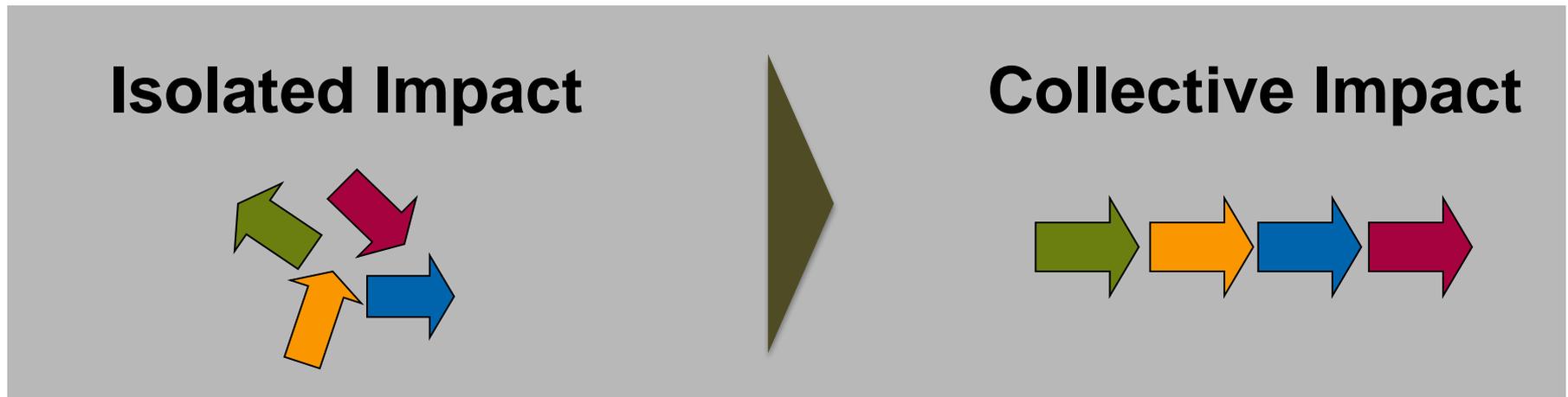


## Isolated Impact



# Imagine a Different Approach—Multiple Players Working Together to Solve Complex Issues

- All working toward the **same goal** and **measuring the same things**
- **Cross-sector alignment with government, nonprofit, philanthropic, and corporate sectors as partners**
- Organizations actively **coordinating** their action and sharing lessons learned



***Collective Impact recognizes that no single organization is responsible for a major social problem, so no single organization can cure it***

**Collective Impact is the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.**

# Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

1

## Common Agenda

- **Common understanding** of the problem
- **Shared vision** for change

2

## Shared Measurement

- **Collecting data and measuring results**
- Focus on **performance management**
- **Shared accountability**

3

## Mutually Reinforcing Activities

- **Differentiated approaches**
- **Coordination** through joint plan of action

4

## Continuous Communication

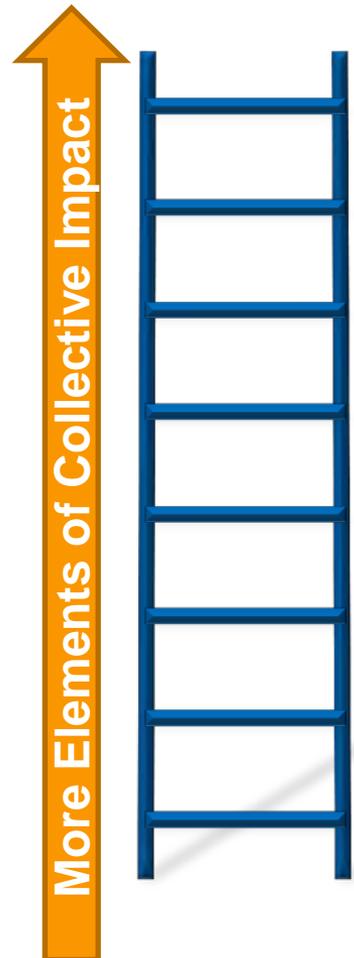
- **Consistent and open communication**
- Focus on **building trust**

