

**Collective Impact Basics: Part Two Transcript**  
**Washington State Department of Health**  
**June 27, 2013**  
**1:00 pm PDT**

Slide	Speaker	Transcript
Not numbered	Sue	...so with that I am going to go ahead and turn this over to Fay with FSG. We are very excited about this webinar today... so go ahead Fay
FSG Slide 1	Fay	Thank you so much Sue and a big thank you to the Washington State Department of Health and OSPI for sponsoring today's webinar
Slide 2	Fay	<p>Good afternoon, everyone – I am Fay Hanleybrown. I'm managing director at FSG and responsible for our Seattle office and for FSG's Collective Impact work. My colleague Samantha King is joining me for this webinar. Sam is normally based in our DC office but she is broadcasting from India today. So we are very grateful for modern technology. Sam is a consultant with FSG and has great experience in designing and implementing collective impact initiatives, including an effort in Minnesota around diabetes prevention and treatment which she will be talking about today as well.</p> <p>(Fay this is Kellie. Your slides aren't up yet. We're just are going to pause everyone so Fay can get her slides up. Perfect, thanks Fay)</p>
Slide 3	Fay	Can everyone see the slides then? So as I mentioned, Sam and I are both with FSG. By way of a quick overview of our organization – we are a nonprofit research and consulting firm dedicated to discovering better solutions to social problems. We work with funders, nonprofits, corporations and government agencies around the globe on a variety of social issues, from education, to health, to economic development, to the environment. In addition to consulting work, we identify strong trends in the field that we believe will help to accelerate social problems at scale, and collective impact is a great example of this. We've published several articles in SSIR and white papers around collective impact. And we have also hosted webinars and trainings and provided consulting support for collective impact efforts around the globe.
Slide 4	Fay	<p>Sam and I are delighted to join you today for our second Department of Health/OSPI webinar on collective impact. As Sue mentioned, we have nearly 100 people registered for this webinar across the state so we are really excited about the interest in this important approach.</p> <p>We are going to start with a quick review of what we mean by collective impact, and then we are excited to talk with you about some specific aspects of collective impact that we understand are particular of interest to this group – and that includes developing a common agenda and the concept of emergence in CI, or what it means to “plan” and “do” at the same time. We then will have time for Q&amp;A at the end of today's webinar.</p>

		<p>So I would just like to remind you that you can type into your chat box a question at any point during today's webinar. We will be going through the presentation, and then Sam and I will try to get to as many questions as we can once we have finished the presentation portion of today's webinar.</p>
Slide 5	Fay	<p>Since we published our first article on Collective Impact in the Stanford Social Innovation Review over two years ago now, the enthusiasm continues to grow about collective impact as an approach to bringing about large scale social progress. In some respects the initial article served as a clarion call to many who work in the sector, who embraced the core premise of the article.</p> <p>And that is this: that to achieve large scale change against our serious social and environmental problems, we need to approach things very differently than we often do today.</p> <p>In fact, collective impact represents a <b>paradigm shift</b> for how we think about how social change happens. So much of the social sector is focused on individual organizations and what they can do in isolation from one another – this is what we call <b>isolated impact</b>. It forces funders to pick winners, and nonprofits to compete with one another instead of collaborating. Corporate and government sectors are often disconnected from foundations and nonprofits. There are many great organizations that are clearly working hard to solve social problems every day, but they simply can't do it alone. Strong organizations and programs are necessary but they are not sufficient for large scale change. In fact, we see too many examples of organizations working in the same geography on the same issues and not connecting with one another.</p> <p>There is an example of some work that we were doing in a northeast city in the U.S. of about 85,000 people, so not very big. And what we found was that there were 280 youth development organizations in this one city, small town really, and the vast majority of them had very little contact with other 279 organizations with which their work overlaps and in many cases serving the same youth. And we see this playing out over and over again.</p>
Slide 6	Fay	<p>So what we propose is collective impact, where all the stakeholders that are working on a problem are all working toward the same goal. They are measuring the same things. They are proactively working across sectors and they are coordinating their actions.</p> <p>We need to move beyond working in isolated ways – as individual organizations pursuing single point interventions, to working collectively to align and coordinate <i>multiple</i> efforts and interventions against clearly defined goals. That's what we mean by collective impact.</p>
Slide 7	Fay	<p>So collective impact is not just collaboration. It is something that is much more</p>

