

MCFR Planning Day Materials

SEPTEMBER 7, 2023

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- + Four Types of Field-Building Intermediaries (Bridgespan)
- + Community-Engaged Research Projects and Initiatives

MCFR Planning Day Agenda

SEPTEMBER 7, 2023

MISSOURI FOUNDATION FOR HEALTH

424 Vista Ave

St. Louis, MO 63110

Day-Of Contact: Amy Jonason, (317) 410-0534

The group acknowledges that we want to hold sufficient time open to address each topic at an appropriate pace. If we do not get to later topics on the agenda, we will collectively identify when to address these topics at a later date.

- | | |
|---------|--|
| 8:30am | Breakfast
<i>Time to catch up and enjoy coffee together</i> |
| 9:00 | Centering on our Values and Vision
<i>Beginning today focused on what is most important and what we imagine and hope for the future of MCFR and the communities we seek to serve</i> |
| 9:30 | Roles & Responsibilities
<i>Reviewing current CP, MFH, and Openfields roles and responsibilities in the context of the RAPID framework; addressing different roles for both the process and content of MCFR; introducing the role community members might play going forward</i> |
| 10:00 | Decision Making Process
<i>Learning and practicing a consensus-driven decision-making framework for the CP Executive Committee going forward</i> |
| 10:30 | Break |
| 10:45 | Vision, Mission, and Our Approach to Community Engagement
<i>Inspired by the earlier reflection on our values and vision, reviewing and potentially revising the working vision and mission statements; reviewing and potentially revising section VI. of the working plan, "Our Approach to Community Engagement"</i> |
| 12:00pm | Lunch |
| 12:30pm | Open Discussion
<i>What's on our minds? What issues are surfacing that we want to discuss and work through together?</i> |
| 12:45 | Goals
<i>Based on our clarified vision and mission statements, reviewing and further defining the existing four goals and desired outcomes; based on our clarified Community Engagement Statement defining specific goals</i> |

2:00pm	Activities & Assets <i>In order to advance our stated goals, what activities are critical? What assets and capacities are we bringing to the table to accomplish these activities? What do we want to learn? What capacities do we want to develop?</i>
3:00	Break
3:15	Open Discussion <i>What might we be missing? What do we want to make sure is part of the work going forward?</i>
3:30	Action Plans <i>Based on our goals and the assets on hand, what is a feasible action plan for the coming 8 months for MCFR? Who will do the work? How do we plan to organize MCFR to most effectively advance the goals? How do we think beyond the current timeline and capacities?</i>
4:40	Final Words & Affirmations
5:00	Conclude <i>Thank you</i>

Core Partner Commitments

As outlined during recruitment of Core Partners in Fall 2022

PARTNER COMMITMENTS

Missouri Foundation for Health envisions a five-year commitment to Collaborative work. In the Collaborative's first phase, Partners will meet for a period of 18 months, from November 2022-April 2024. Partners will engage in the following activities:

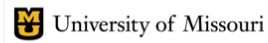
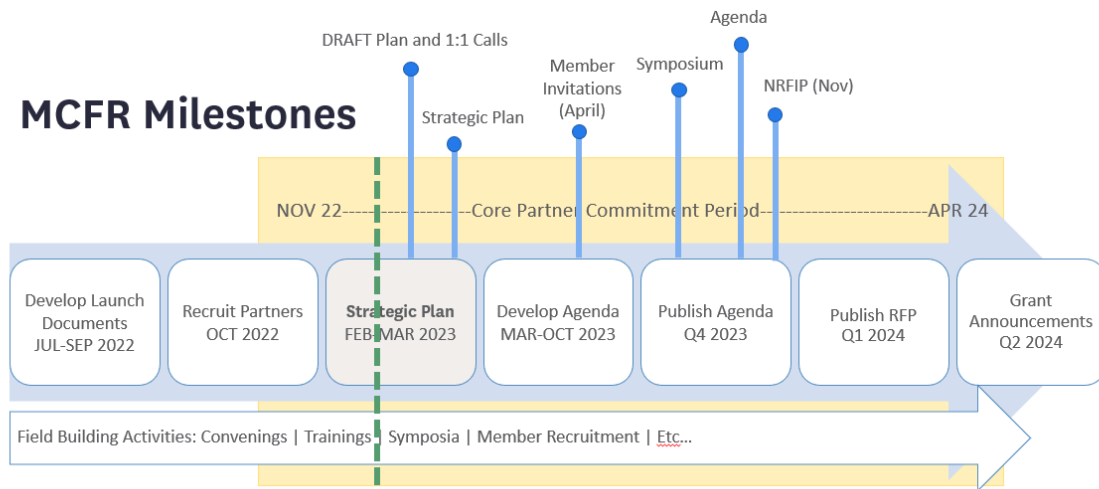
- Each Partner will appoint a representative to serve on a Collaborative Executive Committee (CEC), which will serve as the governing body. Committee chairs will rotate annually, with GVI serving as the first chair.
- The CEC, consisting of Partner representatives, will be responsible for developing a set of Core Values, a Collaborative Charter, and a Strategic Plan.
- Partners will help define and recruit a wider network of members to participate in and promote the work of the Collaborative. The CEC will work with Collaborative members to develop, publish and promote a Collaborative Research Agenda, and with Missouri Foundation for Health to design a research Request For Applications that aligns with the Agenda.
- Partners will work with Collaborative members to design a comprehensive Community Voice strategy, ensuring that the voices of people who have lived experience with firearms underpin the Collaborative Research Agenda. The research agenda will be made public to promote broader recognition of community research priorities.
- Partner representatives will attend the [National Research Conference on Firearm Injury Prevention](#) in Washington, DC from November 29-December 1, 2022. Travel funds are available to support attendance.
- Partner representatives will meet regularly according to the schedule below. Limited scholarships are available to support Partners' attendance at in-person events.

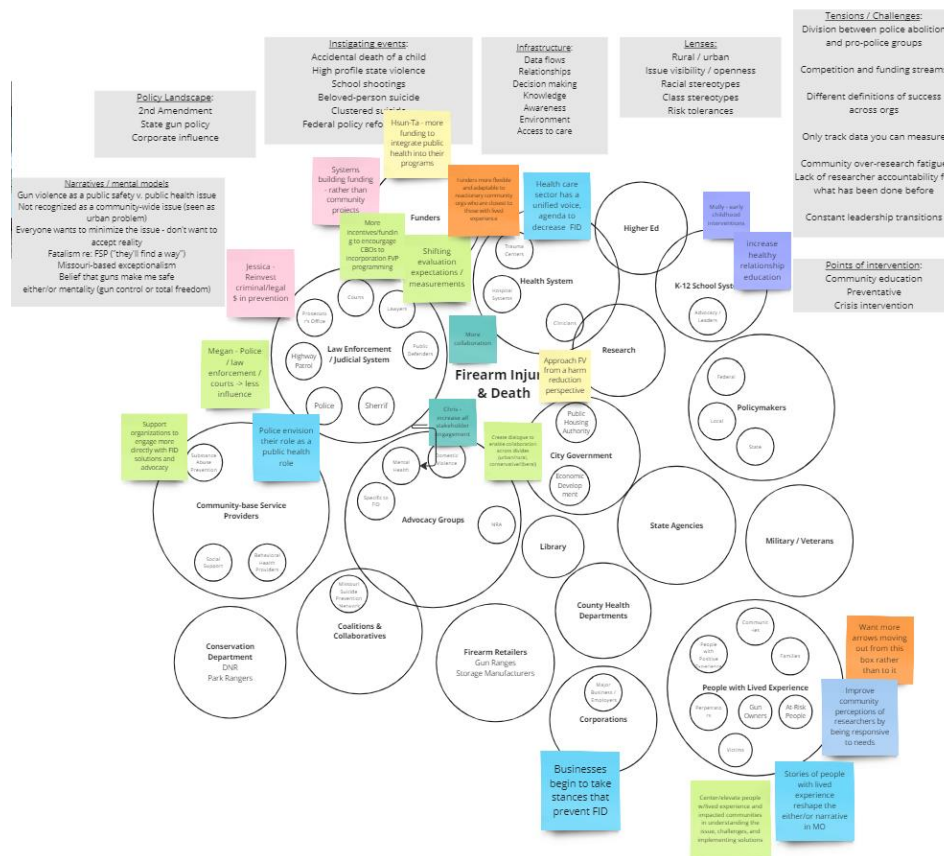
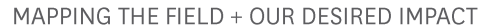
Event	Frequency	Mode
CEC Planning Meetings	Monthly	Virtual
Collaborative Convenings (with members)	4x/year	Virtual
Professional Development Training (with members)	2x/year	Virtual
CEC Strategic Planning Workshop	1	In-person
Network Research Symposium (with members)	1x/year, two total over Phase I	In-person

Estimated total time commitment will be 15-20 hours a month. Each Partner organization will receive a stipend of \$30,000 for their participation, issued in installments over 18 months.

Working Timeline

As of April 2023





February 2023 Strategic Planning Workshop

ACTORS AND AUDIENCE

Learn With Us

Researchers: Institutional leaders, researchers already studying FID, researchers in adjacent fields (law, sociology, public health, psychology, child welfare, social work)

Social service, medical + behavioral health providers

CBOs already engaged in FID prevention work

Local government actors: city violence prevention offices, MCADS, prosecutors, court staff, program evaluators

Local policymakers

Media

Learn From Us

Schools and educators

Business champions

Researchers already studying FID and adjacent fields

National funders

"Powerhouse" research consortia like FACTS

What members could do:

Contribute to research: help gather local information, inform research questions, research gaps, and solutions, learn about / promote specific methodologies, help better understand barriers to FID research and CEnR research

Support each other: Connect with others to share experiences and find support around topics or research

Strengthen translation: translate MCFR's agenda to their audiences and spheres of influence; work with researchers to translate research

Strengthen community engagement: connect to CLEs, hold researchers accountable for doing CEnR

Sustain MCFR: Identify resources MCFR can provide, provide infrastructure support to sustain MCFR beyond 5 years

Be informed champions for change in the field

Who We Learn From

Communities with lived experience of firearms / FID
Groups doing CEnR / CBPR

Potential future champions, for whom advising may be an entry role for involvement (e.g., school superintendents)

CBOs who have engaged in community data gathering or partnered with research institutions

Major funders - Arnold Ventures, Joyce Foundation

What Advisors Could Do:

Tell us what we need to learn: Review our learning agenda and work plan; identify gaps, priorities.

Communities with lived experience of firearms/FID could **shape learning agenda, advise on how to engage their communities, support data sensemaking**

Hold us accountable. In this role, we would want to identify advisors early on so they can give feedback on MCFR's work

February 2023 Strategic Planning Workshop

COLLABORATIVES: WHAT WORKS AND WHAT DOESN'T

Works:

Reflective/feedback loops
Clear Assessment of the problem
Sense of feasible impact and a plan to get there
Clear roles
Additive to the work of individual members
Someone leads

Doesn't Work:

Lack of incentive to DO the work
Lack of flexibility to adjust, iterate
Group think
Lack of clear vision
Clumsy community engagement
Unclear roles

CORE PARTNER VISIONS AND INCENTIVES

MCFR has the opportunity to **expand and build infrastructure that promotes bi-directional community engaged research, expands access to resources, and builds collaborations among stakeholders**. We can do that with researchers, community organizations, those with lived experience, and governmental organizations and to influence experts in the field, all to positively impact FID related outcomes.

When that happens, it will benefit **GVI** by **expanding community engaged research with faculty, utilizing resources within IPH centers (CCHPR, CDI, CAHSR), and be an agent for change in our community**.

MCFR has the opportunity to **build a broad base of community stakeholders who better understand Missouri's and local conditions favorable to FID, to then influence more community support and engagement in FIDP**.

When that happens, it will benefit **CPO** by **meeting our mission and by leading to lower FID related consequences, increased local and state awareness of CPO in the FIDP field and related fields, and increased opportunities for funding and sustainability of direct and indirect programs and initiatives**.

MCFR has the opportunity to **build shared narratives and shared understanding of FID**. We can do that with **those impacted, including individuals and systems** to influence policy change.

When that happens, it will benefit **Alive & Well** by **mitigating one of the most prevalent symptoms of trauma expressed by our communities**.

MCFR has the opportunity to **foster dissemination and translation of evidence-based interventions** over the next 2-5 years. We can do that with **CBOs and public agencies (probation officers, judges, law enforcement)** to reduce firearm violence among various vulnerable populations.

When that happens, it will help **CCJJP** by **creating opportunities for developing, implementing and testing evidence-based interventions with community partners**.

MCFR has the opportunity to **empower CBOs and researchers to engage in the process of generating evidence that supports systemic, community driven solutions to FID**.

When that happens, it will benefit **MFH** by **fulfilling our equity-centered mission, generating new opportunities for collaboration and funding, and helping MFH learn how to better cede power and show up in research and in communities**.

February 2023 Strategic Planning Workshop

CORE PARTNER COMMUNITY ENGAGEMENT: ASSETS AND OPPORTUNITIES

	Which communities does your organization engage well / at a desired level? What are the activities that sustain that level of engagement?	When it comes to impacting the field of FID, what relationships and/or capacities for engagement would your organization like to build?
GVI	LOV and LOV hospitals: regular meetings with clinicians and program staff; shared data infrastructure; collaborative research projects CCHPR: CAB has increased feedback in research; Pitch Partners program	<ul style="list-style-type: none"> • connections with community and researchers in FID • bidirectional relationship with community • broaden stakeholder engagement • Reevaluate measuring impact of programs using the Translational Science Benefit Model • Develop a Center for Violence Prevention within the emerging School of Public Health
CCJJP	<ul style="list-style-type: none"> • CPD great collaboration; MUSSW reputation with the city; timely responses, meaningful feedback • Boone County Probation officers - good collaboration, unique role in the county; timely response to their needs • CATE - great relationship, create sustainable and useful tools for both parties to move forward • BOS_COC: Unique presence expertise; response to their needs and timelines (flexible) • HL agencies in St. Louis: Great relationship, generate inputs/provide feedback; produce tools for org to use for funding • CPS: good relationship (elementary schools) —> provide critical services and reduce family and school burden 	Engaging HL service providers across all spectrums; get better at community-based intervention development
CPO	<p>What has worked well: working with Springfield PD, GCPO, City of Springfield, Burrell, Mercy, CoxHealth, SPS, SGCHD, SPCO, GCSPN, CFO and using these approaches:</p> <p>Monthly or more regular meetings Involve in training opportunities Collab on shared community outreach messaging Involve in FSP cohort virtual meetings Provide prevention materials to them Publicly recognize them as partners/regularly ID them as key to efforts Tell their supervisor they are “doing a great job” Share articles, etc. relevant to them (“thought of you on this”) Show we are a value added partner Take the public “hit” instead of them</p>	Want to move GCSD towards for FIDP support; relationship with MSU for evaluation ongoing; JVHHC participation; Improve CPO’s awareness of research and data collection best practices; improve communication of FIDP to community sectors in ways to increase their engagement and support
MFH	<p>What works well:</p> <p>Active relationship check-ins Humility, vulnerability, honesty, trust Being flexible on funding, timelines, and expectations Ceding power in decision-making Compensating people for efforts Clear communication re: roles Shared values articulation MFH taking risks / assuming risks Being a thought partner</p>	Want to increase knowledge, skills and activities that will elevate partners in our decision making; increase reflection, skills and willingness around power, trust-building, reparation and restoration; increase knowledge on how MFH can support CBOs, academic institutions and lived experience groups to work together to inform FID solutions

Alive & Well	<p>Going well with hospitals:</p> <ul style="list-style-type: none"> • bidirectional relationship between patients and leaders • honor different context of different hospitals • regular opportunities for feedback at multiple levels of leadership • sponsor that is visible • work to insulate from power differential between patients and providers • shared learning/competition between hospitals • patient group received training - common language • patient stories are used in multiple ways <p>Going well with Bootheel residents:</p> <ul style="list-style-type: none"> • use of trusted, local messengers who are bought into work • message is universal yet invites conversation about difference • trusted, local sponsor who opens doors • ability to activate response from community concern using close community networks • being operationally visible, accounting for community members' changing availability and priorities • pay messengers 	<p>Want to build capacity to convene Ed leaders passionate about this work; PD for AWC staff on FID to connect to trauma research; Easy access to data for staff who reach these audiences; Pathway for engagement for steering committee members beyond gun control legislation; opportunity to center youth lived experience in the work</p>

February 2023 Strategic Planning Workshop

WHAT WE WANT TO LEARN

Missouri-Based Evidence and Community Data Needs

1. Complete dataset of FID incidence in MO. Currently police departments inconsistently report to FBI and Hwy Patrol and there is irregularity in what they do report
2. Reconcile inconsistencies in classifications of suicide in different racial groups
3. What makes MO distinct in FID and how can we leverage this to play into the exceptionalist mindset?
4. What are long-term implications of FID on community flourishing, on families?
5. What are communities doing to promote their safety outside of police and criminal justice system? How do they define their own safety? How can data / info support these efforts?
6. How can we support communities with lived experience (CLEs) to shape the narratives around data, and to point to systems and structures vs. individual pathologies?
7. How can we elevate experiential knowledge as a valid / valuable form of data /info as MCFR?

Research Ethics and Community Engagement

1. What are our biases in this space, and toward whom? How do these biases impact our interactions with actors and audiences?
2. Where / which communities have already been asked?
3. What is the right 'how' for engaging communities in answering these questions given configurations of time, funding, trauma, and previous community engagement?
4. How to present data on FID without pathologizing neighborhoods
5. What does research need to look like, or how should it be disseminated, to depathologize the issue of FID victimization? How can MCFR promote this?
6. What does research without action do to resident trust of researchers and resident outlook? What can MCFR do to improve trust?

Cognition and Dissemination

1. How does data access and accuracy impact people's understanding of FID and ability to address it?
2. How to change mental models? What role do data play in changing mental models? What role do dissemination strategies play?
3. Which dissemination strategies are effective at communicating around FID? How do you present data to make it seem trustworthy - who brokers that?
4. What attitudes and beliefs do different audience segments have re: FID? (health care, business community ; geographic segments)
5. How to bridge mental models by meeting people where they are
6. How do groups' biases shape the way they interpret information?
7. What does it take to nudge people to reflect on their biases and take steps to overcome them? What do those steps look like?
8. How can we incorporate storytelling into message in compelling ways? How can stories be combined with aggregated / quantitative data?
9. What can we learn from other behavior change movements (seat belts) and / or marketing best practices on behavior changes ?

Evidence-Based Practices

1. What are "beyond either-or" strategies that can move the needle on FID and how do we communicate about them?
2. How to deploy resources both to meet urgent needs and invest in slower, longer-term change?

3. How can CEnR support both urgent interventions and systems change?
4. What role does research play in identifying unintended consequences of interventions (+ and -)?
5. What are the **root** causes behind commonly accepted risk and protective factors for FID? What are policy levers for addressing these root causes?
6. Sustaining coordination beyond / outside of discrete political administrations
7. Ways to sustain, implement, translate, and disseminate interventions

MISSOURI COLLABORATIVE ON FIREARMS RESEARCH

Strategic Plan

Working Draft - Please Do Not Circulate

Last updated 2023.07.21

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I. History and Context

How did we get here? Why is this work important?