5

## Backbone Support

- Separate organization(s) with **staff**
- Resources and skills to **convene** and **coordinate** participating organizations

# Collective Impact Is a Unique Approach to Bringing Actors across Sectors Together to Work toward a Common Agenda



Type of Collaboration	Definition
<b>Collective Impact Initiatives</b>	Long-term commitments by a group of important actors from different sectors to a common agenda for solving a specific social problem
<b>Funder Collaboratives</b>	Groups of funders interested in supporting the same issue who pool their resources
<b>Public-Private Partnerships</b>	Partnerships formed between government and private sector organizations to deliver specific services or benefits
<b>Multi-Stakeholder Initiatives</b>	Voluntary activities by stakeholders from different sectors around a common theme
<b>Social Sector Networks</b>	Groups of individuals or organizations fluidly connected through purposeful relationships, whether formal or informal

***Collective Impact is distinct from other forms of collaboration***

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# Developing a Common Agenda Requires Creating Boundaries for the Collective Impact Initiative

- **“What’s in” and “What’s out”:** Establishing boundaries for what issues, players, systems, and geographies (i.e., city, county, local health jurisdiction, school district, state, national, or global) to engage in the project is essential to its successful execution
- **No Set Playbook:** Determining boundaries is a situation-specific judgment call
- **Loosely-Defined and Malleable:** Boundaries change over time and subsequent analysis or activity may draw in other issues, players, or systems requiring members of the collective impact effort to adopt emergent strategies
- **Apply to Geography:** Discerning geographic boundaries requires same type of judgment (e.g., city, state, national or global engagement)

# In Creating a Common Agenda, CI Efforts Prioritize Health Concerns with the Greatest Community Impact

## Questions determining Focus

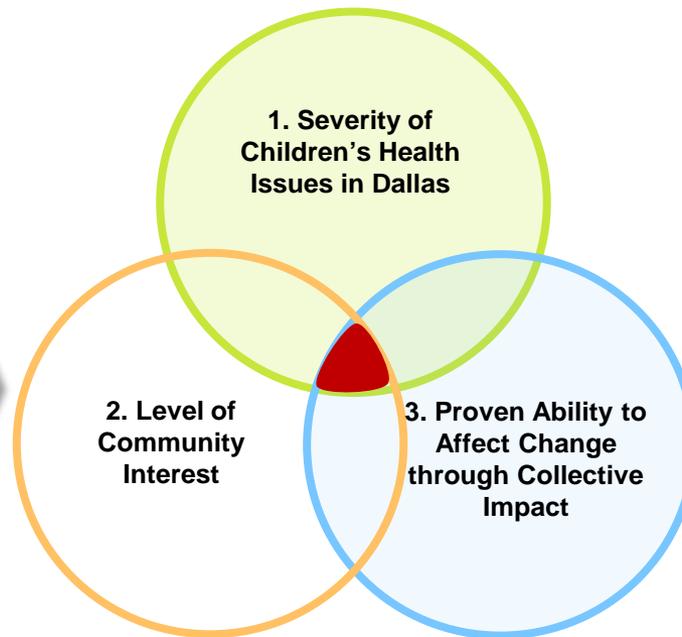
Are there **disease areas** (specific health concerns) we want to focus on?

Are there particular **age groups** that need attention?

Are there specific **population groups** that we should target?

Should specific **regions** be prioritized?

## Filtering Criteria to Determine Approach Areas for Collective Impact



### 1. Severity of Health Issues

- What health issues are most common?
- Most severe?
- Account for the greatest medical care costs?

### 2. Level of Community Interest

- What do local community members identify as important?
- What existing resources can be leveraged for change?

