COLLECTIVE IMPACT AND PUBLIC HEALTH: AN OLD/NEW APPROACH – STORIES OF TWO CANADIAN INITIATIVES

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We are grateful for the contributions (interviews and draft reviews) of the following leaders in collective impact:

- Joshua Archer, Manager Policy and Strategic Issues, Children’s Services, City of London
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- Dr. Murray Fyfe, Medical Health Officer, Island Health, BC
- Jason Gilliland, Director, Professor, Urban Development Program, Department of Geography, University of Western Ontario
- Adrienne Small, Manager Family Centre Implementation, City of London
- Nathalie Vandenheuvel, Public Health Nurse, Middlesex-London Health Unit

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INTRODUCTION

In the past five years, a groundswell of interest in Collective impact (CI) has emerged to tackle entrenched social problems. Collective impact "brings people together, in a structured way, to achieve social change." CI is built on the premise that organizations can be more successful in achieving large-scale social change if they coordinate their efforts across sectors, rather than working in isolation on interventions with similar aims. Backed largely by case-based evidence, CI has invigorated multi-sectoral collaboration, funding and research into community efforts to address ‘wicked’ social issues in education, public health and other areas. A number of CI initiatives are underway in Canada, particularly in the areas of anti-poverty and child development (see: Canadian CI initiatives worth checking out).

What makes CI an old/new approach?

CI put a name and structure to a number of effective practices identified through the analysis of successful large-scale social change initiatives. It provides a framework to tackle complex, dynamic social issues. CI aims for fully integrated collaboration, building on all partners’ strengths to achieve common goals. To some, this is nothing less than "a new operating system for community change." Others see it as simply an update to traditional community development practice. While examples exist of the effectiveness of the CI approach (see: Canadian CI initiatives worth checking out), there has not been sufficient implementation research to establish a clear understanding of when to apply this approach and what makes it work.

About the two case stories

This document describes the efforts of two communities that have included significant Public Health involvement in their collective impact work. Both initiatives address child mental and physical health. Our consultant, Diana Daghofer, interviewed key people from public health and other ‘backbone’ organizations involved in the initiatives.

- Child and Youth Health Network of the Capital Region, Vancouver Island - an emerging network on Vancouver Island; and
- London’s Child and Youth Network – a well-established network that adopted the CI framework partway through its development.
Canadian CI initiatives worth checking out

- **Vibrant Communities Canada.** In its first ten years, this movement improved the lives of over 200,000 people living in low-income households in 13 cities, by introducing new skills and resources, improving social ties and providing direct benefits to those living in poverty.¹

- **Hamilton Roundtable for Poverty Reduction.** In 2002, this initiative rallied its diverse community around the bold aspirational goal to “Make Hamilton the Best Place to Raise a Child.” By 2011, 80% of survey respondents thought the city’s number one investment priority should be poverty reduction.

- **Our Kids Network** in Halton, Ontario builds on its vision that “All Children Thrive” through work on seven priorities: children are healthy; children are positively connected; children are learning; children are safe; families are strong and stable; schools are connected; and neighbourhoods are where we live, work and play.

- **Collective Impact for Toronto Youth.** Using a collective impact framework, this partnership strives toward a Toronto where all youth experience maximum health, and are skilled, safe and equitable participants in city life. The initiative focuses on increasing the high school graduation rates of racialized youth furthest away from opportunities. The coalition work to ensure these youth are cared for through increased and intentional use of programs and services, improved cross-sectoral co-ordination, and strengthened evaluation systems.

- Ottawa’s **Alliance to End Homelessness (ATEH).** The ATEH is a non-partisan, provincially incorporated, non-profit partnership working to inspire action, generate knowledge, and inform a community-wide effort to end homelessness in Ottawa.

- **Calgary Homeless Foundation (CHF).** The CHF provides leadership in Calgary’s homeless-serving system-of-care to ensure it meets the needs of those who are homeless. In addition to having a specific and measurable goal, they have developed a shared measurement strategy that not only tracks progress as a group, but identifies the contributions of each member.⁴

- **End Homelessness Winnipeg** brings all sectors of the community together to work with people experiencing homelessness. The initiative’s four pillars are prevention, housing with supports, housing supply and measurement.

