

Lessons on Cross-Sector Community Development: The Las Vegas Healthy Communities Coalition

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EXECUTIVE SUMMARY

The Federal Reserve Bank of San Francisco, in partnership with the Robert Wood Johnson Foundation, launched the “Healthy Communities” initiative in 2010 to explore how the health and community development sectors can collaborate to promote better health outcomes for low-income communities by addressing the social determinants of health. A regional meeting took place in Las Vegas, Nevada in January 2012, which subsequently led to the formation of the Las Vegas Healthy Communities Coalition (LVHCC), a collective impact¹ initiative with a mission to “foster collaboration and coordination across multiple sectors and stakeholders, to generate healthy outcomes for all Southern Nevadans, ultimately leading to a healthier community.” This report details the formation and progress of LVHCC, which is still in the early stages of development. Unlike other case studies, which often report on an initiative’s success after many years of careful planning and implementation, this study aims to provide a candid look at the challenging and emergent nature of cross-sector collaboration *in progress*. It is meant to shed light on specific challenges and lessons that have been learned in Las Vegas thus far in order to help other communities that have embarked on their own community collaboratives.

Despite a strong start, fueled by community-wide enthusiasm, seed funding, and new cross-sector partnerships, sustaining the Las Vegas Healthy Communities initiative through focused, data-driven action has proven more difficult. In any community, when it comes to achieving large-scale social change through cross-sector collaboration, the challenge of moving from *concept* to *practice* cannot be overstated. Four key issues are discussed in greater detail in this report:

- **Challenge 1: Defining the scope of the network**
- **Challenge 2: Agreeing on a shared vision and agenda**
- **Challenge 3: Establishing a clear governance and network structure**
- **Challenge 4: Limited staff capacity**

These challenges have also provided important opportunities for LVHCC to learn and grow. Cross-sector work is adaptive and emergent by nature, requiring that participants be responsive to various opportunities and changes that occur over time. This includes learning from unsuccessful efforts and applying course-correction improvements when possible. The Coalition is actively pursuing solutions to these challenges and directly applying the various lessons learned thus far:

- **Lesson 1: Data must drive the initiative**
- **Lesson 2: The network must have adequate multi-year funding**
- **Lesson 3: Prioritize the development of a logic model or systems map**
- **Lesson 4: Establish and empower strong leadership early on**
- **Lesson 5: Understand the local context and adapt for success**
- **Lesson 6: Look for opportunities to test, refine, and learn**

While cross-sectoral approaches are extremely promising, they are also highly complex and require a patient and thoughtful approach. The Las Vegas region faces economic and demographic challenges that add complexity to these efforts. However, LVHCC is firmly grounded in its commitment to improve the lives of Las Vegas residents through collaborative efforts. Despite early challenges, such as refining its common vision and clarifying the network’s governance structure, the Coalition has recently made important adaptations to its strategic plan. These include restructuring the Steering Committee, prioritizing the development of data capacity, and partnering with a demonstration project to move to action. By embracing these challenges and the inherent opportunities they present for learning and growing, LVHCC is progressing and moving towards critical improvements that will impact the lives of lower-income residents.

LESSONS ON CROSS-SECTOR COMMUNITY DEVELOPMENT: *The Las Vegas Healthy Communities Coalition*

It's four o'clock on a January afternoon and the desert sun is shining brightly outside. Despite enduring seven hours of PowerPoint and speeches, there are few signs of conference fatigue among the hundred or so people scattered throughout the room. The facilitator energetically paces the floor and calls on participants to share their thoughts on the day. One woman who runs a local community garden stands and passionately explains, "I love this place and I want to see it succeed... I want to see us get to the top of the good lists and the bottom of the bad lists." A booming voice from the back of the room stresses that in order to make change, something must be done about the dismal high school graduation rates, or the region's future will be in jeopardy; a murmur of agreement passes through the audience. A local grant writer discusses the promise of untapped community resources, saying "It gives me a lot of hope that we're going to make progress this time, in a different way." People speak honestly about their desire for change and when the facilitator asks "Who thinks we can accomplish this here?" every hand in the crowd goes up.

This is Las Vegas; it's a community and a *place*, not just a casino town or an excuse for questionable behavior. The people in this room care deeply about their community and have gathered to learn about the interconnected nature of economic, social, and physical well-being. This "Healthy Communities: Las Vegas" convening was the catalyst for the formation of the Las Vegas Healthy Communities Coalition (LVHCC), a collective impact initiative that has drawn leaders from a wide range of sectors such as community development, health, philanthropy, government, education, financial services, and regional planning to help build a healthier community. It is important to point out that LVHCC is not creating a new program. There are numerous local programs aimed at improving the lives of lower-income residents, but these efforts and the organizations they are housed in often operate independently of one another. LVHCC is thus attempting to play the difficult and critical role of aligning existing community resources to improve specific, measurable outcomes that have been collectively agreed upon. As one local stakeholder put it, "It's like a thousand little explosions; they're individually too small to have an impact, but if you could coordinate and strategically align them, the impact could be massive."

Unlike other case studies, which often report on an initiative's success after many years of careful planning and implementation, this study aims to provide a candid look at the challenging and emergent nature of cross-sector collaboration in progress.

This report details the formation and progress of LVHCC, which has been operational for almost two years to date (see Appendix 1 for a timeline of key LVHCC milestones). It is important to point out that large-scale, cross-sector initiatives often take many years and LVHCC is still in the early phases. Unlike other case studies, which often report on an initiative's success after many years of careful planning and implementation, this study aims to provide a candid look at the challenging and emergent nature of cross-sector collaboration *in progress*. It is meant to shed light on lessons that have been learned thus far in order to help other communities that have embarked on their own community collaboratives. As discussed in the next section, the success of any cross-sector initiative will depend heavily on a variety of factors, such as resources, leadership, trust, and organizational infrastructure. Cross-sector networks can be an extremely effective approach to solving large-scale social problems, but it's important to point out that each community's starting point (including the pre-existing factors mentioned previously) will directly influence the network's development.

UNDERSTANDING THE LOCAL CONTEXT

The Southern Nevada region (Clark County) faces a highly complex set of challenges that results from a variety of interrelated socioeconomic and demographic factors. These challenges are the backdrop against which LVHCC has been developing and it is important to understand how the Coalition’s efforts fit into this local context.

Nevada Ranks Poorly On a Range of Indicators

Clark County is the most populous county in Nevada and accounts for almost three quarters of the state’s population. As a result, performance on a variety of state level indicators is often driven by Southern Nevada. Figure 1 summarizes select socioeconomic and health characteristics for Nevada and its neighbor states, as well as Nevada’s state rank relative to the rest of the nation. Nevada struggles with its education and employment indicators, having the nation’s lowest reported high school graduation rate, lowest share of three and four year olds enrolled in early childhood education, and the highest unemployment rate. Education and employment are highly correlated and the region’s poor performance in these areas is often linked to the economic dominance of consumption-related sectors such as construction and gaming.² The strong presence of the gaming industry has been a particular challenge as the prevalence of low-skilled jobs has been a barrier to educational attainment. “For a long time, kids could drop out of high school and make a living working at the casinos and hotels,” explained Paula Zier, Homeless Outreach Program Coordinator at Clark County School District. “There was almost no incentive locally to push for education because there was a demand for low-skilled labor,” she said.