### 3. Proven Ability to Change

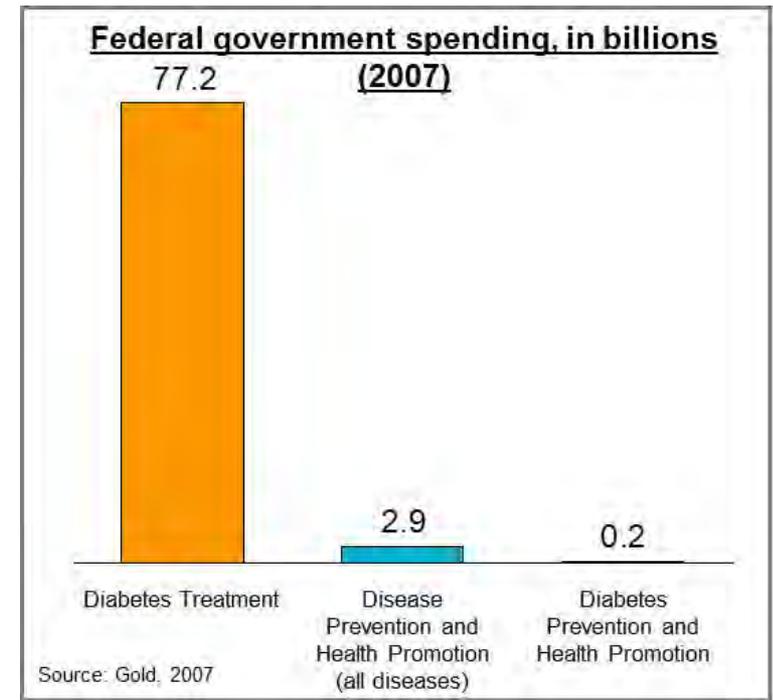
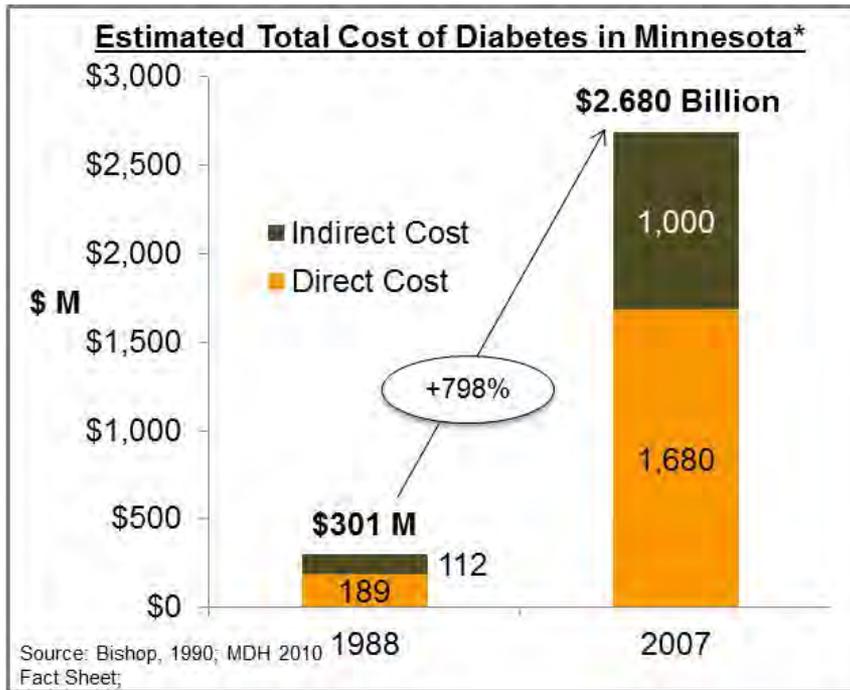
- What issues have been successfully improved through collaboratives elsewhere?
- What is the existing level of collaboration in Dallas healthcare?