The Missouri Collaborative on Firearms Research (MCFR) started with conversations between Missouri Foundation for Health (MFH) and the Gun Violence Initiative (GVI) at the Washington University in St. Louis Institute for Public Health. In November 2021 the two organizations hosted a convening to explore the possibilities of a statewide collaborative focused on firearm violence research. An interdisciplinary group of 23 researchers and practitioners from northwest, central and southwest Missouri participated.

Table 1 summarizes the key insights from the pre-launch convening. Together, participants identified three shared barriers to their work: few opportunities to collaborate across disciplines, difficulty communicating and educating others about gun violence, and limited administrative capacity. Participants agreed that a research collaborative could benefit their work by creating space for sharing research across subtopics and disciplines, by helping participants secure additional internal and external resources, and by increasing participants' capacity to hear from the communities they served. Participants further conveyed that a successful collaborative would have to provide strong infrastructure and administrative support, include shared leadership with clear roles and commitments from participants, have a clear strategic plan, and be meaningfully connected to the work in which participants were already engaged.

Table 1. Insights from MCFR Pre-Launch Convening, November 2021		
BARRIERS TO FIREARM VIOLENCE RESEARCH AND PRACTICE	PROJECTED BENEFITS OF A RESEARCH COLLABORATIVE	COLLABORATIVE MUST-HAVES
+ Limited interdisciplinary collaboration	+ Provide space for research sharing and collaboration	+ Strong infrastructure and administrative support
+ Communication barriers due to polarization and stigma around issue	+ Support participants in securing additional resources	+ Shared leadership
+ Limited administrative capacity	+ Increase organizational capacity for community listening	+ Clear participant roles and commitments
		+ Clear strategic plan
		+ Meaningful connections to participant work

Based on these insights, MFH brought in Openfields to facilitate the design and implementation of MCFR along with GVI. The three organizations engaged in a four-month pre-planning process from July to October 2022. Pre-planning included a three-part Motivational Touchstone exercise to define the “why” of MCFR, define key terms, and identify equity processes and outcomes. Some aims and intentions articulated during the Motivation Touchstone were:

- + That the “why” of MCFR is to ensure that community organizations and those most affected by FID play an active role in driving FID prevention research to inform and promote community-driven solutions. For definitions of key terms in this statement, see Table 2 on the next page.
- + Desire for those involved in MCFR to share understandings of roles, values and goals

- + Desire for MCFR protocol and practices to promote bi-directional communication and conflict resolution among partners, members, and communities
- + Intention for the MCFR environment to explicitly value different types of knowledge and expertise brought from people with various backgrounds, experiences, and skillsets

Table 2. Key Terms Defined During Motivation Touchstone Exercise, Jul-Aug 2022	
TERM	DEFINITION
Firearm injury & death (FID) prevention research	Research which contributes to identifying or validating solutions to reduce or prevent injuries and deaths caused by firearms. These include injuries and deaths related to interpersonal and community violence, suicide and self-harm, and those that are unintentional/ accidental.
Community organizations	Organizations that are connected to and trusted by specific populations affected by FID
Communities most affected	Individuals or groups of people who have lived experience with any type of FID or who live in a community that has disproportionately high rates of FID.
Active role	<p>Not passive, iterative process, not imposing researcher priorities/assumptions, bi-directional communication.</p> <p>Proposed solutions to reduce or prevent FID are community-driven and evidence needs to be community informed.</p> <p>How: People from impacted communities are engaged in identifying priorities for research, during research and sense-making processes, and in developing proposed solutions.</p>
Community-driven solutions	Policies, interventions, or other approaches to reduce FID within a specific community/population reflect that community/population's stated desires, goals, and values.

Using the Motivation Touchstone as a guide the pre-planning team wrote a Call for Applications for core partnership in MCFR. The team determined that potential core partners should be research centers or community organizations that had connections to communities with lived experience of FID. In September and October 2022, GVI conducted initial conversations with a dozen Missouri organizations who met these criteria and invited them to apply for core partnership. In selecting core partners, the team considered each organization's capacity for involvement, applicants' understanding of MCFR goals, and the unique features (such as geographic focus area and perspective) that each organization might bring to MCFR. A key moment in the selection process was when the pre-planning team decided to accept three community-based organizations, creating a 3-2 balance of CBOs and research institutions. Team members agreed that this seemed like an important way to center community voice and live out the "why" of MCFR.

II. Core Partners

Which Missouri leaders have committed to the work?

Alive & Well Communities activates communities to heal by naming racism and systemic oppression as trauma that impacts the well-being of all, disrupting systemic oppression, elevating community wisdom, and leading innovative solutions to trauma and toxic stress.

Representatives: Jennifer Brinkmann, Molly Downing

The Center for Criminal and Juvenile Justice Priorities at the University of Missouri is an interdisciplinary center of scholars and community stakeholders committed to creating and disseminating research, education, and training for practitioners, policy makers, people with lived experience, and people at risk of justice involvement.

Representative: Hsun-Ta Hsu

Community Partnership of the Ozarks supports and offers programming, services and collaborative partnerships designed to build healthy, resilient and successful children and youth, families and communities.

Representative: Chris Davis

The Gun Violence Initiative at the Washington University in St. Louis Institute of Public Health (lead partner) addresses the burgeoning public health issue of death and injury as a result of gun violence. Washington University is one of the first educational institutions to launch a community-focused violence prevention initiative using a public health approach.

Representatives: Leah Kemper, Kimberly Pryor

St. Louis Area Violence Prevention Commission works to reduce violent crime in the region by promoting and advocating for coordinated, well-resourced policies, support systems, and interventions among area governments, institutions and agencies that serve individuals and families most at risk of violent crime.

Representative: Jessica Meyers



III. Early Learning

What insights did we gain in the first several months of MCFR?

In the months since the core partners of MCFR were selected, core partners have attended the National Research Conference on Firearm Injury Prevention (Nov 2022) and engaged in a two-day strategic planning workshop (Feb 2023). Openfields has gathered a round of feedback on the Strategic Plan (March 2023) and a round of feedback specifically on the collaborative's community engagement approach (March-April 2023). Several additional insights emerged from these activities:

- + **The national FID research field is not as experienced in deeply engaging communities with lived experience of FID as we previously thought.** We heard this from MFH and MCFR partners who attended the National Research Conference on Firearm Injury Prevention in November 2022. Through this event we realized that, by engaging communities with lived experience of FID to inform a research agenda and subsequent projects, MCFR would not just be adding to an already robust field of community-engaged FID research – MCFR would be building that field.
- + **During this first phase, it is both more desirable and more feasible for MCFR to focus on “how” researchers engage with communities than for MCFR to strive to define “what” communities want to know about FID (e.g., its causes, prevalence, impacts).** We heard this from MFH at several points during the strategic planning process. Similarly, we heard from partners that **partners can define several “what” questions for their own work but are less confident in their capacity to comprehensively define a set of “what” questions from all communities with lived experience of FID. They agree that “how” researchers engage with communities is critical to shaping the impacts of that research.**
- + In their feedback on the draft Strategic Plan, **partners identified the goal of “stronger connections and increased trust among Missouri researchers, community-based organizations, and communities with lived experience of FID” as one of the most important and one of the most time-intensive.**
- + Academic research is not the only way to generate insight and evidence about FID; to “collapse the gap” between academic researchers and communities, **MCFR needs to challenge traditional definitions of research.** We heard this from MFH and some partners in their feedback on the draft Strategic Plan.
- + **Partners want MCFR to engage several kinds of communities**, including those with lived experience of FID, those disproportionately at-risk of FID, those “working on” the issue of FID and/or with people who are directly impacted, and those who are indirectly impacted and care about the problem. While partners want there to be roles/opportunities for each of these groups, **they especially want to see communities with lived experience of FID involved in co-creating Collaborative outputs.** Connecting back to the previous insight, there is a sense that it will take a lot of time to build the trust and connections needed for this co-creation.
- + **For MFH, building the field’s capacity to engage communities with lived experience of FID within research, dissemination, and intervention design is a higher priority than defining a research agenda for the field.** This clarification has come out of the activities and insights listed above, as well as from conversations internal to MFH.

Those at the table are hopeful that MCFR could challenge any or all of the following: institutional norms about who conducts research, how they do so, what evidence they generate, and for what purposes.

IV. Motivations, Vision, Mission, and Values

Motivations

Why does this matter to us?

We are motivated by....

- + Personal experience with the grief, fear, trauma and confusion that accompany FID
- + Belief that the perspectives of communities most impacted by FID are critical to shaping how we understand and prevent the problem
- + Frustration with academic systems that disincentivize deep engagement with impacted communities
- + Desire to pursue multidisciplinary, “upstream” solutions to FID while also helping communities cope well with its after-effects
- + Belief in our ability to change how researchers generate knowledge on FID, and to shift perceptions of who can be a researcher

Vision

What kind of future are we working for?

We envision a future in which the Missourians most impacted by firearm injury and death are respected partners in determining and implementing solutions.

Mission

What role are we committed to playing in advancing the vision?

MCFR’s mission is to foster equitable relationships between researchers and communities that result in informed action to reduce firearm injury and death.

Values

What principles anchor our work together?

[Values to be defined]

V. Goals

What accomplishments are we pursuing to foster equitable relationships between researchers and communities that result in informed action to reduce firearm injury and death?

Note to partners: Feedback on goals varied widely. The only clear consensus was that the goal of “Stronger connections between Missouri researchers and the national firearm research community” was the lowest priority. That goal has been removed from this draft. Below is a statement of each remaining goal, followed by a compilation of the feedback received about it in April 2023. Our next steps are to re-evaluate these goals (are they still a priority; if not, what is?) and further define them by making them SMART (Specific, Measurable, Achievable, Relevant, and Time-bound).

By July 2024, the Collaborative will be successful if we have achieved:

1. Stronger connections and increased trust among Missouri researchers, community-based organizations, and communities with lived experience of FID.

Feedback on this goal :

- Goals change based on whether this work is community-led or community-advised. The way they are currently written reflects a community-advised approach. For a community-led project, this goal becomes about all we do in the next year. We can increase trust in a year but building trust takes much longer. Start by building shared understanding, relationship and connection – this creates a lens that allows for moving forward. These are interim steps before trust.
- Too aggressive. Can't build trust by 2024 but can establish a framework for building trust. This is a high-priority goal and also one that will take the longest.
- This goal feels most aggressive, and would likely take the longest. Trust takes time to build, and we may not see measurable changes in trust, especially w/ CLE, in this timeline. This also brings up the question of the sequence of these goals. Does trust need to be established before the development of the research agenda? If we want to accomplish this first, that will alter the feasibility of reaching other goals in this timeline
- Feels aggressive for year 1; a more immediate step may be establishing mechanisms for building relationships and shared values. Seeing the start of connections may be possible
- Questions about how we will measure it: what are we hoping to have “stronger connections and increased trust” about specifically with these stakeholders?
- Regarding measurement: What are initial indicators of stronger connections and increased trust? Some possibilities are orgs identified, number/types of engagements/relationships, qualitative data on who is/is not included in connections, where connections seem easier / harder and why

2. Increased motivation and capacity for community-engaged research on firearm injury and death among a multidisciplinary group of researchers.

Feedback on this goal:

- Seems aggressive (x2)
- Increasing motivation seems feasible but truly building capacity seems less feasible, especially for in-state researchers.
- Motivation might be possible but capacity will take longer.

- Putting pieces in place for capacity can be done – the motivation is taking all of that and doing something with it, which is more out of our control
 - We need to consider how we understand baseline for this for measurement.
 - Capacity measurement will depend on activities we come up with for capacity building
3. Publication of an agenda that articulates a strategy for building the field of community-engaged research on FID, including research questions, activities and goals of particular relevance to the people of Missouri.

Feedback on this goal included:

- Seems right by July 2024
 - “This to me is what we’re about. If we don’t do that then we didn’t do what we were supposed to do”
 - “Feels achievable”
 - Feels doable; The questions raised by the core partners about data access are also helpful here
 - Measurement seems to be fairly straightforward
4. Funded proposals from a diverse pool of researchers, practitioners and community-based organizations, for new projects that will generate knowledge on FID in Missouri in ways that deeply engage communities with lived experience of FID.

Feedback on this goal:

- Does not seem feasible by July 2024. Having an RFP with clear community-engaged research expectations seems more realistic.
- Feels too aggressive. Will take time to determine funding priorities
- Just right if it is specific to the RFP. Be clear this is just the funding component. Maybe rephrase to “Fund a set of FID-related research projects that include deep engagement of community with lived experience.” We will want to articulate what “deep engagement” looks like, to whose standard (core partner plus advisory group? Are there particular areas where we want engagement to occur (e.g. development of research questions and methods versus data collection versus sensemaking versus all of the above)
- The feasibility of this will again depend on how we imagine the sequence of goals and the role of community in driving the development of the research agenda, which will inform RFPs. However, offering smaller pots of funding early on in collaborative activities may help incentivize researcher involvement, especially if community is leading the research.

VI. Our Approach to Community Engagement

Which communities' voices are most important to our work? How will we listen to these voices and incorporate their insights?

MFH and core partners have identified communities with lived experience of FID as central to the Collaborative's work. Collectively, these communities span multiple geographies, genders, racial and ethnic groups, socioeconomic classes, and cultures. They include rural white firearm owners, urban communities of color, women who have experienced intimate partner violence, families who have lost a loved one to suicide, LGBTQIA+ youth experiencing homelessness, and more.

We hope the work of MCFR will enable partners, members and others in the field to move “up” to higher levels of engagement with communities with lived experience of FID (see Figure 1), in ways that honor those communities' desires and capacities for engagement. We believe that by hearing the perspectives of communities with lived experience of FID and working with people in these communities to conduct research activities, researchers, community-based organizations, and practitioners will better understand the causes of, consequences of, and effective solutions to FID. We aim for our work to have upstream impacts on people experiencing FID as well as to support those with lived experience in recovering and reclaiming flourishing lives.

Additionally, we acknowledge the many ripple effects of FID; its consequences impact virtually all of us. We intend for Collaborative activities to invite along people working in FID prevention/mitigation, as well as people who are indirectly impacted and care about the problem.

The following principles guide MCFR's approach to community engagement:

ACCOUNTABILITY & POWER SHARING

- + We acknowledge the historical and present-day harm that traditional research has at times inflicted on communities, especially communities of color and communities in poverty. We commit to learn from our and others' mistakes.
- + We center communities with lived experience of FID in our activities and priorities.
- + We establish practices to hold ourselves accountable for how we live out these values around community engagement.
- + We commit to exploring and establishing practices for communities with lived experience of FID to hold us accountable for sharing power with their communities and for engaging with their communities mindfully and inclusively.

MINDFULNESS

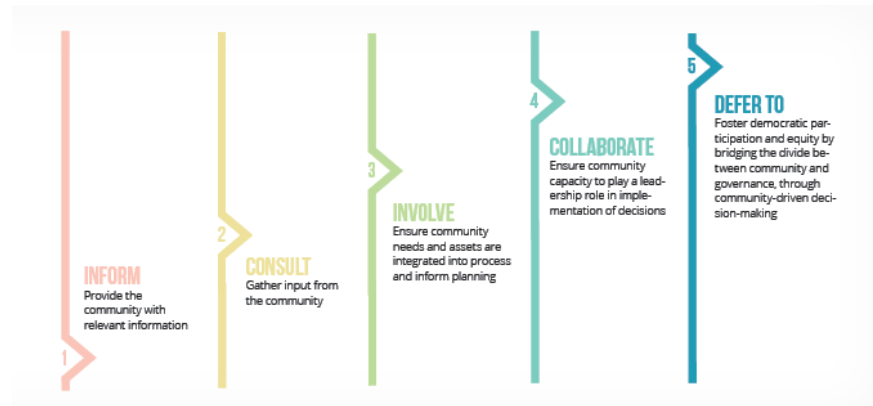


Fig.1. The Spectrum of Community Engagement to Ownership, by Rosa González. (Movement Strategy Center)

- + We utilize trauma-informed language and practices in our work and our communications.
- + We are mindful of which people and groups have been repeatedly asked to share their experiences. We commit to listening to what they've already said before asking them to say more.
- + We identify and reflect on our own biases and work to avoid acting on these biases.

INCLUSIVENESS

- + We work to identify which voices are missing from our current understandings of FID in Missouri and to create mechanisms to fill these gaps in our field-building work.
- + We recognize that there are many types of communities with lived experience of FID, and strive to include a diverse range of voices.
- + We demonstrate that we value community input by financially compensating those who share their time and voice and by honoring community roles and contributions
- + We strive to communicate in plain language to better promote shared understanding between researchers and community members.

VII. Key Activities

How will we achieve our goals to fulfill our missions?

Note to partners: MCFR activities will flow from goals, mission, and vision. Once we re-evaluate and confirm goals, mission and vision, we will revisit previously proposed activities, imagine new possibilities, and determine priorities together.

VIII. Roles

How will core partners, MFH, and Openfields carry out/support the work of MCFR? Who else do we want to involve in our key activities in order to accomplish our goals, and what would we like them to do?

CORE PARTNERS

In the RAPID matrix of decision-making, core partners occupy most roles, including the “Decide” role. Core partners will develop the Strategic Plan and define key activities associated with the plan. Partners may lead (“perform”) some activities, and identify other stakeholders to involve in carrying out additional activities. In the Collaborative’s first phase, core partners will meet for a period of 18 months, from November 2022-April 2024. Estimated total time commitment is 15-20 hours a month.



MEMBERS

[TBD]



ADVISORS

[TBD]

MISSOURI FOUNDATION FOR HEALTH

- Thought partner
- Resources, logistical support
- Other roles TBD

OPENFIELDS

- Logistical support
- Other roles TBD

Fig.2. RAPID Roles as of April 2023. Roles are subject to further definition & refining.

IX. Strategy

What is our theory of impact? What actions will we prioritize, and on what timeline?

[TBD]

Feedback on MCFR Draft Strategic Plan

Which part of the plan do you feel most confident in? Why?

Responses organized by section of plan, starting with the section that received the most commentary.