- **Projet Impact Collectif.** In the spring of 2016, 17 Montreal neighborhoods were selected to participate in the first wave of a collective impact initiative that is supported by Centraide and a $21 million investment over five years from seven major foundations. Montreal has a long history of multi-partner collaborations to solve entrenched social problems. Lyse Brunet has written a retrospective article about this work, including public health’s involvement in poverty reduction.
A closer look at an evolving framework

As originally proposed, CI was characterized by a clear structure and set of conditions. Successful CI initiatives were found to share the following five conditions:

Figure 1. The five conditions of collective impact

The 5 Conditions of Collective Impact

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

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

- **MUTUALLY REINFORCING ACTIVITIES**
  - Differentiated approaches
  - Coordinating through joint plan of action

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

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

As the CI framework has been applied in different settings, questions have arisen about whether the research and experience of community developers, over decades of coalition work, has been adequately considered. Theorists have pointed out that the original CI framework grew out of a management-focused approach to intersectoral work, an approach that public health has used for decades to achieve its objectives. But public health work is also rooted in the community development approach, which some researchers and practitioners suggest has a more grassroots approach to leadership and harnesses different forms of power than does the original CI conditions. Just as public health and community organizations operate differently from each other in the community, so, too, do CI and community development. As noted by Christens, “What is viewed as challenging, off limits, or out of reach for one may be more easily achievable for the other.” Leaders at the Tamarack Institute have drawn from their anti-poverty work and responded to these critiques by proposing an upgrade to CI that moves it from a managerial to a movement-building paradigm – what they have called “Collective Impact 3.0”. Movement-building suggests that systems need to be reformed or even completely transformed for real change. Movements “open up peoples’ hearts and minds to new possibilities” and “embolden policymakers” and system leaders. This goes beyond the day-to-day management of change. Building a movement requires strong relationships based on a common vision, values and stories that can rally like-minded organizations into action.
The five conditions of CI are described below, along with the adjustments in thinking proposed in the CI 3.0 framework:

**COMMON AGENDA** All participants in a CI initiative must share a vision for change. They need to have a common understanding of the problem and agreement on the pathways to get there, despite the different values, interests and positions of the collaborators. Given the complexity of the social change we are looking for, however, it can be helpful to take this further to community aspiration and focus on “outcomes that are based on community values sufficiently ambitious that they cannot be realized through business as usual.”3, p6 A community aspiration provides an umbrella under which all partners can pursue their vision, according to their own abilities, creating a broader movement for change.

**SHARED MEASUREMENTS** A shared measurement system helps initiatives align efforts across participating organizations, recognize progress towards agreed objectives and allow for adjustments when actions prove ineffective. Shared measurement supports evidence-based decision making and holds organizations accountable for their actions. Developing a shared measurement system can be challenging, time-consuming and expensive to undertake, particularly when addressing complex and dynamic systems. Collaborators can become frustrated trying to produce measurement processes for decision-making that are manageable, can evolve with changing strategies, and provide data in real-time.

The Tamarack Institute says that a significant learning in the 5-year application of CI is that shared measurement needs to be treated “as one part of a larger system of learning and evaluation.”3, p7 They recommend a formal shift to a strategic learning approach that takes advantage of opportunities for learning embedded within people’s day-to-day work, in addition to shared measurement. CI 3.0 proposes that it may be more important to determine what the group needs to learn than what they should and can measure together.

**MUTUALLY REINFORCING ACTIVITIES** CI initiatives gain their strength from the coordinated efforts of every partner carrying out activities to which they are best suited. All partner’s activities fit together in a ‘mutually reinforcing plan of action.’ For example, one group may excel at building grassroots engagement among citizens, another may have expertise in drafting policy, while a third is best suited to advocating for more action. Each organization works in ways that most successfully contribute to the common agenda.

At the same time, mutually reinforcing activities may unintentionally misdirect efforts by encouraging participants to address areas that “offer great opportunities for cooperation rather than the greatest opportunities for results.”3, p8 CI 3.0 proposes a focus on “high leverage opportunities for change.”3, p9 With this shift in focus, participants determine where they have the knowledge, networks and resources to initiate systemic change.

**STRATEGIC LEARNING RESOURCES**
- “What is strategic learning” in The Evaluation Exchange
- The Center for Evaluation Innovation on strategic learning
- FSG on building strategic learning systems
Continuous communication is needed to develop relationships and build trust among partners, a considerable challenge in funding environments where organizations are more used to competing than cooperating. For success, all members at the table must be treated fairly and equitably, and respected for the perspectives and skills they bring to the issue.

People with experience using the CI framework have pointed out that continuous communication is not enough, and may fall short of the strong requirement for ‘authentic community engagement’ to effect change. In particular, the involvement of residents and other individuals directly affected by the issue is needed to:

- provide clear insight into the nature of the problem, an appropriate vision and solutions that are geared to the needs of those affected;
- create a broad following from all sectors – community leaders as well as its least powerful members – to build long-term commitment and a strong constituency for systems change; and
- treat all of those involved with respect and consideration for their democratic and moral rights.

The Tamarack Institute states that “authentic and inclusive community engagement is, without a doubt, a condition for transformational impact.” This caveat is addressed in the Collective Impact Forum’s Principles of Practice.