# Alignment on the Key Barriers Impeding Progress Can Be a Challenging Yet Critical Part of the Collective Impact Process

## *Defining the Problem: Minnesota Diabetes Collective Impact Effort*

From looking primarily at **rising costs...**

...to looking at the **distribution of costs**





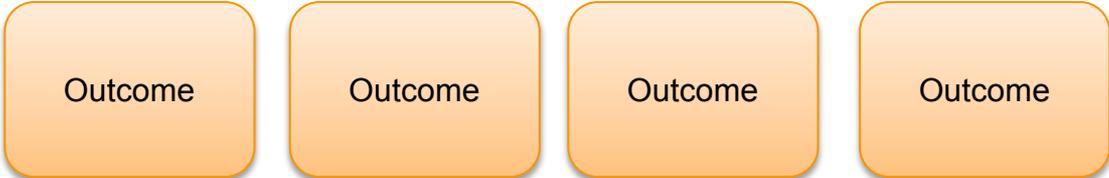
# A Common Agenda Comprises a Vision, Principles, Strategies, and Outcomes

*Common Agenda Structure*

**Vision Statement:** What is our “Passionate Purpose”?



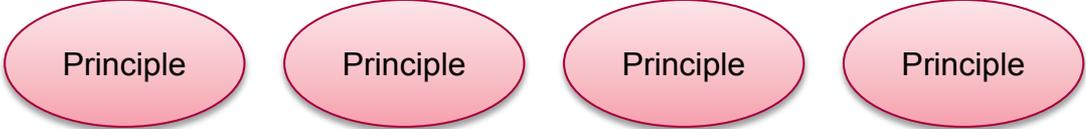
**Outcomes:** What outcomes would we want to see to know that our vision will become a reality?



**Strategies:** What strategies can our collaborative undertake that will lead to the desired outcomes?



**Principles:** Which core values will guide our work as we take action on our strategies?



**Vision: Across New York State, the juvenile justice system promotes youth success and ensures public safety**

**Community Outcomes**

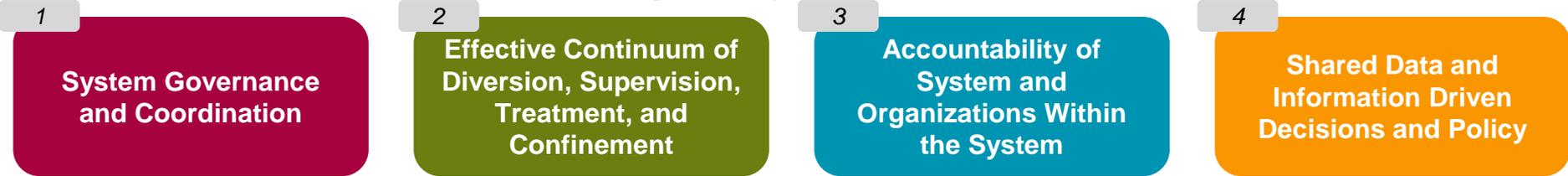
- Community quality of life and safety are enhanced because youth are held accountable in a fair and just manner, and the system itself is held accountable for positive outcomes
- Fewer delinquent acts are committed, both in initial offenses and in reoffending
- Victims are given an opportunity to have a voice in the process, and efforts are made to remedy harm when possible

**Youth Outcomes**

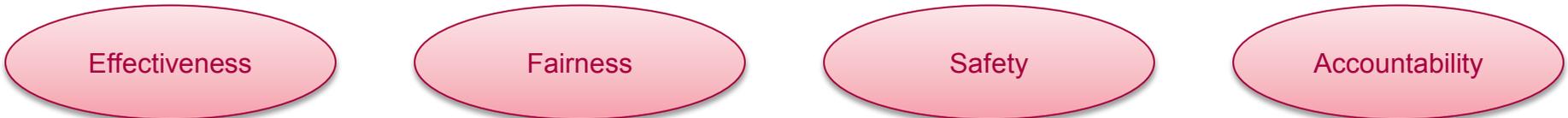
- Youth are held accountable in a fair and just manner that is consistent with adolescent development
- Youth are objectively assessed and receive timely, effective services that build upon their strengths and meet their needs
- Youth are successfully reintegrated into appropriate education settings and the community when they exit the system, supporting ongoing positive youth development and reducing reoffending