FIGURE 1 –SELECT INDICATORS, NEVADA AND NEIGHBORING STATES

Indicator	California	Arizona	Utah	Nevada	Nevada State Rank*
High school graduation rate (2010-2011) ³	76%	78%	76%	62%	47**
Unemployment rate (August 2013) ⁴	8.9%	8.3%	4.7%	9.5%	50
Share of 3 and 4 year olds enrolled in early childhood education (2009-2010) ⁵	24.6%	14.2%	9.5%	9.4%	50
Geographic disparity (variation in mortality rate among counties within a state, 2012. Lower ratio means less disparity) ⁶	0.168	0.167	0.194	0.192	45
Incidence of violent crime per 100,000 population (2012) ⁷	440.6	408.1	212.7	660.6	50
Percent of population that does not have health insurance (2012) ⁸	19.6%	18.2%	14.2%	22%	49
Per capita federal grant spending (2010) ⁹	\$1,522	\$2,209	\$1,469	\$1,090	50

*Indicators differ on whether they include DC or U.S. territories. For consistency, rank is out of 50 unless otherwise noted.

**Only 47 states reported under the new uniform methodology established by the Dept. of Education for 2010-2011.

Nevada also struggles with health and safety indicators, such as having the nation’s highest violent crime rate and among the highest levels of geographic health disparity. The Las Vegas region faces a host of health challenges, including high rates of smoking and lung cancer, extensive mental health issues, and rapidly increasing rates of obesity, particularly among young children, according to Deborah Williams, Manager for the Office of Chronic Disease Prevention and Health Promotion at the Southern Nevada Health District. “About thirty percent of children entering kindergarten are overweight or obese, which is a huge concern... If kids are obese, they are probably missing days of school because of associated health

issues.” said Williams. Health disparities are also creating additional challenges in the region. “We’re also seeing a trend where Latinos have a longer average life span [relative to whites] but the quality of life is much worse. That’s a big concern here because our Latino population is growing so quickly. If people are living longer, but sicker, and among a population that is uninsured and seeking care at UMC [the County hospital], it places a strain on our entire system,” she explained.

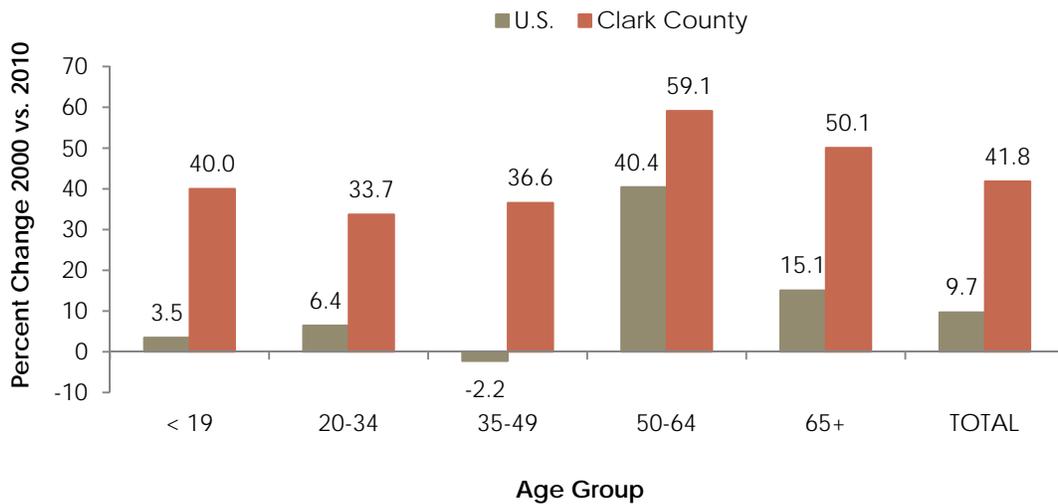
Limited Funding Fuels Fierce Competition for Scarce Resources

In addition to the socioeconomic and health challenges discussed above, Nevada also receives the lowest amount of per capita federal grant spending in the nation (it technically ranks 52nd when including DC and Puerto Rico) and consistently falls behind in attracting national philanthropic dollars.¹⁰ There is a wide gap between the scale of need in the Las Vegas region and the availability of public and philanthropic grant dollars. As a result, a deep sense of competition exists among local nonprofits, which has been a major barrier to collaboration. Jan Bontrager, the former Regional Manager for Nevada in the Community Development Department of the Federal Reserve Bank of San Francisco, explained that during the recent economic crisis, “There was just so much competition for funding; it was worrisome.” Lisa Morris Hibbler, Deputy Director of the Parks, Recreation, and Neighborhood Services Department of the City of Las Vegas, voiced a similar sentiment, saying, “It’s not been uncommon in the past for one or more of us to submit applications for funding and not even know that we’re competing against each other.” This competition for funding has thus severely hampered the collective efficacy of the region’s community development efforts.

Rapid Growth Has Created Challenges

Many of the current challenges facing the Las Vegas region stem from the unprecedented growth that has occurred over the past thirty years. In just the past decade, Clark County experienced overall population growth of 41.8 percent, which was over four times the national growth rate of 9.7 percent (see Figure 2).

FIGURE 2 – POPULATION GROWTH BY AGE GROUP, 2000 VS. 2010



Source: U.S. Census Bureau. 2000 and 2010, Summary File 1 (100%)

In particular, Clark County saw the largest population growth among youth and seniors, two groups that are often the most frequent users of costly social services. Ken LoBene, Field Office Director of the Las Vegas Field Office for the Department of Housing and Urban Development (HUD), explained, “[In this area] the share of youth under 21 accessing social services

went from six percent in 2000 to 23 percent in 2010... You can't sustain a youth population taking a larger and larger bite out of the finite resources this community has. Almost half of our kids aren't graduating high school, and within five years, too many of them will be accessing social services, and some of the most expensive costs are for juvenile justice and prisons."

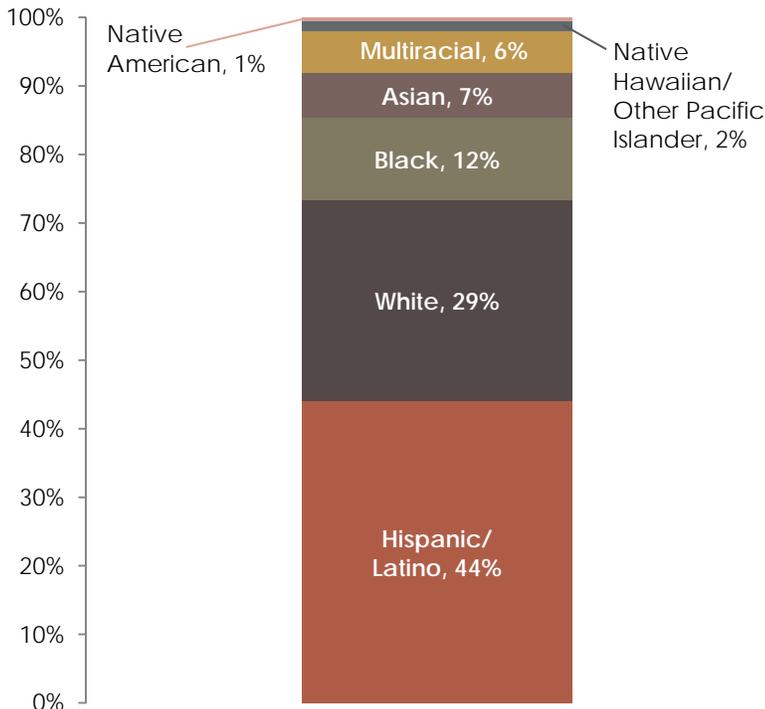
In addition, the racial and ethnic composition of the community also changed, as seen in Figure 3. While whites still make up the majority of Clark County, communities of color have grown rapidly. From 2000 to 2010, population growth among Blacks, Asians and Hispanics or Latinos (of any race) far outpaced the growth among whites.

