# C o m p r e h e n s i v e S t r a t e g y

Facilitating the creation of resource tools for positive youth development

AND

# Healthy Siouxland Initiative

A healthy, safe community in which individuals/families can live and grow to their full potential

JOINTLY PRESENT

**“Collective Impact”**

## Joint Quarterly Community Meeting – Thursday, September 24, 2015

Present: Barbara Aalfs, Eldon Benson, Mary Bertram, Erin Binneboese, Cynthia Brown, Richard Closter, Adam Dahlke, Dave Dawson, Sarah Deck, Rita DeJong, Liz Determan, Christie Finnegan, Susie Fischer, JoAnn Gieselman, Carla Granstrom, Kevin Grieme, Devon Gurnett, Jeff Hackett, Kerri Hall, Peggy Hart, Mary Anne Harrington, Heather Hennings, Jerry Hernandez, Molly Hewitt, Radine Himes, Chris Jones, Vanessa Jorgensen, Herb Kuehne, Rebecca Krohn, Michelle Lewis, Jean Logan, Karen Mackey, Matt Ohman, Linda Phillips, Carrie Radloff, Amy Tooley, Benita Triplett, Lori Twohig, Cheri Wingert, Davidson Wissing, Chrissie Young, Guest Speaker Jennifer Scala.

### Welcome/Introductions/Context: Barbara Aalfs, Chair, Comprehensive Strategy, welcomed those in attendance. Barbara thanked the College Center and South Sioux City Schools for hosting this meeting. Self introductions were made.

Kevin Grieme, Siouxland District Health Department Director and Facilitator of this meeting, shared the meeting objectives:

* **To provide education on the “Collective Impact” community planning model and factors leading to its successful implementation**
* **To network with colleagues**

### Partner Spotlight: Michelle Lewis, Siouxland District Health Department, shared information from the July 27th Community Health Needs Assessment meeting. This tri-state assessment is a joint Community Health Needs Assessment (CHNA)/Health Improvement Plan (HIP), completed by Siouxland District Health Department, Mercy Medical Center, UnityPoint St. Luke’s and the Dunes Surgical Hospital. It covers Union, SD, Thurston, Dixon, and Dakota, NE, and Plymouth and Woodbury Counties in Iowa. Areas that the Health Improvement Plans may focus on are Obesity, Tobacco, Teen Pregnancy, Access to Care, Cancer Screenings, Mental Health and Housing. It was noted that the CHNA and HIP are two separate documents. CHNA will document several needs in the community beyond the 7 listed above; however the HIP for the Health Dept. and hospitals may only focus on the 7 needs listed above.

### “Collective Impact”: Jennifer Scala, Nebraska Children and Families Foundation, presented information on Collective Impact. She shared a power point and discussed the Nebraska Children’s model of Collective Impact for Well Being, Why Collective Impact?, and Successes and Lesson Learned in supporting the model in partnership with communities. Jennifer also distributed the Report to Nebraska Children’s Commission “Model for Community Ownership of Child Well-Being”, her power point slides, and a Collective Impact Forum Readiness Assessment. Jennifer’s presentation was very interactive and informative. Thank you!!!

### Community Conversation: Comprehensive Strategy Council members facilitated table discussion around the following questions.

**Objective - (Everyone answers) In 10 words or less, what is ONE THING you heard that caught your attention in Jennifer’s presentation?** Switch mindset-learning together; Not on need, readiness to change; interested in creating large social change, collaboration, Fremont example of how much funding was leveraged,; difference between collaboration and collective impact; articulation of vision for community is very important; shared vision is vital; we can’t change outcome without changing the norm; structured backbone-commitment-no one organization/agency can do this; working together with one common goal; working to restore resource vs. placing in care; process and structure of collaboration; leveraging of dollars and benefit for all; sustainability of programs; recognition/credit given to other agencies; looking at group and family participation; decision making community; focused on opportunities and challenges and importance of trust among agencies; idea of assessing services already in place rather than starting new program; results-number served, $ leveraged; barriers broken down; loss of own agendas, the power company example; long-term success; consistent is key; neutrality-first time linked to $’s; collaboration vs. collective impact comparison.

