Collaborating for Equity and Justice: Moving Beyond Collective Impact

By Tom Wolff, Meredith Minkler, Susan M. Wolfe, Bill Berkowitz, Linda Bowen, Brian D. Christens, Vincent T. Francisco, Arthur T. Himmelman, Kien S. Lee and Frances Dunn Butterfoss

This article comes from the Winter 2017 edition of the Nonprofit Quarterly, "Social Media: The New Nonprofit Nonelective." https://nonprofitquarterly.org/2017/01/09/collaborating-equity-justice-moving-beyond-collective-impact/?utm_source=Daily+Newswire&utm_campaign=bd6ae96ea8-EMAIL_CAMPAIGN_2017_01_09&utm_medium=email&utm_term=0_94063a1d17-bd6ae96ea8-12265965

The United States has historically struggled with how to treat all its citizens equitably and fairly while wealth and power are concentrated in a very small segment of our society. Now, in the face of growing public awareness and outcry about the centuries-long injustices experienced by African Americans, Native Americans, new immigrants, and other marginalized groups, we believe that our nation urgently needs collaborative multisector approaches toward equity and justice. For maximum effectiveness, these approaches must include and prioritize leadership by those most affected by injustice and inequity in order to effect structural and systemic changes that can support and sustain inclusive and healthy communities. Traditional community organizing and working for policy change will supplement the collaborative approach. We believe that efforts that do not start with treating community leaders and residents as equal partners cannot later be reengineered to meaningfully share power. In short, coalitions and collaborations need a new way of engaging with communities that leads to transformative changes in power, equity, and justice.

To that end, a group of us have developed a set of six principles under the name "Collaborating for Equity and Justice." Drawn from decades of research, organizing, and experience in a wide range of fields, these principles facilitate successful cross-sector collaboration for social change in a way that explicitly lifts up equity and justice for all and creates measurable change. We do not propose one specific model or methodology, recognizing that no single model or methodology can thoroughly address the inequity and injustice facing communities that have historically experienced powerlessness. Instead, we provide principles linked to web-based tools that can be incorporated into existing and emerging models and methodologies, toward developing collaborations that will increase the likelihood of systemic and lasting change that ensures equity and justice for all community members.

The principles we developed were also in response to popular use of what we perceive to be a flawed model: Collective Impact (CI). Foundations, government agencies, health systems, researchers, and other actors in the past relied on sophisticated collaborative models, such as Frances Butterfoss and Michelle Kegler's Community Coalition Action Theory, Tom Wolff's Power of Collaborative Solutions Model, and Pennie Foster-Fishman and Erin Watson's ABLe Change Framework.¹ However, some leading foundations and important government agencies eagerly sought a simpler way to create large-scale social change through multisector collaboration. When John Kania and Mark Kramer introduced their model of Collective Impact, its five core tenets and basic phases showed similarities to earlier models, but it was more appealing in its simplicity and marketability.² The CI model was introduced in a sixpage essay without pilot testing, evaluation, or significant actual experience in developing coalitions, yet government agencies and foundations quickly adopted and endorsed it. (It was revised the following year, but the revision did not substantively improve the model.)

The Centers for Disease Control and Prevention (CDC), the Health Resources and Services Administration (HRSA), and philanthropic funders incorporated it into calls for proposals. Professional organizations also embraced CI. It was the theme of the 8th Biennial Childhood Obesity Conference in 2015 (cosponsored by Kaiser Permanente and the California Department of Public Health, among other organizations).

CI is described as a systematic approach that engages both organizations and individuals affected by a given issue of concern and organizations and individuals influencing that issue. Yet the model presents serious limitations, such as its failure to cite advocacy and systems change as core strategies, engage those most affected in the community as partners with equal power, and directly address the causes of social problems and their political, racial, and economic contexts. Critiques of CI have been offered by nonprofit sector leader Vu Le, who stresses the fallacy of the model's "Trickle-Down Community Engagement" approach and "Illusion of Inclusion"; PolicyLink leaders Michael McAfee, Angela Glover Blackwell, and Judith Bell, who stress equity as the missing "soul" of Community Impact; Tom Wolff, in "10 Places Where Collective Impact Gets It Wrong"; and Peter Boumgarden and John Branch, whose article "Collective Impact or Coordinated Blindness?" appeared in the *Stanford Social Innovation Review* (as did "Collective Impact," Kania and Kramer's first essay on the subject).³

The model's utility in practice has further been questioned by researchers who attempted to employ and test CI in collaborative efforts to address problems such as food insecurity, and found it less useful than other well-developed, community-driven models.⁴ The themes that have emerged from this growing critical literature include using a top-down business model rather than a community building and development approach; the lack of a racial justice core as essential to the work; omitting creative and diverse contributions from grassroots stakeholders as equal partners; imposing shared metrics; and not acknowledging previous research and literature.⁵

To their credit, the framers of and later contributors to the CI model have continued to modify the approach, most recently developing the Collective Impact 3.0 model, which adds new conditions, including "community aspiration" and "inclusive community engagement," and has a stated focus on "movement building." Yet, as discussed in this article, the meaning and level of commitment to such phrases—and the lack of meaningful evaluation of the old or newer renditions of the model—are deeply problematic. Further, although the revisions in CI 3.0 and other suggested modifications draw greater attention to equity and justice, they do not explain how CI's top-down collaborative model, which doesn't include those most affected by the issue in shared decision making, can be fundamentally reengineered after the fact for true inclusion and equity. We have yet to see evidence that CI can accomplish this.

We cannot continue to accept or slightly modify the CI model and expect to move forward. We cannot repair a model that is so heavily flawed regarding equity and justice. It is time to move beyond Collective Impact. The following six principles for collaborative practice that promote equity and justice are linked to tools and resources created on the Collaborating for Equity and Justice Toolkit website, a new Community Tool Box WorkStation, aimed at helping collaborative solutions to succeed.⁷

Principle 1: Explicitly address issues of social and economic injustice and structural racism.