FIGURE 3 – CLARK COUNTY POPULATION GROWTH BY RACE AND ETHNICITY, 2000 VS. 2010

	2000		2010		Population Growth 2000 vs. 2010
	Number	% of Total	Number	% of Total	
White Alone	984,796	71.6	1,188,112	60.9	20.6%
Black or African American Alone	124,885	9.1	204,379	10.5	63.7%
Asian Alone	72,547	5.3	168,831	8.7	132.7%
Hispanic or Latino (of any race)	302,143	22.0	568,644	29.1	88.2%
<i>Total Population</i>	<i>1,375,765</i>		<i>1,951,269</i>		<i>41.8%</i>

Source: U.S. Census Bureau. 2000 and 2010, Summary File 1 (100%)

FIGURE 4 – CLARK COUNTY SCHOOL DISTRICT STUDENT POPULATION BY RACE/ETHNICITY



Source: Clark County School District, 2012-2013 Fast Facts

The rapid population growth among youth and communities of color has significant implications for the future of the Southern Nevada region, particularly when considering the composition of the future workforce. As seen in Figure 4, Hispanic/Latino youth made up 44 percent of the Clark County School District student population in 2012, the largest share of any racial or ethnic group.¹¹ While whites make up roughly 60 percent of the overall population for the County, only 29 percent of the District's students are white. This demographic shift poses a major challenge for the region, as Hispanic/Latino students continue to lag whites in a number of key higher education measures, such as enrollment in a four-year college or completion of a bachelor's degree.¹²

The rapid population growth also fueled a sustained economic boom in the Las Vegas region. While such growth was certainly welcomed at the time, it also masked some of the area's challenges. A Local Initiatives Support Coalition

(LISC) report on the Southern Nevada region stated, “Years of rapid growth concealed underlying social and economic issues... 30 years of high growth rates overshadowed longstanding challenges in education, workforce development, economic diversification, transportation and other arenas... Efforts to analyze, refine, fix, or improve on existing strategies were not top priorities.”¹³ As a result, the Great Recession brought a severe unemployment and foreclosure crisis to a region that was woefully unprepared to deal with it.

Lack of Community Development Capacity

Compounding these challenges is the fact that Las Vegas has limited community development capacity. Compared to similarly-sized metro areas, such as Pittsburgh, Pennsylvania or Cleveland, Ohio, the community development infrastructure in the Las Vegas region is relatively underdeveloped. Lisa Corrado, Project Manager for Southern Nevada Strong (a collaborative regional planning effort funded by a HUD Sustainable Communities Regional Planning Grant) said, “We have a shortage of CDCs [community development corporations] in Las Vegas and we need help to develop that nonprofit infrastructure.”

In addition to the limited number of nonprofit organizations carrying out community development work in Las Vegas, there are other challenges that hinder their efforts. As mentioned before, the scarcity of financial resources has fostered excessive competition for funding, which prevents collaboration. Additionally, multiple interviewees pointed to weak leadership within the community development field in Las Vegas. One respondent stated, “There was just a lack of strong leadership in the community. The banks weren’t working well together either. There’s been an infusion of new talent recently, so hopefully things get better.”

In addition to the limited number of local nonprofits, there are few intermediaries and community development financial institutions (CDFIs). Joselyn Cousins, Regional Manager for Community Development at the Federal Reserve Bank of San Francisco stated, “There are few national intermediaries working in this area because they’ve said the sense of community and neighborhood is not well developed here and because we don’t work together.” In fact, LISC used to have a regional office in Las Vegas, but eventually closed its doors in 2000. Local leaders recently asked LISC to consider reopening a Las Vegas office, but the organization declined after conducting an extensive assessment of the community development landscape in Southern Nevada. Some of the reasons for declining included lack of neighborhood identification, the fragmentation of current responses to problems, and the lack of a “champion,” an individual or organization willing to bring other business, civic, community, philanthropic and public leaders together. The report also stated, “We think that part of the problem is that there is no high level ‘table’ for community development in Southern Nevada that brings leaders together to assess the systematic quality of life issues facing lower income families and individuals and possible responses.” Local leaders also approached Living Cities, a collaborative of 22 of the world’s largest foundations and financial institutions, to bring their Integration Initiative to Las Vegas, but Living Cities declined due to uncertainty about the lack of demonstrated community development capacity and collaboration.

The lack of CDFIs has hindered the region’s ability to access much needed capital for community development efforts, including New Markets Tax Credits (NMTC). The NMTC program was established in 2000, but Nevada and the Las Vegas region just received a commitment for investing in 2013, thanks to the newly established presence of Clearinghouse CDFI, a California-based CDFI that opened an office in Las Vegas in 2012. While there are other CDFIs that serve Nevada, including the Idaho-Nevada CDFI and the Rural Nevada Development Corporation, Clearinghouse is the only one to have a major focus on the Southern Nevada region.

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THE SHIFTING LANDSCAPE OF COMMUNITY DEVELOPMENT

There is a growing recognition within the community development field that “business as usual” is no longer sufficient. Across the country, traditional community development, often real estate-based and tied to a single organization, is giving way to more comprehensive approaches built on networks and cross-sector collaboration.¹⁴ At the federal level, interagency partnerships have created incentives for local stakeholders to work together. For example, the Partnership for Sustainable Communities, an interagency partnership between the Department of Housing and Urban Development (HUD), the Environmental Protection Agency, and the Department of Transportation provides grants to support the integration of affordable housing and transit at the local level (Southern Nevada received a \$3.5 million grant through this program). Similarly, efforts such as Choice Neighborhoods from HUD and Promise Neighborhoods from the Department of Education focus on creating neighborhoods of opportunity by connecting families to quality housing, education, and social services. Choice Neighborhoods and Promise Neighborhoods are a central part of the White House Neighborhood Revitalization Initiative, an interagency partnership between HUD and the Departments of Education, Health and Human Services, Justice, and Treasury to support locally driven solutions for transforming distressed neighborhoods.¹⁵

No longer satisfied with isolated interventions, groundbreaking community development initiatives at the regional and local level have also been prioritizing cross-sectoral, networked approaches to social change. For example, the Robert Wood Johnson Foundation and the Federal Reserve Bank of San Francisco partnered to develop the Healthy Communities initiative, which builds on the notion that “health starts where we live, work and play.”¹⁶ The initiative fosters collaboration between the health and community development sectors to address the linkages between poverty and health outcomes. Another example is Purpose Built Communities (PBC) out of Atlanta, Georgia, which uses a “holistic community revitalization” approach to address the array of issues and challenges that trap families in intergenerational poverty.¹⁷ In its flagship East Lake community, PBC has concurrently developed mixed-income housing, cradle-to-college/career educational opportunities, youth and adult development programs, jobs and job training, health and wellness programs, transportation access, recreational opportunities and commercial investment.¹⁸ Similarly, Living Cities’ Integration Initiative focuses on creating change at the “systems level,” moving beyond programmatic approaches to address a broader “network of interdependent functions that are connected through a web of relationships that make up the whole.”¹⁹ A central component of Living Cities’ approach is the idea of setting “One Table” where actors from various sectors, including government, philanthropy, nonprofits, labor, business and communities come together to collectively create and implement innovative solutions.

A common theme across these examples is the need for a coordinating entity that can strategically align local resources and interventions in order to achieve a tangible goal. This community “quarterback” can fulfill multiple roles, including: articulating a vision and defining a shared performance metric; marshaling resources – leadership, partners, expertise and money; facilitating and coordinating the work of many partners; and creating the technology and analytic infrastructure to use data to track outcomes and inform the collaborative’s work.²⁰ The quarterback thus provides the intentional coordination necessary to manage a diverse coalition of players in order to achieve community betterment.²¹

No longer satisfied with isolated interventions, groundbreaking community development initiatives at the local level have been prioritizing cross-sectoral, networked approaches to social change.