		<p>structured and rigorous. And there is a definition here which I think is helpful just to pull apart a bit:</p> <p><b>Collective Impact is the <u>commitment</u> of a group of important actors from <u>different</u> sectors to a <u>common agenda</u> for solving a <u>specific social problem</u>.</b></p> <p>In particular, we will be talking today about how to get to that common agenda and defining the specific social problem you are working on.</p>
Slide 8	Fay	<p>As we researched cross-sector efforts that have made positive, consistent and large scale progress over a number of years, we found that all of these successful initiatives really had these five elements in common. These are the five elements that we laid out in the original collective impact article in the Stanford Social Innovation Review so I will just very quickly run through them here:</p> <p>The first is a <b>Common Agenda</b>: By this we mean that all the stakeholders really have a common understanding of the problem that they are trying to solve and they agree to take a joint approach to solving it through an agreed upon set of actions. And again, we will be diving into this in much more detail today. It's actually much harder to get to than you might think.</p> <p>The second element is <b>Shared Measurement</b>. And this is really about consistently measuring results on a short list of indicators, at both the community level, and across all participating organizations. And these shared measures really help the different stakeholders working on the problem to keep the focus on it and see what is working and what isn't working. But also to create a mutual accountability around that goal.</p> <p>So common agenda, shared measurement...</p> <p>The third is <b>mutually reinforcing activities</b> where each participant really takes on a specific set of activities at which it excels in a way that supports and is actively coordinated with the action of others. You are then reducing duplication and working proactively together around an issue.</p> <p>Fourth, there is <b>continuous communication</b> among the participants who need to work together to make progress happen. That really requires some structure. It often requires regular meetings. And importantly, this allows participants to build trust that is needed to make progress against complex social issues.</p> <p>Fifth, and finally, in successful collective impact efforts that we have researched, there is also a <b>backbone support</b> function. And by this we mean the dedicated capacity to holding the different stakeholders to the common agenda, collecting and measuring the data around shared measurements. And this backbone organization is often missing from normal collaborations in the social sector. But this is something we have found to be an absolutely critical component.</p>

		<p>So as you look at the five components: the common agenda, shared measurements, mutually reinforcing activities, continuous communication, and backbone support, they all make intuitive sense to folks and in and of themselves seem like reasonably simple concepts. But what we find is that it is rare to have all five of these working in concert. And the work, the real implementation of collective impact is not that simple.</p>
Slide 9	Fay	<p>It is also helpful to distinguish collective impact from other types of collaboration. What we are often finding today is that the term “collective impact” is used synonymously with collaboration more generally. When in fact, collective impact is distinct from other types of collaboration, such as social sector networks, multi-stakeholder initiatives, public private partnerships, and funder collaboratives.</p> <p>These forms of collaboration can also be valuable, but they typically lack one or more of the five elements of collective impact. In particular, shared measurement and backbone capacity is often missing for on-going coordination and collaboration. So we find that really thinking about the type of collaboration that is appropriate to the type of problem that you are trying to solve is important, as well as your readiness for collective impact which is a topic that we touched on in the last webinar.</p>
Slide 10	Fay	<p>So that’s a very brief overview of concepts of collective impact more broadly. I’d like to turn it over to my colleague Samantha King to talk about the first and very critical element of collective impact: Developing a common agenda. Sam...</p>
Slide 11	Sam	<p>Thank you very much Fay and welcome everyone. I’m so pleased to be joining you today and to talk about this very important topic of creating a common agenda. I know that there are many joining us today who are particularly interested in how to scope a collective impact effort and to develop a focus.</p> <p>Developing the common agenda is the critical first step in any collective impact effort, as it sets out a common definition of the problem that the collective impact effort seeks to solve. It establishes boundaries around the problem so that the group has focus and can achieve measurable change.</p> <p>Setting boundaries helps collective impact efforts identify what is in and what is out – in terms of geography, target populations, and issues. We’ll share a few examples today of collective impact efforts that have successfully established boundaries for their work.</p> <p>There is no single formula that a collective impact effort should follow to set boundaries. Each collective impact effort will need to take into consideration the distinct needs, capabilities and challenges that their community faces.</p> <p>In addition, I would love to mention that these boundaries are by no means fixed; rather they can evolve over time in response to new developments and</p>