As McAfee, Blackwell, and Bell stated in Equity: The Soul of Collective Impact:

Race remains the fundamental fissure in America; it compounds and perpetuates disadvantage across neighborhoods and generations.... Racial inequities persist in all sorts of policies and practices, implicitly and explicitly.... In fact, racial disparities exist on every measure of individual and community well-being.⁸

The reality is that race/ethnicity and social class are far greater predictors of social and economic mobility than individual ability, motivation, and hard work, in part because racial, ethnic, and class-based inequities are often entrenched in policies and practices. As Junious Williams and Sarah Marxer have said, "Without rigorous attention to persistent inequities, our initiatives risk ineffectiveness, irrelevance, and improvements that cannot be sustained."9

The Collective Impact model not only fails to address these inequities and injustices but may, in fact, by its very nature serve to perpetuate them. For example, the model endorses multisectoral collaborations consisting of organizations that often are complicit in maintaining prevailing power dynamics that perpetuate racial and other forms of inequity and injustice. The emphasis on using "shared metrics" privileges traditional data collection for and by those in positions of power, and controls for the very contextual variables that often are part of the problem. Data on disproportionate rates of obesity and diabetes among African Americans, for example, without attention to their disproportionate rates of residence in low-income food deserts, may be used to make the case for offering courses in healthy eating rather than working to change the environments and policies that cause the lack of access to healthy, affordable foods. By contrast, data collected by community members in low-income neighborhoods (for example, the amount of shelf space in local stores that is devoted to alcohol, tobacco, and sugary snacks versus healthy foods) have been used to help pass and implement city-supported healthy retail policies and programs.¹⁰

A 2016 review of initiatives incorporating Social Determinants of Health (SDoH), commissioned by the National Academy of Medicine, provided numerous examples of multisector collaborative models. While some of these models focused on achieving health equity, none of them explicitly named addressing the role of structural racism as the vehicle through which they would accomplish their mission. In fact, the authors omitted any mention of structural racism or any other forms of structural inequities in their conclusions on addressing SDoH. Unfortunately, the documents, recommendations, guidelines, and models that such thought leaders put forth too often play a role in perpetuating efforts—from the individual to the systems level—to address SDoH while continuing to ignore structural racism and other forms of structural inequities.

The principles of Collaborating for Equity and Justice suggest that multisectoral, community-led coalitions explicitly address structural racism, defined as the history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color. When the Boston Public Health Commission's REACH (Racial and Ethnic Approaches to Community Health) Coalition was launched to address breast and

cervical cancer health disparities, it circulated a brochure in the community that stated, "If you're a black woman living in Boston, you have a greater chance of dying from breast or cervical cancer than a white woman. Why? Racism may play a key role in determining your health status. It may affect your access to health services, the kind of treatment you receive, and how much stress your body endures." Black women in the community came to the coalition drawn by the honesty and resonance of that statement.

We suggest that collaboratives actively pursue racial justice—which we define, per Keith Lawrence and Terry Keleher's *Chronic Disparity: Strong and Pervasive Evidence of Racial Inequalities*—as the creation and "proactive reinforcement of policies, practices, attitudes and actions that produce equitable power, access, opportunities, treatment, impacts and outcomes for all"—particularly for communities of color.¹³ The Boston Public Health Commission (BPHC) embodied this approach when mandating a three-day workshop for commissioners, staff, and community grantees based on a racial justice framework. Their work then focused on addressing the racism inherent in the social determinants of health that impacted the issues of concern. The Boston REACH program was one of the few funded health disparities efforts in the nation that named racism as the issue and addressed it directly, including helping staff respond to the pushback encountered when the term racism is explicitly used. (See the Collaborating for Equity and Justice Toolkit for tools and resources for this principle here.)

Principle 2: Employ a community development approach in which residents have equal power in determining the coalition's or collaborative's agenda and resource allocation.

Collaborating for Equity and Justice's second principle focuses on the importance of using a community development approach that originates at the grassroots level. This approach requires that collaboratives design and implement intentional strategies to engage the community—particularly residents and those most affected by inequities and injustices—in ways that are attentive to power relations and disparities and that, ultimately, ensure that residents are equal partners. This means that residents are not merely providing input, serving as advisors, helping to test ideas, or interpreting information but also are fully involved at every step and in making decisions about initiatives and other matters that affect their lives. In the control of the

This also means allocating time, resources, and expertise to prepare institutional leaders and residents to engage meaningfully with each other. Such engagement can be contentious and bring to the surface conscious and unconscious racial and other biases, threaten the privilege and power of some individuals and institutions, and intensify the consequences of internalized oppression and historical trauma. As a start, white members of the collaborative must gain understanding of and reflect on their own white privilege.

The other implication is that the basics of engagement—such as transportation to meetings, child-care assistance, translation of information, interpretation during meetings, and safety of residents—must be considered and built into the process. It means avoiding the use of technical language and professional jargon in communications and facilitating meetings in ways that raise, rather than dampen, community engagement and power. The intentionality of engaging residents as equal partners and paying attention to the process is very different from Collective Impact, which advocates determining a common agenda among

organizational leaders and then—and only in some cases—bringing some community representation to the table. Wolff states, "Without engaging those most directly affected, Collective Impact can develop neither an adequate understanding of the root causes of the issues nor an appropriate vision for a transformed community. Instead, the process will likely reinforce the dominance of those with privilege." ¹⁶

McAfee, Blackwell, and Bell cite Oakland, California's early federal Healthy Start Program to reduce infant mortality among African Americans as a classic example of Collective Impact before the term achieved currency.¹⁷ Like the federal program of which it was a part, the Oakland program emphasized the centrality of high-level community engagement and leadership from the outset, with clients and local residents, community benefit organizations (CBOs), service providers, and other actors working together with the common goal of reducing infant mortality by 50 percent. That this ambitious goal was achieved is a remarkable testament to the power of collaboration that begins with community. Sadly, the most recent call for applications from Healthy Start's funding agency (the HRSA), suggests that this focus may be lost. Local Healthy Start programs are now required to implement the Collective Impact model by setting a goal and then building "a network of nonprofits, government agencies, schools, businesses, philanthropists, faith communities, and key community leaders who create common strategies and coordinate collective activities to achieve goals over time."18 The inclusion of key community leaders is ill defined and may well result in the inclusion of a few hand-picked community leaders known to represent the status quo rather than the interests of community residents. Indeed, the community residents and program participants are only brought in once the collaborative is formed and the strategies and activities are determined and defined.

