

ALIGNING IN ACTION:

COMMUNITIES THAT CARE COALITION

- Lead organization: Communities That Care Coalition, hosted by the Franklin Regional Council of Governments and Community Action Pioneer Valley
- Lead Sector: Government and human services
- Location: Franklin County and the North Quabbin region of Western Massachusetts
- Year founded: 2002
- Interviews with: Communities That Care Coalition co-coordinators Rachel Stoler and Kat Allen

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a [Framework for Aligning Sector](#) that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

Communities That Care™ (part of the Social Development Research Group at University of Washington) is an evidence-based, prevention-science program that guides communities through a five-phase change process to promote healthy youth development, improve youth outcomes, and reduce problem behaviors. This model was adopted in Franklin County and the North Quabbin region of Western Massachusetts in 2002 and continues to gain partners and to drive impact using a collective impact approach.

LOCAL CONTEXT

The Communities That Care Coalition is co-hosted by the Partnership for Youth (a program of the Franklin Regional Council of Governments) and Community Action Pioneer Valley.

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A Drug-Free Communities grant and a local businessman's contribution enabled the nascent group to receive the official Communities That Care training and begin the five-step community planning process that involves identifying a lead organization and community coordinator, forming a coalition, developing a data-informed community profile, creating a community action plan, and implementing and evaluating selected programs and policies.

Communities That Care was profiled in *Stanford Social Innovation Review* for embodying the principles of collective impact as described by researchers John Kania and Mark Kramer, who coined the term *collective impact*.

These elements are outlined by the national model, including conducting a baseline assessment (teen health survey) and developing a coalition representative of 12 different sectors that include parents, youth, local government, schools (in this case nine local school districts), health care, civic organizations, media, law enforcement, the justice system, public health, faith-based organizations, the recovery community, and business. The Communities That Care Coalition has successfully kept those sectors at the table and added more partners over the years.

PURPOSE

Representatives and organizations from the 12 original sectors coalesced around the vision that the region should work to help young people reach their full potential and thrive with ongoing and coordinated support from schools, parents, and community. As part of this cross-sector engagement, the coalition encourages all partners to support each other's work to collectively build capacity for sustainable impact.

"When the original collective impact article came out, we all read it and said, 'We finally have a name for what we have been doing for a while,'" recalls Kat Allen, co-coordinator of the Communities That Care Coalition. "We definitely embraced that label. It has taken us many miles and it feels very, very accurate for us."

The collective impact approach is rooted in data, collected annually in the form of youth health surveys. This underlying data identifies existing risk and protective factors in the community and allows for comparison to state and national norms as well as longitudinal trends. All of this informs the coalition's strategies.

"Rather than saying we want to address youth substance use in general, we work to address the risk factors that are most prevalent in our community," says Allen. "And those sometimes change or shift around, or we decide as a coalition that we are going to prioritize different ones based on what we think is most compelling right now in our community or what we have the most capacity to address."

The Communities That Care Coalition mentors sister coalitions within their catchment area through a strategic-planning process to help them coalesce, target their efforts, and position themselves to obtain grant funding to support their work. In this way, the Communities That Care Coalition seeks to become a coalition of coalitions, focusing on a regional approach and allowing sister coalitions to focus on work needed in their geographic areas.

DATA

Annual data collection is a central tenet of the Communities That Care Coalition's operations. All eighth-, 10th-, and 12th-graders in nine regional public school districts are surveyed every February, with participation rates in the final sample averaging about 75% or about 1,500 students. The coalition's Regional School Health Task Force oversees the survey implementation and includes a representative from each of the school districts.

The initial Communities That Care survey measures underlying risk and protective factors at the community, school, family, and individual levels. The coalition alternates that survey with the Youth Risk Behavior Survey and the U.S. Department of Education School Climate Survey. Some years, like this year, extra questions or entirely custom surveys are added to the three-year rotation cycle to evaluate special topics, such as the impact of the COVID-19 pandemic.

This three-year rotation of surveys yields a comprehensive scope of information and contributes to the depth and breadth of their longitudinal data collection.

Regional, aggregated data is available publicly, and while the coalition doesn't publish raw data, it invites interested stakeholders to work with the evaluation coordinator to answer specific data-informed questions. Additionally, the coalition has a data-sharing agreement with the University of Massachusetts, so public health students are digging deeper into the data and giving presentations back to the Regional School Health Task Force monthly.

Disaggregated data is returned individually to each district, but it is at each district's discretion if or how they want to make the data public or share it with faculty, school committees, parents, or not at all.