		indeed they should evolve over time. Let's turn to the next slide and we'll share a few examples of how collective impact efforts have been able to prioritize issues with the greatest community impact and also establish boundaries.
Slide 12	Sam	<p>This is an example from the Dallas Children's Hospital which sought to address the myriad health challenges facing their patient population through a collective impact effort.</p> <p>Starting with the universe of health issues facing their patient population, the group applied a rigorous filtering criteria to identify a focus area. The filtering criteria which you see on the slide included the severity of the health issue, the level of community interest, and proven ability to change.</p> <p>Through this process the group landed on a very specific focus. Right now they are developing strategies and outcomes targeted at children one to 18, and trying to reduce the disproportionate burden of asthma among minority populations in certain zip codes with high rates of hospitalization due to asthma, so very specific target population in this case.</p>
Slide13	Sam	<p>Let's turn to another example and this is one where I have actually worked with FSG. We worked with the Minnesota Department of Health which has sponsored a collective impact effort to tackle diabetes. They set out to create a common agenda, and they needed to align around a common definition of the problem that they were facing in the state.</p> <p>Diabetes is growing in Minnesota at an alarming rate, with the number of diagnosed cases nearly doubling over the last 20 years. Costs associated with diabetes care are also rising. According to the most recent data, diabetes costs Minnesota more than \$2.7 billion dollars annually, with \$1 billion of that due to lost productivity.</p> <p>In comparison, the relative investment in prevention of diabetes is miniscule. This lays the groundwork for a perverse cycle to take root. The majority of available resources are dedicated towards treatment, which prevents a stronger focus on addressing the fundamental causes of diabetes, contributing to increasing prevalence of diabetes, which then fuels increases in treatment costs and health care spending. This data was pretty essential for the effort to have a handle on.</p> <p>With this data on hand, the Minnesota collective impact effort was able to establish a common definition of the problem, and so let's turn to the next slide.</p>
Slide 14	Sam	<p>You'll see that with this data, they were better able to target the population for intervention. The effort knew that in order to make progress, they could not be everything to everyone at the outset. So based on the data, the group decided to focus on people at high risk of developing diabetes and people with diabetes and those who have complications and/or co-morbidities of the disease.</p>

		<p>The effort is focused now on achieving two goals: significantly reducing new cases of diabetes for those at high-risk of developing the disease and curbing the rising cost of care and human burden for people with diabetes and complications of the disease.</p> <p>Here I'd also like to pause briefly to talk about the composition of the steering committee that originally developed the common agenda for the Minnesota collective impact effort as I know many of you are now in the process of locating members for your respective steering groups.</p> <p>The Minnesota Department of Health convened a range of experts in the field of diabetes care and management in Minnesota—including professors from the Mayo Clinic, representatives from the major insurance companies and doctors and administrators of hospital systems. These initial members of the steering group were able to provide perspective on the landscape of activities already underway – from very different vantage points. In addition to attracting these “usual suspects” in diabetes care, the group made a concerted effort to encourage representation from community leaders and representatives of the populations that are most affected by rising diabetes rates. In Minnesota and indeed more broadly speaking, minority populations are disproportionately affected by the rising burden of diabetes. Therefore, the steering committee includes a leader from the Indian Health Services and a director of a network of African American churches engaged in health education, among others.</p> <p>These are critical voices that help to shape the common agenda and strategies. It is also important to note that the development of a common agenda cannot happen overnight. Rather the process of crafting a vision for change is a highly iterative. If you are incorporating many viewpoints, it takes a good deal of time.</p> <p>Now let's turn to discussing key components of a common agenda on the next slide.</p>
Slide 15	Sam	<p>So in a common agenda you have a vision statement. And a vision statement tells readers <b>who</b> the effort will benefit. So are you talking about youth, elder, minority populations. <b>What</b> will be different for those individuals if the effort is successful. For instance, a decrease drug use. And <b>where</b> the effort occurs, for example, Seattle or the state of California.</p> <p>Outcomes tell you what you will see to know that the vision will become a reality at a systems level, or at an individual level. Strategies lay out how to tackle the problem and achieve the desired outcomes.</p> <p>Finally, principles provide the common values that will guide the work. Let's turn to the next slide where we can see an actual example of what this looks like because I'm sure this might be a bit abstract.</p>
Slide 16	Sam	So this is an example from the New York state juvenile justice program. In New