A final example of the shift in community development thinking comes from a widely cited article in the *Stanford Social Innovation Review* by John Kania and Mark Kramer of FSG, which first introduced the concept of “collective impact.” The authors defined collective impact as, “The commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem” and went on to say, “...substantially greater progress could be made in alleviating many of our most serious and complex social problems if nonprofits, governments, businesses and the public were

Figure 5 - The Five Conditions of Collective Impact

Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives, and create common motivation.
Backbone Support	Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies.

Source: Kania, J. & Kramer, M. (2011)

brought together around a common agenda to create collective impact.”²²

Kania and Kramer outlined Five Conditions of Collective Impact (see Figure 5), which they defined as: (1) common agenda; (2) shared measurement; (3) mutually reinforcing activities; (4) continuous communication; and (5) backbone support. They described the success of collective impact through the example of the Strive Partnership, a network of leaders and organizations dedicated to improving educational outcomes in the greater Cincinnati area.²³ Strive has adopted a “cradle to career civic infrastructure” approach in which a community comes together around a unified vision and “organizes itself to identify what gets results for children; improves and builds upon those efforts over time; and invests the community’s resources differently to increase impact.”²⁴ Strive’s approach weaves together the five conditions of collective impact and has demonstrated impressive results in improving educational outcomes in its target area. In addition to the Five Conditions, FSG also described three preconditions for collective impact: (1) an influential champion (or small group of champions) who commands the respect necessary to bring CEO-level cross-sector

leaders together and keep their active engagement over time; (2) adequate financial resources to last for at least two to three years; and (3) a sense of urgency around an issue to persuade people to come together.²⁵

Whether it’s called holistic community revitalization, systems level change, or collective impact, this ever-evolving approach to community development emphasizes cross-sector collaboration and coordinated, networked solutions that are broader in scope than any single programmatic approach. However, it’s important to point out that this type of work is laden with challenges – building trust among new partners, navigating power struggles between players, and agreeing on shared metrics, just to name a few examples.

In a follow up piece to their popular article, Kania and Kramer point out that large-scale social problems often occur in conditions of *complexity*, where the unpredictable interactions of multiple players determine the outcomes.²⁶ A predetermined, static solution will likely not succeed in complex environments. Rather, Kania and Kramer argue that entities attempting collective impact initiatives should embrace the concept of *emergence*, a term borrowed from the field of complexity science that “describes events that are unpredictable, which seem to result from the interactions between elements, and which no one organization or individual can control.” In other words, the work of collective impact is dynamic and ever-evolving, requiring all players to be vigilant in their search for resources and innovations that result in solutions.²⁷

As described in the next section, the actual work of designing and implementing LVHCC as a local collective impact initiative has been both complex and emergent. While the process has been challenging, it has also been a catalyst for much needed collaboration in the region.

BUILDING THE LAS VEGAS HEALTHY COMMUNITIES COALITION

The evolution of LVHCC began with a series of meetings among a small group of local stakeholders in the fall of 2010. The group began the planning process for a regional convening as part of the “Healthy Communities” initiative, a partnership between the Federal Reserve Bank of San Francisco (FRBSF) and the Robert Wood Johnson Foundation (RWJF) that explores how the health and community development sectors can collaborate to promote better health and social outcomes for low-income communities by addressing the social determinants of health.²⁸ GPS Capital Partners, a national consultancy that works to support high impact investing, also played an important role in the planning process.²⁹

The Intersection of Health and Community Development

When considering Nevada’s performance across the various measures of well-being shown earlier in Figure 1, one might think of these indicators as reflections of the effectiveness of independent sectors. For example, it’s all too easy to blame low graduation rates on underperforming schools or assume that poor health outcomes are the result of inadequate access to health care. Yet significant research indicates that socioeconomic and health factors are tightly interwoven, suggesting that such outcomes are dictated by a much more complex and diverse set of influences. In a report prepared for the Commission to Build a Healthier America, RWJF demonstrates that education and access to opportunity are critical pathways to a lifetime of healthy behaviors and positive health outcomes.³⁰ Paula Braveman, Director of the Center on Social Disparities in Health at the UCSF School of Medicine, and one of the lead authors of the report said, “So often, [health gaps] are the result of a chain of events that begins early in life. Poor education means people get lower-paying jobs and live in unsafe neighborhoods with low-quality housing. They can’t afford to buy healthy food. Living from paycheck to paycheck causes chronic stress. And, physical activity is a luxury. Together, these factors can produce poor health.”³¹ Braveman thus links health outcomes to the very foundations of community development work.

The connection between education and earning potential is clear, but the extent to which education impacts health may be less obvious. Yet consider these facts: college graduates can expect to live at least five years longer than individuals who have not finished high school,³² and babies born to mothers who have not finished high school are nearly twice as likely to die before their first birthdays as babies born to college graduates.³³ An Issue Brief published by RWJF describes three inter-related pathways through which educational attainment affects health: (1) Education can lead to improved health by increasing health knowledge and healthy behaviors; (2) Greater educational attainment leads to better employment opportunities and higher income, which are linked with better health; and (3) Education is linked with social and psychological factors that affect health.³⁴

Convening for Action

This interrelationship between health and community development was the basis for the *Healthy Communities: Las Vegas* conference held January 19, 2012, sponsored by the Lincy Institute at UNLV, Nevada Bankers’ Collaborative, United Way of Southern Nevada (UWSN), RWJF, and FRBSF.³⁵ The *Healthy Communities: Las Vegas* conference brought together over 100 local stakeholders from a wide range of sectors including public health, community development, finance, philanthropy, and government to identify cross-sector solutions for addressing the complex socioeconomic and health problems facing Las Vegas. The event brought new clarity to the interconnected nature of the region’s various challenges. “When I heard about this Healthy Communities initiative, I assumed the Health District would be the lead. But as I listened, there were so many ‘a-ha’ moments where I realized that our health indicators weren’t moving because we hadn’t considered all of these other factors,” said Deborah Williams of the Southern Nevada Health District.

The groundwork for cross-sector collaboration had already been laid through the conference planning process, which had begun more than a year prior, so the event itself served as a “kick-off” for formalizing a Healthy Communities initiative. One

of the drivers for establishing an initiative was the local demand for action. “What we heard at that event was ‘Please don’t convene and then do nothing.’ There was a real sense of determination to launch and keep this moving forward,” said Lucy Klinkhammer, former Associate Vice President for Community Relations at The Lincy Institute at UNLV. Shortly after the January 2012 event, an official Steering Committee formed and LVHCC was established.

Over the course of the next year and a half, the Steering Committee met regularly to move the initiative forward. The original partners included 18 organizations representing local and federal government, community development nonprofits, education, health, regional planning, and the private sector. The United Way of Southern Nevada (UWSN) provided administrative “backbone” support for the Coalition, including the provision of a meeting space, in-kind support, and acting as the fiscal agent for LVHCC. Early seed funding came from Wells Fargo Bank, which provided \$100,000 to cover the cost of a part-time dedicated director, a grant writer and the fee associated with engaging the Strive Partnership to provide assistance for moving the initiative forward. The Wells Fargo grant stipulated that LVHCC would be required to adopt a demonstration project at a small scale to show proof of concept. The Coalition also later secured a \$200,000 two-year grant from RWJF (made possible by a matching grant of \$50,000 from the Lincy Institute), which was tied to the specific goal of improving overall health by increasing access to high-quality early learning.

LVHCC participated in the Strive Partnership’s Design Institute in November 2012 to develop a 180-day action plan, which included tasks such as defining mission and vision, developing an accountability structure, determining metrics for evaluation, and engaging the community.³⁶ While the Strive approach focuses solely on education, LVHCC chose to broaden its focus and devise its own accountability structure based on five key sectors:

- Education;
- Economy & Jobs;
- Natural & Built Environment;
- Arts & Culture; and
- Health & Human Services

Steering Committee members felt strongly that this diverse set of sectors was necessary to address the interconnected nature of Las Vegas’ social challenges. However, the Steering Committee chose benchmark metrics that were solely education related, similar to Strive, such as 3rd grade reading scores, 8th grade math scores, high school graduation rates, and college enrollment and graduation rates.