Goals

- I think the part that I am most confident of is **[Goals 3 and 4]**, as if we are able to achieve **[Goal 1]**– strengthening connections with community stakeholders, we will be able to achieve those two goals using a community-led approach.
- **Goal 3 - FEEL MOST CONFIDENT IN THIS** - An agenda that articulates a strategy for building the field... seems very doable.
- **Goal 1 - FEEL CONFIDENT IN PART OF THIS BASED ON THE FOLLOWING CAPACITY COMMENTS, THOUGH STILL WORK TO BE DONE - Community-advised seems realistic in this phase, with movement towards community-led as we get more clear/focused** on our current status of engagement and processes to move up that involvement/engagement ladder. The processes could include components of the feedback for this goal – establish mechanisms for building relationships and [assessing current values to develop] shared values [assessing may identify that shared is already happening with some, and with those not sharing we could see what the gaps between them may be, to then focus on decreasing the space in the gap].
- **[Goal 1] of achieving “stronger connections and increased trust among MO researchers, CBO’s, and CLE of FID” seems to be agreed upon by most, if not all, core partners to be a priority of MCFR. We also agree with the feedback that while we won’t be able to achieve “trust” among these groups by July 2024, we can build connections, relationships, and establish a framework/mechanisms for building trust. This part of the plan makes the most sense to us.**

Our Approach to Community Engagement

- I feel that the **issues identified in the current landscape of FID research** are very reflective of our experience and what community has told us their experiences are. The **guiding principles for MCFR’s approach to community engagement** are vital and I appreciate them being laid out the way they are.
- 2nd paragraph (“We hope the work of MCFR will enable...I like the flow of this a lot – Hearing the perspectives and working with them to conduct research activities [will help lead to] better understand the causes of, and consequences of, the effective solutions to FID.”)
- **I like the accountability and power sharing section** as well. I still feel **identifying and naming our individual and organizational biases and priorities (putting it all on the table in the sight of others involved, not hidden agendas)** can help us have more trust in each other and promote trust as new partners become involved – a culture of collaboration.

Vision and Mission

- The vision and mission statements are solid.

History and Context, Core Partners, Early Learning

- **Section 1-3** is comprehensive and explains the path that was taken really well. It’s helpful to see that story and the specific steps that led to the next sections.

Which part of the plan do you feel we need to work on the most? Why?

- I believe we need to **work most on [Goal 1] the goal of “stronger connections and increased trust among Missouri researchers, community-based organizations, and communities with lived experience of FID.** This is vital because there is research continuing to happen that at best is not adequately community engaged and at worse is doing harm to communities and residents that experience high rates of FID.
- I think **[Goal 1] remains the most critical, pressing, yet, time-intensive one to achieve.**
- **Goal 2 – REALLY WANT TO MAKE THIS A HIGH PRIORITY TO WORK ON** - Can we identify or create a way to measure motivation & capacity, where we could then use the tool(s) to establish a baseline or entry point for currently-engaged known partners in FID research and then progress towards increased motivation and capacity?
- While we can see some of the goals being a part of the strategic plan, the **sequence of the goals needs to be workshoped.** Our initial thoughts on the sequence are: Goals 1 and 2 are the ultimate goals; Goal 3 is the plan to achieve Goal 1 and Goal 2; Goal 4 could be the result/outcome of achieving Goal 1 and Goal 2, but could also be a part of the strategy of building trust.
- The **main question I had about the goals is how they will be measured.** There are some comments from the group about but definitely think some addition work can be done there.
- Goal 4 – **New projects** can generate knowledge and momentum in this space, just want it to be **very strategic after we have a well-identified infrastructure so the funds are effectively utilized** to both have a positive impact on those experiencing FID as well as the research field around this topic. (I prefer not to have a “control group” only getting a placebo of something while others are experiencing more motivation and capacity support resulting in positive changes with their “deep engagement of community with lived experience”.

Draft Goals

1. Stronger connections and increased trust among Missouri researchers, community-based organizations, and communities with lived experience of FID.
2. Increased motivation and capacity for community-engaged research on firearm injury and death among a multidisciplinary group of researchers.
3. Publication of an agenda that articulates a strategy for building the field of community-engaged research on FID, including research questions, activities and goals of particular relevance to the people of Missouri.
4. Funded proposals from a diverse pool of researchers, practitioners and community-based organizations, for new projects that will generate knowledge on FID in Missouri in ways that deeply engage communities with lived experience of FID.

What questions did going through the plan raise for you?

- **How do we start moving forward on this big project?**
- I wondered **what the process is to come to a consensus with the group when there are so many different perspectives.** When is a goal scraped or adjusted if some people think it's solid and others do not? I
- Specifically, **we understand strengthening the connections with community stakeholders to create collective and sustainable community firearm violence prevention efforts is critical. But “how” to achieve that?** Developing steps that

MCFR can take to achieve [Goal 1] may be critical starting point to achieve this goal.

- Regarding “Our Approach to Community Engagement”: This section overall looks good, and it makes sense that we would strive to **move up on the spectrum** based on partners’/members’ capacities. **How will we operationalize this? [And] Should we include activities to increase the capacity of CBO’s in order to move to a higher step on the spectrum in our strategy?**
- **Should the time commitment for partners be revisited?** At this point we are not committing 15-20 hours/month.

Next Steps List

Which of these do you think are most important for us to address now? Why?

Steps are listed in descending order according to how often they were mentioned, followed by commentary where provided. Steps in the “CP Roles...” section were most mentioned by far, followed by steps in “Vision, Purpose and Values” and one step in “Members & Infrastructure.”

CP Roles, Engagement and Decision-Making

- Determine how CPs will make decisions as a group (e.g. consensus, majority vote, delegated decision, depends on decision, etc.)
 - Since we have gotten a bit off track, I think determining the decision making structure would also be helpful to address sooner than later.
 - I love that my question I had above is on the list of next steps (i.e., group decision making). I think that's a really important one because specific decisions are going to have to be made and having a clear plan for decision making should reduce frustrations or feelings of being overlooked.
 - If CPs are leading the development of the strategic plan, it seems we will need to have a system for making decisions.
- Articulate our strengths, capacities, and skills, as well as where we have room for growth in the areas of community engagement, research, and knowledge of firearm injury and death (FID) to identify who else we may need to invite to the table
 - I think it is very important to address this because if the right people aren't at the table, we may start with incorrect information and assumptions about FID. I find asking “what can't we do?” to be more informative than asking what we do well.
 - Would be a part of the goals of trust building and increased motivation, as CPs are considered a part of the FID community.
- Identify how understandings of research, community engagement, and FID overlap/differ between researchers and community orgs / individuals with lived experience
- Spend more time identifying and understanding what brings CPs to the table – what they hope to gain from being a CP in MCFR, how this dovetails with work they are doing elsewhere, expectations for time commitments, etc.
 - The pre-convening we held explored this, but mainly included researchers and clinicians. Could be helpful to do this now that we have CPs established.
- General comments on this section
 - [This section] lays out some areas we can work together to figure out how to engage community stakeholders to create a community led FID prevention framework. However, this step is still the most time-consuming step that requires core members to commit time and efforts in it.
 - It depends on the decision at this point for me, but I HIGHLY value MFH and Openfields contributions to the discussion/decision-making, with it not solely falling on [our organization] at this point (this is driven by my own biases I am sure, as CP have a more narrow lens from their vantage point and MFH and Openfields have a wider lens, so figuring out how each viewpoint can have value as part of the collective perspective, but also have checks & balances so strong viewpoints/good communicators don't have their perspectives carry more weight. – This is even more critical when lived experience becomes more engaged who are not among current members.

Vision, Purpose & Values

- Work together to collectively diagnose the barriers to and facilitators of engaging community in research and prioritize which we hope to address with MCFR activities.
 - Would be a part of the goals of trust building and increased motivation
 - I feel like we have identified a lot of barriers to community-engaged research, so that part of the activity “Work together to collectively diagnose the barriers to and facilitators of engaging community in research and prioritize which we hope to address with MCFR activities” can wait to be reevaluated. We do, however, need to focus on what facilitates it well. A lot of our learnings seem to be about what DOESN’T work without having alternatives that DO work.
- Develop a shared understanding of and language for what MCFR means by “community-engaged research” (what this does or does not include, who is involved and/or impacted)
 - This seems like it will be a part of our strategy. May not be something we can answer now, but something that we continue to flesh out as we bring in more CBOs and CLEs. It also seems vital for informing our “Approach to Community Engagement” and what it means to do that.

MCFR Members & Infrastructure

- Decide how, when, for what purpose, and at what level to engage communities with lived experience in/through MCFR activities
 - [I feel this] is the crux of making MCFR successful.
- General comment on “Members and Infrastructure” steps
 - This is an area very important for us to work on as well, but being mindful of having good infrastructure in place before recruiting others, unless there is a consistent, effective process to orient them to where the rest of the group is quickly.

Which of these do you think are important, but can wait? Why?

- I think **the advisory committee can be integrated in the process of the CP Roles, Engagement, & Decision-Making step**. I think during the process, we should be able to naturally identify critical community partners to form an advisory group.
- “Determine whether we want an advisory committee...” This topic has been brought up periodically as something we want to explore, but does not seem like a priority right now.
- Some of the **more philosophical things** can probably wait (e.g., “**Identify how understandings of research, community engagement, and FID overlap/differ** between researchers and community orgs / individuals with lived experience.”)

What else would you add to this list for the group to consider?

- I love **really concrete next steps** but I understand that may be more of a future activity.

- Alternative to the proposed step of “Identify a handful of potential key activities in which to engage MCFR members”: A good next step may be to do this, but for core partners instead of members. Things that can be done collectively or as individual organizations.
- Work to establishing a starting point and milestones towards achieving fully “community-engaged research.”

The RAPID Decision-Making Tool for Nonprofits

Spelling out roles to help your organization's decision-making process

By Mike Ciccarone, Preeta Nayak, Yonatan Araia, and Bradley Seeman

In every nonprofit larger than a conference room, decision making gets harder, slower, and messier over time. Who made that decision? Why wasn't I involved? Did we even *decide*? Will we ever decide? Almost anyone who's spent much time working in an organization can give examples of when a decision process was frustrating, or when it wasn't clear there was any process at all.

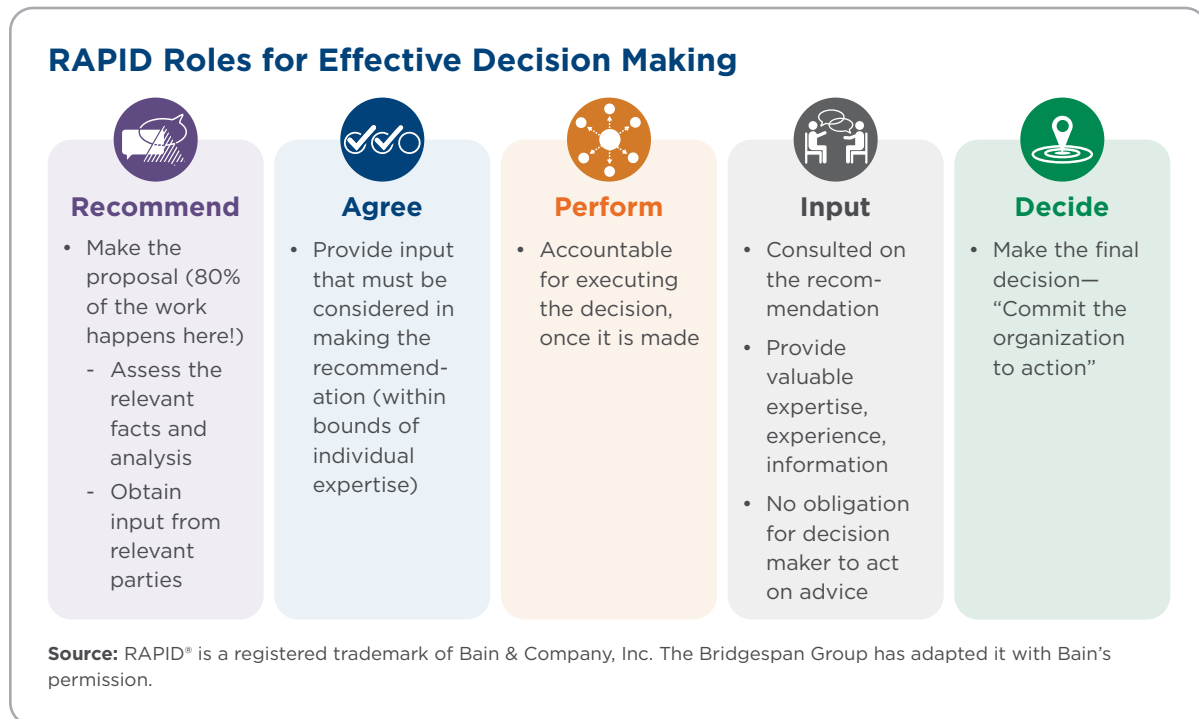
Thinking through a decision-making process can't guarantee wisdom, but it *can* set you up for success by answering critical questions that are on everyone's mind:

- **What** are we deciding? Is it one decision, or multiple smaller decisions?
- **Who** should be involved and what role should they play?
- **How** will we make the decision? What process will we use, what criteria will help us decide among options, and how will we communicate and follow through?
- **When** does the decision need to get made?

This article focuses on a tool for addressing one of those questions: **who should be involved and what role should they play?** This decision-making tool is [RAPID®](#), developed by Bain & Company and used by a range of nonprofits, including The Bridgespan Group, to make significant decisions.

RAPID is a way to assign roles in a decision process. It helps clarify who provides input to a decision, who shapes the decision and ultimately decides on it, and who carries out the decision once it is made. Over the years, we've helped scores of nonprofits and NGOs learn about RAPID and use it in their organizations. We've found it to be highly effective, and also easily adaptable to different situations, team sizes, and types of organizations. As discussed below, and in "[Five Ways that Nonprofits Can Make Decision Making More Inclusive—and More Effective](#)," it can also be used to make decisions more inclusive.

Two important caveats. RAPID is an acronym—an easy way to think about five important roles in most decision processes (**Recommend**, **Agree**, **Perform**, provide **Input**, and **Decide**)—but the acronym doesn’t specify the order in which things should be done. And the name “RAPID” may imply that speed is paramount, but the intent of the tool is to help organizations make decisions with clarity and accountability—at the appropriate speed, not necessarily as quickly as it can.



The Roles in RAPID

Recommend: The person who holds the R, the Recommender, runs the decision process, gathering relevant input and developing a formal recommendation for whomever has the D. It is a role with a lot of influence, and assigning someone the R makes room for another significant voice to shape the decision. The Recommender should have broad access to relevant information, and credibility with those who have the I and the D. We often say that this is where the bulk of the work to make a decision happens. The Recommender may be an individual or a task force (again, with a clear understanding as to how it will address disagreement in its ranks).

Agree: The A stands for Agree, and while it is only applied to some decisions, individuals with this role must agree with the final recommendation. Think of the CFO who tells you how much the budget allows you to spend, the lawyer who outlines the legal constraints of a contract, or the engineer who specifies the required structural improvements to a building. To have the A means helping the Recommender get to a viable recommendation, not to veto a decision after it has been made. It is a specialized role that should be used sparingly, and limited to the individual’s role and expertise.

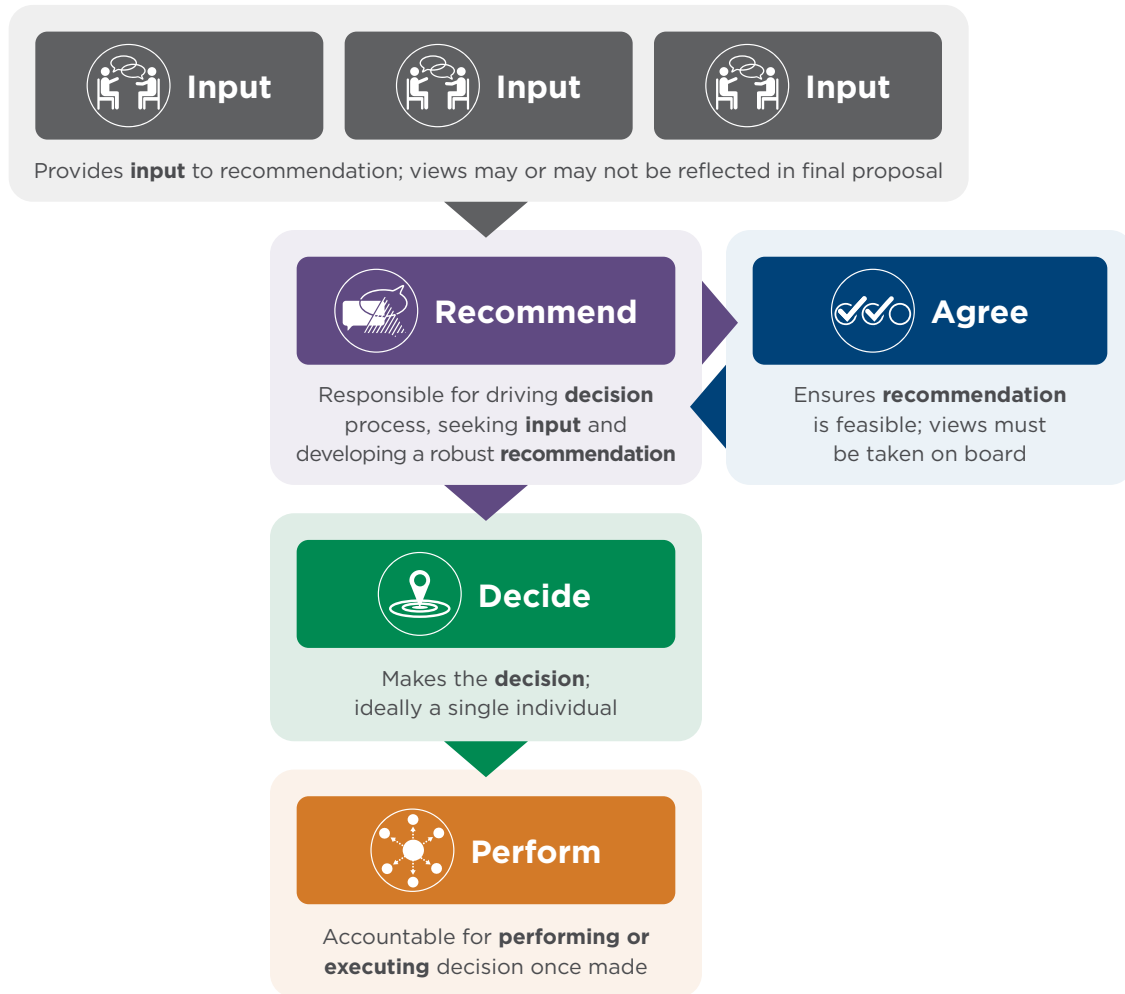
Perform: This is the person or team that will carry out the decision once it is made. Most of us have seen decisions where those tasked with bringing it to life weren't adequately consulted in advance—and the sad consequences that can flow from that omission. So it's usually a good idea to identify who has the P early in the process, where possible. By also assigning them an I, they can help with upfront planning and ensure that implementation concerns are factored into the recommendation. When that happens, they're also more likely to buy into the decision that is ultimately made.

In some processes, including ones involving small teams or less complex decisions, the same person may have multiple roles. For example, a program manager may not only have the R but also be responsible for bringing the decision to life (i.e., they have the P). Or an associate director may hold the D and also shepherd the decision process as the R. But that doesn't mean the individual can act unilaterally—when the same individual has the D and R it's especially important to develop a recommendation that factors in and weighs necessary inputs.

Input: This role refers to the people who provide information and advice to the Recommender. Often, many people have the I, including those who have important knowledge or expertise, or might be significantly impacted by the decision. The idea is to make sure the Recommender has a full view of the decision and its implications before making a recommendation. Input can also come from beyond the organization itself—from constituents, partners, or outside experts. When input is candid and forthright, it includes thoughtful perspectives and critical information—and it may not always be consistent. Ultimately, the Recommender will determine how to weigh conflicting points of view. When done well, input can be a vital part of creating a more inclusive and effective decision process. However, when input is poorly gathered or inadequately considered, it can feel like it's mainly for show—like they don't *really* want to know what you think.