		<p>York state there are many young people who just shouldn't be incarcerated, but get dumped into the system for moderate infractions. Fifty-three percent of the roughly 1,600 young people who entered the state's juvenile facilities had a misdemeanor as their most serious offense.</p> <p>What we're talking about really is a broken system that fails to deliver on its responsibilities to care for and rehabilitate young people, while also failing in its responsibilities to improve public safety. The system was ineffective, inefficient, and unsafe. Incarcerating these youth costs the state a staggering \$290,000 per year. And, in New York State, youth who end up in secure facilities had a near 90% recidivism rate.</p> <p>The New York Juvenile Justice System effort sought to tackle this challenge head on, to evolve the juvenile justice system to one that promotes youth success and ensures public safety. That is the vision.</p> <p>Coming to consensus on the path forward was really challenging – and I know from the questions you all submitted that several of you are dealing with this right now. For the New York Juvenile Justice collective impact effort, there were several people on the steering committee that had never met before and were historically at odds with one another. So imagine you have law enforcement and child welfare advocates sitting at the table really for the first time. There was some real tension initially, but the group was able to get to a clear vision that met the needs of all parties. By defining the problem and getting to a common agenda, they were able to move forward.</p> <p>The effort aligned around several community outcomes and several youth outcomes. One the community side, one example is that 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.</p> <p>On the youth side, one example of the outcomes that were sought is that youth are held accountable in a fair and just manner that is consistent with adolescent development. These outcomes are achieved through four strategies:</p> <ul style="list-style-type: none"> <li>• System governance and coordination,</li> <li>• Effective continuum of diversion, supervision, treatment, and confinement.</li> <li>• Accountability of system and organizations within the system.</li> <li>• Shared data and information driven decisions and policy.</li> </ul> <p>So these are a few examples of ways to approach developing a common agenda and with that I would love to turn it back over to Fay to discuss emergent strategies.</p>
Slide 17	Fay	Great and thanks so much Sam. The specific examples are really helpful for grasping what we mean by common agenda.

		<p>And the New York Juvenile Justice example is a great one. In the three or four years since that effort has begun, they have already seen some significant regulatory changes at the state level that have really influenced youth in terms of alternative sentencing strategies as well as placing youth closer to their families if they are incarcerated, and tremendous strides in seeing the various stakeholders that touch the child welfare system working more effectively together. So just a really nice example of collective impact.</p> <p>I would also just like to remind you all that you can put any questions you have in the chat box throughout the presentation and again, Sam and I are eager to address your questions when we get to the end of the presentation.</p>
Slide 18	Fay	<p>So we are turning now from creation a common agenda to more issues around implementation of collective impact.</p> <p>One of the things we have observed since the initial collective impact article was published is that because the five elements of collective impact seem on the face of them to be intuitive and simple. And by the five elements, I mean the common agenda, shared measures, mutually reinforcing activities, continuous communication and backbone support. Many readers have found those elements to be quite intuitive and simple but they have also in some cases interpreted these as a very prescriptive model for social change.</p> <p>It is important to recognize that there is no solution inherent in these five elements of collective impact, because for most complex social problems you can't predict solutions in advance. In fact, the context keeps shifting. So even if you can find a solution that works this year, that solution may not work next year, or five years from now.</p> <p>Instead, we need to create a process and structure that allows stakeholders to take advantage of opportunities, and to capitalize on them at scale. And essentially, this turns the traditional paradigm of change on its head – so traditionally in the social sector, typically we predetermine solutions, what are the programs that we are going to do and how are they going to unfold, and then expect that interaction of stakeholders to emerge.</p> <p>But instead with collective impact, we are doing the opposite. We are pre-determining the rules for interaction. How do different stakeholders work more effectively together? What is the problem that they are defining? What are the measures that they are using? And then allow the solutions themselves to emerge because there is a structure that allows the stakeholders to work more effectively together.</p>
Slide 19	Fay	<p>As we have been discussing, in any collective impact effort we typically begin by developing a common agenda. Another way to think about a common agenda is that it's a process for developing a common <i>strategy</i> or approach to the problem everyone buys into. For instance, what will our collective approach be</p>