While the various partners and resources were critical to the formation and viability of LVHCC, the breadth of influences also created challenges for the Coalition in terms of defining its mission and vision. For example, LVHCC began with an explicit focus on health and community development (based on the Healthy Communities framework), received technical assistance from an education-specific initiative, then developed an action plan with five broad topic areas, yet ultimately selected metrics solely focused on education. This led to early confusion around the scope, mission, and value proposition of the initiative, as it was unclear whether LVHCC’s “north star” was health or education. The next section addresses this issue and other challenges in greater detail.

KEY CHALLENGES IN MOVING TO ACTION

Despite a strong start, fueled by community-wide enthusiasm, seed funding, and new cross-sector partnerships, the challenge of sustaining the initiative through focused, data-driven action has proven more difficult. It was clear “why” a cross-sectoral approach was necessary in Las Vegas, but the question of “how to execute?” remained unanswered. Participants striving to achieve large-scale social change through collective impact need to enter fully aware of the complexity of moving from *concept* to *practice*. The following discussion articulates some of the specific challenges that LVHCC has faced in the early stages of its development. It should be noted that LVHCC is not unique in facing such challenges; any new community collaborative will face various roadblocks when attempting to affect large-scale change (see Appendix 2).

CHALLENGE 1: DEFINING THE SCOPE OF THE NETWORK

Collective impact is inherently aspirational and seeks a comprehensive approach to a complex social problem. But, one of the core challenges for LVHCC has been balancing this tension between a desire for comprehensiveness and the practical need for a focused approach. Stakeholders recognized the interconnected nature of the region’s social problems and thus chose the five broad sector areas in order to be comprehensive in their cross-sector approach. Additionally, LVHCC elected to work at a broad geographic scale, adopting the entire Southern Nevada region as its target area. Successful networks that have a broad geographic scope typically have a narrow issue focus (such as the RE-AMP Network which spans eight states but is singularly focused on reducing regional global warming emissions).³⁷ Alternatively, other successful networks that address a broad range of issues often have a narrow geographic focus (such as the Magnolia Place Community Initiative which addresses a range of social, health, and educational factors for children living in a five square mile catchment area).³⁸ However, LVHCC’s decision to adopt a broad range of issues spanning a broad geographic area made it challenging for the network to develop a shared vision and plan of action. One stakeholder said, “I get it, but I feel like it’s so big and it’s not targeted, so there are a lot of questions like, ‘What is this again? How is this going to work?’” Another said, “It’s trying to be all things to all people, which is too broad. There’s an opportunity to frame it more tightly so it can be more strategic in terms of everyone knowing their role and what their responsibility will be so you can actually measure the impact.” The one point that seemed to come through most clearly for interviewees was the fact that this effort was about systems change. There was wide agreement that LVHCC would not implement new programs, but rather focus on aligning existing programs and resources. However, without a clear understanding of the scope and objectives of the network, this strategic alignment becomes much more difficult.

CHALLENGE 2: AGREEING ON A SHARED VISION AND AGENDA

Directly related to the challenge of defining the scope of the network was the challenge of agreeing on a shared vision and agenda. As mentioned in Figure 5 above, Kania and Kramer list “Common Agenda” as one of the five conditions of collective impact, describing it as, “All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.” This shared vision acts as a “north star” to provide clear guidance and direction for an initiative’s efforts. An example includes the Milwaukee Teen Pregnancy Prevention Initiative, a community wide collaboration began in 2006 which set an aggressive, public goal to reduce teen births by 46 percent by 2015.³⁹ The effort includes involvement from multiple sectors including education, health, crime prevention, and poverty alleviation; all work of the collaborative aims to reach this goal. LVHCC struggled early on to define a shared vision or set a common goal. One stakeholder said, “I don’t know that there is a collective vision. There are different perspectives on what this actually is and there’s a lot of work to be done to bring everyone to the same page.” The Coalition’s mission and vision statements went through various iterations as members continued to debate the network’s ultimate agenda. Part of the struggle lay in the divergent interests of stakeholders; while everyone recognized the connection between health and education, it was difficult to define a common agenda and establish a measurable goal that satisfied all parties. “I question us calling ourselves a Healthy Communities initiative when all of our outcomes are education related. I think it will confuse

people,” said a steering committee member. One of the primary drivers of this challenge was the lack of baseline data to help inform the development of a shared vision.

The Coalition ultimately agreed on the following vision and mission statements:

Vision: *All children in Las Vegas will move from “cradle to career” by having access to a quality education, workforce readiness, and healthy living environments.*

Mission: *The Las Vegas Healthy Communities Coalition fosters collaboration and coordination across multiple sectors and stakeholders, to generate healthy outcomes for all Southern Nevadans, ultimately leading to a healthier community.*

CHALLENGE 3: ESTABLISHING A CLEAR GOVERNANCE AND NETWORK STRUCTURE

The LVHCC Steering Committee has fluctuated over time, with members coming and going at different points in time. The Steering Committee began as a handful of people in 2011 and then grew over time to almost 30 individuals by 2013. Despite the size of the group, multiple respondents indicated that they felt the Steering Committee did not have the right people at the table. Part of the challenge was that there was no formal process for joining the Steering Committee (no application, election, or approval process). In some cases, individuals were invited to join by existing members and simply started coming to the regular Steering Committee meetings. This organic growth has led to some confusion around who is “officially” part of the Steering Committee and what their roles are. One member stated, “Who are the voting members? I need to know the accountability structure. We’ve had guests come to the meeting to speak on one specific thing on the agenda, and they end up staying and making comments and even voting on things.” Similarly, another person who had been regularly attending Steering Committee meetings expressed she wasn’t sure whether she was on the Steering Committee or not and was awaiting a formal invitation to join. However, the Committee has since adjusted its practices and created a more formal structure for membership and voting, and has pared back to a decision making body of 15 voting members.

Adding to the complexity around governance is the “Leadership Council,” which is designed to be a group of high-profile community leaders, such as corporate executives or elected officials. In theory, the Council would advocate for LVHCC, help achieve widespread community buy-in, and attract necessary resources for the Coalition. However, while the Steering Committee existed from the inception of LVHCC, the Leadership Council did not form until well into the second year. As a result, it was unclear early on who was driving the network, as some members were waiting for the Leadership Council to form, while others saw the Steering Committee as the primary decision making body. However, the Leadership Council has recently been finalized and its role vis-à-vis the Steering Committee has been clarified through a formalized structure of governance. The newly formed Leadership Council will serve in an advisory role, while the Steering Committee will retain all decision making authority.

CHALLENGE 4: LIMITED STAFF CAPACITY

During the Coalition’s critical first year and a half, it lacked the resources necessary to support a full-time dedicated staff person. FRBSF Community Development staff contributed significant time to help develop the Coalition during this early period, but it was evident that a dedicated LVHCC staff person was necessary. While the seed funding provided for some staffing, the part-time position did not provide sufficient capacity to manage all of the day to day activities of the network. Additionally, it was unclear how various responsibilities would be shared between the part-time director and the Steering Committee. According to The Bridgespan Group’s “Community Collaborative Life Stage Map,” critical steps take place during the first 1-2 years of an initiative which set the foundation for future success. These include important decisions around securing the right leadership and operational support for the collaborative, building out the data infrastructure, and finalizing collaborative goals and building buy-in for the shared vision.⁴⁰ While LVHCC had the active participation of many stake-

holders early on, it lacked the dedicated full-time staff capacity necessary to ensure that the network was making progress and providing leadership in these critical planning and development stages. This was especially true when it came to data; there was limited capacity to access, collect and analyze data during the critical planning stages of the Coalition’s development. However, additional grant funding led to the hiring of a full-time director in mid-2013. The Director has oversight across a range of functional areas, such as long-range planning, financial resources, operations, communications, and relationship building. This positive development will help the Coalition move forward as responsibility for these key functions is now clearly assigned and the full-time Director is able to devote the necessary time required.