Once community collaboratives have formed using a top-down approach, converting them to models that involve community residents as equal partners— whereby they have real influence over the agenda, activities, and resource allocation—is very unlikely. Numerous tools exist for assessing and addressing community engagement, from Sherry Arnstein's early "ladder of participation" and the CDC's "continuum of community engagement" to the Public Participation Spectrum developed by the International Association for Public Participation.¹⁹ These tools help community groups to differentiate between token participation and authentic, shared decision making.

Around the country, hundreds of examples may be found of high-level resident participation and leadership in collaborations that are focused on criminal justice reform, the rights of people with disabilities, and ending environmental racism. Increasingly, youth-focused coalitions, in which adults are trained to engage and work respectfully with young people as equal partners in working for change, are gaining traction.²⁰ In such coalitions, generational differences and development of youth leadership must be worked out—and all this while ensuring that youth get the support needed to be successful academically and in life. In California's impoverished Central Valley, low-income Latino high school—age youth were helped by two social justice organizations to share their knowledge about their greatest concerns and their learned skills in community organizing, community-based participatory research, and policy advocacy to address those concerns. The resultant youth-led coalition iEscuelas, Si! iPintas, No! (Schools, Yes! Prisons, No!) began a multipronged campaign, titled No Child Left Behind...Bars, that garnered substantial media attention and resulted in school district and other policy changes that substantially reduced expulsions and disrupted the

school-to-prison pipeline.²¹ (See the Collaborating for Equity and Justice Toolkit for tools and resources for this principle here.)

Principle 3: Employ community organizing as an intentional strategy and as part of the process. Work to build resident leadership and power.

A weakness in most community-based coalitions, collaborations, and partnerships is the absence of community organizing. Community organizing creates the power necessary to demand and share in decision making. Collaboratives can mistake community participation or community engagement for genuine community organizing. In such situations, advice is given to those with existing decision-making power and authority rather than enhancing the power among resident leaders in the community.

Brian Christens and Paula Inzeo identify at least three ways that community organizing initiatives differ from Collective Impact and many other coalition-driven approaches to community change. First, community organizing efforts are intentional about analyzing their community's power structure and building the power of their initiative to be able to change this power structure, when necessary, to achieve greater equity and justice. Second, organizing initiatives prioritize leadership by people who are most affected by the issues of concern, rather than by those who are professionally or politically involved in working on those issues. Third, unlike CI and other approaches that emphasize only vague collaboration, community organizing initiatives also develop a capacity for conflict when it is necessary to drive important changes in policies and systems.

23

The Collaborating for Equity and Justice approach recognizes that collaboratives must build and catalyze leadership at the grassroots level (and at all levels) to be able to mobilize the community and its resources, advocate for change, and engage all residents, institutions, and systems to define the problems and solutions. Many CI efforts and similar coalitions involve representatives of powerful institutions who are unlikely to embrace analyses or proposed solutions that implicate the community's power structure. Yet, community organizing strategies for authentic change are contingent on a critical understanding of community power and how to use it to advance community-driven solutions to local concerns.²⁴

Coalitions, collaboratives, and partnerships can learn from and partner with community organizing efforts in numerous ways. One strategy is to provide training for those involved in the coalition or partnership so that principles of community organizing can be infused into more of the collaborative's work. For example, members of a coalition might seek to develop a deeper relationship with residents who are directly affected by issues of concern and engage them in the coalition as equal partners. When this approach is taken, professionals should play a supporting role whereby they share expertise, access, and resources but refrain from defining the problems and prioritizing the solutions.

This approach is well illustrated by Valuing Our Children (VOC), a grassroots child abuse prevention program in Athol, Massachusetts that provides leadership training for program participants (moms and dads), which led to their becoming part of the board and staff of VOC as well as of numerous other community organizations. They began a Valentine's Day Vigil to prevent domestic violence and child abuse, and joined the advocacy efforts of the North

Quabbin Community Coalition and the legislature for policy change on welfare reform, transportation, and other issues.²⁵

Another strategy is to dedicate some portion of the collaborative's resources to organizing activities, such as hiring a community organizer to build relationships with and engage residents as equal partners in the process—from identifying issues and potential solutions to taking direct actions for community change. One caution with this approach is that if organizers and organizing initiatives report directly to the coalition or depend on it for funding, this will inevitably stifle the "capacity for conflict" that Christens and Inzeo note as a distinguishing characteristic of organizing.²⁶ If collaboratives are truly invested in a community organizing approach, then they must seek to provide enough autonomy and funding to the initiative so that it can take bold, independent action, including potentially challenging the coalition or some of the institutions that its members represent.

The Northern Berkshire Community Coalition in Massachusetts wanted to increase the voice of the residents in the coalition and in the community. After understanding that the community had previously had a history of strong neighborhood associations, the coalition hired a community organizer to help rebuild local neighborhood associations to become a voice in the coalition and the city.²⁷ These new neighborhood associations became a force in the community, advocating for such local needs as playgrounds, Crime Watch, and street improvements, and held an annual citywide "Neighborhood Expo."

A third strategy is for coalitions to explore possible synergies with existing community organizing initiatives. At least one of these initiatives now exists in nearly every midsize to large city in the United States, and such initiatives are increasingly prevalent in many other countries. For example, collaboratives working for racial justice and equity could seek to link with their local Black Lives Matter movements. Rather than seeking to incorporate these organizing initiatives as one more partner at the table in the coalition, those seeking to collaborate for equity and justice should understand that organizing initiatives often represent a uniquely important source of grassroots power. Often, they can take direct actions and controversial stances that would be very difficult for many other coalition members to take. Collaboratives should therefore seek to understand their shared interests with local organizing initiatives and explore ways to strategically coordinate efforts with them. (See the Collaborating for Equity and Justice Toolkit for tools and resources for this principle here.)