		<p>to reducing obesity, or improving high school graduation rates, or cleaning up a river? But as that common agenda plays out, our plan and approach will necessarily evolve.</p> <p>Strategy guru Henry Mintzberg of Canada really captured the evolution of intended strategy as it meets reality. He called it emergent strategy. The diagram on the left of this slide captures Mintzberg’s thinking.</p> <p>Emergent strategy is “a realized pattern [that] was not expressly intended” in the original planning of strategy. The term “emergent” implies that an organization is learning what works in practice. They learn about what parts of their intended strategy were realized and which went unrealized. And what parts of their strategy were emergent – the <i>result</i> of both <i>their</i> actions and the actions of others, that led to a newly realized strategy. And this newly realized strategy will continue to evolve over time, incorporating both aspects of deliberate strategy, what you plan, and aspects of emergent strategy, what you find works as you actually go forward.</p> <p>Now let’s think about emergent strategy at the level of collective impact. If we are considering emergent strategy for collective impact, we think about two things as you can see on the right-hand side of this slide.</p> <p>One is creating a common agenda because you have to have a clear idea of what the problem is that you are going to solve. And at least a basic plan for how you are going to get there.</p> <p>Then two is really about structuring our work to identify – and take advantage of – emergence as it occurs. We are most likely to take advantage of emergence to produce scale outcomes if we can structure the work to enable collective and emergent seeing, learning and doing. So that all the organizations that are working on a problem together are actually learning together and adjusting as they go.</p>
Slide 20	Fay	<p>Let me give you an example of what I mean by emergent strategy in collective impact.</p> <p>I am going to talk about a substance abuse prevention initiative called Communities that Care, and is based in western Massachusetts. This is a very rural community, about 88,000 people, in a little over 800 square miles.</p> <p>In 2002, Franklin County in Massachusetts had some of the highest youth substance abuse rates in the state. It was really of crisis proportions.</p> <p>And they decided at that point to develop a cross sector collaborative employing elements of collective impact. What they did was brought together over 200 representatives in this rural community, from human service agencies, district attorney’s offices, schools, police departments, healthcare professionals, youth</p>

		<p>serving agencies, faith-based organizations, local elected officials, local businesses, media, parents, and youth. So a very comprehensive effort.</p> <p>Through a process which took them a couple of years, they developed a coordinating council, and they also developed several working groups that were arranged against specific risk factors around youth substance abuse. So their common agenda was very clearly around reducing youth substance abuse rates, but they also arranged these working groups because they felt like there were certain areas that were the most important levers that were at least initially for changing what was a very serious social problem.</p> <p>They also had a backbone supporting capacity. And this is a rural community so they really didn't have any individual entities that had the capacity to do this on their own. What they decided to do was to share the backbone capacity among two organizations, two local non-profits called Community Action and Community Coalition for Teens. Each of these organizations essentially dedicated part-time FTEs on an on-going basis to support this collaboration in rural Massachusetts.</p>
Slide 21	Fay	<p>From 2003 to 2009, Franklin County saw significant reduction in alcohol, marijuana, cigarette use. They were also very successful at raising additional funding; in large part because they had a very robust structure and measures in place so they raised about five million dollars in the same time period to support the communities that care effort.</p> <p>In the initial stages and years of the effort, one of the key areas that lagged behind on their key goal in their common agenda that they had set was to improve the practices of families, which they called reducing poor family management as a key risk factor. They had an initial plan of train the trainer. So they had a cadre of parents teaching other parents, and they did this on a regular basis.</p> <p>But what they found between 2006 and 2009 as they rolled out this train the trainer model for parents, they saw no improvement in parental behavior from the surveys that they were putting out in the community. And really although they were making good progress on the problem overall, they were making really no progress overall around this key risk factor which they identified as part of their common agenda.</p> <p>Because the data was telling them they weren't making progress, they decided to try something new – they decided to go with a public will building campaign to reach parents of 7<sup>th</sup> through 12<sup>th</sup> graders. In order to do this, they worked with schools and businesses to get messages on pizza boxes, grocery bags, paper napkins, billboards. It was really a very broad-spread community effort.</p> <p>At the same time as they were rolling this out, they came across a piece of outside research study showing children who have regular family dinners at</p>