EARLY-STAGE LESSONS LEARNED

The challenges described above have also provided important opportunities for learning along the way. An important aspect of community collaborative work is being adaptive and responsive to various opportunities and changes that occur over time. LVHCC is still a nascent initiative and is learning as it goes. These early-stage lessons are in many ways directly related to the challenges enumerated in the prior section. The Coalition is actively pursuing solutions to these challenges and applying the various lessons learned thus far, as described below.

LESSON 1: DATA MUST DRIVE THE INITIATIVE

Consistent with the findings from other collective impact efforts, it has become evident that data must drive LVHCC’s work. While there is general agreement among stakeholders about the importance of data, it has been difficult to keep data at the center of the initiative. For example, although LVHCC agreed to focus on eight specific education metrics that were suggested by the data subcommittee, there were varying degrees of familiarity with them. “The Steering Committee has seen the indicators multiple times, but people forget, or don’t realize that they’ve been selected,” said one member. However, the bigger challenge has been acquiring the actual data that underlie these chosen metrics. Without this baseline data in possession, it has been difficult for the Coalition to know how to prioritize its work, which has contributed to the confusion around the initiative’s scope and shared vision. Rather than letting the data lead from the start, LVHCC was pulled in different directions by divergent stakeholder interests. Additionally, without this baseline data, it becomes difficult to track short-term progress and “early wins” which can be critical for keeping the network moving forward. At the heart of the issue is the lack of capacity to oversee the work of data collection, analysis, and reporting. While there are individuals in the network who have data analysis expertise, they also have full-time jobs and are unable to devote the necessary time to this critical task. However, the Coalition has learned that it must invest the necessary resources to implement a shared data system to guide its work. The Steering Committee is actively pursuing opportunities to increase the data capacity of the network.

Applying the Lesson: At present, LVHCC does not have the resources to hire a full-time data manager, but efforts are underway to attract more funding for this purpose. Additionally, the Coalition is pursuing consulting agreements with data experts at the University of Nevada, Las Vegas.

LESSON 2: THE NETWORK MUST HAVE ADEQUATE MULTI-YEAR FUNDING

Given the longer-time horizon required for community collaborative work, it’s critical that the network be adequately financed for a multi-year period. Such large-scale initiatives can take years to establish, and long-term goals are often set as much as a decade in advance. Thus, while short-term grants are important to seed the effort, the long-run sustainability of an initiative depends on securing adequate multi-year funding. As LVHCC has learned, one of the most important aspects of this funding is the ability to hire the right staff with the leadership necessary to keep the initiative moving forward, particularly the full-time director and data analyst. As one stakeholder put it, “One of the lessons is you have got to be resourced

to do this. There have to be paid people to move the work and lead it. To try to do this work without resources? It's not even worth it." However, traditional community development dollars coming from public, private, and philanthropic sources are often tied to a specific program or project, which often have relatively short time frames. It can be a harder sell to convince funders of the need to support network infrastructure development over the long-term, such as dedicated staff, consultants for processes such as strategic planning or systems mapping, and data platforms. As a result, it becomes even more important to involve funders as true partners in the work, so they have opportunities to learn firsthand about community collaborative work and engage in meaningful decision making.

Applying the Lesson: LVHCC has actively engaged one of its main funders by having a representative sit on the Steering Committee as a voting member. However, there are still significant funding needs. An important next step for LVHCC will be to find ways to communicate the value of its work to potential funders and convince them of the need for the Coalition's role in aligning community efforts over the long-term.

LESSON 3: PRIORITIZE THE DEVELOPMENT OF A LOGIC MODEL OR SYSTEMS MAP

Part of LVHCC's early struggle to define its scope and agenda was the lack of a clearly articulated model for the change it hoped to achieve in the community. Participants understood the interconnected nature of the challenges facing Las Vegas' lower-income communities (such as limited employment, low educational attainment, substandard housing, and limited access to health care) but they did not necessarily understand how these systems interacted with each other. The successful RE-AMP Network mentioned earlier (dedicated to reducing carbon emissions across eight states) began with a year-long systems mapping process, which helped participants identify the key drivers for systems change.⁴¹ This shared systems map allowed the RE-AMP working groups to develop their specific action plans and targeted goals in a coordinated fashion, keeping all network activity aligned. LVHCC stakeholders have recognized the need for this type of shared model, with one respondent saying, "We needed clarity around the logic model up front. It has to be done right, or you spend time not knowing how to structure the work. We needed that critical path; we should have had it up front." Developing a shared understanding of *how* the various pieces fit together can help keep the focus on developing and implementing specific changes. This is especially vital for allowing participants to clearly see how they fit into the network and the types of changes they can effect in their respective work (a common sentiment among stakeholders was, "I'm not sure where I fit in.") A related lesson is to seek the early help of experts who can help guide the development of such a model. For example, systems mapping is a highly complex and technical undertaking; it would be very difficult for a community to tackle such a project alone.

Applying the Lesson: LVHCC is pursuing opportunities to work with local scholars at UNLV to develop a logic model for the Coalition's work. This model will clearly articulate the specific interaction points between various community systems, such as schools, housing, and health, which will help all stakeholders better understand how their specific efforts fit into the coordinated approach.

LESSON 4: ESTABLISH AND EMPOWER STRONG LEADERSHIP EARLY ON

The LVHCC Steering Committee grew rapidly in the first year and a half and served as the de facto governing body for the Coalition, as the Leadership Council had not yet been formed. This rapid growth was an indication of the early excitement around the initiative, which was a critical and necessary aspect of getting LVHCC off the ground. However, this lack of clarity around who was "driving" the network early on caused confusion; as one stakeholder said, "I'm not sure what the role of the Steering Committee will be once the Leadership Council gets into play. That's where I don't understand because we can't have two sets of leaders making decisions about where we go." The Steering Committee has thus far been responsible for all strategic decision making, but new members have come in and out of the group without any formal process, which

has ultimately diluted the leadership capacity of the Committee. The Committee of roughly 30 members retained a flat structure and chose not to elect a smaller internal leadership body. However, it became difficult to do everything by consensus with a group this large and some important decisions, such as finalizing the mission and vision statements, languished on without a final resolution. It was not clear who was “driving” the network and as a result, it appeared that everyone was waiting for someone else to lead. While a network structure inherently creates opportunity for shared leadership, this should not mean a complete absence of hierarchy; clearly defined representative leadership is still necessary for moving the work forward.

Applying the Lesson: LVHCC recently finalized a structure of governance which clearly articulates the roles and responsibilities of both the Leadership Council and the Steering Committee. The restructured Steering Committee consist of 12-15 elected members responsible for carrying out the objectives of the network, and includes representation from the sector working groups. The Leadership Council consists of 10-12 community leaders that serve in an advisory capacity to the Steering Committee. All strategic decision making authority resides with the Steering Committee, clearing any confusion around who is “driving” the network.