Principle 4. Focus on policy, systems, and structural change.

As McAfee, Blackwell, and Bell note, "Systems and policy change are integral to advancing racial equity. Without changing policies and systems, transformation at scale cannot be achieved. Policy offers the most direct route to measurable progress. But all too often collective impact practice stops at the programmatic level." McAfee and his colleagues go on to say, "Collective impact partnerships should plan to amplify the possibilities inherent in local successes and translate the lessons and insights into the systems, policy, and structural change needed to have sustained impact for whole populations."²⁹

CDC Director Dr. Thomas Frieden underscores the importance of this shift in his 2010 call for public health programs to move toward policy change as the ultimate outcome of their

community work. In his words, "[A]ddressing socioeconomic factors has the greatest potential to improve health.... Achieving social and economic change might require fundamental societal transformation.... Interventions that address social determinants of health have the greatest potential for public health benefit."³⁰

An illustration of the success that collaboratives can have in the arena of policy and systems change was the tobacco-free coalitions' focus on systems change as an effective method for changing policies and behavior. Community-wide antismoking policies, such as enforcement of banning sales to minors and banning smoking in businesses, were passed by these coalitions. These policy changes and public information campaigns put smoking in a negative light and have led to cultural and behavioral change around tobacco usage. Equity and justice will be a greater challenge, but the tobacco-free coalitions illustrate the role that coalitions can have in policy and systems change.

Fundamental societal transformation, including racial equity and social and economic justice, requires changes in laws, policies, regulations, and practices, including closing loopholes that perpetuate inequities. Within the context of such systems transformation, the changes in cultural norms that are also imperative for racial and economic justice can take place in a far more effective and sustainable way.

Collaboratives also need help in developing the advocacy and political skills and relationships required to become effective in policy advocacy. Many collaborative members may be quite unfamiliar or uncomfortable with lobbying in any form (ask your members if they have ever called the office of their state representative, and see what happens). As readers of the Nonprofit Quarterly well know, serious challenges exist for collaborative efforts to become forces for systems change. Among these is the widely held misconception that it is illegal for nonprofits to engage in lobbying for social change. In many situations, such organizations and coalitions not only can lobby but also can commit a percentage of their budget to such activity. Collaboratives must be well versed in the laws and limits on lobbying as a nonprofit, keeping in mind that no limits exist on how much they can share results from data collection, evaluation, and other means to educate legislators and advocates about social issues and their effective solutions.³¹ Some nonprofits, of course, are very skilled at lobbying and have excellent relationships with their elected officials that are mainly used for the interest of their own organization or sector rather than the good of the whole community. Collaboratives must learn how to develop and implement a joint advocacy agenda and follow through to execute the advocacy plan.

One way to accomplish this is to ally with statewide or national advocacy groups that are implementing campaigns that align with collaborative goals. The Massachusetts AHEC Community Partners Healthy Communities Coalitions worked closely with Health Care For All, the statewide health advocacy organization, to lobby for increased healthcare coverage for children and numerous other issues over the years.³² These AHEC Community Partners coalitions across the state were very active in lobbying their local legislators to support the bill to provide health insurance for all children in Massachusetts that paved the way for the national Children's Health Insurance Program (CHIP). (See the Collaborating for Equity and Justice Toolkit for tools and resources for this principle here.)

Principle 5: Build on the extensive community-engaged scholarship and research over the last four decades that show what works, that acknowledge the complexities, and that evaluate appropriately.

Perhaps one of the greatest shortcomings of the Collective Impact model is its failure to draw on the scholarship, processes, and well-documented outcomes of community-engaged research. While CI offered an elegant and simple framework, it lacked the substantive foundations necessary for success that could have been drawn from decades of theory development and application and research.³³ The result of this shortcoming is the formation of community coalitions that are funded and encouraged by foundations and government to use a top-down approach that likely will maintain the status quo and do little to alleviate the problems they were designed and funded to address.

The earlier literature and experience with collaboratives clarifies the following: (1) the features that lead to collaborative success; (2) the strategies and processes involved in sustainability of collaboratives; and (3) successful models for evaluating collaborative processes and outcomes.

As early as 2000, a comprehensive review of the research on collaborative community partnerships, by Stergios Tsai Roussos and Stephen B. Fawcett, identified the conditions and factors that may determine whether collaborative partnerships are effective at creating community and systems change. They included: (1) having a clear vision and mission; (2) having an action plan for community and systems change; (3) leadership that was competent in communication, meeting facilitation, negotiation, and networking; (4) documentation and evaluation systems that capture intermediate outcomes to help document progress, celebrate accomplishments, identify barriers, and redirect activities when necessary; (5) technical assistance and support; (6) financial resources; and (7) making outcomes matter.³⁴ In separate research of substance abuse coalitions, others discovered that those coalitions that had the most success in reducing substance abuse in a community were those that openly addressed conflicts as they arose.³⁵

Understanding and planning for coalition sustainability is another critical component of long-term coalition success. Wolff describes a four-pronged approach to sustainability that fosters: (1) building community ownership; (2) institutionalizing changes; (3) adopting policy changes; and (4) finding resources.³⁶ Other sustainability resources include a comprehensive sustainability manual from the CDC that is being revised, and the Center for Civic Partnerships' *Sustainability toolkit: 10 steps to maintaining your community improvements.*³⁷

Overall, Collective Impact's five core components are oversimplified and provide limited guidance for collaborative efforts. One of the core features of the Collective Impact model is a shared measurement system, which is described as being complementary to evaluation. This does not adequately address the need to evaluate the collaborative's processes and outcomes. A shared measurement system may provide data, but it does not provide the evaluative framework and well-developed feedback system needed, which Roussos and Fawcett previously identified as critical. A good collaborative evaluation design will include developing frameworks to monitor the partnership's membership and internal dynamics, activity outputs, and outcomes. It will require a developmental approach during the

formation stages to provide information useful for making corrective midcourse changes and prevent the collaborative from continuing down paths that may be ineffective. Having clearly defined immediate, intermediate, and long-term goals that capture the systems changes and problem reduction can help to document success and maintain member motivation and commitment. So, it is important that there be a good evaluation and learning system in place, based on what we know from scholarship and research, throughout the process.