**THE COLLECTIVE IMPACT FORUM’S EIGHT PRINCIPLES OF CI PRACTICE**

» Design and implement the initiative with a priority placed on equity.
» Include community members in the collaborative
» Recruit and co-create with cross-sector partners
» Use data to continuously learn, adapt, and improve
» Cultivate leaders with unique system leadership skills
» Focus on program and system strategies
» Build a culture that fosters relationships, trust, and respect across participants
» Customize for local context

**BACKBONE SUPPORT** The CI framework calls for a separate organizational structure and staff to manage the initiative. With all participants busy working with their own organizations, a separate group is required to coordinate efforts of: guiding the vision and strategy; supporting aligned activities (planning, facilitation, technology, communications, administration and logistics); and maintaining data collection and reporting required for shared measurement. The absence of supporting infrastructure is one of the most common reasons CI initiatives fail.
Community builders have applauded the call for a robust backbone organization, as it emphasizes the importance of infrastructure to support community improvement. However, it can be difficult to secure a well-resourced backbone structure that is truly collaborative, and does not place one organization in a control position. In response to this concern, the CI 3.0 proposal calls for a more flexible approach, using a ‘strong container for change’ rather than organizational structure. The strong container of CI 3.0 proposes processes and guidelines that mobilize and encourage growth among partners involved in the change process. The container is the place where the critical ‘soft stuff’ of working to recognize and shift underlying values, and model non-hierarchical decision-making processes.

**An emphasis on equity**

While the original article unveiling the CI approach did not mention equity, later work has highlighted its importance. In 2015, Kania and Kramer confirmed that without equity, the five conditions of collective impact could not create lasting change. Participants in the Collective Impact Forum argued that “…an explicit equity lens is an essential component of all five characteristics of collective impact initiatives.”

Williams and Marxer point out that an equity lens strengthens the approach by:

- ensuring that those affected by an issue contribute to the common agenda;
- revealing disparities between different groups through a shared measurement system;
- developing mutually reinforcing activities that support those most in need;
- ensuring that communication is written in accessible language, reaches all participants, and “disrupts rather than normalizes persistent inequities;” and
- building backbone support that is committed to equity by reflecting the community’s diversity, has credibility among affected populations, skillfully engages community members, and then develops and follows the leadership within them.

**COLLABORATIVE LEADERSHIP RESOURCES**

- Transformative Scenario Planning: Working Together to Change the Future by Adam Kahane (2013)
**Vision:** “Communities supporting healthy kids growing into healthy adults raising healthy kids.”

**What?** The Child and Youth Health Network of the Capital Region (C&YHN) is a relatively new CI initiative, with partners beginning their work together in 2014. The C&YHN focuses on increasing the level of connectedness of youth to their family, school and community. By doing this, they aim to increase the mental health of children and youth in the Capital Region by 10% or more within 20 years.

**The back-story:** C&YHN grew out of several coalitions working to optimize the health and wellness of children and youth, including Healthy Kids R Us (funded by BC Healthy Communities Plan) and P2P (Pre-natal to Post-secondary program funded by the Horner Foundation). Kathy Easton, a public health manager with Island Health, one of BC’s seven health authorities, had been working with many of the groups involved in these coalitions, recognized their common goals and brought the groups together. Coalition members saw the fractured way that services were being delivered, and looked to CI as a way to effect systemic change.

Over three years, these groups have built an engaged partnership that includes local, regional and provincial government bodies, non-profit organizations, postsecondary institutions and community members with lived experience. C&YHN received temporary funding for coordination and project management from the Children’s Health Foundation of Vancouver Island, the Horner Foundation, Island Health and the Victoria Foundation. CI members are now looking for sustainable funding to maintain staffing support for the initiative.

**How is it doing?** Still early in its evolution, C&YHN has strong member commitment. It is currently supported by a Stewardship Committee, following more the CI 3.0 model of a container for change rather than a backbone organization. The Stewardship Committee co-ordinates the work of self-organizing and autonomous working groups or constellations, and works to build strong commitment to child and youth health in the Capital Region. The work areas for the seven constellations are:

- youth,
- shared measurement and the “Index of Connectedness,”
- physical health/physical literacy,
- healthy schools,
- Truth and Reconciliation Commission Action Response,
- Victoria Early Years Centre, and
- active transportation.
Future goals: C&YHN is embarking on a theory of change process facilitated by BC Healthy Communities. Through this process, they will craft a common agenda that encompasses the vision of many organizations across the Capital Region. Initiative partners have been developing an Index of Connectedness (based on research that youth mental health is linked to family, community, school and peer connectedness), which will form part of its shared measurement and evaluation process. Once common agenda and shared measurement are established, the working groups will begin to frame their activities as mutually reinforcing or high leverage.
Vision: “Happy, healthy children and youth today; caring, creative, responsible adults tomorrow.”

What? Established in 2007, London’s Child and Youth Network (CYN) is a collaboration involving over 170 children and youth service providers working to improve outcomes for children, youth and families. Specifically, the CYN aims to: end poverty; make literacy a way of life; encourage healthy eating and healthy physical activity; and create a family-centred system of services.