		<p>home are at a lower risk of substance abuse. So they decided to take this national piece of research and include that in their public messaging as well.</p> <p>They paid very close attention figure out which messages seemed to be having impact on families through surveys and focus groups. And what they found was that the family dinner message seemed to really resonate with parents. This was very much reinforced by a couple of other trends that were happening in Franklin County at the same time.</p> <p>One was a local sustainable food movement. So a lot of folks were going out to local farmers markets, and buying local foods, and coming home and cooking at home and having a family meal. There was also a real movement around childhood anti-obesity at the time. And so this idea of eating healthy meals at home really resonated. And then finally, and this is during the time when we had a very poor economy and that really encouraged families to eat at home to save money as well. So you really had sort of a convergence of all these things happening at once.</p> <p>Armed with the evidence of what was working, they went even further to capitalize on National Family Day to get really strong media coverage. What they saw was that from 2009 to 2011 the number of young people having dinner with their families was in fact increasing. And for the first time, they saw significant improvements in this risk factor of poor family management. So really sort of using data to inform what they were doing, and then using emergent opportunities, really seizing those opportunities at scale.</p> <p>And it's really pretty amazing that if you look at what Franklin County has been able to achieve. Over the last eight years, Franklin County has seen a 46% reduction in binge drinking across youth, a 44% reduction in smoking for youth, and a 28% reduction in marijuana for youth.</p> <p>So really a very exciting example of emergence and of collective impact where you have a very clear goal and measures you are working toward and a very structured collaborative where multiple different sectors can work together, and then plan and do using the data to show them what is working and what isn't and really make substantive process on an issue over a period of time.</p>
Slide 22	Fay	<p>So I know that we have shared with you a number of examples over the course of the discussion, both in terms of how you develop a common agenda as well as what it means to essentially 'plan and do' in tandem, and the use of emergent strategies in collective impact.</p>
Slide 23	Fay	<p>What we would like to do now is turn to some of your questions. What are some of the burning issues that you are finding in your own communities as you are taking on or considering a collective impact approach? There are a couple of questions that might make sense for you to consider.</p>

		<p>One is how this is different from the work that you all are engaged in now?"          When you think about the collaborative work that you are engaged in now, how is this a different approach?</p> <p>Secondly, what do you feel is needed for your community to move toward using a collective impact approach?</p> <p>And again, really, what questions do you have for us around developing a common agenda and taking a very emergent approach to strategy in order to make great progress against the problems that you are trying to solve.</p> <p>So I am going to pause here. I know that we have some questions coming in that we would love to address.</p>
No slide	Sue	Hi Fay, this is Sue. At this point, I am not seeing any questions yet that have come in. But it looks like people are starting to write. Did you get to where you can see the chat box?
No slide	Fay	I unfortunately can't, so if you can let me know the question as they come in, then Sam and I can address those.
No slide	Sue	So another thing that we can do is if someone wants to ask a question specifically, they can raise their hand and we can un-mute them and they can ask the question. That's another option.
No slide	Fay	<p>Great. Why don't we do it that way? It's always helpful to hear people's voices.</p> <p>So I am recalling there was a question "What does FSG stand for?"          It is kind of a funny question. Initially we were the Foundation Strategy Group and we were founded about 13 years ago by Marc Krammer and Professor Michael Porter at the Harvard Business School. We have since gone to just FSG and the reason for that is that we don't just work with foundations. We work very intentionally cross-sector. We work with non-profits, government entities, corporations and with foundations. And so FSG no longer really stands for anything specific. But we a non-profit consulting and research firm that works across the different parts of the social sector.</p>
No slide	Sue	So we have a question from Beth Lipton. Beth are you there? Do you want to try and ask your question?
No slide	Beth	OK, I thought I put it in the chat box. So the collective impact model sounds a lot like the CHIP process that the health departments are going through right now. It sounds like the foundation is really a lot like the CHIP (Community Health Improvement Plan) which ends up with various health priorities. And the collective impact seems to focus on one issue. Have you seen that collective impact is being referred to in CHIPs or the other way around? Did this stem from the CHIP work and the MAPP process at all?
No slide	Fay	So I defer to Sue on this question because I am not as familiar with the CHIP

		<p>process. But I would say that we developed the collective impact approach and certainly helped to define through a Sanford Social Innovation Review that we published a little over two years ago.</p> <p>The approach and research that we have done around collective impact essentially stems from our on the ground consulting work in working with a number of cross-sector collaborative as well as our research to look at what has really made cross sector collaborative work effective in really getting to large scale social change over a sustained period of time. That was essentially how we came up with the five elements of collective impact that I walked through earlier. And it is something that we have seen to be effective across issue areas. Effective in issues of health, effective in issues of education, effective in issues of environment. Really any complex social problem where there is no single answer and where the context is constantly shifting, we have found collective impact to be an effective approach. But Sue I definitely defer to you to talk about the parallels and differences between collective impact and CHIP.</p>
No slide	Sue	<p>Sure. Thanks Beth for the question. I think it probably depends on the location, but I guess when you think about community health assessment, many years back when I first started doing that it may have only focused in on health data and maybe now it's moving towards a broader...</p> <p>So yes there are some similarities in terms of the concept of it. Where I think possibly it may be different and not necessarily in all locations is the fact, on one of the beginning slides, where I think collaboration is being used synonymously with the notion of collective impact...Where there is a realization that folks are all contributing to the issue but not necessarily doing the same thing. So in short, yes its similar but there may also be some differences but that may also depend on who is leading and involved in the process.</p>
No slide	Fay	<p>I know that there is another question here on how to identify the backbone agency when resources are scarce...so I think we can take that one now.</p>
No slide	Sue	<p>So that is Carolyn Law so if you want to go ahead and answer that.</p>
No slide	Fay	<p>It's a great question and one that we particularly see in rural communities. That was one of the reasons that we wanted to mention the Franklin County Communities that Care example which is in a very rural community in western Massachusetts.</p> <p>As I mentioned, in that case, because there was no single entity that really had the capacity to take on a major collaborative like this and support it, they decided to essentially go with a shared backbone structure so two of the local small non-profits that were touching this issue around substance abuse agreed to dedicate part of their FTE on an on-going basis to essentially coordinate together around collecting data, supporting working groups, those kinds of things.</p>