One example, with more than twenty years of development behind it, is the widely used Community Check Box Evaluation System.³⁸ This coalition documentation system is a smart, helpful, easy-to-use web-based tool that captures data that show where and how well a group is progressing toward its goals. It allows coalitions to collect, store, summarize, and analyze a variety of evaluation information that is useful for management, marketing, and demonstration of impact. This process encourages participants to offer meaningful evaluations, promotes accountability, and drives continual improvements in their work. Most important, the Community Check Box makes it easy to gather information that documents and highlights collaborative accomplishments to share with both the community and funders.³⁹ Likewise, assessment tools such as Butterfoss's Coalition Member Survey and Wolff's Coalition Member Assessment are useful for monitoring coalition effectiveness, planning and implementation, perceived coalition leadership, member engagement and involvement, structure, communication effectiveness, and other critical factors that contribute to the collaborative's success and maintenance.⁴⁰

Evaluation and measurement for collaboratives following the Collaborating for Equity and Justice principles require first and foremost that the indicators, outputs, and outcomes are developed and generated by the local community. Second, the evaluation design and measurement need to incorporate internal and external factors that include policy and systems change, racial equity, and justice. Third, the evaluation design and measurement should draw on ecological frameworks and community organizing literature to conceptualize the change model.

These are just some of the examples that support a case for building on past scholarship and research regarding what works, acknowledging the complexities, and including well-designed and implemented evaluation to build collaborations for racial equity and social justice. This body of work suggests that effecting social and structural change is a complex process that has a higher likelihood of success when it incorporates features from evidence-based research rather than simply from observation and limited experience. (See the Collaborating for Equity and Justice Toolkit for tools and resources for this principle here.)

Principle 6. Construct core functions for the collaborative based on equity and justice that provide basic facilitating structures and build member ownership and leadership.

In Collaborating for Equity and Justice approaches, the role of the convening group is one of coordination, communication, and facilitation. In this role, the convener provides guidance and tools for complex change processes that promote and support equity and justice. The convening group might fulfill the following roles:

- Securing and providing expertise and resources required to sustain the collaborative and implement action plans;
- Coordinating member activities;
- Serving as a centralized communication source for information shared among collaborative partners and stakeholders who are not members of the collaborative; and
- Managing administrative details (e.g., record keeping, making meeting arrangements, and distributing agendas and minutes).

Collective Impact assumes that most coalitions are capable of obtaining the resources to have a well-funded backbone organization. CI calls for that backbone organization to provide "overall strategic direction, facilitating dialogue between partners, managing data collection and analysis, handling communications, coordinating community outreach, and mobilizing funding."⁴¹ By giving all those responsibilities to the backbone organization, CI inevitably creates a top-down organization versus a truly collaborative one where leadership and responsibility are dispersed. CI does not readily distinguish between leadership in a collaboration and more typical hierarchical organizational leadership. Again, extensive literature provides a guide to democratic and collaborative governance. David Chrislip and Carl Larsen's *Collaborative Leadership* helped distinguish the unique characteristics and practices of collaborative leadership in coalitions, including the skills and functions of a collaborative leader and how they differ from traditional hierarchical leadership.⁴²

In Collaborating for Equity and Justice approaches, it is critical that the role the convening group or individual will play be clearly defined. If not, such a structure eventually may evolve into taking the leadership role or acting from its own interests. Regardless of whether the structure is managed by an individual from the community, is a locally formed organization, or is an entity from outside the community, setting the parameters of its role and responsibilities is essential to prevent it from evolving into the typical top-down structure that has failed communities for decades.

More important, the facilitating structure must be vigilant of the power dynamics among collaborative and non-collaborative members, and have the capacity to identify and name practices and processes that intentionally or unintentionally contribute to power imbalances for residents and other individuals who have historically been excluded. This will require, for instance, careful self-examination around issues of race, with the white members of the collaborative examining white privilege and systemic racism as they play out in the collaborative and in their work. This is not just a cognitive activity—it requires reengaging the heart as a professional development strategy for racial justice.

Butterfoss emphasizes adopting the simplest structure that will accomplish the collaborative's goals.⁴³ Form should follow function to ensure that the collaborative is flexible and responsive. If the collaborative does not organically form out of community concern, then the convening group should be a neutral community-based organization that provides support but does not determine how the coalition will function. Academic institutions, health and social services agencies, and other community-based nonprofits have all served as neutral conveners over decades. For example, Eastern Virginia Medical School, in Norfolk, has served as the convening agency and fiscal agent for the Consortium for Infant and Child Health (CINCH) since 1993. The consortium and its members have broached the idea of becoming an

independent nonprofit several times, but they concluded that the medical school's position of neutrality and noninterference in CINCH strategies, as well as the respect given to it by the community, make it an ideal convener.⁴⁴

All approaches to collaboration must provide for some form of central support—but more important, they must acknowledge that, ultimately, they are sustainable only by building community ownership and leadership. With the Collaborating for Equity and Justice approach, the key role of the collaborative needs to be *building* community leadership as opposed to *being* the leadership. This is based on the shared value of instituting collaborative leadership and democratic governance and decision making for a coalition.

A Call to Action

We believe that for both moral and practical reasons, the collaborations of the future must focus on equity and justice. Equity and justice, in the abstract, are fundamental American values, woven tightly into our social fabric. In the abstract, they are difficult to oppose. Problems arise, though, when placing those values into community practice. In practice, they can challenge existing power structures by giving more power to those less enfranchised and threatening the power of current institutional systems and the community professionals who populate them.