Why? The Middlesex-London Health Unit (MLHU), the City of London and community organizations knew—for years prior to 2007—that many London children and families were not thriving. In 2008, measures on child and youth poverty, school readiness, high school graduation rates and childhood obesity revealed that one in four children in London was being left behind. A large-scale community consultation, which public health actively participated in, identified the contributing factors as access to healthy food, insufficient physical activity, low literacy, and poverty. In addition, community members said the system of services was difficult and time-consuming to navigate.

The back-story: In 2007, the release of community reports were a startling call to action for London’s service providers who were working to improve outcomes for families. Initially, the City of London called providers together to talk about how, as a community, they could work better together to address these wicked problems. The CYN used a community development approach, involving residents in defining the priorities for London’s children, youth and families. That was four years before the term collective impact was coined. A staff person at the City of London, the CYN’s backbone organization, says, “When collective impact language came out, it helped us understand the work that we were already doing. We don’t strive to be a collective impact initiative; we are simply doing the work we do, and pull what we need from the CI framework to help us.” For example, the CI framework has helped inform how the network evaluates its impact.

While the City of London acts as the backbone organization, the MLHU contributes many staff hours to the initiative. It has assigned 50% of a public health nurse’s time to the initiative, as well as the engagement of 17 employees on the CI working groups.

How is it doing? The CYN has been instrumental in the construction of four Family Centres, which were built onto the existing Early Years Centres. A staff person calls the Family Centres “a physical manifestation of the collaborative work in our community to create seamless family, child and youth services.” These Centres offer a single-door approach to child, youth and family services, through a Community Connector staff person. Three more Family Centres will open by the end of 2017, now with the support of provincial policy that has been influenced by London’s success with a literal single-door approach. Family Centre staff are required to complete a Community Connector Curriculum where they learn, among other things, about community development approaches, conducting neighbourhood inventories and community outreach. Together, network members are becoming more self and community aware, and are learning how the social determinants can interact to create difficult situations for families and youth.

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* Public health in Ontario is organized into 36 public health units.
A 2016 evaluation of projects and initiatives under the CYN banner highlights the collaboration’s impact:

- 90% of families in neighbourhoods with a family centre said services were easy to access, compared to 59% in non-family centre neighbourhoods.
- 99% of London schools and 1,495 students registered for a free Act-i-Pass in 2015, giving all grade 5 students access to recreational facilities and programs.
- 98% of people receiving “Harvest Bucks” reported eating all or most of the vegetables and fruit they purchased at local farmers’ markets.
- Delivery of the Baby’s Book Bag helped 79% of recipients read more to their babies.

**Future goals:** After a year of evaluation and comprehensive planning, London’s CYN is developing its third Child and Youth Agenda. Network members know that the complex issues of poverty, health, literacy and service integration could take decades to resolve. While population-level data remain troubling, the work of the network is having a positive impact. Members have invested the time needed to build relationships, learn from their efforts and refine processes as they go. While they recognize they have no control over many factors, the group is committed to making contributions within its sphere of influence.

“This Child and Youth Agenda...represents the best of our knowledge and our highest aspirations for change. It represents our commitment to making that change happen and realizing the possibilities of what we can do together.”
STRATEGIC LESSONS

Seven strategic lesson themes emerged from our interviews with key stakeholders in these two initiatives:

**Allow for a lot of time to build and change community-institutional relationships**

Both initiatives built on existing work in their areas; nonetheless, the process of strengthening trust and respect among partners, coming to a common agenda and ensuring mutually reinforcing or high leverage activities involved lengthy and heartfelt discussion that required a great deal of time.

The Vancouver Island C&YHN members are pleased with the strength of their network, but are surprised at the amount of time it has taken to get there. “It took two years of deep inquiry to realize that the leverage point we have been missing—the thing we need to focus our collective efforts on to improve the mental and physical health of young people—is their level of connectedness to family, school and community,” said Petra Chambers-Sinclair, previous coordinator of the C&YHN. Kathy Easton, a public health manager and chair of the C&YHN Stewardship Committee, said that commitment to working together has kept partners at the table for three years, trying to find a focus and building good relationships.

For the London CYN, just the size of the collaboration (170 member organizations and 500 individuals involved over the past ten years) makes time a key consideration. A member of the backbone organization recommends finding a few quick wins among the longer-term initiatives. For example, in establishing its Family-Centred Service System (FCSS), the network was able to improve family support processes right away, while it turned to the long-term project of planning and constructing a physical building.

Effective collaboration requires that each member’s needs and perspectives be considered, which can lead to slow decision-making. Smaller organizations in particular, can feel stretched by the amount of planning and discussion, and become impatient with the slow progress. The London experience has shown that the work of the collaboration can become less time-demanding as people get to know each other. Jason Gilliland, director of the Human Environments Analysis Laboratory (HEAL) at Western University, has been active in London’s CYN for ten years. He has noticed that the “red tape is not as thick anymore.” Respect has been built and silos broken down; the organizations work more smoothly and quickly together.