LESSON 5: UNDERSTAND THE LOCAL CONTEXT AND ADAPT FOR SUCCESS

Networks are hailed for their potential to connect and transform communities, but it’s important to point out that an individual network’s local context plays a critical role in its success. Networks will start in communities with differing levels of resources and readiness to undertake community collaborative work, and the starting point matters. For example, not every community will have a strong private sector willing to step into leadership or a clearly identified backbone organization that is capable of supporting the network. In addition to organizational resources, the relationship dynamics within a community are also significant. As Pat Bowie writes in her analysis of the Magnolia Place Community Initiative, “It is not just a question of what resources and services are available within a specific geography. It also matters how the physical geography and social dynamics foster or support neighborhood networks that in turn establish social norms that facilitate, strengthen, inhibit, or are detrimental to individual, family and community well-being.”⁴² Each network must take the time to honestly assess its own community to understand the local context in which it is operating. Even more importantly, it must acknowledge its own deficiencies and be willing to address them (every community will have some weaknesses). As described earlier in this paper, LVHCC launched amidst conditions of limited grant funding, severe regional economic hardship and rapid population growth. In addition, one of the main drivers of the local economy is the gaming industry, which relies on a low-skilled workforce and is not strongly incentivized to provide leadership or resources to the Coalition’s efforts in the way that other industries in more economically diversified communities may (such as a region with a strong tech, bioscience, or manufacturing base). However, the Coalition is embracing these challenges and using them to catalyze community participation from a wide range of local stakeholders. For example, a common theme among interview respondents was the recognition that the economic crisis had created a “new normal” where organizations would be forced to partner and leverage each other’s resources given the dearth of funding for social services. This created community-wide recognition that collaboration was necessary for survival. However, one of the most difficult pre-existing local conditions to overcome has been the deep-rooted history of competition, which has made it challenging to build the level of trust necessary to achieve true community collaboration. Trust is critical to the success of collective impact efforts and is a necessary component of affecting behavior change among organizations that are expected to interact and align their work.⁴³ LVHCC is still grappling with competitive dynamics among its stakeholders, but the process of regularly meeting and working together is slowly allowing relationships to strengthen and trust to build. As one stakeholder said, “We’ve all matured and understand it will take all of us to do this together for the betterment of the community.”

Applying the Lesson: The LVHCC Steering Committee has consistently met on a monthly basis, which has allowed participants to build relationships, improve communication, and build trust. The Coalition also began utilizing a web-based plat-

form for internal communication and sharing among members. These efforts help reinforce the notion that LVHCC's efforts are in service of the community as a whole, rather than any one organization.

LESSON 6: LOOK FOR OPPORTUNITIES TO TEST, REFINE, AND LEARN

LVHCC's approach is broad in scope, addressing five sectors (Education; Economy & Jobs; Natural & Built Environment; Arts & Culture; and Health & Human Services) across the entire Southern Nevada region. While this design satisfied the Coalition's desire for comprehensiveness, it also created challenges in developing a defined plan of action. In particular, the broad scope made it difficult to hone in on a specific shared goal, which constrained the network's ability to move forward. However, LVHCC learned from this experience that it needed to strategically focus its efforts and find opportunities to test its approach at a smaller scale more in line with its current capacity (based on present staffing and funding levels). As a result, the Coalition actively sought a demonstration project that would provide opportunities to test the collective impact framework and "learn by doing" at a more feasible scale. This meant targeting a specific sector or a smaller geographic area (or both) for a demonstration project that would allow for real-time testing and refining. Such a project will provide valuable lessons about what works in the specific community context of Las Vegas.

Applying the Lesson: LVHCC has partnered with Downtown Achieves, a newly formed community collaborative organized by the City of Las Vegas that targets seven elementary schools, two middle schools, and two high schools in the Downtown Las Vegas neighborhood. Downtown Achieves has a specific focus on improving parental engagement and educational outcomes for these eleven lower-income schools by coordinating efforts across more than 60 community organizations and leaders. LVHCC members participate in the Downtown Achieves leadership and advisory groups, which will help ensure that the Coalition's efforts and data systems are aligned with the new initiative. LVHCC is focusing on Downtown Achieves as a demonstration project to learn how its members can coordinate activities and resources across a more narrowly defined scope, both in terms of sector and geography.

CONCLUSION

The Las Vegas Healthy Communities Coalition is embracing the emerging trend of cross-sector collaboration to address the region's interconnected socioeconomic and health challenges. Cross-sectoral approaches are extremely promising, but also highly complex; they require patience and thoughtfulness to limit the inherent challenges. The Las Vegas region faces a demanding set of economic and demographic challenges that further complicates these efforts. However, LVHCC is firmly grounded in its commitment to improve the lives of Las Vegas residents through a collaborative approach. Despite early challenges, such as defining a common vision and clarifying the network's governance structure, the Coalition has recently made important adaptations to its strategic plan. These include restructuring the Steering Committee, prioritizing the development of data capacity, and partnering with a demonstration project to move to action.

The "buzz" around collective impact continues to grow in the community development field as the approach holds much promise for improving the lives of low-income communities. However, expectations about the potential of cross-sector collaboration must be tempered by the realities of just how challenging this work can be on the ground. Every community will face its own set of challenges—Las Vegas is certainly unique, but not alone in grappling with difficult circumstances that threaten to impede community collaboration. By embracing these challenges and the inherent opportunities they present for learning and growing, LVHCC is progressing and moving towards critical improvements for the lives of lower-income residents.

APPENDIX 1: KEY MILESTONES TO DATE IN THE LAS VEGAS HEALTHY COMMUNITIES COALITION

2010

- ◆ Planning committee forms to discuss opportunities for collaboration between community development and public health organizations in Las Vegas.

2011

- ◆ Planning committee finalizes details of January 2012 Healthy Communities: Las Vegas conference. Co-sponsors include the Lincy Institute, Nevada Bankers' Collaborative, United Way of Southern Nevada, Robert Wood Johnson Foundation, and Federal Reserve Bank of San Francisco.

2012

- ◆ Healthy Communities: Las Vegas Conference on January 19, 2012 attracts over 100 attendees representing health, community development, philanthropy, academia, government, nonprofit and finance sectors.
- ◆ Following the success of the Healthy Communities Conference, an official steering committee forms and the Las Vegas Healthy Communities Coalition (LVHCC) is established.
- ◆ United Way of Southern Nevada is tapped to provide administrative leadership for LVHCC, making it responsible for day-to-day management of the initiative.
- ◆ Wells Fargo awards a \$100,000 grant to LVHCC to provide seed funding which covers the cost of a part-time dedicated director, a grant writer and the fee associated with engaging the Strive Partnership to provide assistance for moving the initiative forward.
- ◆ LVHCC begins receiving technical assistance from Strive and formally joins the Strive Network, agreeing to pursue a "Cradle to Career" framework for its efforts.
- ◆ LVHCC receives a two-year \$200,000 grant from the Robert Wood Johnson Foundation to improve health by increasing access to high quality early learning.

- ◆ LVHCC receives a \$50,000 matching grant from the Lincy Institute at UNLV, in response to the Robert Wood Johnson grant. \$50,000 of the Wells Fargo grant is also used as required match for the RWJF grant.
- ◆ LVHCC receives \$5,000 grant from Bank of America for general initiative support.
- ◆ LVHCC in partnership with Strive participates in the Design Institute to create a 180-Day Implementation Plan.
- ◆ LVHCC agrees on a specific set of education related goals.
- ◆ Data subcommittee identifies eight key indicators which are approved by the full Steering Committee.

2013

- ◆ LVHCC receives a technical assistance grant offered by The Target Foundation, Strive, and United Way World Wide which provides group technical assistance through participation in the Strive Network conference calls (no monetary award).
- ◆ LVHCC identifies key local leaders to invite to sit on the Leadership Council.
- ◆ LVHCC hires full time director (housed at UWSN).
- ◆ LVHCC partners with "Downtown Achieves," a targeted education initiative focused on downtown Las Vegas.