**Reflective - What are some components/pieces of Collective Impact you would say we already have in place in our community? What isn’t currently in place (gaps)?**

Siouxland CARES, HSI, Blue Zones, Data Collection, Comprehensive Strategy, Dakota County Connections, United Way Community Impact agenda, SHIP, community Needs Health Assessment, Mental Health Services, have some collaboration.

Gaps: Don’t have centralized leadership; have a number of coalitions but they aren’t integrated; there are so many little groves in Sioux city that work on issues, but not one overall vision or connectedness, overlap of services, one place for all community resources and community calendar, what can I do for you mentality, non profits need to be more business-like, legal barriers, with shrinking funding need to evolve, need to evolve with technology, need data and metrics and evidence, being proactive, wants to partner with others, business community and Chamber and decision makers are not always interested, funding shortfall, lack of community common agenda then the backbone, lack of parent/ family engagement.

**Interpretive- What do you see as the benefits of a model like Collective Impact for dealing with complex social issues? How could it make a significant difference to the way we currently do business and the outcomes we are seeking?**

**Benefits:** comprehensive and not one answer, dramatic outcome more than from collaboration, coming together, community coordinated response to urgent needs, will save dollars, decrease trauma for children/families (workers), continual improvement and service, agencies utilizing agencies, shared measurement, coordinated case management, reduce duplication, will help with technology, plays into financial ability of organizations, good return on investment-significant cost savings, rally around a cause or issue rather than an organization, build community support around issues and then all buy in, sustainability if a huge issue, helps to define the issues and resources before trying to solve them.

**Make a Difference:** Getting people on the same page, early intervention for families at risk, filling in gaps so children/families don’t fall through the gaps, shared goal, access to what need, provide better service, change behaviors, community norms, focus public/community-at-large on issue, i.e. poverty.

**Interpretive- What would be some challenges to pursuing a Collective Impact approach in our communities?**

A lot of competition to provide services, lack of trust due to fighting over resources, organization pride and identity rather than “giving away credit”, trust, time, knowledge, how is it different, getting data from/to larger organizations, need universities/colleges to collect and analyze data, moving from the will/we want stage to the actual work stage, reducing competition, getting the right people at the table of collective impact (identified in gap section), need the decision makers, assumptions of “we already do that” (misinterpret collective impact for collaboration), traditional approaches to service delivers, some are committed to their leadership role-can community select leaders, where will funding come from, what will the focus be for a particular community, sources of data, types of data, collecting or building consensus around the problems/issues within the community, silos of programs and agencies, common agenda, agencies “follow the funds” to receive them; leading to need for less staff, jobs at risk, “leap of faith” because there will be no immediate impact, results will be a few years down the road, different eligibility criteria for programs, 3 different states and their different criteria.

**Decisional - What, if any, follow-up steps would you like to see happen at this point?**

Establish a backbone, Integration of community assessments to review and determine gaps, define community-region or Counties or both, conversation in surrounding communities regarding community impact, shared initial goal, what does each agency do, determine what do we want to be, funding, routine/scheduled meeting one hour per month, identify common agenda, determine via prioritization, the right people at the table to ask if our community needs collective impact and determine the common agenda but they will need to be educated on collective impact first so can see vision of greater outcomes, funders need to come together, find all collective impact models and collaborate, better organization of resources in the community so many resource guides, community calendars-need to streamline, continue the conversation.