Decide: This role goes to the person who makes the decision and commits the organization to action. Ideally, whoever “has the D” has a strong understanding of the trade-offs associated with the decision, and sits as close to where the decision will be implemented as possible. If the D is held by a group (for example, in most nonprofits the board of directors has the D on hiring and firing the executive director), the group should clarify in advance how the group will exercise its decision authority (e.g., majority vote? consensus, with the chair deciding if members cannot get aligned?). In organizations that regularly use RAPID, you will often hear someone ask, “Who has the D?” But don't get fooled into thinking that it's the only important role in the process.

How the Five Roles Contribute to a RAPID Decision-Making Process



Source: The Bridgespan Group, adapted from Bain & Company

An Example of RAPID in Action

Imagine a youth services nonprofit with three sites that expects to add at least one new site every couple of years. The organization hasn't used RAPID before, but in the past, new site decisions have generated a fair amount of tension among team members. So it set up a RAPID decision process for adding a new site and figuring out the timeline on when the site will open.

Here's how the nonprofit might assign roles using RAPID. (The steps are listed in the typical order in which a decision using RAPID is made.)

RAPID in action—example

	Where should we open a new site?	What is the timeline for opening the site?
Input	<ul style="list-style-type: none"> • Program team • Finance director • External site partners • Two board members assigned to track how the expansion is carried out • Director of development 	<ul style="list-style-type: none"> • Program team • External site partners • Leadership team <ul style="list-style-type: none"> - Executive director - Finance director - Director of programs - Director of development
Agree	<ul style="list-style-type: none"> • n/a 	<ul style="list-style-type: none"> • Finance director (specifically for revenue and expense projections)
Recommend	<ul style="list-style-type: none"> • Director of programs (oversees expansion and has a strategic view of how the new site(s) compares to existing sites) 	<ul style="list-style-type: none"> • Site director (program team member responsible for opening the new site)
Decide	<ul style="list-style-type: none"> • Executive director (the leadership team strives for consensus, but the executive director has the D) 	<ul style="list-style-type: none"> • Director of programs
Perform	<ul style="list-style-type: none"> • Program team 	<ul style="list-style-type: none"> • Program team

Several things to note about this hypothetical example

- The Recommender sought input on both decisions from important external voices, including the principals of partner schools that feed into each site and program directors of community-based organizations that provide complementary programming on-site.
- The location decision requires high degrees of information and buy-in across functions, so the full leadership team (the directors of programs, finance, and development) provides input. While the full leadership team strives for consensus, the executive director “has the D” and can make the final decision if the team doesn’t reach consensus.
- By separating the decisions on timeline from location, the executive director and leadership team won’t get pulled into synthesizing all the input needed to make decisions on the schedule. Rather, the director of programs—who can see the range of demands on the program team’s time and resources—has the D.
- For each decision, the R is held by the person who will have major responsibility for implementing the decision. This person runs the decision-making process.
- The finance director has input on the first decision (location) but has an A on the second decision (timeline). Because the timeline depends on funding, the finance director will have to sign off on revenue and cost projections before the site director (who has the R) presents the recommendation to the director of programs (who has the D).

Source: The Bridgespan Group, adapted from Bain & Company

The Benefits of Using RAPID

RAPID can provide **clarity for leaders and staff** on who is accountable for a decision, who is involved, and what their roles are. It can also support a shared understanding across the organization of how different types of decisions are made. Many organizations that use RAPID train their entire staff in how it works, and make it part of the onboarding process for new employees. This, in turn, creates a shared vocabulary across the organization that can help teams approach decision roles using the same language and tools.

Organizations that adopt RAPID typically focus on their most important decisions: those that are made regularly and others that are of strategic importance. RAPID can make some **repeated decisions more efficient**—hiring a case manager, adding elements to a curriculum or program, making budget decisions—by making explicit the repeatable roles team members play. RAPID is also valuable for **important one-time decisions**, those key moments that will shape your organization's future. Those decisions might call for more emphasis on including the right stakeholders in the right roles.

While the RAPID tool does not automatically translate to **more inclusive decision-making**, it can help more team members see who is involved, and give the leadership team an opportunity to open the process up by broadening the scope of input to include line staff, clients, or external partners; empowering teams beyond the leadership team to run their own decision process for certain decisions; and pushing decisions closer to those who will carry them out day to day. If you're trying to **distribute power** more broadly in an organization, RAPID is one of the best ways to lay out how this will actually happen.

Including the **right input** often leads to better information, better decisions, and the kind of buy-in that supports implementation. Added perspectives from a truly diverse set of stakeholders—across lines of race, ethnicity, gender, and other markers of identity—can help reduce bias in decision making and shine a light on blind spots rooted in an organization's culture and hierarchy.

RAPID can bring clarity to decision processes that were once murky and ambiguous. But the light it shines will be brighter if you **communicate as you go**—by keeping staff and other stakeholders informed along the way, documenting and sharing input, and informing people promptly about what was decided and why.

Over time, an organization will develop new muscles and the approach will become intuitive to team members. They can **clarify roles on the fly** for decisions that don't need a formal RAPID process. We've seen teams start to discuss a decision in a meeting and, when the process becomes fuzzy, pause to ask, "Time-out. What decision are we discussing? Who has the 'D'? Are we looking to provide input from the group today or to make a decision?" In less than five minutes, everyone in the room is reading from the same page. This is the power of a shared vocabulary.

What to Watch Out For

For nonprofits beginning to use a decision process with a structured tool like RAPID, it's also important to consider the challenges that might crop up, particularly at first, and how they can be mitigated over time.

In mapping how decisions are made, RAPID **exposes the ways in which power flows through the organization**. Articulating a decision-making process makes any hierarchy more transparent—and not everyone loves hierarchy. Also, some leaders prefer to leave control of certain issues ambiguous. For example, what constitutes a strategic change that needs to go to the board, versus a decision that is within the purview of the executive director? RAPID requires creating a shared understanding on these types of questions.

RAPID can set in motion **shifts in power**, as some cede authority and others engage more deeply.

Giving up the D really means giving up the D (and the executive director or board chair who keeps a veto “in their pocket” for decisions they don’t like has not actually ceded decision-making power). As a best practice, the D should sit with the person who has visibility into the trade-offs of a decision, but is otherwise closest to having to carry the decision forward. Sometimes this can mean pushing a decision down to middle managers or other staff—and away from the leadership team. As decision power shifts, leaders can set up these new decision makers for success by providing more access to information, or helping develop in advance the criteria or frameworks within which decisions can be made. This requires investment by new and old decision makers alike but will also lead to greater learning across the organization.

Getting input right is a balancing act. It’s important to hear a range of perspectives, but for many decisions that doesn’t need to be everybody. Input should be a valued role, not a burden. And there is a difference between seeking input and informing stakeholders about a decision that has been made. It helps to be clear about that when communicating with stakeholders.



Many nonprofits and NGOs find RAPID a valuable way to bring clarity and accountability to how decisions are made. But, your organization will likely need time to build its RAPID muscle.

One way to do this is to start with one decision or one type of decision, and try applying RAPID to the process. To help organizations get started, there is the [“Conversation Starter: Getting Started with RAPID Decision Making”](#) on The Bridgespan Group website to guide a leadership team through applying RAPID to a decision. Based on how it goes, the team can reflect on the learnings and assign roles for the next decision—assured by the knowledge that, yes, there is indeed a process for decisions.

Decision-Making Resources

Using RAPID to achieve greater decision role clarity can be transformational, but there are additional considerations for effective decision making, beyond roles, which your team may want to explore. For further reading, check out:

- Bridgespan's "[Decision-Making Best Practices Checklist](#)" helps teams consider equity during decision making, clarify roles and expectations of those involved in decisions, and ensure transparency throughout the process.
- Bain & Company's Decision Insights series expands further on the topics raised here, including:
 - "[Great Decisions—Not a Solo Performance](#)" explores the critical roles of RAPID beyond "the D," and what it takes to do them well.
 - "[Shape Your Company's Decision Style—and Behaviors](#)" explores decision styles and how organizations can change them.
 - "[Set Up Your Most Important Decisions for Success](#)" explores critical questions a team can ask to reset its approach to decision-making.
- Bridgespan's "[Five Ways that Nonprofits Can Pursue More Inclusive and Effective Decision Making](#)" makes the case for being more intentional about inclusion in decision processes.
- When you're ready to apply these tools in your work, check out our "[Conversation Starter: Getting Started with RAPID Decision Making](#)" for a guided exercise to help your leadership team get started.

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TOOL FIST-TO-FIVE VOTING

OVERVIEW

Fist-to-five is a simple voting tool used to make a decision that requires a group to come to full agreement. This is known as consensus. It can also be used to arrive at a decision where everyone agrees to try out a course of action. This is known as consent-based decision making.

WHEN TO USE

Consensus Decision

Groups make decision by consensus when they want to ensure that the perspectives of every group member have been included in the final decision. While this can ensure equity, making

The Fist to Five Voting Method

On the count of 1-2-3, everyone simultaneously raises a fist with 0, 1, 2, 3, 4 or 5 fingers extended to express how you feel about the decision.



No way. I don't support this decision and I am vetoing.



I have strong reservations but will support the decision and will not veto.



I am uncomfortable with the decision but can live with it.



This decision is okay with me.



I support this decision.



I strongly support this decision.

decisions by consensus can be time-consuming. Additionally, facilitators may be concerned the group will not be able to decide on one single course of action. Using fist-to-five repeatedly allows groups to refine the proposed decision together and quickly assess whether consensus has been reached. **A group reaches consensus when all votes are a three or above.**

Consent-Based Decision

If a decision needs to be made urgently, but still needs buy-in from the whole group, consent-based decision making may be used. Consent-based decisions ask voters to consider whether they consent to *trying* out a course of action. There may be a time frame on the decision and participants consent to try a course of action for a period of months before reviewing the decision. **To achieve consent, all participants must be at a one or above.** If someone has vetoed, the decision needs to be revised before moving forward. Unlike consensus, the group does not continue revising the proposal to move people up the scale of agreement. They either consent or they don't.

HOW TO USE

In-Person Meetings

Begin by discussing the decision a group needs to make. In some cases, the decision may be something the group needs to generate together, like a vision statement. Other times, the group may be deciding on a course of action that has a few options, like how to spend funding.

During discussion, the facilitator can use questions that help participants understand one another's viewpoints. These include:

- What do you like about this solution?
- What concerns do you have about this solution?
- What would someone who's affected by this decision have to say?
- What might someone who's not here today think about this decision?

Once the facilitator begins to hear participants talking about similar solutions or decisions, they can either:

1. Summarize the decision the group is gravitating toward, OR
2. Ask a participant to propose a decision based on the discussion so far

Once the decision has been summarized, the facilitator asks everyone to do a Fist-to-Vote. On the count of three, everyone simultaneously raises a hand with 0, 1, 2, 3, 4 or 5 fingers extended to express how they feel about the decision. To achieve consensus, all group members must be at a three or above, meaning that they are at least okay with the decision.



If all group members are not above a three, begin by asking any participants that are below a three to describe why they're below a three. After they've described their concerns, ask them what changes would need to be made to bring them up to a three or above. The facilitator can then ask other group members to incorporate their concerns into the final decision by asking questions like:

- How would revise you our decision to incorporate these concerns?
- What could we do to make sure their concerns are in the final decision?

Allow the group to discuss until it seems as though some amount of agreement has been reached. Repeat the Fist-to-Five vote and discussion process until the group reaches full agreement.

Virtual Meetings

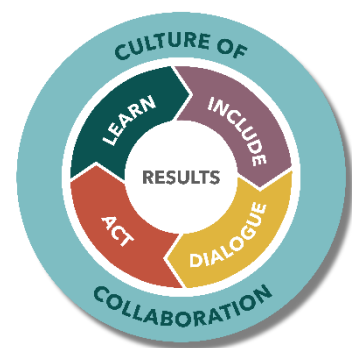
In virtual meetings, it may not be possible for the facilitator to see everyone's hands at once. This happens when people do not have their video on. The facilitator can ask everyone to turn their videos on to vote. This can encourage participants to turn videos on for the discussion as well. Seeing one another's faces helps to reduce tension during disagreement because people see one another as real people. Alternatively, not everyone may feel comfortable turning on their video. If this is the case, create a way for everyone to enter their Fist-to-Five vote through a poll or through the chat function of an online video conferencing platform. Regardless of which method you use, make sure to capture everyone's vote to ensure you reached full consensus.

COMMUNITY LEARNING MODEL

Dialogue

Create a high-quality conversation that clarifies values, surfaces tensions, and taps into creativity; leading to concrete plans that achieve results. Establish conditions of genuine respect for the views and needs of the other.

Fist-to-Five voting is a tool for dialogue in the Community Learning Model. To learn more about tools for dialogue and the other areas of the Community Learning Model, visit civiccanopy.org/clm.





The Continuum of Community Engagement in Research: A Roadmap for Understanding and Assessing Progress

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The Continuum of Community Engagement in Research: A Roadmap for Understanding and Assessing Progress

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Abstract

Background: The past two decades have been marked by increased community involvement in the research process. Community-engaged research (CEnR) is increasingly promoted in the literature, and academic programs with a community-academic partnership focus. Community-based participatory research (CBPR) is an approach to frame equitable community involvement in research and is a critical component of the CEnR continuum. As with CEnR, noted benefits of using CBPR expressed in the literature, which include enhancing the relevance and application of the research data, expertise to complex problems at all stages of research, overcoming community distrust, and improving community health. This article presents a community engagement (CE) model that includes seven defined designations for CEnR. In addition, this model includes equity indicators and contextual factors for consideration at the various levels of engagement along the continuum.

Methods: The CE model described in this article combines the principles of CE and CBPR in conjunction with a

continuum model. The continuum integrates a focus on health equity and contextual factors providing perspectives from both community and academic partners at each point of engagement.

Conclusions: A broadly defined CEnR continuum will allow researchers, community members and organizations to readily identify 1) where they are on the continuum of CEnR, 2) appropriate access points to enter the continuum based on existing contextual factors, and 3) actions to promote progression on the continuum. Funders have the opportunity to specify the appropriate level of CE needed to accomplish the goals of their identified priorities.

Keywords

Community-based research, Community engagement, Collaborative approaches, Research process, Participatory research

CENR

CE, defined by the Centers for Disease Control and Prevention is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”¹ The overarching aim of CE is to improve population health by building trust, enlisting new resources and allies, creating

better communication, and creating longstanding collaborations.^{1–3} The principles of CE have not fundamentally changed in the past two decades. The nine principles of CE were adapted from Centers for Disease Control and Prevention and published in the second edition of *Principles of Community Engagement* by the Community Engagement Key Function Committee Task Force.⁴ The principles were organized in

three sections, including 1) considerations prior to beginning engagement, 2) necessary considerations for engagement to occur, and 3) considerations for engagement to be successful. To date, more agencies and organizations are involved in promoting CE and CEnR yielding substantial increases in published reports on the effectiveness of CE in research.^{4,5}

CE in research has emerged as a priority for several federal agencies. Funders began requiring community involvement beyond advisory boards, which often served superficial roles that were not integral to the conduct of the actual work. For example, the Clinical and Translational Science Awards, a program of the National Institutes of Health, designed to develop innovative solutions to improve the efficiency, quality and impact of the process for translating observations from the laboratory into communities' interventions that improve the health of the public. Clinical and Translational Science Awards program academic institutions are required to engage patients and communities in every phase of the translational process.⁶ Similarly, the Prevention Research Centers funded by the Centers for Disease Control and Prevention are a network of 26 academic research centers that are required to work with communities to develop, evaluate, and implement major community changes that can prevent and control chronic diseases.⁷ The Patient-Centered Outcomes Research Institute (PCORI) is a leader in the engagement of community and other stakeholders in the field of healthcare research with a focus on community and patient-stakeholder engagement.^{8,9} PCORI underscores their belief in equity among researchers, patients, and other stakeholders, emphasizing the value of patient expertise. PCORI has published 20 peer-reviewed articles highlighting the value that community and patient engagement has in research concerning health systems.⁸ National Institutes of Health, PCORI, and other research financing institutions have embraced the concept of CE in research. The trends of CE more broadly may create a shift in how researchers across disciplines see the role of community, patients and other stakeholders.

CBPR is a higher order example of CEnR. Israel et al.¹⁰ define CBPR as "a collaborative approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute unique strengths and shared responsibilities to enhance understanding of a given

phenomenon and the social and cultural dynamics of the community and integrate the knowledge gained with action to improve the health and well-being of communities."¹⁰⁻¹² A 2004 systematic review of 185 CE articles published from 1999 through 2003 found increases in high-quality articles defined by rigorous research methods and adherence to CBPR principles of community collaboration.⁵ A subsequent systematic review (2000–2009) drew similar conclusions about the increase in published CBPR reports in addition to focusing on the effectiveness of CBPR studies as measured by positive changes in communities.¹³ Authors speculated that this trend was attributable to more targeted funding and special journal issues on this theme.⁵ These results showed that interventions, which included CE, have the potential for greater improvements in health; however there are variations in both the quality of the research methods and the actual degree of CE in the research process. Although the review of seminal CE studies established metrics to assess research rigor and adherence to CBPR principles, the metrics may have created a rigid standard which unintentionally serves as a barrier to CEnR more broadly.

HEALTHY FLINT RESEARCH COORDINATING CENTER (HFRCC)

Flint, Michigan, has been an epicenter of CE in research (including CBPR) for more than 25 years, yet there continue to be challenges understanding the stages of engagement, the role of equity, and how the historical context impacts CE. In 2016, the Healthy Flint Research Coordinating Center (HFRCC) was created as a partnership of local community leaders and university researchers to coordinate research efforts in Flint, Michigan (www.hfrcc.org).¹⁴ The HFRCC consists of an academic core with three university partners (Michigan State University, University of Michigan–Flint, and University of Michigan–Ann Arbor), and a Community Core led by two partners organizations (The Community Based Organization Partners and the National Center for African American Health Consciousness). The HFRCC was formed in direct response to concerns by community residents over the increased research in Flint owing to the water crisis.^{14,15} The HFRCC lessens the burden of research on community through collaborative efforts by 1) vetting research via the Community Based Organization Partners' Community Ethics Review Board (CERB), 2) decreasing redundancy in research

by creating an online catalogue of historical and active projects via the Flint and Genesee County Project Index, 3) offering trainings with bi-directional learning between community and academic partners, 4) providing access to Flint-area data via an online data repository Open Data Flint, and 5) hosting community dialogues to bolster the community's voice in guiding and setting a research agenda for Flint. The objective of this report is to introduce a broader framework of CEnR developed by founding members of the HFRCC.

METHODS

This framework is grounded in previous research on public engagement and public participation. Two prevailing models were developed to represent different levels of public engagement in society, including municipal sectors and in more recent decades, the scientific community. The International Association of Public Participation uses a continuum to measure public participation using five main domains of participation.¹⁶ Likewise, Arnstein's eight domains in the "ladder of citizen participation" served as a more direct predecessor for engagement continuums relevant to science and research.¹⁷ As citizen engagement in various sectors, including science, has increased over time, the need for specific models to characterize and contextual the continuum of CE in research has also grown.