**Align organizational staffing with new structures**

Engaging in a CI initiative creates additional demand on existing staff, whether it is a new or well-established network; this can be a burden to both large, established organizations and small NGOs, as staff add the need to participate in the network on top of their regular workloads. The staffing crunch can be further complicated by staff and leadership turnover.

The London CYN is fortunate to have a strong backbone organization in the City of London. Municipal councilors saw the level of commitment around the table, the clear framework the community had developed, and the long-term value of coordinating efforts. The City of London contributes $1.1 million to support local initiatives of the network, as outlined in its 5-year agenda. Backbone support is provided by the City of London along with a number of community organizations working in a coordinated effort to support the network.
The MLHU participates substantially in London’s CYN. It has recently committed half of a public health nurse’s (PHN) time to coordinate public health’s work within the network of almost 200 organizations, many with initiatives that intersect public health programs. The MLHU coordinator ensures better communication and greater efficiency in the health unit’s involvement. She keeps staff informed of CYN’s activities and MLHU’s contributions, and looks for gaps in programming and opportunities where the health unit can contribute.

In addition, 17 MLHU staff, including directors, middle managers, PHNs and registered dieticians, are committed to the CYN on an ongoing basis, contributing to all four priority areas and the governance committee. Other staff get involved in projects as needed. A CYN committee within the MLHU meets a few times a year to ensure consistent, integrated and collaborative engagement in the Network.

Over time, many of London’s CYN initiatives that fulfill public health mandates have been incorporated into public health operational plans. For example, the Ontario Public Health Standards 2008 requires Boards of Health to increase public awareness of healthy eating, healthy weights and physical activity. This mandate aligns with initiatives within the London CYN Healthy Eating and Physical Activity strategy.

Establishing a backbone structure or container for change is a critical and challenging condition of the CI approach. The backbone is not meant to be an organization unto itself, but should arise from existing groups and resources to support the CI initiative. City of London staff are aware that because the city contributes people and funds to the initiative, it can be perceived as having a weightier voice. Therefore, staff work hard to support the Network without taking the lead.

The Vancouver Island C&YHN is at an earlier stage in development than the London CYN. It is struggling to secure resources for a dedicated network coordinator. Temporary funding enabled the Network to hire a part-time coordinator for a few years, but when that funding lapsed, responsibility for coordination fell to committee volunteers, and in particular to Kathy Easton, Public Health Manager and chair of the C&YHN Stewardship Committee. “We’re all trying to keep this going off the corner of our desks and that’s very challenging!” she noted.

Ensure adequate funding, at least in the initial years

Not surprisingly, securing funds is a more critical issue for emerging CI initiatives than for those that are well established.

Vancouver Island’s C&YHN, as noted above, struggles to find stable on-going funding. Kathy Easton says finding funding for a staff position is challenging as most funding opportunities focus on projects or products, rather than coordination and collaboration.

London’s CYN has secure funding for coordination; the City of London has managed to leverage three times its $1.1 million contribution to CYN with in-kind and other funding. This significant resource investment supports evaluation efforts to collect good data to fill the data gaps experienced by many of its members, and to support the initiative as a whole.
Ensure continuous network communications and education

At the outset, communication focuses on educating partners on what CI and community development are, developing a common vocabulary, and articulating the mandates, roles and programs of various partners.

For both London and Vancouver Island networks, continuous communication means large meetings of the entire network, interspersed with committee and face-to-face partner meetings on an ongoing basis. In between, e-mail, online groups (e.g. Google Groups) and electronic newsletters (e.g. Mail-Chimp) keep members informed. Having someone in a CI staff role plays a big role in keeping communications flowing.

Even London, with its established network, cites communication as its biggest challenge. Considerable effort goes to keeping all members, funders and broader community members engaged in ongoing initiatives. The results of evaluation and measurement are shared on a regular basis to identify effective strategies and keep efforts moving in the right direction. Informing the community of challenges and successes can keep everyone engaged and result in new ideas.

As the London CYN builds its growing network of neighbourhood Family Centres, it works to maintain information sharing between partners so that families have to tell their stories fewer times, and partners can provide more seamless connections to service opportunities.

Continuous communication requires dedicated staff time so that everyone is up-to-date and has the most relevant information. In Vancouver Island, Kathy Easton notes that, “Members engage at varying levels, which means there is not always a consistent understanding of the initiative.”

Find worldview, policy and organizational alignment

No matter the number of partners involved, a great deal of intentional discussion is needed to align diverse goals and mandates into a common agenda.

The Vancouver Island C&YHN was able to prioritize youth mental health quickly in the development of their CI initiative. However, it took research and some time to select youth connectedness as the highest leverage point to align their activities. Petra Chambers-Sinclair said, “The challenge is that CI is about system change, meaning the people involved need to change. People say they are up for it, but the work can be very challenging at a personal level: it’s uncomfortable.”