### “Offers and Requests”

* Protecting Families Conference, October 16, sponsored by Mercy Child Advocacy Center, 712-279-2507 for information
* Nonprofit Management Academy beginning in November, Certificate in Nonprofit Management-ISU, 10 classes, year-round, ISU Extension and Outreach, Topics welcome-send to [hewittm@iastate.edu](mailto:hewittm@iastate.edu), $45 fee, $5 CEUs, new building 4728 Southern Hills Drive, Sioux City, Iowa.
* Siouxland CARES Plant the Town Red fundraiser, purchase red tulips for $1 per bulb, Plant during Red Ribbon Week, October 23-31, watch the red tulips grow in April which is Alcohol Awareness Month, contact CARES 712-255-3199 or [cares@longlines.com](mailto:cares@longlines.com). Form can be found at [www.siouxlandcares.org](http://www.siouxlandcares.org). Supplies are limited.
* Red Ribbon Night, free to public, great activity for kids, Monday, October 19, 5-7 p.m., Long Lines Family Rec Center, Sioux City, Iowa . Support drug-free lifestyles.
* Sioux City Housing invites you to send people to them or have them go online to fill out forms for Section 8 housing.

### Evaluations: Evaluations were completed by 30 individuals. The results are:

Average rating listed in ***bold italic.***

Please rate the following on a scale of 1 – 5, **with 1 as “Excellent” and 5 as “Unhelpful”**

|  |  |  |
| --- | --- | --- |
| ***Excellent*** | ***Adequate*** | ***Unhelpful*** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Topics chosen for discussion:  ***(1.13)*** | 1 | 2 | 3 | 4 | 5 |
| 2. Meeting format: ***(1.23)*** | 1 | 2 | 3 | 4 | 5 |
| Please rate the following meeting objectives according to the level you think they were met, with **1 being “fully met,” 5 being “not addressed at all.”**  **Fully Met Not addressed at all** | | | | | |
| * **To provide education on the “Collective Impact” community planning model and factors leading to its successful implementation *(1.23)*** | 1 | 2 | 3 | 4 | 5 |
| * **To network with colleagues and share insights *(1.33)*** | 1 | 2 | 3 | 4 | 5 |
| **An “ah-ha” for me during this session was…**leverage potential of dollars and impact, all of it, backbone, how beneficial collaboration is to the families being served, reducing competition and working together, the dramatic results of collective impact, people are thinking about this, similarity to other models, the hope that we can move closer, loved the MidAmerican Utilities company example, efforts made in Nebraska to establish community needs and ongoing efforts, the whole collective impact model, the ability to leverage funds through collaboration, importance of backbone for collaboration to achieve goals long term, everyone seems to agree on the same issue means we all see the issue, but no significant impact is being done, the examples of collaboration that have come together and their outcomes, the impact that collective impact had on results, importance of communication and collaboration, being consistent once clear on common goal, need neutrality of backbone support. | | | | | |
| **What next steps, if any, should our community take regarding community impact?** Find a common agenda, decide action plan, identify a common goal with the help of the community, strategic planning of people/organizations that need to be involved, sent out just a few, not a lot, some questions and ask people to read them so they come prepared mentally to answer the question as was said by Kevin “chew the cud”, identify backbone to move community forward, identify backbone-Chamber may be a great organization, finding an organization or individual willing to start creating the tri-state backbone, determining collective goals and collaborate between agencies, define “community” and do a coordinated needs assessment, another meeting to determine common interests we can work on, funders need to come together, figure out who needs to be involved and involving the community, educate decision makers-identify a common agenda, determine “community”, integration of community assessments, sell it, consider beyond Dakota County to surrounding Iowa counties.  **I would suggest that in future sessions we (include possible discussion topics and activities)…**Continuation of this discussion on deeper level, how do we make changes happen and who needs to be involved-public involvement?, set the context for the meeting in the beginning, continue today’s discussion and consider how it could be implemented, a group as a University to begin a data collection of all community agencies input to have a metric for evidence based program/grants, processes for helping community formulate a common agenda. | | | | | |
| **Other comments (use back if necessary):** When we have a separate facilitator and recorder in group sessions, keep progressing on trying to make changes, great session and discussion, enjoyed-thanks, great meeting, very grateful to participate, Kevin does a great job! Thanks! | | | | | |

### Adjournment: The meeting adjourned at 11:05 a.m. with many staying until noon to further discuss this topic.