1. *How narrow does the issue need to be? For example, reduce childhood obesity versus having a healthy community?*

   We have seen a range of issues being taken up by CI efforts, from reducing obesity in a state (LiveWell Colorado) to reducing substance abuse for youth in a specific rural community (Franklin County Communities That Care). Identifying the problem that will be solved and framing the common agenda is highly context-dependent. In general, it is helpful for the topic to be targeted by population, geography, and issue area. Selecting something broad such as "creating a healthy community" as the focus can be challenging because so many issues (e.g., built environment, food, health care system, air and water quality, etc.) are involved, and deciding who to have at the table and where to target efforts can be very time consuming, if not impossible. Choosing to focus on a healthy community in a very specific geography (e.g., one city) or population (e.g., children) may be feasible if there is a strong hypothesis from the beginning on the priority issues for focus.

2. *My community doesn't "own" the Common Agenda or measurement system; it was part of the federal CTG grant and not organically generated. What does that mean for launching a CI effort?*

   An important part of a CI effort is to involve all stakeholders in the co-creation of the common agenda and the long term vision. If the common agenda or something similar to it has already been developed, it may be difficult to get the community to own it, even if the proposed approach and strategies are robust. One solution might be to use the current vision and agenda as a starting point once the stakeholders are assembled, and to encourage discussion about it for potential additions, deletions, and revisions in a way that fits the local community. However, this process requires that the agenda and vision actually be up for change if stakeholders recommend it. It also takes time to vet and revise the current agenda with relevant stakeholders, which may frustrate some who are already bought into the current common agenda. Alternatively, if a group of stakeholders already feel strong ownership for the agenda, even if they didn't organically generate it, it may be possible to move forward in developing a full collective impact effort with that common agenda.

3. *How important is it that a community identify and agree to the backbone organization versus a state agency identify a local public health agency to be the backbone organization?*

   Different communities go through different processes to identify and select the backbone organization. In many cases, even before the collective impact effort is launched, there may be an anchor organization that is already beginning to play the role of a backbone. We have seen a wide range of organizations play the backbone role in collective impact efforts, including government agencies, new and existing nonprofits, funders, or even structures where backbone roles are shared across multiple organizations. What is important for an effective backbone organization is not the type of organization, but that the organization is viewed as a "neutral broker" by the stakeholders engaged on solving the specific social issue being addressed, and that it has the necessary expertise, staff time, funding, and credibility in the community to play the critical coordinating role. In cases where an obvious backbone does not exist, and there are multiple candidates for the role, the effort may go through a selection process with members of the CI steering committee, or a more formal RFP process to select the backbone. If an organization has already been designated as a backbone,

that is not necessarily a non-starter for launching a CI effort, as long as the organization possesses the necessary qualities and stakeholders accept the organization in that role.

4. *How important is it that the backbone organization not provide direct services itself? In other words does it need to confine itself to the leadership, management, administration, evaluation?*

   There is not a hard and fast rule to this, but typically we see backbone organizations play the roles of guiding strategies, supporting the activities of member organizations, developing shared measurement systems, building public will, advocating, and fundraising. It is possible that a backbone may get involved in direct service if there is a critical gap that the organization has expertise to fill, or if the organization was engaged in direct services before becoming the backbone. The important point is for the backbone to maintain credibility as a "neutral broker". If the backbone provides its own services, its neutrality may come into question (for example, if it is fundraising for its own direct service offerings).

5. *How was the **Shape Up Somerville** able to establish a control group with such a system wide degree of change?*

   During the Shape Up Somerville pilot phase, Tufts University researchers found that 46% of Somerville's 1st-3rd grade population were at-risk of being overweight or were overweight. They used a measure called BMI-z score (or BMI-for-age percentile) to report changes in weight gain among children who participated in Shape Up Somerville, as compared to children in two socio-demographically similar communities in Massachusetts who did not receive the intervention.

   On average, SUS reduced approximately one pound of weight gain over eight months for an eight-year-old child. This may seem small for an individual, but on a population level this reduction in weight gain, observed through a decrease in BMI z-score, would translate into large numbers of children moving out of the overweight category. The data produced by the pilot led to additional funding that allowed SUS to expand the effort.