Collaborating for Equity and Justice principles seek new ways to engage our communities in collaborative action that will lead to transformative changes in power, equity, and justice. McAfee, Blackwell, and Bell got it right when they said that, moving forward, "We must focus on race, engage communities, and take on the challenge of changing systems and policy. This is the only way to dismantle barriers to opportunity, scale best practices and local models of success, and achieve the broad, deep changes needed to create communities of opportunity for all."⁴⁵

Wolff's identification of the shortcomings of Collective Impact and the problems created by the uncritical wholesale endorsement of this approach by foundations and government laid the groundwork for our proposal of this new direction.⁴⁶ We propose that if we truly are going to address the prevailing disparities we are facing, such as the widening wealth gap and the increasingly visible injustices directed against young men of color, then we truly will need to follow the six principles described above. Collaborative multisector approaches for equity and justice that work hand in hand with traditional community organizing, public policy change, and political efforts to reach our communities' goals are essential. We doubt that top-down efforts can be reengineered to become grassroots efforts after the power has already been claimed by the powers that be.

We need to develop improved change models to enhance principles and practices of community and systems change collaboration that are based on quality research, formal evaluations, participant observations, and different ways of knowing and acting. A racial justice power analysis must be part of the approach. We need to ensure that future efforts intentionally shift power imbalances and leave the power in the hands of community residents, with the necessary supports.

Implementing the Principles of Collaborating for Equity and Justice

It is one thing to propose a new approach to collaboration but quite another to implement those principles in practice. Yet, if the principles of Collaborating with Equity and Justice have merit, then they must be diligently and continuously applied in our everyday work. How can such application best come about?

The problems facing American society are clearly multifaceted; therefore, solutions must be multifaceted as well. But each stakeholder sector can and should generate its own solutions, and these combined solutions can have a powerful cumulative effect. The best way is by parallel action along multiple fronts. Collaborations by their nature involve multiple stakeholder groups, so each of those groups must become directly and personally involved in application activities. To be more specific, we offer the following suggestions for each stakeholder group.

Foundations and federal and state governments that launched the Collective Impact juggernaut will need to turn their attention and funds to supporting approaches that embrace Collaborating for Equity and Justice principles. They will need to: (1) adjust their expectations for collaboratives so as to make equity and justice the top priority; (2) adjust their timelines to longer-term commitment and support; (3) be willing to tolerate controversy; (4) support the shifting of power and dismantling of structural racism; and (5) be prepared to deal with conflicts that arise from oppression, including internalized oppression and threats to privilege.

Existing collaboratives, including those using a Collective Impact approach in their practice, will need to embrace the principles of equity and justice set forth in this paper and reexamine their membership, distribution of power and resources, social change agendas, and current commitments to an equity and justice work plan. Relabeling alone will not do the job. What is required is the hard work of conducting one-to-one conversations in the community with those most affected, and bringing them into the decision making and leadership of the initiative. It will also require education, self-reflection, and discussion within the collaborative on power, racial justice, and equity.

Community organizers may reach out to existing coalitions and collaboratives, but coalitions and collaboratives should proactively identify organizing initiatives and reach out to them to explore possibilities for partnerships or collaborations. At the same time, they should recognize that organizing initiatives must maintain their autonomy to engage in forceful advocacy when it is needed to create local change. Coalitions must learn to embrace (or at least appreciate) this approach as a key avenue to pursue equity and justice.

Community professionals will need to release much of their control over local definitions of and solutions to community problems, and commit to sharing power and doing business in less traditional ways. This will involve developing new skill sets for facilitation, partnering, and serving in supportive roles.

The nonprofit sector has a vital role to play here, particularly when it becomes directly engaged in local community life. As public resources remain scarce or become scarcer, we will

need to get better at mobilizing and utilizing all local assets, including local skills and abilities, to maintain community well-being. Collaboration across community sectors will certainly be a primary way to do this, and that is something many nonprofits already know how to do. We start with an advantage here, because collaboration plays to nonprofit strengths.

All of us will need to exercise the courage to do what is needed, even though it may not be quick and easy. In the end, following the principles described in this article has the greatest likelihood for creating a more equitable and just world—the kind of world that most of us would like to live in.

The authors would like to thank Kevin Barnett, Teri Behrens, David Chavis, Doug Easterling, Michelle Kegler, Tyler Norris, Abigail Ortiz, and Monte Roulier for their contribution to this article.

10 Places Where Collective Impact Gets It Wrong

- 1. Collective Impact does not address the essential requirement for meaningfully engaging those in the community most affected by the issues.
- 2. Collective Impact emerges from top-down business-consulting experience and is thus not a true community development model.
 - 3. Collective Impact does not include policy change and systems change as essential and intentional outcomes of the partnership's work.
 - 4. Collective Impact misses the social justice core that exists in many coalitions.
 - 5. Collective Impact, as described in John Kania and Mark Kramer's initial article, is not based on professional and practitioner literature or the experience of the thousands of coalitions that preceded their 2011 article.
 - 6. Collective Impact mislabels its study of a few case examples as "research."
- 7. Collective Impact assumes that most coalitions are capable of obtaining the resources to have a well-funded backbone organization.
 - 8. Collective Impact also misses a key role of the backbone organization—building leadership.
 - 9. Community-wide, multisectoral collaboratives cannot be simplified into Collective Impact's five required conditions.
- 10. The early available research on Collective Impact calls into question its contribution to coalition effectiveness.

Collaborating for Equity and Justice Principles

- 1. Explicitly address issues of social and economic injustice and structural racism.
- 2. Employ a community development approach in which residents have equal power in determining the coalition's or collaborative's agenda and resource allocation.
- 3. Employ community organizing as an intentional strategy and as part of the process. Work to build resident leadership and power.
 - 4. Focus on policy, systems, and structural change.
 - 5. Build on the extensive community-engaged scholarship and research over the last four decades that show what works, that acknowledge the complexities, and that evaluate appropriately.
 - 6. Construct core functions for the collaborative based on equity and justice that provide basic facilitating structures and build member ownership and leadership.