APPENDIX 2 – POTENTIAL ROADBLOCKS DURING IDEA DEVELOPMENT

The following table presents potential roadblocks that may surface during the early phases of building a community collaborative, as presented by The Bridgespan Group.⁴⁴

Potential roadblock	Starter suggestions for addressing the roadblock
Our community already has other collaboratives, so necessary stakeholders are not interested in the planning process.	<ul style="list-style-type: none"> Determine what is at the root of that reaction. Are those attempts actually working? Are there effective collaboratives you could join?
We are having trouble completing the landscape review to fully understand the context of our community.	<ul style="list-style-type: none"> Review a guide on how to understand community context.
Our leadership is not united around the identified challenge.	<ul style="list-style-type: none"> Bring data into the conversation; share relevant statistics on the biggest challenges of your community.
While we have a broad vision for what our community should be, we cannot agree on the key goal(s).	<ul style="list-style-type: none"> Again, bring data to the table to discuss which issues are most pressing. The numbers should point the way.
We do not have funding for a dedicated capacity.	<ul style="list-style-type: none"> Apply for seed funding, or try to build the capacity out of existing funding from within organizations or agencies. Also pursue in-kind resources.
We do not have a clear lead convener of our collaborative.	<ul style="list-style-type: none"> Look to other collaboratives or community leaders to find the right group or organization (specifically those that are already respected in your community).
The leader of the collaborative does not have the clout or neutrality to convene the right participants.	<ul style="list-style-type: none"> Have one-on-one conversations to discuss who is respected and neutral and who could best play that role.
We are unsure how to engage residents and youth in our community.	<ul style="list-style-type: none"> Review case studies to understand how other collaboratives have approached engagement.

Source: The Bridgespan Group, *Needle-Moving Collective Impact Guide: Community Collaborative Life Stages*.

APPENDIX 3 – LIST OF PARTICIPANTS

The author thanks the following individuals for taking the time to provide their insight and expertise in relation to this case study:

- Nelson Araujo, Las Vegas Healthy Communities Coalition
- Jan Bontrager, formerly of the Federal Reserve Bank of San Francisco
- Ramona Brinson, The Lincy Institute
- Tim Burch, Clark County
- Lisa Corrado, Southern Nevada Strong
- Joselyn Cousins, Federal Reserve Bank of San Francisco
- Jeff Edmonson, Strive Together
- David Erickson, Federal Reserve Bank of San Francisco
- Jamie Gardner, JH Gardner Consulting
- Cyndy Gustafson, Strategic Progress
- Nancy Hamilton, Wells Fargo
- Terri Janison, United Way of Southern Nevada
- Lucy Klinkhammer, formerly of UNLV
- Brian Knudsen, City of Las Vegas
- Robert Lang, The Lincy Institute
- Ken LoBene, US Department of Housing and Urban Development
- Monica Lounsbery, UNLV
- Heather McLeod-Grant, McLeod-Grant Advisors
- John Moon, Federal Reserve Bank of San Francisco
- Lisa Morris Hibbler, City of Las Vegas
- Fatma Nasoz, The Lincy Institute
- Lynn Purdue, Purdue Marion & Associates
- Angela Quinn, Building Hope Nevada
- Lisa Richter, GPS Capital Partners
- Jason Rogers, City of Henderson
- Marya Shegog, The Lincy Institute
- Lee Solonche, Vegas PBS
- Denise Tanata Ashby, Children’s Advocacy Alliance
- Kathi Thomas-Gibson, City of North Las Vegas
- Deborah Williams, Southern Nevada Health District
- Paula Zier, Clark County School District

ENDNOTES

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- ¹ The term “collective impact” was first introduced by John Kania and Mark Kramer of FSG in their article “Collective Impact,” in the Winter 2011 issue of the *Stanford Social Innovation Review*. This paper uses the term in a generic sense, referring to the range of cross-sector strategies that are addressing large-scale social issues.
- ² For more information, see: The Brookings Institution, SRI International and Brookings Mountain West, “Unify, Diversify, Regionalize: An Economic Development Agenda for Nevada,” November 2011. <http://www.brookings.edu/research/papers/2011/11/14-nevada-economy>
- ³ U.S. Department of Education, Provisional Data File: SY2010-11, Four-Year Regulatory Adjusted Cohort Graduation Rates.
- ⁴ Bureau of Labor Statistics, Local Area Unemployment Statistics, seasonally adjusted, August 2013.
- ⁵ CFED Assets & Opportunities Scorecard, Early Childhood Education Enrollment 2009-2010, <http://scorecard.assetsandopportunity.org/2012/measure/early-childhood-education-enrollment?state=nv>
- ⁶ United Health Foundation, “America’s Health Rankings.” Geographic health disparity defined as the variation in overall mortality rates among the counties within a state. The lower the percent, the closer each county is to the state average and the more uniform the mortality rate is across the state. <http://www.americashealthrankings.org/NV/2012>
- ⁷ United Health Foundation, “America’s Health Rankings.” Violent crime defined as the number of murders, rapes, robberies and aggravated assaults per 100,000 population, 2012.
- ⁸ United Health Foundation, “America’s Health Rankings.” Lack of health insurance defined as the percentage of the population that does not have health insurance privately, through their employer or the government.
- ⁹ Federal Funds Information for States, “FY 2010 Per Capita Federal Spending on Major Grant Programs,” Budget Brief 11-09, May 26, 2011.
- ¹⁰ Accelerate Nevada, “Healthy Communities Strategic Financing Plan.”
- ¹¹ Clark County School District, “2012-2013 Fast Facts” <http://ccsd.net/district/news/publications/pdf/CCSDFastFactsColor.pdf>
- ¹² Richard Fry and Paul Taylor, “Hispanic High School Graduates Pass Whites in Rate of College Enrollment,” *Pew Research Hispanic Trends Report*, May 9, 2013. <http://www.pewhispanic.org/2013/05/09/hispanic-high-school-graduates-pass-whites-in-rate-of-college-enrollment/>
- ¹³ Local Initiatives Support Corporation, 2012 Las Vegas Assessment.
- ¹⁴ For more on the changing landscape of community development, see *Investing in What Works for America’s Communities*. Eds. Nancy Andrews, et al. San Francisco: Federal Reserve Bank of San Francisco and Low Income Investment Fund, 2012. <http://www.whatworksforamerica.org/>
- ¹⁵ The White House, Office of Urban Affairs, Neighborhood Revitalization Initiative, <http://www.whitehouse.gov/administration/eop/oua/initiatives/neighborhood-revitalization>
- ¹⁶ For more information, visit <http://www.buildhealthyplaces.org/>
- ¹⁷ Purpose Built Communities, “What Is Holistic Community Revitalization?” <http://purposebuiltcommunities.org/what-is-it/what-is-it.html>
- ¹⁸ Ibid.
- ¹⁹ Living Cities, “Frequently Asked Questions,” <http://www.livingcities.org/faq>
- ²⁰ David Erickson, Ian Galloway, and Naomi Cytron, “Routinizing the Extraordinary,” in *Investing in What Works for America’s Communities*. Eds. Nancy Andrews, et al. San Francisco: Federal Reserve Bank of San Francisco and Low Income Investment Fund, 2012. <http://www.whatworksforamerica.org/>
- ²¹ Ibid.
- ²² John Kania and Mark Kramer, “Collective Impact,” *Stanford Social Innovation Review*, Winter 2011. http://www.ssireview.org/articles/entry/collective_impact
- ²³ Ibid.
- ²⁴ Strive Network, “Strive Framework.” <http://strivenetwork.org/strive-approach>
- ²⁵ Fay Hanleybrown, John Kania and Mark Kramer, “Channeling Change: Making Collective Impact Work.” *Stanford Social Innovation Review Blog*, January 26, 2012.

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- ²⁶ John Kania and Mark Kramer, “Embracing Emergence: How Collective Impact Addresses Complexity.” *Stanford Social Innovation Review Blog*, January 21, 2012.
- ²⁷ Ibid.
- ²⁸ For more information, visit <http://www.frbsf.org/community-development/initiatives/healthy-communities/>
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