***Strategies for System Excellence***



***Principles***



# Agenda

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**Emergent Strategy**

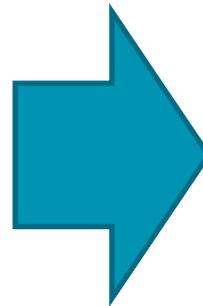
Wrap Up

# Collective Impact Requires a New Approach

## Current Approach

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Predetermined  
Solutions  
And  
Emerging Rules of  
Interaction

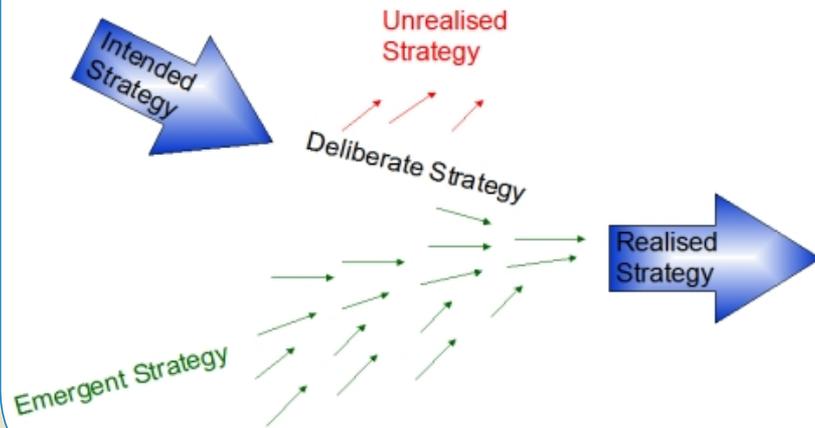


## Needed for Large Scale Change

Predetermined  
Rules of Interaction  
And  
Emerging Solutions

# Addressing Complexity in Collective Impact Efforts

## Emergent Strategy



Source: Mintzberg, Quinn & Goshal, 1998

- Create Common Agenda
- Use Structure to Take Advantage of Emergence



– Collective Seeing

– Collective Learning

– Collective Doing

# Franklin County, MA's Strong Organizational Structure Allows the Effort to Adapt to New Ideas and Strategies

## Common Agenda

- **Problem Definition:** In 2002 alcohol, tobacco, and drug use among youth became a pressing issue in the rural Franklin communities
- **Solution:** Communities That Care Coalition (CTC) **brought together all parts of community** through data and research based process to reduce alcohol and other drug use

## Mutually Reinforcing Activities

Eight "organizational" groups working together to implement the Coalition's reinforcing strategies:

### 1. Coordinating council

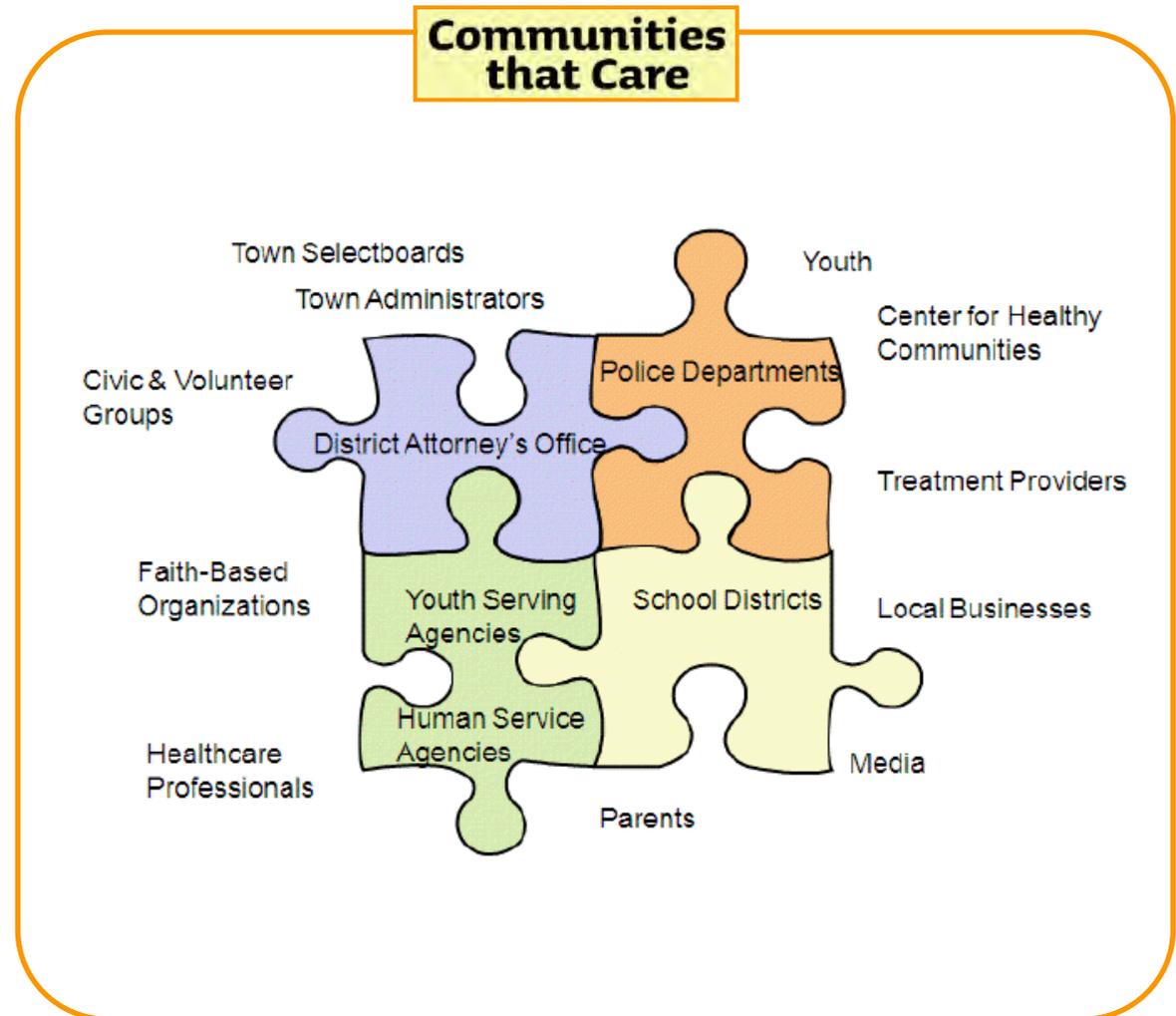
**2-4. Workgroups:** Community Norms and Laws, Parent Education, Youth Recognition, which all lead the day-to-day work of the coalition

**5. Regional School Health** representatives from school districts

**6. The community:** businesses, civic groups government, parents and youth

**7-8. Cohost groups** (backbones):

Community Action and Community Coalition for Teens



# The Coalition Used Research-Based Evidence to Inform Collective Impact and Gradually Started Seeing Results

Research on one of the risk factors “Poor Family Management” found that youth who have regular family dinners are at lower risk for substance use

The Coalition designed and implemented social norms marketing campaigns (billboards, radio, etc.) targeting parents



Rates of young people having dinner with their families increased from 54% in 2008 to 61% in 2012

*Risk factors of “poor family management” and “parental attitude favorable to substance abuse” decreased by 19% and 12%, respectively, in all grades*

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**Wrap Up**

## Reflection and Q&A

- How is this different from how you currently work collaboratively?
- What is needed for your community to move toward using a collective impact approach?
- What questions do you have about developing a common agenda and emergent strategy?

# Thank You!

*To talk more with FSG about Collective Impact:*

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- Samantha King [samantha.king@fsg.org](mailto:samantha.king@fsg.org)



***Collective Impact resources available on FSG's website:***  
***<http://fsg.org/KnowledgeExchange/FSGApproach/CollectiveImpact.aspx>***