Building on these previous frameworks, the current report defines a continuum of CE in research. Researchers, community members and funders could benefit from a more tailored perspective and clear definitions along a continuum of CE in research. This would allow researchers and community partners to 1) identify where they are on the CEnR continuum, 2) assess appropriateness of the research for varying degrees or stages of CEnR, and 3) provide actionable leverage points related to context (e.g., strength of relationships) and equity (e.g., distribution of resources) to support the success of community-academic partnerships.

Although there are many forms of CEnR, CBPR has emerged as the most commonly cited form and arguably the gold standard. Through the development of CBPR, much has been learned about the pitfalls and challenges of effective CEnR. One specific challenge identified is time. The length of time required to establish relationships and build trust with community may be a deterrent to researchers under pressure

to publish their research.¹⁸ Another challenge is sustainability. Maintaining time, resources/funding, morale, and power dynamics often associated with experiences of discrimination and racism present challenges to sustainability.¹⁶ The current CEnR continuum builds on the lessons learned from CBPR, which is identified as one point on the continuum.

Expanding the concept and language of CEnR could strengthen its value and provide evidence previously considered to have less scientific legitimacy, as it fell short of the CBPR ideals. It provides a clearer pathway for community partners to identify where their participation falls within research. A clearly defined continuum also enhances the community partners' ability to interact with investigators, with equal knowledge and understanding of the points of engagement. Using this framework, funders have the opportunity to specify the appropriate degree of CE required to accomplish the goals of their identified priorities. Furthermore, researchers interested in conducting CEnR have greater flexibility and can more readily identify appropriate entry points for community involvement without the stigma of not meeting the CBPR standard.

Expansion and Adaptation of the Framework

This framework was developed, in large part thru direct observations of community and academic partners in a variety of HFRCC CE activities related to the generation of research ideas, the conduct of research, and dissemination of research findings. The continuum of CEnR (Figure 1) was expanded and enriched, in part, by adding equity indicators and contextual factors based on the authors previous experiences and publications.^{19,20} The listening and vetting during public presentations lead to additional modifications to the framework. These changes were important to represent the key roles of equity and context^{10,20-22} in shaping research outcomes¹⁹ and influencing the strength of collaboration between the community and academic partners.²³ This adaptation more closely aligns with the principles of engagement. The authors propose that equity and context should be positioned at the center of planning, implementing and disseminating research for successful engagement to occur. The CEnR framework, including the background contextual factors and downstream equity indicators was developed and used as our CEnR continuum.

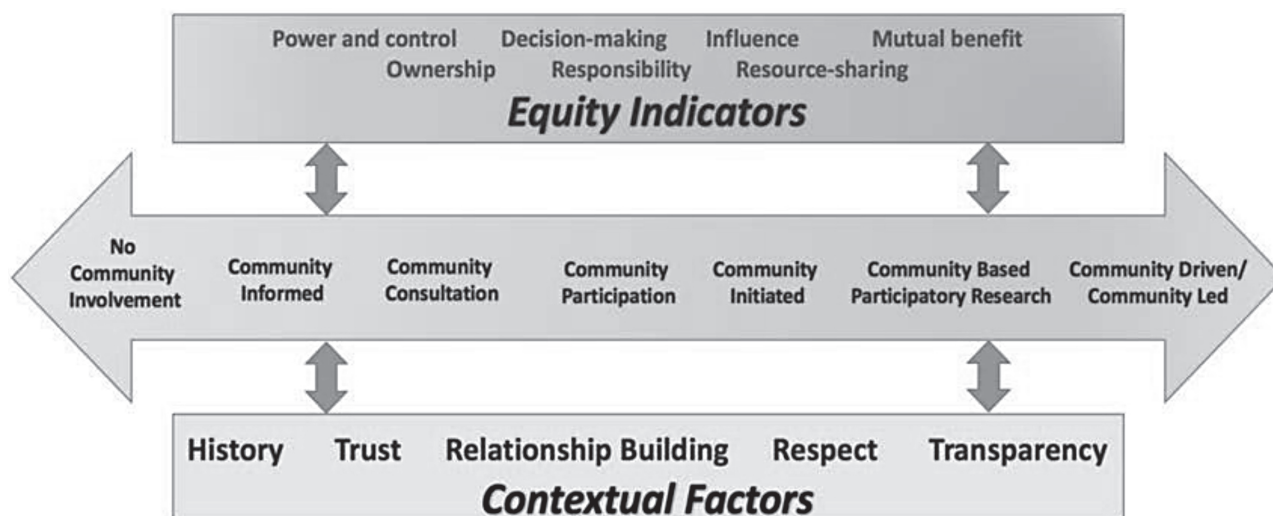


Figure 1. Continuum of Community Engagement in Research

The CEnR continuum was presented and vetted by both community and academic researchers during multiple HFRCC's research partnership events attended by more than 300 participants from multiple sectors. In the first two years of the HFRCC, it was shared with community residents during community dialogue sessions led by the HFRCC community core. The community dialogue sessions included community residents, academic partners, government institutions as well as philanthropic organizations. Engaging with participants and listening to their feedback identified the need to include community and institutional perspectives as well as equity and contextual factors. These perspectives are necessary to better understand the varying dynamics that often arise in community-academic (and other institutional) partnerships.

Defining the CEnR Continuum

Viewing CEnR in the context of a continuum demonstrates that such engagement can range from consultation with community partners to community driven research. CBPR has nine underlying principles: 1) recognizes community as a unit of identity, 2) builds on strengths and resources within the community, 3) facilitates collaborative, equitable involvement of all partners in all phases of the research, 4) integrates knowledge and action for mutual benefit of all partners, 5) promotes a co-learning and empowering process that attends to social inequalities, 6) involves a cyclical and iterative process, 7) addresses health from both

positive and ecological perspectives, 8) disseminates findings and knowledge gained to all partners, and 9) involves a long-term commitment by all partners.^{10,11} Our continuum places CBPR at the far right of the CEnR continuum, legitimizing research conducted with different levels of CE.

Over time, the level of community involvement may increase and become more meaningful to partners, thus the collaboration may move along the continuum⁴; however, there is no inherent value placed on research regardless of where it falls along the continuum; for example, some CE is better than none. The CEnR continuum (Figure 1), displays the various points of CEnR ranging from no community involvement to community led/driven research.

This framework highlights contextual factors that may influence and affect the points of engagement listed on continuum. These contextual factors include history, trust, relationship building, respect and transparency. Contextual factors, when considered by the partners, may affect the type of engagement and the overall results of the research. The framework also identifies equity indicators that affect CEnR. As relationships between partners are formed, transparency must be present, and trust developed. During this time, the critical conversations necessary to strengthen and build the partnership should be guided by the identification of contextual factors and equity indicators (power and control, decision making, resource sharing and ownership). These factors should be considered and addressed by the partners

to lessen potential negative reactions when they arise. Critical discussions around control, ownership, and decision-making processes make CEnR distinct from traditional research, in which issues of power dynamics are often topics considered inappropriate or uncomfortable. This continuum holds the promise of encouraging researchers to become more open to engaging community in research.

Defining Involvement and Activities on the CEnR Continuum

Figure 2 provides examples of the level of activity and involvement of partners at each point of engagement. The titles express the type of engagement, that is, “community informed” indicates that information is extracted by a researcher, from the community, knowingly or unknowingly, and is used to inform and make decisions as part of the research process. “Community consultation” is when the community provides guidance and/or advice regarding the research and gives feedback to the researchers. “Community participation” is the point at which community members are actively involved, in addition to the first two phases; for example, community members are serving on community advisory boards or engaging in recruitment efforts. “Community initiated” specifies that the community may engage a researcher based on the community’s research priorities. At this point, a community may not necessarily be directly engaged in the research design, data analysis, and/or dissemination phases of the research process. CBPR addresses issues of inclusion and equity, while underscoring community participation in all phases of the research process (from identifying the research topic to disseminating research findings). Finally, “community

driven” is the point at which community seeks the support of the researcher to assist in research identified and led by the community. Each point identified along this continuum clearly depicts the distinct points of engagement. Figure 2 also shows the activities and actions of the researcher at each point of engagement along the continuum.

Defining Perspectives and Experience on the CEnR Continuum

The CEnR continuum provides a visual representation of the engagement landscape without a subjective value attachment and avoids placing greater value on any particular point. This continuum provides guidance to researchers who desire to work with community partners. In addition, it helps to identify where they are, or could be, in their level of engagement. It also offers opportunities for expanding or enhancing engagement as appropriate and/or if desired.

Figure 3 provides an explanation of how the various forms of CEnR shown in Figure 1 manifests from either the perspective of the community or the researcher. For example, at the community informed point: a researcher attends a community event and hears what residents are saying about a specific issue. The researcher then designs a research project guided by the information they heard during the event. The residents who participated in the event may not be aware that what they shared was used to inform the researcher’s project. In this instance, though the researcher utilized this information to develop the project, they didn’t ask the residents to partner or participate in any capacity. From the perspective of the researcher, they were “informed” by the community. However, community members have described this behavior

Community Involvement/Activity						
Community is not included in any aspects of the research	Community informs the research and may or may not be informed or included (or know they're informing)	Community provides input and feedback to researchers to inform the research	Community has some active role in the research	Community initiates the research agenda/priorities	Community shares equally in decision-making and ownership	Community leads and owns the research
No Community Involvement	Community Informed	Community Consultation	Community Participation	Community Initiated	Community Based Participatory Research	Community Driven/Lead
Researcher works independent of community	Information is gleaned from the community which informs the research 'ear hustling'	Researcher consults with community and includes community in the research (front end or back end)	Researcher includes community in the research in a defined role	Researcher responds to specific needs or asks from community	Researcher shares equally in decision-making and ownership with community	Researcher supports community identified research efforts or serves no role
Researcher Involvement/Activity						

Figure 2. The Continuum of Community Engagement in Research: Involvement and Activity

<i>Community Perspective/Experience</i>						
We do not know about this project	We may or may not be aware of this project but our information informed it	Researchers met with us to present the project and asked for our input	Researchers provided opportunities for us to participate (e.g., recruitment, community advisory board)	We told researchers what questions we need answers for	We participated in all aspects, equitably	We fully own the research
No Community Involvement	Community Informed	Community Consultation	Community Participation	Community Initiated	Community Based Participatory Research	Community Driven/Lead
We had no contact with the community	We sat in on a meeting and learned a great deal	We met with several community organizations, they shared their concerns and gave us suggestions	We have a defined role(s) for community to participate in the research	We created the research in response to community identified issue(s)/question(s)	We developed the project together with community partners	The community is in charge and we support their efforts when asked
<i>Researcher Perspective/Experience</i>						

Figure 3. The Continuum of Community Engagement in Research: Perspective and Experience

of overhearing an idea from an individual or group and acting on that idea without their knowledge, as “ear hustling.” Figure 3 also aids community and researchers to better understand each other’s perspectives and provide insight for their actions, intentional or unintentional. This continuum is designed to inform partners of ways to approach and engage each other in activities that could result in more effective CEnR.

DISCUSSION

CEnR allows for the development of partnerships between researchers and community. It supports and integrates the expertise of community and researchers seeking to improve the community through research. This framework was created with both community and academic partners within the HFRCC, vetted, presented, and revised with input from community and academic participants from the broader community.

The HFRCC coordinates research efforts in Flint using this continuum as a guide to bring community and academicians to a broader understanding of how they can enter collaboratively into research. This continuum is complementary to existing and frequently cited approaches to CEnR, and seeks to validate other forms of CEnR, while providing distinctions between the various points of engagement. This continuum emphasizes the importance of the various points of CE represented along the continuum. It gives community and researchers the opportunity to discuss the point of engagement they intend to undertake and describes the expectations for CE in completing the research. These descriptions are dependent on the contextual factors and are informed by the knowledge,

needs and resources held by community members as it relates to the research question(s).

Although this continuum outlines the various types of CE, there are opportunities to define strategies to engage community and institutional partners in research. Such strategies may include a combination of educational resources tailored to inform community residents about the potential values of research. In addition, they could provide community members with educational and didactic opportunities to learn how to develop and conduct research studies. The CEnR continuum supports working with academic institutions and federal funding agencies to ensure community benefit through partnered research to enhance the translation of research findings into various community contexts.

FUTURE DIRECTIONS

The CEnR continuum resulted from the need for communities and academicians to identify and understand the various points of engagement in research. It is important to note that this continuum supports the necessary rigor to assure validity of the research while supporting the community in better understanding research frameworks and approaches. This continuum honors the capacity and expertise within the local context by its residents and provides an in-depth opportunity to understand the social context that frames the interpretation of research findings. In addition, community-partnered frameworks provide an opportunity to account for changes that occur in the community that may not be as easily captured in research literature for any particular topic.

CONCLUSION

We hope this continuum serves as guidance for those seeking to improve community conditions through community-academic research partnerships. We hope to underscore the potential for significant and equally important community health improvements with multiple forms of CEnR. To the extent possible, this information can be shared with health-focused community organizations to enhance their understanding of their potential roles in public health research. We anticipate that this continuum will also be adopted by schools of public health and health departments to more effectively engage with communities. We further hope to increase confidence within the scientific community that community expertise and engagement is a credible approach to solving problems within the community. We propose this could potentially increase the likelihood that identified solutions are sustainable and plausible within that the community context.

This CEnR continuum recognizes multiple points of engagement and will serve as a tool to inform partners at which point their efforts are on the continuum and the various perspectives and activities associated with their level of engagement. It places CBPR as an essential point of engagement on the continuum, preserving and safeguarding it in its truest state, while distinguishing it from other credible forms of CEnR that may not hold true to all the CBPR principles. Furthermore, the continuum introduces equity indicators and contextual factors in relation to CE. Understanding how these indicators and factors affect each point of engagement will aid community-academic partnerships as they collectively participate in the research process. This is especially important in addressing the crucial dynamics around equitable and respectful relationship building which are important elements along the CEnR continuum.

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THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

The Spectrum of Community Engagement to Ownership charts a pathway to strengthen and transform our local democracies. Thriving, diverse, equitable communities are possible through deep participation, particularly by communities commonly excluded from democratic voice & power. The stronger our local democracies, the more capacity we can unleash to address our toughest challenges, and the more capable we are of surviving and thriving through economic, ecological, and social crises. It is going to take all of us to adequately address the complex challenges our cities and regions are facing. It is time for a new wave of community-driven civic leadership.

Leaders across multiple sectors, such as community-based organizations, local governments, philanthropic partners, and facilitative leaders trusted by communities, can use this spectrum to assess and revolutionize community engagement efforts to advance community-driven solutions.





This tool was developed by Rosa González of Facilitating Power, in part drawing on content from a number of public participation tools, including Arnstein’s Ladder of Citizen Participation, and the Public Participation Spectrum created by the International Association for Public Participation. The contents have been piloted with municipal community-centered committees for racial equity and environmental justice at the cities of Portland Washington, Providence Rhode Island, Seattle Washington, and Washington DC; and with the Building Healthy Communities Initiative in Salinas, California, and developed in partnership with Movement Strategy Center.



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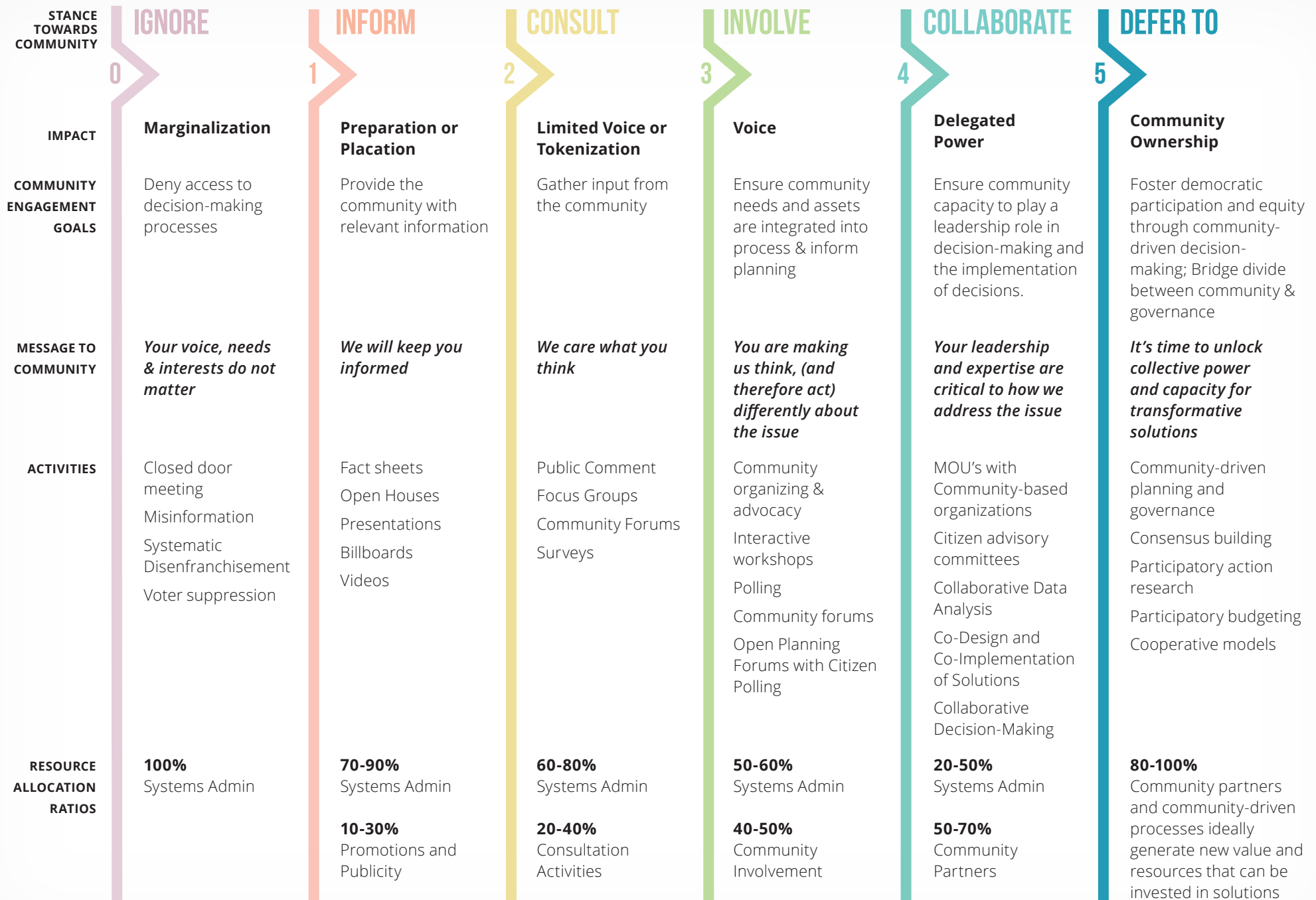
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THE SPECTRUM OF COMMUNITY ENGAGEMENT TO OWNERSHIP

▶▶▶▶▶ INCREASED EFFICIENCY IN DECISION-MAKING AND SOLUTIONS IMPLEMENTATION ▶▶▶▶▶ EQUITY





WHY COMMUNITY ENGAGEMENT TO OWNERSHIP?