"Massachusetts has school choice, so we are in an environment where it can be very risky for individual districts to share that information or for that information to be compared," explains Allen. "We try to focus as much as possible on the regional data, but then we hope that the schools will internally look really hard at their own data."

Every three years, the coalition updates its community action plan based on the latest trifecta of data, ensuring that its priorities are still accurate and that the coalition's workgroups still represent the coalition's goals.

FINANCING

The Communities That Care Coalition is entirely grant-funded, with any of the partners who are part of the coalition able to apply for funding in the name of the coalition and serve as fiscal agent for grants for projects or aspects of the coalition's work, particularly when a funder requires demonstration of a partnership.

The Franklin Regional Council of Governments houses the coalition's staff that provide backbone support, and the coalition staff are responsible for raising all of the money for its budget and providing funds to the Franklin Regional Council of Governments to offset administrative costs.

The coalition's mission is broad — improving youth health and health equity — which gives the group broad latitude to apply for funding opportunities. For example, two years ago, the coalition applied for a grant from the Massachusetts Community Health Fund, which seeks to disrupt and remove barriers to health — structural and institutional racism, poverty, and deep power imbalances — through community-centered policy, systems, and environmental change approaches. The fund was created in 2017 as part of a revision of the Determination of Need regulations in which a portion of community investment dollars was put into a statewide fund for redistribution to benefit areas of the state outside of Boston, where most of the large hospital capital projects were taking place. The coalition received funding to launch its new Advancing Racial Justice in Schools initiative.

"That is not specifically a substance use prevention grant," says coalition co-coordinator Rachel Stoler. "But it is focused on the schools with whom we have built very strong partnerships over the last 18 years. It has the same model of many of the things that we do, including collecting data from the schools, and it furthers the mission of improving youth health and health equity."

Stoler says that the coalition receives federal and state funding for substance use prevention and chronic disease prevention, including Mass in Motion funding, which has a health equity component to it. Mass in Motion does not just promote healthy eating and active living but works to remove systemic barriers to those healthy behaviors.

“I don’t think we are particularly creative in where our funding comes from,” Allen says. “But I think we try to be really deliberate about how we braid that funding together and try to make it as seamless as possible from a community perspective. There are coalitions that are really beholden to a grant or two. I feel like it’s best when the funding puzzle can be relatively invisible to the community. As much as possible, we should have our mission and our goals and our strategies be driven by community need, and we should make our grants match that, not the other way around.”

GOVERNANCE

The Communities That Care Coalition is not an official organization, but backbone staffing support is provided by the Partnership for Youth, a program of the Franklin Regional Council of Governments. The coalition does have a set of guiding principles that outline its governance structure. A coordinating council is the official decision-making body for the coalition and has representatives from across the different sectors of the community. Five different agencies need to be represented at a coordinating council meeting to constitute a quorum and make important decisions.



The day-to-day work of the coalition is guided by workgroups and committees, including the (recently renamed) Parent and Family Engagement Workgroup, the Regional School Health Task Force, the Policy and Practice Change Workgroup, the Racial Justice Workgroup, the Mass in Motion Steering Committee, and the Youth Leadership initiative. These workgroups are subject to change based on the emergence or shifting of data-driven priorities, but once established the workgroups are empowered to pick the strategies for their specific topic areas.

Over the past few years the coalition has been more actively engaging youth through the Youth Leadership Board. Similarly, the coalition has implemented new strategies to diversify the involvement of parents.

There has long been a Parent Education Workgroup (now renamed the Parent and Family Engagement Workgroup), but in the last year and a half the coalition established the Parent Engagement, Enrichment, and Resources (PEER) Ambassador Program, which has parents with lived experience reaching out to other parents.

“For many years, almost everyone in the Parent Education Workgroup were professional folks,” says Allen. “It just became clear that it was futile and inappropriate, really, for us to keep trying to recruit low-income parents to come and volunteer their time when the rest of us were getting paid to come to the table.”

The coalition was successful in finding funding that enabled providing stipends to participating parents. These parent leaders named the PEER Ambassador Program, which includes a training module that parents nominated from partner organizations go through. The training, which the first group of PEER Ambassadors designed, empowers the parents to do outreach with their peers. The parents also receive stipends for additional professional development and for going to coalition meetings and community meetings, representing their host organization and sharing their opinions from the perspective of their lived experience.

INSIGHTS FROM THE COLLABORATIVE

A strength of this rural community, Stoler says, is its culture, and expectation, of collaboration.

“There is a fluidity between different organizations,” explains Stoler. “The discussion is, ‘Who is going to go for this grant?’ ‘Who does it make more sense to do this?’ We have so many subcontracts between dozens of agencies going back and forth in different directions.”