		<p>I think that what we have seen is that there is a whole range of potential backbone structures out there and what is important is that actually not the backbone entity itself. We have seen a whole range of organizations play the backbone role including government agencies, new and existing non-profits, funders, shared backbone roles like the one in Franklin County. What we found is that what is important is not so much the organizational structure but that the organization or capacity ...</p> <p>First that there is dedicated capacity..that there needs to be dedicated capacity to do this work, but also that the organization organizations are viewed as a neutral broker by the stakeholders that are engaged in solving that problem and also that it has the necessary expertise capacity meaning staff time, funding and also credibility in the community to play the critical coordinating role that backbones play.</p> <p>I think this can be a little bit more tricky in rural communities but we really have seen in many, many cases that the community is able to find that credible capacity to help to hold the collaborative together.</p> <p>So I don't know if there is a follow-up question on that but it is a great question.</p>
No slide	Sue	<p>Carolyn, I am wondering if you have a follow up question on that or if that answered your question. We can un-mute you. Carolyn, we have un-muted you if you have another question on that...OK</p>
No slide	Fay	<p>There are couple of other questions that I can see hear. One is about when there are multiple problems in terms of severity, suggestions about which one to focus on first.</p> <p>Again, a great question. Sam I don't know if you want to reflect on your experience in Minnesota. I can certainly jump in as well...if you want to address that question. The question of prioritization for identifying the common agenda.</p>
No slide	Sam	<p>In the case on Minnesota which is the example I know the closest. There are a lot of different issues the group wanted to tackle but really what came to the floor because it had a strong evidence base as a strategy was the National Diabetes Prevention program and the reason that it became a priority strategy for the group, not to the exclusion of other strategies that could be developed over time, was because there was significant momentum and interest on the part of national players, the CDC was willing to invest, there was momentum locally with the Governor's Office and Senator's Office and there was interest with the steering group. So there was a moment where they needed to seize the opportunity and really push that forward.</p> <p>There are a lot of other areas and strategies that the group continued to work on, but to launch at a later date. So there was a real timeliness component to it.</p>