The key to closing equity gaps and resolving climate vulnerability is direct participation by impacted communities in the development and implementation of solutions and policy decisions that directly impact them. This level of participation can unleash much needed capacity, but also requires initial capacity investments across multiple sectors to strengthen our local democracies through systems changes and culture shifts.

- *Community-based organizations* play a critical role in cultivating **community capacity** to participate in and lead decision-making processes that meet community needs and maximize community strengths.
- *Staff and electeds within local government* have essential roles to play in helping to facilitate **systems changes** to increase community voice and decrease disproportionate harms caused to low-income communities and communities of color.
- *Philanthropic partners* have a role to play in partnering with impacted communities to **balance uneven power dynamics** and ensure adequate resourcing of essential community capacities.
- *Third party facilitators and evaluators* can help **cultivate the conditions for collaboration and participation across sectors**, while assessing and documenting progress towards practice goals and community solutions.



Photo by Daniel Ibarra



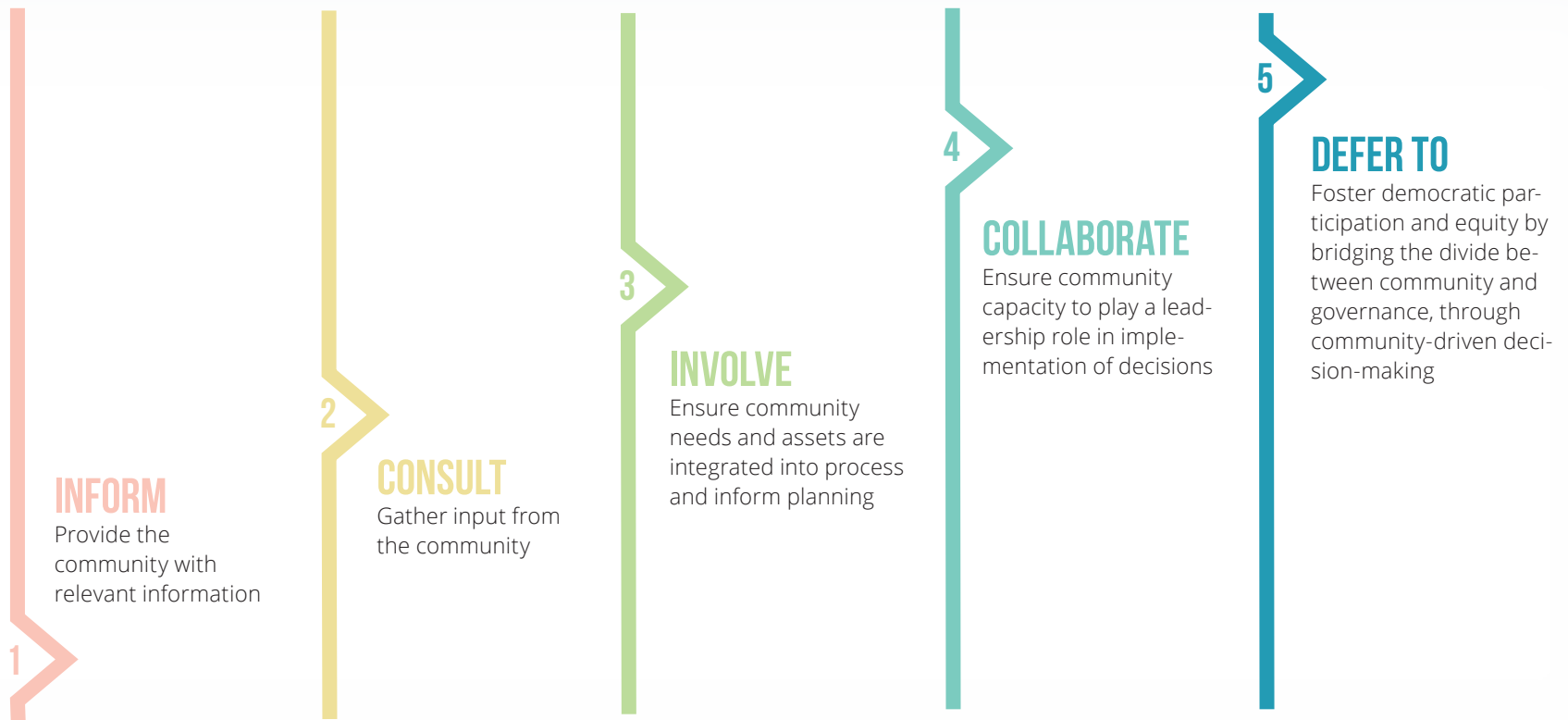
Photo by Monserrat Soto

This spectrum can be used by local governments and by non-profit organizations or community groups working to facilitate community participation in solutions development and decision-making. It is designed to:

- 1. Acknowledge marginalization** as the status quo practice of current systems that have been historically designed to exclude certain populations, namely low-income communities, communities of color, women, youth, previously incarcerated people, and queer or gender non-conforming community members. This understanding is important because if concerted efforts are not made to break-down existing barriers to participation, then by default marginalization occurs.
- 2. Assert a clear vision** for rebuilding our local democracies, as key to solving today's toughest crises, through inclusion, racial justice, and community ownership.
- 3. Articulate a developmental process** for rebuilding our local democracies that requires significant investment in the capacity to participate as well as the capacity to break-down systemic barriers to community participation.
- 4. Assess community participation efforts** and progress toward participation goals.

WHY DEVELOPMENTAL STAGES?

With the exception of marginalization (a zero on the spectrum), each of the steps along the spectrum are essential for building capacity for community collaboration and governance. Communities must be informed, consulted, and involved; but through deeper collaboration we can unleash unprecedented capacity to develop and implement the solutions to today's biggest crises in our urban centers. To achieve racial equity and environmental justice, we must build from a culture of collaboration to a culture of whole governance, in which decisions are driven by the common good. Whole governance and community ownership are needed to break the cycle of perpetual advocacy for basic needs that many communities find themselves in. **Developmental stages allow us to recognize where we are at, and set goals for where we can go together through conscious and collective practice, so key to transforming systems.**



UNDERSTANDING THE SPECTRUM WITHIN LOCAL CONTEXTS

Through facilitated dialogue, reflect on each of the developmental phases in the context of your city/region.

PHASE	DESCRIPTION	REFLECTION QUESTIONS
0 IGNORE MARGINALIZATION	<p>Marginalization represents the status quo, given current systems have been historically designed to exclude certain populations. If concerted efforts are not made to break-down existing barriers to participation, then by default, marginalization occurs. The history of the United States can be understood as generations of social movements striving to extend the rights of democracy to groups that have been previously excluded. The health of our democracy AND our economies depends on our capacity to recognize and address marginalization and exclusion. There is a direct connection between economic exclusion (slavery, taking land by force, taxation without representation, exploitation of labor, etc.) and political exclusion (denying citizenship and voting rights, top-down decision-making practices, etc.).</p>	<ul style="list-style-type: none"> • What are the roots of systematic marginalization in your city/region? How is political exclusion related to local economic factors? • How does the legacy of political exclusion based on race and class persist to today? What forms does it currently take in your city/region?
1 INFORM PLACATION	<p>Information is the foundation for taking action towards real solutions to the threats we face. As the saying goes, knowledge is power. If, however, community engagement efforts remain at the level of one-way information sharing, such efforts result in placation. The role of the community is reduced to absorbing information from those with more positional power; meanwhile, the notion that every day people can actually shape solutions is stifled.</p> <p>Community-based organizations can play a key role in ensuring access to information about issues, services, solutions, etc. in ways that are culturally rooted and relevant.</p>	<ul style="list-style-type: none"> • What does information flow look like for impacted communities in your city/region? What is contributing to information flow? What is hindering it? • Reflecting on existing community assets, what will it take for impacted communities to have equitable access to information about the issues that directly impact them?
2 CONSULT TOKENIZATION	<p>The most common form of 'community engagement' among mainstream institutions is consultation, usually in the form of semi-interactive meetings in which members of the community have the chance to offer input into pre-baked plans. This is of course a step up from one-way information-sharing; a two-way exchange is initiated. The biggest critique of this form of engagement is that decisions are often already made; the community input period simply serves to check a box. What's more, if the people participating have not had the chance to develop a shared analysis of the problem or articulate a shared vision, values, and priorities, with their peers, then they don't actually represent a 'community,' they are simply participating as individuals, and therefore are only 'tokens' of the community they are supposed to represent. This is the trap of consultation.</p>	<ul style="list-style-type: none"> • When is it appropriate for impacted communities to be in a consultation role? What should impacted communities in your city/region be consulted on? • Where, in your experience of community engagement does it feel like consultation can be a trap? • What is needed to move beyond consultation and get to solutions that benefit from the genuine involvement of impacted communities?

PHASE

DESCRIPTION

REFLECTION QUESTIONS

3

INVOLVE

VOICE & POWER SHIFT

Community organizing and power building is needed to bring community engagement out of tokenization and into true involvement of impacted residents in the decisions that impact them. Community organizing offers vital elements to local democracies: 1) Community power puts needed pressure on local systems to make change; 2) Education and leadership development supports residents to make informed decisions that reflect the needs and interests of their communities; 3) Organizing builds the public will to develop, advocate for, and implement viable solutions; 4) Community organizing can also balance uneven power dynamics so that communities can effectively collaborate among sectors with more institutional power.

- What does it take for residents of impacted communities in your City to have a real voice in the decision-making that impacts them? What are the examples?
- What is needed to build sustained voice & power?
- What community-based organizations are building an informed base of resident leaders with the capacity to advocate on behalf of the needs and interests of the community?

4

COLLABORATE

DELEGATED POWER

As a culture of systems change develops through community organizing, advocacy, and relationship-building, the limits of local systems to carry out changes on their own becomes apparent. At this point, the opportunity to collaborate across sectors emerges and makes culture shift possible. Through the leadership and delegated power of community leaders, structures of participation can be made more accessible and culturally relevant to groups that have been historically excluded. In turn, collaboration requires and makes possible more trusting relationships and the healing of old divides within systems that tend to be more transactional. Collaboration also brings together unique strengths, assets, and capacities essential to enacting needed solutions, and that unconsciously go untapped.

- Where are the opportunities for meaningful collaboration between impacted communities & local government to co-develop solutions to racial & environmental injustices?
- To what extent have impacted communities built an informed base of community members with the power and influence to achieve policy & systems change?
- What culture shift and system changes are needed for authentic collaboration between institutions and impacted communities?

5

DEFER TO

COMMUNITY OWNERSHIP

We are building to community ownership to ensure communities have a direct say over what is needed to survive and thrive.

Throughout each of the developmental phases, we must be consciously building the capacity for communities currently impacted by poverty, pollution, and political disenfranchisement to have increasingly more control over the resources needed to live, such as food, housing, water, and energy. Strengthening local democracies is about ending dependency and restoring dignity.

- What role will community ownership play in closing equity gaps?
- What is your collective vision for local community ownership?
- What can you be doing now to lay the groundwork for community ownership?
- What infrastructure for community ownership is needed that you can start building now?

USING THE SPECTRUM AS A TOOL FOR PLANNING AND GOAL SETTING

PURPOSE

To assess current community engagement efforts and set goals for how efforts can advance along the spectrum toward greater community ownership. This exercise can be conducted by a single entity around a single campaign or their work generally, and can also be carried out by a collaborative entity that includes multiple stakeholders. It is best facilitated by a 3rd party facilitator.

MATERIALS

- Color copies of the Spectrum of Community Engagement to Ownership
- Post-its, Flip chart paper and markers

PROCESS

ACTIVITY

Welcome and Context: Work together to set the context for the meeting and the purpose for adopting the spectrum to guide the work you are doing with the communities to whom you are accountable.

FACILITATOR NOTES

Read through the Applying the Spectrum to Local Context worksheet prior to facilitating the workshop.

Apply the Spectrum to the Local Context: Ask people to review the spectrum in pairs, noting what stands out to them and what questions it brings up. Open it up for pairs to share observations and questions in the whole group, using the conversation as a springboard into applying the spectrum to the local context:

Invite pairs or small groups to each discuss one of the sections and afterwards report out their thinking to the whole group.

After each report out, invite the rest of the group to share any additional thoughts on how that stage of the spectrum relates to the local context you all are working in.

Use the worksheet on page 6-7 to apply the spectrum to the local context.

Alternative approach to this exercise: create slides for each of the stages along the spectrum. For each stage, present the basic description (provided in the table) in your own words, and then discuss the questions in small groups or as a whole group. Make sure you have a solid grasp of the local context, and prompt people, as needed, to zero in on what's most important to understand about the context.

Assess & Reflect: Now that the group has a thorough understanding of the spectrum and how it applies to your local context, use the spectrum to assess your current work, or the general state of community engagement in your region (or both):

Give pairs or small groups 5 minutes to discuss where along the spectrum the work currently is and why

Invite everyone to hold up the number of fingers that corresponds to their assessment of the work and discuss.

Make sure the group understands each stage along the spectrum is important and has a role to play in building community capacity to govern. For example, there is no shame in being at a level 1 on the spectrum; ensuring the community is informed is an essential part of the work.

Set Goals: Ask pairs or small groups to now discuss where along the spectrum they think the work should be within a given time frame or as the result of a given cam-

aign/project, and why. Share out and build consensus on the goal. Discuss what it will take to reach the goal.

The goals you set can help guide your shared work and can be used to evaluate the work along the way

APPLYING THE SPECTRUM TO POLICY DEVELOPMENT

When it comes to policy development, where you land on the spectrum is primarily based on what point in the policy development process you engage community. This tool provides a brief overview of what community engagement might look like at each

major phase of the policy development process. Local policy makers can use this chart to determine at which point in the policy development process they will engage (and ideally partner) with community-based organizations from communities most impacted by the given policy issue, as it provides an overview of the costs and benefits of each approach, as well as an overview of possible activities at each stage.

POINT OF ENGAGEMENT	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL COSTS	COMMUNITY ACTIVITIES	CITY STAFF ACTIVITIES
4 Whole Process from Problem Definition to Solution Development & Implementation COLLABORATIVE & COMMUNITY-DRIVEN GOVERNANCE	In this ideal scenario, the entire policy development process is driven by a multi-stakeholder community partnership and is facilitated by authentic collaboration with city staff to achieve the best possible policy solution.	New policy is responsive to actual community needs; has political will to not only pass but be fully implemented with community leadership; builds community capacity to lead in the process.	An investment must be made in community capacity to carry out planning process; this investment can be made by a philanthropic partner, the local government or through a combination of public and private dollars.	<ul style="list-style-type: none"> • Visioning & Priority Setting • Problem Definition & Community assessment • Solutions Development & possible piloting • Collaboration with policy/planner to translate solutions into policy • Development of metrics • Organizing educational forums with City • Meetings with decision-makers 	<ul style="list-style-type: none"> • Co-fundraising with community-based organizations • Attendance at and sometimes co-planning of community-based events and activities • Capacity-building workshops to support community-driven policy development • Translation of community priorities into policy
3 Policy Development Phase 1 COMMUNITY INVOLVEMENT	In this scenario, City staff/planners manage the policy development process and work with a number of community partners to engage community voice and participation at the outset of the process.	Trust is built between Community and City; City gains valuable information to develop a more effective policy; Community groups help to build the political will to pass the policy; Ideally the collaboration continues into the implementation phase.	<ul style="list-style-type: none"> • An investment must be made in community capacity to participate in the policy development process • Because community groups don't have as much agency in the process, it may take more effort to facilitate engagement and buy-in; can become dissolution 	<ul style="list-style-type: none"> • Organize or participate in Community Advisory Committee • Conduct or participate in Problem Definition & Community Assessment • Conduct or participate in Solutions Development and Possible Piloting • Organize and/or participate in Community Forums & Focus Groups • Hold Meetings with elected • Conduct Equity Impact Assessment 	<ul style="list-style-type: none"> • Invitation to community partners to participate • Co-fundraising with community-based organizations • Planning (or co-planning) of community engagement events and activities • Translation of community priorities into policy • Co-development of equity metrics (or planning to implement pre-existing metrics)

POINT OF ENGAGEMENT	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL COSTS	COMMUNITY ACTIVITIES	CITY STAFF ACTIVITIES
Policy Development Phase 2 COMMUNITY CONSULTATION	In this scenario, City staff/planners manage the policy development process and wait until the policy is already in draft form before engaging any community partners	Community partners have the opportunity to provide critical input before a public unveiling of the proposed project thereby helping to screen for negative impacts and political roadblocks.	<ul style="list-style-type: none"> • An investment must be made in community capacity to participate in the policy development process • This approach runs the risk of tokenizing community voice • It may be too late to make significant changes to the policy 	<ul style="list-style-type: none"> • Participate in community forums, focus groups, or surveys • Conduct or participate in equity assessment of policy proposal • Possible protest or complaint if recommendations are not heeded, and experience tokenization or being used to rubber stamp decisions that are already made 	<ul style="list-style-type: none"> • Conduct community engagement process • Facilitate equity assessment of policy proposal • Translate community input into changes to the draft policy
Public Review of Proposed Policy INFORMED COMMUNITY	In this scenario, community partners are not pro-actively included in the policy development process, but may take advantage of existing mechanisms to express support or objection to the proposed policy; and/or may be invited by city staff or elected officials to do so	Existing public mechanisms at least provide for people to be informed of proposed policy and have their comments recorded.	<ul style="list-style-type: none"> • Proposed policy has not been effectively vetted by the people who may be most impacted by it; potential impacts can include significant costs to local government downstream • City staff/planners run the risk of community groups protesting the proposed policy and lobbying for 'no' votes. 	<ul style="list-style-type: none"> • Prepare community members to make public comment • Possible protest, depending on the potential impacts 	Prepare for potential fallout
Proposed Policy Up for A Vote MARGINALIZED COMMUNITY	At this point, it is too late for community groups to have any genuine input to the policy	Temporary time savings, not taking the time to engage community.	<ul style="list-style-type: none"> • Proposed policy has not been effectively vetted by the people who may be most impacted by it; potential impacts can include significant costs to local government downstream. • City staff/planners run the risk of community groups protesting the policy if it passes. 	Possible protest	Prepare for potential fallout

POINT OF ENGAGEMENT	DESCRIPTION	POTENTIAL BENEFITS	POTENTIAL COSTS	COMMUNITY ACTIVITIES	CITY STAFF ACTIVITIES
4 Reform Existing Policy through Community Leadership COLLABORATIVE GOVERNANCE	<p>In the case of an existing policy, community groups can work in partnership with City staff to assess it and develop a policy for repealing or amending it to undo roadblocks to community-driven solutions</p>	<p>Policy barriers to Community and City goals are removed; Collaboration between community groups and city staff is strengthened; builds community capacity to lead in the process.</p>	<ul style="list-style-type: none"> • An investment must be made in community capacity to participate in the policy development process • It may take more difficult to reform an existing policy than it does to develop a new one. 	<ul style="list-style-type: none"> • Visioning & Priority Setting • Problem Definition & Community assessment • Solutions Development & possible piloting • Collaboration with policy/planner to translate solutions into policy reform • Development of metrics • Organizing educational forums with City • Meetings with electeds 	<ul style="list-style-type: none"> • Co-fundraising with community-based organizations • Attendance at and sometimes co-planning of community-based events and activities • Capacity-building workshops to support community-driven policy reform • Translation of community priorities into policy reform language and technical tools



Photo by Monserrat Soto

APPLYING THE SPECTRUM TO COMMUNITY CAMPAIGN DEVELOPMENT

PURPOSE

For use by community-based organizations to design campaigns that build towards community ownership.