Ruby Brewer, program manager of the Early Years Team and London CYN lead at the MLHU notes that, “A key component of the Ontario Public Health Standards is to identify and work with priority populations and to work with community partners to offer population-based activities that promote the health of the population and reduce health inequities. The similarity in our concerns was clear, so it was logical to integrate our efforts.”
London partners were motivated by data showing more than one in four children are not ready to learn in Grade 1. The CYN provided opportunities for community partners to offer programs together in Family Centres so that families could more easily link to diverse services for developmental concerns, early age literacy, attachment and infant/child mental health, and positive parenting.

The network has taken a ‘no wrong door’ approach, allowing members to follow a simple referral process and making it far easier for families to link with services from wherever they make their first connection.

**Integrate evaluation with CI network development**

Shared measurement involves identifying key indicators and establishing measurement mechanisms. If evaluation is integrated into early planning efforts, it can help build the common agenda and measure collaborative progress. As already noted, it can be time-consuming and expensive and, if too focused on numbers, can blind partners to broad, strategic learning opportunities.

The London CYN tackled the challenge of evaluation by calling on the expertise of local community leaders and researchers, such as Dr. Jason Gilliland. HEAL at Western University focuses on the impact of the built environment on health outcomes. His team helped the CYN identify research and frameworks to guide its work; he has aligned much of his research with the work of the Network, lending Masters and PhD students to support the evaluation of CYN projects. The CYN and individual partners benefit greatly from the data, and students gain experience in evaluation of community projects.

The Vancouver Island C&YHN is preparing the ground for shared measurement by partnering with the **McCreary Centre** and other experts to develop an **Index of Connectedness**. The Index will roll up all existing, relevant indicators for measuring youth connectedness. An interim index is being used to establish some measurements and to identify data gaps. Once the Index is finalized, it will be used to track trends over time.

**Involve people with lived experience**

To keep equity at the centre of the work, youth with experience of mental and physical health challenges need to be substantively involved.

Vancouver Island’s C&YHN Stewardship Committee recently discussed how best to involve youth, after realizing that youth attending their meetings did not engage with the formal meeting protocol and stopped attending. These youth had dealt with mental health challenges, homelessness and substance use. Kathy Easton notes that while the partners recognize the importance of having this experience at the table, “we structure meetings that are not youth friendly.”

For Petra Chambers-Sinclair, previous coordinator of the C&YHN, this issue speaks to leadership: “We adopted a management style that makes best use of the highly skilled executive directors and senior managers around the table, but not necessarily all members of the initiative.” Petra notes that the movement building potential of a CI approach as described in Tamarack’s CI 3.0, creates more space for a distributed leadership approach. The C&YHN is now considering how best to use the youth members’ experiences and facilitation skills, with a thought to purposefully putting awkward conversations on the agenda.
The London CYN relies on the backbone organization and each partner to engage people with lived experience, and to bring those learnings and experiences to the larger collaborative table. The network’s work is heavily influenced by the principles of community development. From the beginning, local residents have been involved at all levels, from informing strategic priority areas to creating and implementing local initiatives.

As was noted earlier, community engagement and capacity building training has been a top priority for CYN members. The network has invested in developing training for members on how to use a community development approach in their day-to-day work with families and youth. As well, organizations also use a family-centred approach for planning with professionals in neighbourhoods. To support people, and organizations working directly with families, the CYN has created a toolkit and facilitator’s guide designed to strengthen relationships between organizations using an interprofessional community of practice for neighbourhood-based planning. A member of the CYN backbone said “families benefit from members using these approaches across our city. The experience and expertise of families and CYN members provides a strong foundation for community planning.”
WHAT DIFFERENT PARTNERS BRING TO THE TABLE

In this section, we look first at what community partners other than public health bring to the CI initiative, then at what public health contributes.

Community partners other than public health

Public health practitioners have long recognized that improvements in population health cannot be achieved without the involvement of other sectors. Community organizations are the ears, arms and legs in the community. They are nimble and flexible. They can sometimes advocate on issues that public health, as part of government, feels constrained to speak to forcefully. Both the London and Vancouver Island networks strongly value the contributions of their community partners.

Diverse skills and resources

Each community partner brings unique skills, approaches and audiences to a CI initiative. Building on these combined resources is at the heart of CI.

London’s Family Centres have staff positions called Community Connectors. These people have a broad understanding of services available, and connect London families with services and supports through a single-entry-point approach. The CYN is working to incorporate this approach among all member organizations, building staff capacity to provide consistent support to families across the city.

Another example is London’s relationship with Western University’s HEAL which provides research data and students’ skills. The relationship with CYN benefits HEAL as well. “Working with cross-sectoral collaborators always identifies worthwhile research questions, great opportunities for integrated knowledge translation, and meaningful work for students,” says Jason Gilliland. He appreciates knowing the research findings will be directly applied in the community.

The Vancouver Island C&YHN benefits from the diverse perspectives of its partners. It also benefits from the involvement of local and provincial academics and researchers, particularly the McCreary Centre’s long-standing experience in implementing provincial youth health surveys. McCreary has also guided and supported the Network in developing its theory of change and measurements systems.