No slide	Fay	<p>And that is a great example and I think that as you heard as Sam walked you through that example is the heavy use of data, really understanding from the data what the key issues are as well as getting input from key stakeholders so there is really a mix there of using data as well as getting people's impressions of what the key issues are.</p> <p>And having some clear criteria around how you are going to filter which issue to go with. Sam had given the couple of criteria that they used in Minnesota as well as the criteria that we used in Dallas for example when trying to prioritize across children's health issues in Dallas, and there were many.</p> <p>One of the other things that I would say that we have also seen is sometimes a challenge is picking one issue area to start with when there are so many pressing social issues within a community. And some of the things that we have seen that have been really helpful in prioritizing are:</p> <p>First, where are your champions? Where are there ideally, people in position of decision-making authority and can really make a difference? Where are the champions in terms of issue areas? Are there certain people that are really willing to step up and do things differently around a specific issue area, so really looking for your champions around an issue and if there are more champions in one area than another, that can be a good indicator.</p> <p>Another one which kind of goes hand in hand is urgency for change. Sam talked about the timeliness issue around the national piece for diabetes in Minnesota. That really created a lot of urgency for folks could see that opportunity right in front of them and then could jump on it. So looking across issue areas to see where there is urgency for change is and where there is some traction and momentum that you can really move with now. And that often goes with champions and people that are willing to make a difference. It is important to get to some focus and to have a clear common agenda because that allows you then to bring more stakeholders to the table and to build that momentum over time.</p> <p>Frankly, what we have seen is that once you are able to tackle one specific issue successfully, that can really lead to future successes in other issue areas in communities. The Franklin County Communities that Care is one example of that where the community has been very focused on reducing youth substance abuse rates for the last several years and has had tremendous success around that but now that their substance abuse rates are significantly lower than the state average, they have been thinking about other youth issues that are also important that have really risen to the top and one of those for them is obesity among youth in Franklin County.</p> <p>Interestingly, as is often the case in rural communities, and in any community, a lot of the stakeholders that have been working on substance abuse in Franklin County are also some of the same stakeholders that are interested in youth</p>
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No slide	Sue	<p>So we have about five minutes left and some more questions. Are you able to see those Fay? I think what we did at the last webinar is that the questions that we weren't able to answer on line here, we made those available after words and we posted them.</p>
No slide	Fay	<p>They are all fantastic questions and as Sue said, we would be delighted to follow up with written responses like we did with the last webinar. I'd love to follow up on Jody's question about strategies for helping coalitions who are working on issues that are similar but not exactly the same and have concerns about maintaining autonomy.</p> <p>It is such a great question Jody and I think that one that many communities struggle with. You've already got efforts under way and you feel like if there is something new that is started and all the sudden you feel like it is competitive with you or will somehow derail your own agenda. We have seen many examples of that. The advice that I can give is really getting to a clear common agenda for what it is you are trying to achieve, and then considering, rather than replacing existing efforts, including them. I think that what we find in change in communities is that you are never starting with a blank slate. There are already really exciting efforts that are underway and so the key is to bring those efforts to the table quite early on and have them feed into the definition of a common agenda, have them feed into shared measures.</p> <p>For example, if they are already measures that are being tracked by a number of organizations together. Rather than coming up with a whole new set, adopt those and build on them.</p> <p>So I would really encourage you, and what we often do in consulting work in this arena, is to start with what already exists and who the key players are, and who the key collaborative are, and then really get them in a room together and keep focused not so much on the work of the individual collaborative but rather, the problem that you are trying to solve and the populations you are trying to help. Because I think that what you will find is that there are many more connections than people realize that are being lost and then again what you are trying to do is not replace existing efforts, you are trying to bring them more closely together. I'm happy to provide more specific examples in the follow up as well.</p>
No slide	Sue	<p>I think we have time for maybe one more.</p>

No slide	Fay	These are very specific. I am trying to find ones that are a bit broader
No slide	Sue	So what about the one that talks about “Do you find that one organization needs to lead the Collective Impact Process? We find the other partners want to participate but have little understanding how to lead the process or keep it moving...”
No slide	Fay	<p>Yes that is a great question from Lydia. Thank you for that question Lydia. I think that you do need some dedicated capacity to move the process forward. I think it is worth noting that you don’t always have that backbone capacity from the beginning. Often the backbone organizations are not identified until after you have defined the problem you are trying to address and the common agenda. And so what you do need are some champions from the very beginning that are willing to move this process forward.</p> <p>And by that I mean convening the key players, making sure that the meetings are getting set up, doing some of the landscape analysis of what already exists so you do need those champions from the very beginning. It can be one organization. It can be multiple organizations and really thinking about developing an early governance structure. And again, it’s not necessarily governance in the sense of formal authority at all, but more a group of champions that are cross sector and are really interested in the issue area until you can help to move it along until you have some dedicated backbone capacity in place.</p> <p>Sam, I don’t know if it makes sense if you can talk very briefly about the governance structure for the Minnesota diabetes effort just to give folks an example of what kind of people you are looking for but having those early champions is very, very important in this work</p>
No slide	Sam	<p>Sure, just to add a bit of color. For the Minnesota diabetes collective impact effort, we had a small subset of representatives from big agencies to move this effort forward. We had representatives from the Mayo Clinic, the Decade of Discovery which is the group that is research undertaking to find a cure for diabetes, the Minnesota Department of Health and the University of Minnesota. So they were committed from the get go to really meet on a weekly basis almost and ensure that the right people were at the table, that meetings were scheduled, that all of the pieces kept moving forward. It was a really complex process.</p>
No slide	Sue	<p>Great. So we are out of time and I just want to honor everyone’s time here. So what we will do is, as I said earlier, we are going to be sending out an email right after this with a link to this. The slides are already posted on line and we will be posting the recording and a transcription of the information by July 17. We are shooting for that and we will also have the questions and answers.</p>

		<p>So with that, I just want to thank everybody for your time and your attention to this, and have a great day.</p> <p>Fay and Samantha, can you stay on line, and Ben.</p>
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