MATERIALS

- Copies of the Spectrum of Community Engagement to Ownership
- A poster with the campaign planning questions written out, leaving space for post-its under each category
- Post-its, flip chart paper and markers

PROCESS

ACTIVITY

Welcome and Context Clarify the purpose of the workshop, the context of the campaign, and the roles that the people in the room are playing. Give everyone a chance to share who they are and what inspires them to participate in the campaign.

FACILITATOR NOTES

People connect with each other and with purpose of the meeting and campaign.

Sociometric Lines Delineate an imaginary line down the middle of the room and establish two poles:
On one side: Our community is ready to take full ownership of [insert the issue you are working on];
And on the other side: There is no way we are ready to take full ownership over it.

- Ask people to stand anywhere along the imaginary line to express their view on community readiness for more ownership. Reflect for a moment on where the group has landed.
- Then, ask people what is needed for the community to take full ownership over the given issue/solution you are working on. Scribe what they say is needed.

Keep the list the group generates (what is needed for community ownership) and use it to help guide the planning in the next section. It can also be used to evaluate campaign tactics.

Campaign Planning Review the following questions with the group, and then invite them to generate answers in pairs on post-its and stick them to the corresponding section. Afterwards, read through, reflect, and refine the plan together.

- VISION:** What would community ownership look like on this issue? What solutions would increase community ownership over essential elements?
- STRATEGY:** What opportunities are there to collaborate with local government to advance solutions? With philanthropy? With the business community? Other key sectors?
- POWER-BUILDING TACTICS:** Where, when, how, and on what do we need to assert our voice and influence? How are we building power to ensure our voice is heard?
- PARTICIPATORY ACTION RESEARCH:** Who should we consult with on solutions? How can we consult with people in a way that will build our base or coalition?
- EDUCATION:** What information do we need to take informed action? What information does our base need?

These campaign planning questions correspond to stages 1-5 on the spectrum, starting with stage 5: a vision for community ownership, and working backward from there.

USING THE SPECTRUM AS A TOOL FOR ASSESSING PROJECTS, PROGRAMS & CAMPAIGNS

PURPOSE

To assess current community engagement efforts and set goals for how efforts can advance along the spectrum toward greater community ownership. This exercise can be conducted by a single entity around a single campaign or their work generally, and can also be carried out by a collaborative entity that includes multiple stakeholders. It is best facilitated by a 3rd party facilitator.

MATERIALS

- Color copies of the Spectrum of Community Engagement to Ownership
- Post-its, Flip chart paper and markers

PROCESS

ACTIVITY

Welcome and Context Appreciate everyone for participating in the evaluation. Provide an overview of where in the given project is in it's evolution and share the significance purpose of the evaluation at this particular point. Ask everyone to share why they chose to participate in this evaluation. What are they hoping to achieve by taking the time to reflect?

Review the Spectrum Briefly share why the spectrum was adopted to guide this project, and review the stages of the spectrum, using the first three rows of the spectrum and perhaps the bolded content of the table titled, "Applying the Spectrum to Local Contexts."

Reflection and Evaluation in Pairs or Small Groups

Give each pair or small group two post-its of two different colors: one color represents the group's assessment of the work when we started and the other color represents the group's assessment of the work now.

Offer the pairs (or small groups) some prompts for reflection. For example: 1) *Where along the spectrum would [insert specific work] fall on the spectrum [insert a past benchmark]? 2) Thinking about your experience in [insert specific work] over the last [insert relevant time frame] where would it*

fall along the spectrum now? 3) Why? 4) What progress has been made, if any? 5) What changes or improvements would you like to see in [insert relevant time frame] to advance along the spectrum? What feels possible now?

Invite pairs (or small groups) to put their post-its up on the poster with the blank spectrum table, and reflect with the group, asking, *What do you notice? What progress have we made? Scribe the progress made.*

Set priorities for Improvement Next, ask the group to share their thoughts on the question #5: *What changes or improvements would you like to see in [insert relevant time frame] to advance along the spectrum? What feels possible now? Scribe their answers as a list.*

Give everyone 2-3 sticker dots and ask them to stick them on their top 2-3 areas for improvement. Once all the dots are up, reflect with the group: *What areas of improvement are most important to the next phase of work? Once the top 2-3 areas of improvement are clear, discuss: what will it take to implement these?*

FACILITATOR NOTES

The goal here is to establish a shared purpose for the assessment

This is an opportunity to ground everyone in the bigger picture of the work.

Doing the assessment in pairs or small groups gives people the opportunity for more depth and honesty than might be possible in the big group. Seeing the visual of the before and after post-its on the poster spectrum, helps the group see the progress that has been made.

Everything in the agenda so far has been building to this point of setting goals for collective improvement based on thoughtful reflection on what is possible now.

➔ Ending malaria. Achieving marriage equality. Dramatically reducing teen smoking. Surmounting these and other daunting social challenges can require an “invisible hand” that amplifies the efforts of many other players in the field. These behind-the-scenes catalysts are built to win campaigns, not to last forever, and they are sparking population-level change.

How Field Catalysts Galvanize Social Change

BY TAZ HUSSEIN, MATT PLUMMER & BILL BREEN

Illustration by LISK FENG

W

hen looking across the major social-change efforts of our time, the parabola of success sometimes arcs suddenly and steeply. Take, for example, the breakthrough in the global effort to eliminate malaria. Beginning in 1980, malaria’s worldwide death toll rose at a remorseless 3 percent annual rate. In 2004 alone, the pandemic claimed more than 1.8 million lives. Then, starting in 2005 and continuing over the next 10 years, worldwide deaths from malaria dropped by an astonishing 75 percent—one of the most remarkable inflection points in the history of global health.

Many events helped reverse malaria deaths, including the widespread distribution of insecticidal nets. Behind the scenes, though, the intermediary Roll Back Malaria (RBM) Partnership played a critical role in orchestrating the efforts of many actors. RBM, founded in 1998, has never treated a patient; nor has it delivered a single bed net or can of insecticide. Rather, RBM has worked across the field of malaria eradication by helping to build public awareness, aggregate and share technical information with a system of global stakeholders, and mobilize funding.

Since 2000, such collaboration has saved more than six million lives. This is not to suggest that RBM is primarily responsible for these dramatic results. But the evidence indicates that by building a marketplace for ideas and a framework for action, RBM helped position the field for breakthrough success.

“RBM has been a clearinghouse, a cheerleader, and a technical advisor for the community working on malaria elimination,” says David Bowen, former deputy director for global health policy and advocacy at the Bill & Melinda Gates Foundation. “RBM’s partner-

ship has been very, very helpful to smaller groups and funders—not in providing funding but in linking resources together.”

Funders and nonprofits increasingly recognize that no single organization or strategy, regardless of how large or successful it may be, can solve a complex social challenge at scale. Instead, organizations need to work collaboratively to tackle pressing social problems. Enter a type of intermediary built to serve as a hub for spokes of advocacy and action, and roll all stakeholders toward a defined goal—an intermediary like RBM. These “field catalysts,” which fit into an emergent typology of field-building intermediaries, help stakeholders summon sufficient throw-weight to propel a field up and over the tipping point to sweeping change.

THE ROLE OF FIELD BUILDERS

A decade ago, The James Irvine Foundation asked The Bridgespan Group to investigate what it takes to galvanize the systems-change efforts of disparate stakeholders working on the same problem and focused on attaining measurable, population-level change in a given field.

Building on more than 60 interviews with leaders in the field of education, Bridgespan and the Irvine Foundation produced a report in 2009, “The Strong Field Framework,”¹ that spotlighted five components that make for a truly robust field: a shared identity that’s anchored on the field; standards of codified practices; a knowledge base built on credible research; leadership and grassroots support that advances the field; and sufficient funding and supportive policies.

Seven years after we published the report, we found funders still grappling with what it takes to build a strong field. And nonprofits

still wondering whether they should venture beyond delivering a direct service and spin out an intermediary that works through other actors to achieve far-reaching social goals.² Their questions pushed us to better understand what it takes to achieve population-level change, and to look at the roles that field-building intermediaries might play in the process. We already knew that such field-building intermediaries came in at least three flavors (see “Four Types of Field-Building Intermediaries” on page 51).

- “Capability specialists,” which provide the field with one type of supporting expertise. For example, our own organization, The Bridgespan Group, was founded as a capability builder, with a goal of strengthening management and leadership across the social sector.
- “Place-based backbones,” the mainstays of collective impact, which connect regional stakeholders and collaborate with them to move the needle. One example, Strive Partnership, was founded to knit together business, government, nonprofits, and funders in Cincinnati to improve education outcomes for kids from cradle to college (described in a seminal *Stanford Social Innovation Review* article in 2011).³
- “Evidence-action labs,” which take on a range of functions to help stakeholders scale up evidence-based solutions. Two examples are Ariadne Labs, which aims to create scalable solutions for serious illness care, and Character Lab, which works to advance the science and practice of character development in children.

FIELD CATALYSTS

In late 2016, we surveyed 15 fields that aimed to achieve population-level change. We uncovered a fourth type of intermediary: the field catalyst, which sought to help multiple actors achieve a shared, sweeping goal.⁴ It is a cousin to the other types of intermediaries, and it’s likely been around unnamed for decades. (Consider the Southern Christian Leadership Conference’s role in achieving civil rights victories, for example.)

To be sure, not all change requires a field catalyst. At times, a single entity takes off and tips an entire field. *Sesame Street*, for example, took the field of early childhood education to global scale and dramatically influenced the growth of evidence-based, educational TV programming for preschoolers. (Think *Blue’s Clues* or *Barney & Friends*.)⁵ But the *Sesame Streets* of the world, in our experience and research, are rare.

Field catalysts, on the other hand, are not uncommon. They share four characteristics:

- Focus on achieving population-level change, not simply on scaling up an organization or intervention.
- Influence the direct actions of others, rather than acting directly themselves.
- Concentrate on getting things done, not on building consensus.
- Are built to win, not to last.

We also found that field catalysts often prefer that their role go undetected. They function much the way that Adam Smith’s “invisible hand” works in the private sector, where the indirect actions of many players ultimately benefit society. Catalysts usually stay out of the public eye, working in subtle ways to augment the efforts of other

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The authors thank Bridgespan consultant Peter Grunert and associate consultant Vlad Nedeale for their research and insights.

actors as they push toward a goal. (If they were to seek the spotlight, stakeholders might view them as competitors and they would lose their influence.) Sometimes, their unseen efforts go unrealized.

Out of the 15 fields that we examined, four are still working to achieve population-level change and three fields are emerging. However, we identified eight fields that *did* produce momentous change. In each case, field catalysts were present. That’s not to say they are the only factor of influence. But the consistency of their presence is striking. Indeed, in each of the eight fields that did exhibit significant progress, a catalyst emerged near a sharp inflection point.

There were three fields in particular where catalysts played a critical role. (See “Galvanizing Population-Level Change” on page 53.) The first was achieving marriage equality. In 2002, not a single state issued marriage licenses to same-sex couples. In 2010, the catalyst Freedom to Marry expanded its scope to include the entire field. That same year, the number of states banning same-sex marriage peaked at 41. Over the next five years, the marriage-equality movement gathered momentum. Thirty-seven states had issued licenses by 2015, when the US Supreme Court cleared the way for same-sex couples to marry in all 50 states.

The second field was cutting teen smoking. In the 1990s, high school-age smoking rates climbed to nearly 37 percent. The Campaign for Tobacco-Free Kids came to life in 1995, with the explicit goal of driving down youth smoking rates. Two years later, US rates began a year-over-year decline to 9.2 percent by 2014.

The third field was reducing teen pregnancies. In the late 1980s, teen childbearing in the United States rose from 50 births per 1,000 teens to more than 60 births per 1,000 in 1991. With its founding in 1996, the National Campaign to Prevent Teen and Unplanned Pregnancy mobilized public messaging by partnering with entertainment media and faith communities. Following a slight uptick from 2005 to 2007, the birth rate dropped to 20 births per 1,000 in 2016.

These three catalysts, and five of the other highly effective ones we identified, range widely in size—with annual budgets of between \$4 million and \$73 million⁶—but all punch far above their weight. To be sure, none deserve all the credit for their fields’ success, nor would they claim it. As the Campaign for Tobacco-Free Kids’ founder, Bill Novelli, puts it, others “have been laboring in these vineyards for many years.”

Regardless of how a field catalyst comes to life, it will likely encounter some unique tests, including: earning the trust of funders and direct-service providers, developing a deep understanding of how change happens, and staying nimble enough to fulfill the field’s evolving needs. If a catalyst is to surmount obstacles both known and unknown, it will have to think through a set of deliberate choices and build discrete skills.

WHAT FIELD CATALYSTS THINK ABOUT

Field catalysts are very intentional in what they choose to think

about, and they think differently from most other social-change organizations in three important ways.

First, they think about how their field—fractured and fragmented though it may be—can achieve population-level change. Catalysts don't concern themselves with building an organization or scaling an intervention. As the business management author Jim Collins put it in another context, they focus on achieving a “big hairy audacious goal,”⁷ such as eradicating polio or ending chronic homelessness. Rather than jump to “the answer,” field catalysts first ask, “What's the problem we're trying to solve? And have the stakeholders we want to work with clearly defined it?”

In a TEDx talk on systems change, philanthropist and advisor Jeffrey Walker mused, “Not knowing everything is a skill.”⁸ Approaching a complex, system-sized challenge can require a “beginner's mind ... where you rebuild what you know and what stakeholders know into a common vision.” Catalysts define the vision, or mission, in a way that's bold enough for stakeholders to rally around, yet specific enough to make a measurable difference.

When Dr. Jim Krieger, formerly chief of the Chronic Disease and Injury Prevention Section of Seattle's Department of Public Health, first thought about taking on a catalytic role in preventing obesity, he knew it was a problem that mattered: The percentage of obese children in the United States has more than tripled since the 1970s. Yet a mission to “reduce obesity” would have been too vague. It took lots of conversations with many stakeholders in the public health arena and a review of the evidence on what worked for Krieger to focus on nutrition and address the upstream food environment that shapes people's food choices. What proved a rallying cause: reduce consumption of the excessive amounts of added sugar marketed to Americans. Krieger's 2016 response, the creation of Healthy Food America, is now a linchpin in the movement to slash the 76 pounds of added sugar that Americans consume every year.

Second, field catalysts think about a road map for change.

Even as they define a mission, catalysts identify organizations that are already working on promising solutions. Catalysts delineate the field's topography, tracing the links between funders, nonprofits, NGOs, governmental institutions, for-profits, community networks, and other stakeholders that matter. In this way, the catalyst begins to plot a long-range map for advancing a common goal.

In 2003, when Freedom to Marry (FTM) joined a wide-ranging campaign to achieve marriage equality, it was a “behind-the-scenes cajoler and convener ... an adviser to funders”⁹—and not much more. But two years later, with additional states banning same-sex marriage, FTM took on a catalytic role. It led the development of a strategic road map for achieving a transformative, measurable goal within 15 to 25 years: nationwide marriage for same-sex couples.

FTM helped convene leaders from 10 LGBT organizations to draft a road map, “Winning Marriage: What We Need to Do.” The strategy centered on an intermediate, achievable goal, dubbed 10/10/10/20: In 15 years, ensure that 10 states guarantee marriage protection; 10 states have “all but” marriage protection such as civil unions; 10 states at least have more limited protections such as domestic-partnership laws; and 20 states have experienced “climate change” in attitudes toward LGBT people. The map laid out tactics for rolling out the plan, as well as guiding principles for reaching all 50 US states.

As conditions change, catalysts and their allies make mid-course corrections. In its first iteration, the Winning Marriage road map wasn't enough to navigate past a determined opposition in California (that is, the looming Proposition 8 ballot initiative). But it did define a collaborative model for achieving vividly defined goals, which would eventually ladder up to breakthrough change. In fact, of our eight most successful catalysts, the majority created strategy road maps to clarify critical challenges and identify steps for achieving success.

The third thing that field catalysts think about is what it will take to marshal stakeholders' efforts. Field catalysts make

a calculated choice to serve rather than lead. Effective leaders of field catalysts often possess what Jim Collins, in *Good to Great*, calls “Level 5 leadership,” or the “paradoxical blend of personal humility and professional will.”¹⁰ It requires deliberately subjugating ego while summoning the grit to keep pushing past inevitable setbacks. As one leader of a field catalyst put it, “Part of the work of engaging the hearts and minds of others comes down to influence whispering and not being viewed as the causal part of change.”

When Community Solutions launched the 100,000 Homes Campaign—a national movement to find

Four Types of Field-Building Intermediaries

TYPE	WHAT IT DOES	EXAMPLES
Field Catalyst	Deploys different capabilities, quietly influencing and augmenting the field's efforts to achieve population-level change	<ul style="list-style-type: none"> ■ Roll Back Malaria Partnership ■ Campaign for Tobacco-Free Kids ■ The National Campaign to Prevent Teen and Unplanned Pregnancy ■ Freedom to Marry ■ Community Solutions
Capability Specialist	Provides one supporting capability to the field	<ul style="list-style-type: none"> ■ Civitas Public Affairs ■ MDRC ■ NAACP Legal Defense and Education Fund
Evidence-Action Lab	Focuses on research and development, advising policy makers, and helping the field's practitioners learn, improve, and scale solutions	<ul style="list-style-type: none"> ■ Ariadne Labs ■ Character Lab ■ ChildObesity180
Place-Based Backbone	Coordinates local and regional cross-sector stakeholders and supports them in collectively transforming a fragmented field	<ul style="list-style-type: none"> ■ Memphis Fast Forward ■ Chicago Jobs Council ■ StrivePartnership

The Bridgespan Group has identified four types of field-building intermediary organizations, but we are beginning to discover other types that overlap with one or more of these four, yet have their own distinct characteristics.

permanent homes for 100,000 chronically homeless Americans—the organization’s president, Rosanne Haggerty, made clear that “the campaign was more important than any one organization.” However, fostering “an ethos of humility” was not so easy.

Early in the campaign, Haggerty’s team successfully pitched a story on a national evening news broadcast to draw attention to solutions to chronic homelessness. But the piece ended up casting Community Solutions as the hero, depriving local organizations of primary recognition for their work. “We learned the hard way that the media wasn’t used to telling this new kind of story, in which there are many heroes, not just one,” says Jake Maguire, who ran the campaign’s communications strategy. “We created a new policy: If we had to choose between Community Solutions or a participating organization being mentioned in a news story, we’d choose the local organization.”