Increased reach

A single organization can never have the reach of a network of organizations. Working with community partners can help public health ensure evidence-based messages make it to the many partners that are part of a CI initiative and dramatically increase the potential impact. As part of the network, community groups can ensure that hard-to-reach people are introduced to public health programs. If appropriate, public health can also expand the reach of its programs by training members of the collaborative network in a train-the-trainer approach, preparing them to further extend programs in the community.

In London, community partners worked alongside public health practitioners to hone its Menu Maker meal-planning resource to ensure that healthy living information was accurately messaged while striving to increase the tools accessibility to children and those with special needs or low literacy. This resulted in a wider reach and better use by families.
Engagement with marginalized groups
Community partners can provide a direct connection to the people who are the most impacted by the issue at the centre of the collaboration. In addition to the services they provide, community partners support families in many soft ways that public health does not. Providing a comfortable place to sit, a warm drink and a friendly ear can create bonds between community service providers and their clientele that go far to establish credibility and trust.

In London, PHNs employed by the MLHU provide infant growth/development and breastfeeding education and support at drop-ins at the Family Centres. The relationships built there create trust in other public health staff and programs. The community link to other professionals working in neighbourhoods also improves public health practice by giving practitioners a better understanding of community needs.

Public health
Community organizations, funders and government partners interviewed for this report had high praise for the contributions of public health. A member of the backbone organization at London’s CYN says, “It is vital that [public health practitioners] are actively participating to make the kinds of changes we want to see in our city.” This section describes some of the many positive attributes that interviewees identified.

Legitimacy and credibility
Particularly at the beginning stages of a CI initiative the legitimacy that public health brings, adds credibility to a relatively new approach to addressing community issues.

In Vancouver Island’s Capital Region, two Medical Health Officers sit on the Network’s Stewardship Committee and speak publicly about its value and potential. Community members speak highly of the diversity of professional expertise and specialized content knowledge that public health practitioners bring.

Evidence-based decision-making
Public health has a long history of measurement and surveillance, and can bring experience in gathering and using data. Because of staff’s knowledge transfer abilities, public health can act as a bridge between researchers and the community.

Resources
In many CI initiatives, public health is one of the better resourced partners. It can bring significant human and financial assets to an initiative. Public health is often seen by other partners as coordinators, capacity builders, and writers of funding proposals. Public health can struggle to meet the Network’s expectations, as staff have to justify alignment with their public health mandate.

Perspective
Public health practitioners are used to working across sectors to improve the distribution of the social determinants of health. They are trusted by both government and community partners, so can be ‘social capital brokers.’ Kathy Easton was asked to chair the C&YHN Stewardship Committee as she is trusted by, and works comfortably with, all sectors.

Public health has experience in mobilizing community partners around the development of healthy public policy, and in turning evidence into policy, which add long-term value to collaborative social change efforts. Framing social issues as health issues can help community partners integrate a health focus into their work with families and neighbourhoods.
ESSENTIAL ELEMENTS FOR SUCCESS

The collective impact approach lays out three pre-conditions for success; an influential champion, adequate financial resources and urgency for change around the issue.17

An influential champion This person (or small group of people) has been cited as by far the most critical factor for success. They will bring legitimacy and respect to the initiative, build commitment from a wide range of partners and ensure their active engagement over time.17

Adequate financial resources The CI model suggests “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.”17, p3

Urgency for change around an issue This third pre-condition suggests a breaking point must be reached to convince people that an entirely new approach is needed.17 A crisis in the issue, potential for substantial funding, or the possibility of a fundamentally new approach must appear to mobilize groups to work together in CI. Creating urgency by publicizing new, damning research on an issue may also sufficiently capture public attention to create a sense of urgency.

We asked the public health interviewees from both London and Vancouver Island what they see as essential elements for success when public health gets involved in a CI initiative. They suggested five factors, in addition to the three above.

Tie the common agenda into public health’s strategic plans

Public health should aim to align their work and mandate (annual goals, objectives and program plans) with the CI common agenda as best they can. Aligned goals can cement commitment, help align programs, make it easier for staff to engage, and improve tracking and measurement. The well-established London CYN has formal endorsement of the MLHU Senior Leadership Team and is included in MLHU’s strategic plan, whereas public health’s engagement in Vancouver Island’s C&YHN is informal, relying on participation on the coordinating committee by the Medical Health Officer and a manager.

Provide organization-wide education

It is essential that staff within public health understand how the CI initiative relates to their day-to-day work so that opportunities to align with and strengthen the common agenda are not missed. This can be a challenge given the diversity of programs and services; initiative-wide training can address this.