Notes

- 1. Frances D. Butterfoss and Michelle C. Kegler, "The Community Coalition Action Theory," in *Emerging Theories in Health Promotion Practice and Research*, 2nd ed., Ralph J. DiClemente, Richard A. Crosby, and Michelle C. Kegler, eds. (San Francisco: Jossey-Bass, 2009), 237–76; Tom Wolff, *The Power of Collaborative Solutions: Six Principles and Effective Tools for Building Healthy Communities* (San Francisco, CA: Jossey-Bass, 2010); and Pennie G. Foster-Fishman and Erin R. Watson, "The ABLe Change Framework: A Conceptual and Methodological Tool for Promoting Systems Change," *American Journal of Community Psychology* 49, no. 3–4 (2011): 503–16.
- 2. John Kania and Mark Kramer, "Collective Impact," *Stanford Social Innovation Review* 9, no. 1 (Winter 2011).
- 3. Vu Le, "Are you or your org guilty of Trickle-Down Community Engagement?" Nonprofit with Balls, January 20, 2015; Le, "Why communities of color are getting frustrated with Collective Impact," Nonprofit with Balls, November 29, 2015; Michael McAfee, Angela Glover Blackwell, and Judith Bell, Equity: The Soul of Collective Impact (Oakland, CA: PolicyLink, 2015); Tom Wolff, "10 Places Where Collective Impact Gets It Wrong," Voices from the Field, Nonprofit Quarterly, April 28, 2016,; Peter Boumgarden and John Branch, "Collective Impact or Coordinated Blindness?" Stanford Social Innovation Review, February 13, 2013,; and Kania and Kramer, "Collective Impact."
- 4. Johnna Flood et al., "The Collective Impact Model and Its Potential for Health Promotion: Overview and Case Study of a Healthy Retail Initiative in San Francisco," *Health Education & Behavior* 42, no. 5 (October 2015): 654–68.
- 5. Boumgarden and Branch, "Collective Impact or Coordinated Blindness?"; Flood et al., "The Collective Impact Model and Its Potential for Health Promotion"; McAfee, Blackwell, and Bell, *Equity*; and Wolff, "10 Places Where Collective Impact Gets It Wrong."
- 6. Mark Cabaj and Liz Weaver, "Collective Impact 3.0: An Evolving Framework for Community Change" (Waterloo, ON: Tamarack Institute, 2016).
- 7. Collaborating for Equity and Justice Toolkit.
- 8. McAfee, Blackwell, and Bell, *Equity*.
- 9. Junious Williams and Sarah Marxer, *Bringing an Equity Lens to Collective Impact* (Oakland, CA: Urban Strategies Council, August 2014).
- 10. Flood et al., "The Collective Impact Model and Its Potential for Health Promotion"; and Natabhona Marianne Mabachi and Kim S. Kimminau, "Leveraging Community—Academic Partnerships to Improve Healthy Food Access in an Urban, Kansas City, Kansas, Community," *Progress in Community Health Partnerships: Research, Education, and Action* 6, no. 3 (September 2012): 279–88.
- 11. Denise Koo et al., *An Environmental Scan of Recent Initiatives Incorporating Social Determinants in Public Health* (Washington, DC: National Academy of Medicine, June 30, 2016); and *Preventing Chronic Disease: Public Health Research, Practice, and Policy* 13 (November 3, 2016).

- 12. The Boston REACH Coalition brochure, Boston Public Health Commission, "It's about Us: Strong Women Growing Stronger," 2010.
- 13. Keith Lawrence and Terry Keleher, "Chronic Disparity: Strong and Pervasive Evidence of Racial Inequalities: POVERTY OUTCOMES: Structural Racism" (paper presented at the National Conference on Race and Public Policy, Berkeley, CA, November 2004).
- 14. Brian D. Christens and Paula Tran Inzeo, "Widening the view: situating collective impact among frameworks for community-led change," *Community Development* 46, no. 4 (2015): 420–35.
- 15. McAfee, Blackwell, and Bell, Equity.
- 16. Wolff, "10 Places Where Collective Impact Gets It Wrong."
- 17. McAfee, Blackwell, and Bell, Equity.
- 18. "Healthy Start Initiative: Eliminating Disparities in Perinatal Health (Level 2: Enhanced Services Healthy Start)," grants notice, Department of Health and Human Services, Health Resources and Services Administration.
- 19. Sherry R. Arnstein, "A Ladder of Citizen Participation," *Journal of the American Institute of Planners* 35, no. 4 (1969): 216–24; *The Role of Community Engagement in Community Health Improvement* (Centers for Disease Control and Prevention Performance Improvement Managers Network Call, June 28, 2012); and *Effective Engagement, A Model for Engagement: IAP2 Spectrum* (Department of Environment and Primary Industries, October 21, 2013).
- 20. Shepherd Zeldin, Brian D. Christens, and Jane L. Powers, "The Psychology and Practice of Youth-Adult Partnership: Bridging Generations for Youth Development and Community Change," *American Journal of Community Psychology* 51, no. 3–4 (June 2013): 385–97.
- 21. Dana Wright, "¡Escuelas, Si! ¡Pintas, No! (Schools, Yes! Prisons, No!): Connecting Youth Action Research and Youth Organizing in California," *Children, Youth and Environments* 17, no. 2 (2007): 503–16.
- 22. Christens and Inzeo, "Widening the view."
- 23. For more on this topic, see Lee Staples, "Selecting and 'Cutting' the Issue," in *Community Organizing and Community Building for Health and Welfare*, 3rd ed., Meredith Minkler, ed. (New Brunswick, NJ: Rutgers University Press, 2012): 187–210.
- 24. For more on this topic, see James DeFilippis, Robert Fisher, and Eric Shragge, *Contesting Community: The Limits and Potential of Local Organizing* (New Brunswick, NJ: Rutgers University Press, 2010) and Staples, "Selecting and 'Cutting' the Issue."
- 25. See Wolff, The Power of Collaborative Solutions (San Francisco, CA: Jossey-Bass, 2010).
- 26. Christens and Inzeo, "Widening the view."
- 27. Wolff, The Power of Collaborative Solutions.
- 28. Richard L. Wood, Brad Fulton, and Kathryn Partridge, *Building Bridges, Building Power: Developments in Institution-Based Community Organizing* (Longmont, CO: Interfaith Funders, 2013).