By deflecting credit, catalysts build sufficient credibility to attract other stakeholders. To take the next step—rally direct-service providers—catalysts think about how they can direct funding to the field. It’s a compelling challenge, given that intermediaries like field catalysts typically lack the power of the purse. But the evidence shows that catalysts can unlock pools of previously unavailable capital. A common approach: collect, analyze, and share data that surfaces high-potential investment opportunities. Such was the case with the 100,000 Homes Campaign.

The federal government—and to a lesser extent, philanthropists—controlled the resources for housing the chronically homeless, not Community Solutions. As Haggerty saw it, the big challenge was to steer those resources to individuals who could best benefit. Her team created the Vulnerability Index, a data-rich tool for triaging homeless individuals, based on their health. For the first time, health indicators told communities who was most at risk of dying in the street. If, say, an individual had three hospital visits in the past year, the index would prioritize a “prescription” for an apartment or studio. This innovative tool helped Community Solutions steer funding streams, even though it didn’t control them.

Community Solutions took a similar approach to working with 186 US communities, by equipping them with data and challenging them to meet a measurable goal: house 2.5 percent of the chronically homeless population every month. “Clear goals helped us realign resources and, in some cases, attract new funding,” says Haggerty. The result: Within four years, the 100,000 Homes Campaign lived up to its name.

This is not to suggest that intermediaries should use Community Solutions as a blueprint for change. Each aspiring catalyst will define its own approach to galvanizing its field. However, by charting local players’ progress toward the 100,000 stretch goal and making performance data transparent, Community Solutions helped build momentum and unlock sufficient capital to drive breakthrough change.

WHAT FIELD CATALYSTS DO

To be sure, it’s not easy to differentiate between how catalysts think and how they act. As with all change efforts, there’s the decisive moment when the learning, mapping, convening, and strategizing shifts to all-out execution. Field catalysts that succeed in channeling the efforts of disparate stakeholders toward transformative change do three things well.

The first thing catalysts do well is to help the field meet its evolving needs by filling key “capability gaps” across a range of

disciplines. As the field evolves and new needs emerge, it’s often the catalyst that must identify and fill the voids in the field’s skill sets. Thus, catalysts’ roles span traditional organizational boundaries: They conduct research; build public awareness; assess the field’s strengths and weaknesses; advance policy; contribute technical support to direct-service providers; collect, analyze, and share data; and more.

Such is the case with the National Campaign to Prevent Teen and Unplanned Pregnancy (National Campaign), which has helped stakeholders view teen pregnancy through a child-welfare lens rather than a moral one. The National Campaign uses data, not dogma, to demonstrate that by preventing teen pregnancies, society can head off other serious problems, such as child poverty, abuse, and neglect. The National Campaign has taken on an array of jobs to be done, including the following:

- **Making the media an ally.** The National Campaign has worked as a behind-the-scenes adviser on MTV’s wildly popular *16 and Pregnant*, which is credited with reducing teen births by 5.7 percent during the 18 months following the show’s premiere.
- **Creating relevant resources for teens.** In 2013, the National Campaign launched Bedsider.org, a “dive straight into the details” information hub for learning about every available birth control method.
- **Building bridges to communities of color.** With support from the social impact agency Values Partnerships and prominent faith leaders nationwide, the National Campaign created an online tool kit to help the leaders of black churches talk about teen and unplanned pregnancy with their congregations.
- **Assembling and sharing knowledge.** An assessment by McKinsey & Company concluded that the National Campaign is the nation’s leading resource on preventing teen pregnancy.
- **Mobilizing funding for the field.** In 2015, the National Campaign played a crucial role in “securing and maintaining \$175 million annually in federal investments for evidence-based teen pregnancy programs.”¹¹

An effective catalyst doesn’t have to possess a deep expertise in all of these areas. But if the catalyst can fill critical capability gaps, it just might build the kind of momentum that has enabled the field of reproductive health to drive the teen pregnancy rate in this country to a historic low.

The second thing that field catalysts do well is that they appeal to multiple funders. Organizations that help galvanize breakthrough change earn credibility and win enough trust to influence the field’s other actors. Those two characteristics seem to be nonnegotiable. As we’ve seen, one of the surest signs that a field catalyst is credible is that it steers funding streams without controlling them, as Community Solutions has done. For its own funding, a field catalyst purposely taps into several sources.

When a catalyst sets out, it can be tempting to rely primarily on a single funder. But that might be a mistake. Catalysts earn permission to support other stakeholders by proving that they serve the interests of the entire field. By securing multiple funding sources, they demonstrate that they aren’t beholden to any single player. Among high-achieving catalysts, their top two sources comprised less than half of the total funding. One such catalyst is the Campaign for Tobacco-Free Kids, which was created by a single philan-

thropy, the Robert Wood Johnson Foundation (RWJF), but soon attracted other funders.

In the 1990s, teen smoking rates climbed from 27 percent to 37 percent. Alarmed at the possibility that half of the nation's high schoolers might soon be smokers, Steve Schroeder, president of RWJF at the time, asked his board of directors to put substantial money into fighting tobacco. The board agreed, with one stipulation: RWJF would have to bring in other players to support the initiative and, above all, contribute financially. Schroeder recruited the American Cancer Society and the American Heart Association to join RWJF in creating a catalyst called the Campaign for Tobacco-Free Kids. The Cancer Society's and Heart Association's financial contributions were small, relative to RWJF's investment. Nevertheless, the Campaign for Tobacco-Free Kids' former CEO, Bill Novelli, argues that having more funders made stakeholders "feel like it was a public health endeavor," rather than a RWJF initiative.

Today, the Gates Foundation, Bloomberg Philanthropies, United Health Foundation, and the CVS Health Foundation are among the broader group of funders supporting the Campaign for Tobacco-Free Kids. The result is that RWJF's contributions have amounted to less than half of the organization's total funding over the past 10 years.¹² For the Campaign for Tobacco-Free Kids, funding sources are directly linked to its ability to operate independently and in service of the entire field. Fueled by this broad funding base, the organization played a catalytic role in helping drive the percentage of teen smokers down into the single digits.

A field catalyst can more easily secure funds by forming as an independent, 501(c)(3) nonprofit with its own board, as the Campaign for Tobacco-Free Kids did. This helps push back on the notion that the catalyst is a "funder's pet project." Not all successful catalysts come to life as independent entities. But all of those that we reviewed drew on multiple sources of funding.

The third thing field catalysts do well is that they consult with many, but make decisions within a small group. Catalytic field builders work with whomever it takes to solve the problem. Having earned credibility and trust, field catalysts seek input from many but limit decision making to a comparative few. By taking a consultative rather than consensus-driven approach, they can respond quickly to new developments.

Managing the tension between who owns the "D" and who doesn't is an age-old challenge for cause-based collaborations. According to research from Bain & Company, "Every person added to a decision-making group over seven reduces decision effectiveness by 10 percent."¹³ Then again, many initiatives fail to sustain impact because they do not incorporate the input of key constituents. Successful field catalysts strike a balance.

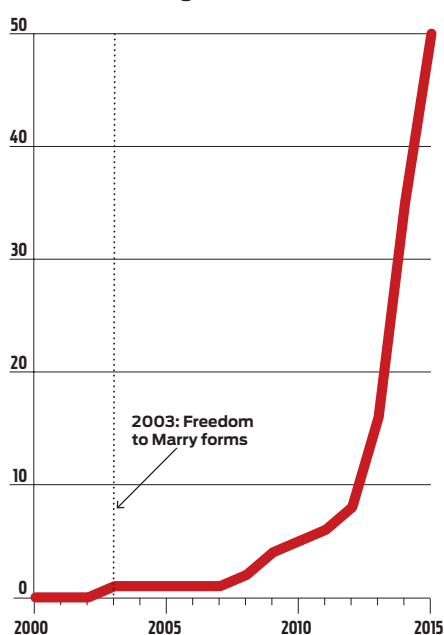
In the early 2000s, Dr. Steven Phillips, who now sits on the boards of Roll Back Malaria and Malaria No More, set out to help his employer, ExxonMobil, understand how it could loosen malaria's grip on the company's African workforce. Phillips put much of his focus on RBM, which was regarded as a key pillar in the field. But in Phillips' view, RBM's "authority was unclear and its debates were

Galvanizing Population-Level Change

Here are three examples where a field catalyst helped achieve significant positive social change in the United States.

Marriage Equality

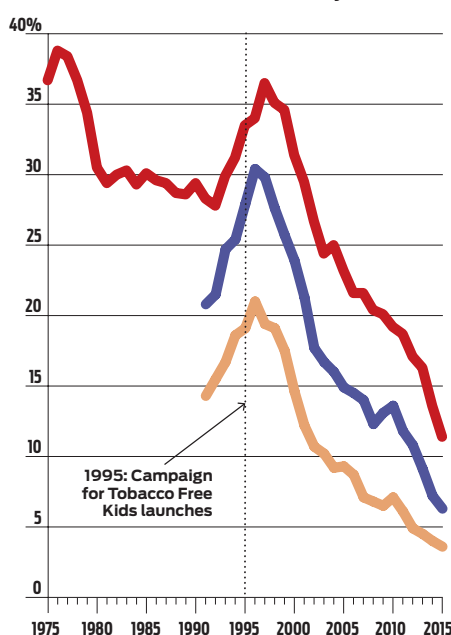
Number of states legalizing same sex marriage



Source: "Same-Sex Marriage, State by State," Pew Research Center, June 26, 2015.

Teen Smoking

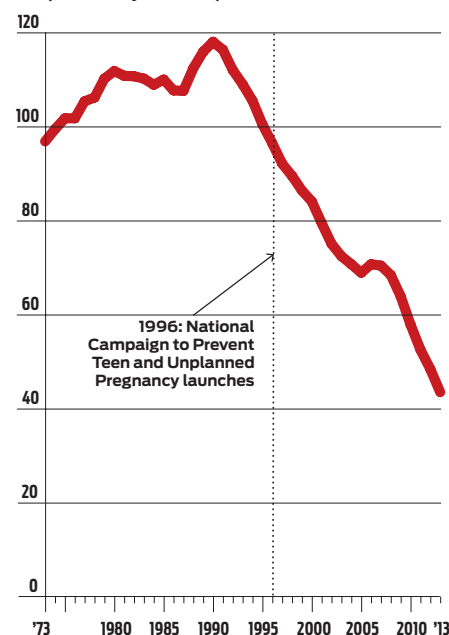
Percent of high school students who smoked in the last 30 days



Source: Lloyd Johnston et al., "Use of Ecstasy, Heroin, Synthetic Marijuana, Alcohol, Cigarettes Declined Among US Teens in 2015," University of Michigan News Service, December 16, 2015.

Teen Pregnancy

Number of pregnancies per 1,000 teens (15-to-19 year olds)



Source: Kathryn Kost et al., "Pregnancies, Births and Abortions Among Adolescents and Young Women in the United States, 2013," Guttmacher Institute, August 2017.

reduced to interminable squabbles between rival aid groups.”¹⁴ Philips raised \$3.5 million from ExxonMobil, the Gates Foundation, and others to hire the Boston Consulting Group to improve the organization’s effectiveness.¹⁵

Through its engagement with the Boston Consulting Group, RBM established more effective governance structures and processes. This new approach was on display when RBM unveiled its strategic road map: Action and Investment to Defeat Malaria 2016–2030. RBM collected input from around the world and built buy-in. But when it had to, RBM acted independently in crafting the strategy. RBM had the authority to make its own decisions, even as it remained accountable to other players. The tight link between accountability and autonomy gave RBM even more incentive to escape the shackles of momentum-sapping groupthink.

UNLOCKING YOUR FIELD’S POTENTIAL

For any organization that’s thinking about launching a field catalyst, the challenges can be intimidating. How do you survey a complex field and spot the white space for breakthrough change? What’s a practical approach to indirectly influencing many direct actors? Shawn Bohen, who is responsible for shaping growth and impact strategies at Year Up, ventured some answers.

Year Up’s direct-service approach to helping employers discover hidden talent has served more than 17,500 young adults—an impressive accomplishment. And yet, “the number of opportunity youth is growing on our watch,” says Bohen. When Year Up launched in 2000, three million young people were out of work and the classroom. Today, that population has doubled.

The core problem became apparent eight years ago, when Year Up changed its mission statement from “*bridge the opportunity divide [between youth and employers]*” to “*close the opportunity divide.*” According to Bohen, “The direct service enterprise, by itself, wasn’t going to close the divide. It was ensuring that the activities that all of us were engaged in become the new normal.” In partnership with longtime collaborator Elyse Rosenblum, Bohen persuaded her senior Year Up colleagues to incubate a catalytic intermediary that would work with businesses to build pipelines to the untapped talent pool of opportunity youth.

As a first step, Bohen and Rosenblum’s team probed deeply around questions like: Why is the market for opportunity youth broken? What are the fundamental barriers between supply and demand? Based on those discussions, the team mapped a strategy for coalescing partners around the larger goal of impacting many more lives.

The team’s road map is built around a heuristic dubbed the “three Ps”: *perception*, which speaks to changing the negative stereotypes around opportunity youth; *practice*, which builds strategies for getting companies to look past a job candidate’s pedigree and instead focus on her competencies; and *public policy*, which aims to build incentives for seeding this new talent market. The mapping effort helped Bohen and her allies determine that even as they focused on all three areas, “changing employer, educator, and training practices emerged as the key thing.”

As the team began to unveil its idea, it ran into a problem that probably every direct-service entity faces as it pivots to indirect action. As Bohen puts it, “You’re in the somewhat awkward position of people thinking you’re just self-dealing when you’re talking about the field.”

Their solution was to leave no fingerprints. In 2014, they launched the first initiative from their still-incubating intermediary: a national, multimedia public service campaign called Grads of Life, which seeks to change employers’ perceptions of the millions of young adults who lack access to meaningful career and educational opportunities. The overarching goal: activate a movement, led by employers, to create pathways to careers for opportunity youth nationwide.

After three years, Bohen believes that Grads of Life is quietly gaining traction. The campaign has attracted more than \$81 million in donated media, including its own Grads of Life Voice blog on Forbes.com. But Bohen’s optimism is tempered by a stone-cold reality: The sector often conflates scale (via replication) with impact. The result is that catalysts find it challenging to attract funding for truly transformative work, given that replication remains the dominant mind-set for achieving widespread change. “So much of the social sector is still focused on the enterprise as opposed to the game change—transformative impact—which happens through field-catalyst efforts focused on systems change,” says Bohen.

How to head off a dispiriting scenario where, after pouring 20 years of work and resources into a social challenge, “we still have 2 percent market penetration into the problem”? As Bohen sees it, the sector must untangle the knots that have tied scaling to systems influence. To make measurable progress against this century’s emerging challenges, that just might mean summoning the field catalyst’s invisible hand. ■

NOTES

- 1 “The Strong Field Framework: A Guide and Toolkit for Funders and Nonprofits Committed to Large-Scale Impact,” *Focus*, James Irvine Foundation, June 2009.
- 2 The growing interest in field-building intermediaries has been captured in a range of reports, including: Lucy Bernholz and Tony Wang, “Building Fields for Policy Change,” Blueprint Research + Design, Inc., 2010.
- 3 John Kania and Mark Kramer, “Collective Impact,” *Stanford Social Innovation Review*, Winter 2011.
- 4 The field catalysts we identified in the 15 fields were: Alliance for a Green Revolution in Africa; Campaign for Tobacco-Free Kids; Community Solutions; Freedom to Marry; Global Alliance Vaccine Initiative; Global Polio Eradication Initiative; National Campaign to Prevent Teen Pregnancy; Roll Back Malaria; Center to Prevent Childhood Obesity; Coalition to Transform Advanced Care; Energy Efficiency for All; Generation Citizen; Healthy Food America; National Youth Employment Coalition; Share Our Strength (No Kid Hungry Campaign).
- 5 One of the authors of a 2015 National Bureau of Economic Research study on the subject argues that *Sesame Street* is “the largest and least costly [early childhood] intervention that’s ever been implemented in the United States,” comparing it to Head Start in its effect on children’s cognitive learning. Alia Wong, “The Sesame Street Effect,” *Atlantic*, June 17, 2015.
- 6 The other successful catalyst, the Global Polio Eradication Initiative, has an annual budget of more than \$1 billion, in part because the World Health Organization uses it to funnel all re-granting for polio.
- 7 Jim Collins and Jerry I. Porras, *Built to Last: Successful Habits of Visionary Companies*, New York: HarperBusiness, 1994.
- 8 Jeffrey Walker, “Join the Band: Meditations on Social Change,” TEDx, December 2016.
- 9 “Hearts & Minds,” Civil Marriage Collaborative, November 2015, page 10.
- 10 Jim Collins, *Good to Great: Why Some Companies Make the Leap ... and Others Don’t*, New York: HarperBusiness, 2001.
- 11 “Improving the Lives and Future Prospects of Children and Families,” 2015 Annual Report, National Campaign to Prevent Teen and Unplanned Pregnancy.
- 12 “Foundation Directory Online Professional,” Foundation Center.
- 13 Michael Mankins and Jenny Davis-Peccoud, “Decision-Focused Meetings,” Bain Brief, June 7, 2011.
- 14 Alex Perry, *Lifeflood: How to Change the World One Dead Mosquito at a Time*, New York: Public Affairs, 2011.
- 15 Ibid.

Community-Engaged Research Projects and Initiatives

A few reference points to fuel our imaginations

[Black and Brown Collective](#) – “a dynamic network of researchers, led by and serving Black and Brown communities. We work diligently to assist communities deeply affected by gun violence through research, collaboration, narrative change, and advocacy.”

[Center for Neighborhood Engaged Research & Science \(CORNERS\)](#) – Northwestern University center that develops “transformative research projects with community and civic partners aimed at improving health and safety for more equitable neighborhoods.” See examples of their research [here](#).

[Citizenship for Health](#) – Detroit program “implementing a model of citizen engagement in health through a process of 'deliberative democracy' focused on health issues that citizens name, frame, deliberate and act upon.” Also featured in [this article](#) by Rapid Growth Media.

[Detroit Urban Research Center](#) – “collaboration of Detroit organizations and academic researchers who work together to foster health equity in the city of Detroit.” Known for its leadership in the field of community-based participatory research (CBPR). Sample current projects include:

- [Community Action Against Asthma](#) “is involved in intervention and epidemiological research focusing on environmental triggers of asthma.”
- [LA VIDA](#) partnership “aims to demonstrate the effectiveness of a community-based intervention aimed at building community capacity to address the problem of intimate partner violence against Latina Women.”
- [PAACT](#) is a community-based participatory research study working to understand influences on Black/African American individuals’ participation in cancer clinical research trials.

[Healthy Neighborhoods Study](#) – a Boston project utilizing participatory action research to “develop resources and test strategies to support community-led, equitable development, promoting the well-being of residents and contributing to racial justice.”

[Human Impact Partners](#) – conducts policy-focused and participatory research, works to center equity in the public health field and build collective power with social justice movements. HIP created a [Research Code of Ethics](#) that outlines its commitment to responsible, equitable and just research.

[St. Louis Community University Health Research Partnerships](#) – Summary of studies that were part of a 2010 initiative administered by St. Louis Regional Health Commission and funded by BJC HealthCare, Saint Louis University and Washington University.