Public health staff in London were encouraged to identify opportunities to strengthen services for youth through their engagement in the CYN. For example, MLHU offered sexual health clinics, but not in all neighbourhoods, and neighbourhoods far from the clinics were seeing a rise in HIV rates. To address this gap, public health collaborated with the Family Centres to have a PHN provide counselling on birth control, STIs and other sexual health issues during a monthly drop-in sexual health clinic.
Flexibility around funding

London’s CYN has found that the CI approach presents member organizations with opportunities to prepare joint funding proposals, enabling them to secure resources they might not have had access to independently. CYN projects are often better aligned than their funding structures would suggest. While communication with funders has become easier, the Network gained people’s trust over time, program funding and reporting functions remain independent.

The public health partner in the Vancouver Island C&YHN reports that flexibility has been critical as they work towards a sustainable source of funding. They are cautiously optimistic that the existence of the C&YHN will enable resources from the broader health sector to be used more effectively for community development purposes.

Flexibility in operations

Large organizations such as public health and municipal governments are bound to specific mandates and procedures, sometimes limiting their flexibility to support community initiatives. Partners in London’s CYN have noticed more flexibility and solution-oriented approaches as the CI members gain experience with each other.

One example involves a healthy living fair the city wanted to hold in a low-income community. Funding from the Ministry of Health and Long-term Care specified that the fair had to teach food preparation and provide samples to residents. Public health requires that hand-washing stations be provided when food preparation is involved, but none of the venues in the neighbourhood where the fair was being planned had the required stations. A PHN suggested that camping-style hand-washing stations would fit the bill, allowing the event to take place in the neighbourhood with the greatest need.

Working together across sectors

People interviewed for this case study agree their CI initiatives have made strides in multi-sector collaboration that would not have been possible using any other approach. According to Petra Chambers-Sinclair with the Vancouver Island C&YHN, “We have come together across sectors in a way we never have before. We have a common goal, which is a significant achievement for an early-stage CI initiative.”

Long-standing silos have been broken down, and milestones have been identified and achieved through collaboration. While much is yet to be accomplished, these two networks have provided a strong basis for moving forward with forums, common language and common practices of strong collaboration and communication. Kathy Easton commented: “There is a renewed sense of hope for the future. People are coming together with a steely desire to make a change.”

A member of the backbone organization from London’s CYN said CI 3.0 “loosens the reins on the five conditions” to allow organizations to work together better. Another interviewee stated that, “Collective Impact is an evolving model and to be most useful it needs to be adaptable to differing circumstances. It should not be restrictive or limiting.” It seems that practitioners are taking the best of both approaches to improve the situation for families and children.
GETTING STARTED

The following steps for getting started have been adapted from Channeling Change: Making Collective Impact Work.17

1. Assess your community and potential partners against the three pre-conditions for success: an influential champion, adequate resources and urgency for change around your issue.

2. Review the five conditions for success as they have evolved. You need to start with your particular needs and context. Would you benefit from a management focus or a more community aspiration focus? As a member of London’s backbone organization points out, “People can get hung up on the framework and let it stand in their way. We are simply doing the work we do, using CI as a way to frame it.”

3. Initiate action (Phase I) – At this stage, you will work to:
   - identify champions and form your cross-sector group. Plan your governance structure.
   - map the landscape so you are aware of other potential partners and the services they provide, and collect data to make your case.
   - get out in the community and get people involved.
   - analyze any baseline data you can find to identify your key issues and gaps.

Be sure to build on any initiatives already underway. The Vancouver Island C&YHN was built on the ongoing efforts of two coalitions already in operation and aligned in their missions – Healthy Kids R Us and P2P.

4. Organize for impact (Phase II) – Once you have the basics down, get busy on your five conditions for success.
   - Create a backbone structure or container for change.
   - Develop your common agenda.
   - Engage the community and build public will.
   - Establish shared measurement or a way of sharing learning.

5. Sustain action and impact (Phase III) – As a fully operational CI initiative, your job is now to keep people motivated and moving together towards priorities for action, collect data to continue to make your case, and put processes in place that allow you to learn and correct course as needed.
   - Refine your governance processes and infrastructure.
   - Implement action towards aligned goals and strategies.
   - Continue to involve the community, through advocacy and engagement.
   - Collect, track and report progress, to learn and improve performance.
The initial stages of a CI initiative can take a great deal of time. Phases I and II can take two years or more, depending on how well prepared you are going in. Creating a common agenda can be slow and painstaking work. Even with a common agenda, differences may continue to arise in the ongoing work of the initiative. Discussions leading to their resolution can be fruitful in moving initiatives forward. A good learning or evaluation system (with shared measurement) can be the most challenging element to establish.

The developers of the CI approach also warn that implementation can be a "messy and fragile process." Those interviewed for this case study confirm, however, that it is a positive and rewarding experience. The approach is so different and the prospects for success so high, that participants stay motivated long into 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."17, p8

**RESOURCES AND TOOLS TO APPLY: COLLECTIVE IMPACT**

- The Collective Impact Forum
- Tamarack Institute – Collective Impact
- Innoweave – Collective Impact training materials
- NCCDH – Collective Impact Collaborating to Improve Conditions for Health
REFERENCES