- 29. McAfee, Blackwell, and Bell, Equity, 6.
- 30. Thomas R. Frieden, "A Framework for Public Health Action: The Health Impact Pyramid," *American Journal of Public Health* 100, no. 4 (April 2010): 590–95.
- 31. Internal Revenue Service, "Measuring Lobbying Activity: Expenditure Test," last modified March 28, 2016.
- 32. Wolff, *The Power of Collaborative Solutions*.
- 33. Stergios Tsai Roussos and Stephen B. Fawcett, "A Review of Collaborative Partnerships as a Strategy for Improving Community Health," *Annual Review of Public Health* 21 (May 2000): 369–402; Pennie G. Foster-Fishman et al., "Building Collaborative Capacity in Community Coalitions: A Review and Integrative Framework," *American Journal of Community Psychology* 29, no. 2 (April 2001): 241–61; Bill Berkowitz, "Studying the Outcomes of Community-Based Coalitions," *American Journal of Community Psychology* 29, no. 2 (April 2001): 213–27; Tyler Norris, "Healthy Communities at Twenty-Five: Participatory Democracy and the Prospect for American Renewal," *National Civic Review* 102, no. 4 (Winter 2013): 4–9; and Arthur T. Himmelman, "On Coalitions and the Transformation of Power Relations: Collaborative Betterment and Collaborative Empowerment," *American Journal of Community Psychology* 29, no. 2 (April 2001): 277–84.
- 34. Roussos and Fawcett, "A Review of Collaborative Partnerships as a Strategy for Improving Community Health."
- 35. Shakeh J. Kaftarian and William B. Hansen, "Improving methodologies for the evaluation of community-based substance abuse prevention programs," *Journal of Community Psychology*, Special Issue (1994): 3–6.
- 36. Tom Wolff, "Tools for Sustainability," *Global Journal of Community Psychology Practice* 1, no. 1 (2010): 40–57.
- 37. Center for Civic Partnerships, *Sustainability toolkit: 10 steps for maintaining your community improvements* (Oakland CA: Public Health Institute, 2001); and Centers for Disease Control and Prevention et al., *A Sustainability Planning Guide for Healthy Communities* (Atlanta, GA: Centers for Disease Control and Prevention, 2011).
- 38. "Community Check Box Evaluation System," Community Tool Box website.
- 39. Jerry A. Schultz et al., "Participatory Monitoring and Evaluation Within a Statewide Support System to Prevent Adolescent Substance Abuse," *Journal of Prevention & Intervention in the Community* 41, no. 3 (2013): 188–200.
- 40. Butterfoss and Kegler, "The Community Coalition Action Theory"; and Wolff, *The Power of Collaborative Solutions*.
- 41. Fay Hanleybrown, John Kania, and Mark Kramer, "Channeling Change: Making Collective Impact Work," *Stanford Social Innovation Review*, January 26, 2012.
- 42. David D. Chrislip and Carl E. Larsen, *Collaborative Leadership: How Citizens and Civic Leaders Can Make a Difference* (San Francisco: Jossey-Bass, 1994).
- 43. Butterfoss and Kegler, "The Community Coalition Action Theory."

- 44. Frances D. Butterfoss et al., "CINCH: An urban coalition for empowerment and action," *Health Education & Behavior* 25, no. 2 (April 1998): 212–25.
- 45. McAfee, Blackwell, and Bell, Equity, 7.
- 46. Wolff, "10 Places Where Collective Impact Gets It Wrong."

ABOUT TOM WOLFF

Tom Wolff, PhD, is president of Tom Wolff & Associates (www.tomwolff.com) and a nationally recognized community psychologist committed to issues of social justice and building healthy communities through collaborative solutions.

ABOUT MEREDITH MINKLER

Meredith Minkler, DrPH, MPH, is professor emerita at the University of California Berkeley's School of Public Health, and coeditor of eight books, including Community-Based Participatory Research for Health and Health Equity (3rd ed., San Francisco: Jossey-Bass, 2017).

ABOUT SUSAN M. WOLFE

Susan M. Wolfe is a senior consultant at CNM Connect, where she provides evaluation and organizational capacity-building services to nonprofit organizations.

ABOUT BILL BERKOWITZ

Bill Berkowitz is an emeritus professor of psychology at the University of Massachusetts Lowell, and a founding contributor to the Community Tool Box, a community-building website.

ABOUT LINDA BOWEN

Linda Bowen is the executive director of the Institute for Community Peace, and has worked for over twenty years on supporting residents and their funders' and organizational partners' ability to work together on community social and development issues.

ABOUT BRIAN D. CHRISTENS

Brian D. Christens, PhD, is Rothermel-Bascom Associate Professor of Human Ecology at the University of Wisconsin–Madison, where he serves as faculty director of the UW's Center for Community and Nonprofit Studies.

ABOUT VINCENT T. FRANCISCO

Vincent T. Francisco is the Kansas Health Foundation Professor of Community Leadership, and director of the Work Group for Community Health and Development at the University of Kansas.

ABOUT ARTHUR T. HIMMELMAN

Arthur T. Himmelman is a consultant focused on community and systems change collaboration, with prior professional positions in academia and philanthropy.

ABOUT KIEN S. LEE

Kien S. Lee, PhD, is vice president and principal associate of Community Science, and provides research, evaluation, and other technical support to government agencies, foundations, nonprofit organizations, and intermediaries in the following areas: racial equity, health disparities, cultural competency, immigrant integration, intergroup relations, and community and systems change.

ABOUT FRANCES DUNN BUTTERFOSS

Frances Dunn Butterfoss, PhD, is a health educator, professor, and president of Coalitions Work, a consulting group that helps communities develop, sustain, and evaluate health promotion/disease prevention coalitions.