A pillar of collective impact that is central to the coalition’s success is mutually supporting activities. “Mutually supporting activities is where the rubber hits the road for us,” Stoler says. “We need to recognize the work that everybody else is doing in the community, whether or not they’re sitting at the table and are actively involved in the Communities That Care Coalition. At our open full coalition meetings we lift up what they are doing.”

This was a lesson learned over the first 10 years of the coalition, Stoler admits.

“When we first started out, we were suggesting evidence-based strategies to people. ‘You might want to do this or that,’” says Stoler. “But then, we opened up the table a little wider, and we shifted to saying, ‘These are the goals of the Communities That Care Coalition. These are the risk and protective factors we are trying to address. Tell us what you’re doing that addresses those things.’ That was a turning point in terms of really welcoming folks into this space and lifting up what they’re doing.”

Stoler adds that this fluidity is possible because of the impact of personal relationships, trust, and longevity. (Stoler has been with the coalition for 18 years and Allen for 17 years.)

Another “secret weapon” is connections with other coalitions.

“I learned very early on that if you want someone to come to your coalition table, you’d better be prepared to go to theirs,” Stoler says.

The Communities That Care Coalition is actively engaged with other regional coalitions’ steering committees and work groups, such as Drug-Free Communities, the statewide Mass in Motion network, and other local groups, like Welcoming and Belonging Franklin County.

“I would say we’ve historically been really good at organizing the ‘grasstops’ of the community, and have been good at power sharing across organizations and listening to the voices of key stakeholders,” says Allen. “We are now really trying to get better at integrating more ‘grassroots’ community voice, and at sharing power across not just different professional stakeholders and sectors of the community, but also different populations within the community. The challenge for us now is to figure out how to build a coalition that is strong in integrating both grasstops and grassroots voices at the same time.”

Lastly, Allen says, the coalition appreciates fun!

“We work with a lot of people who are youth workers by trade so we try to make sure our professionalism is well balanced with fun,” Allen explains. “We think it is important to have fun, be positive, and celebrate success. It makes a really big difference when people want to come to the table and be in a room together. In the trenches, people are working so hard. They’re trying to help individuals and they are seeing really tough things, and they don’t get the positive feedback very often about what’s going right. Our data helps to highlight some really, really positive trends in the community that people would not see otherwise.”

ALIGNING IN ACTION

The Communities That Care Coalition provides a structure for community members to align their work around a common data-driven and evidence-based plan. While reducing risky youth behaviors and promoting healthy habits has been the focus, the coalition participates in all types of prevention strategies, building connections among youth, families, schools, and communities to improve youth health and health equity.

The more recently formed Racial Justice Workgroup brings together coalition and community members with a common interest in racial justice and youth health and health equity. The group is committed to having its membership remain majority people of color as it works toward increasing the racial diversity within the coalition at all participation and leadership levels, increasing understanding among coalition participants of racial justice and its critical role in increasing health equity, and identifying and leading new coalition strategies to improve health and well-being for people of color from a systems level.

A relatively new public school teacher had been trying to get the school to celebrate Black History Month for the first time. He was recruited to join the coalition's Racial Justice Workgroup, through which he received the support needed to organize the school's celebration of Black History Month this year.

Similarly, a local school district administrator wants to do more racial justice work in her school. She asked the coalition for help and the coalition was able to provide public support for her, showing reluctant parents that the community is expecting this work of their schools.

"We are able to create a peer group among the school districts in Franklin County/North Quabbin," says Stoler. "One superintendent might call another one, and they do meet with each other, but they don't have any common strategies. Because we convene all of the regional school districts in the Regional School Health Task Force, we have been able to shift from just doing the survey every year to doing more prevention work. Several school districts that have implemented life skills and other things, in part, because of creating a positive peer pressure among the school districts."

INSIGHTS FOR ALIGNING

- Communities That Care Coalition serves as an example of a collaborative led by the social services sector, which is not as common as those led by health care or public health.
- The coalition's shared purpose is supported by data, which may prompt the group to alter plans over time to be more responsive to emerging needs.
- Like many cross-sector collaboratives, the coalition's financial support is largely grant-funded, but they have found creative ways to tap into unusual funding streams and have enabled shared purpose to drive grant seeking rather than chasing grant opportunities.
- As an example of engaging community voice, the coalition created a Youth Leadership Board, and they have found ways to compensate families for their involvement in coalition governance.

ALIGNING SYSTEMS FOR HEALTH

Health Care + Public Health + Social Services

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