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Evaluating the Application of the Collective Impact Model in Collaborative Health Efforts: A Case Study on Weight of the Fox Valley, 2013-2019

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Abstract

The Collective Impact (CI) Model is a relatively new collaborative model commonly used in community-based health efforts. However, there is minimal data on the effectiveness of this model in community health organizations. With the conclusion of Weight of the Fox Valley (WOTFV), a local health effort adhering to the CI Model, in 2019; I set out to examine the application of the CI Model in a real-world setting and its effectiveness in WOTFV. Through archival research and qualitative interviews with former WOTFV members, I use WOTFV as a case study of the CI Model to interpret how the model promoted and hindered the initiative's goals. My findings suggest that WOTFV faced substantial barriers in becoming a more sustainable organization and that the CI Model needed to discuss factors such as long-term financial goals, a comprehensive action plan and measurement tools, strong partnership, balance between leadership and collaboration, and more community involvement within their guidelines.

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Introduction

Collaboration on projects has become more popular in public health, and other fields, as practitioners have realized there is no such thing as an isolated issue but rather one engrossed in its political, economic, historical, and social context. This new complex view of health has called for partnership between many different actors in addressing our health problems (National Council of Nonprofits, n.d.). The Collective Impact Model gained popularity in collaborative health efforts immediately after its introduction in the Stanford Review in 2011. With it being a decade after its introduction, I set out to provide a critical perspective on the application of the Collective Impact Model through a retrospective study of Weight of the Fox Valley (WOTFV) – a tri-county community health initiative that lasted from 2013-2019. Using empirical methods such as archival research and qualitative interviews, I sought to understand how WOTFV's adherence to the Collective Impact Model advanced or impeded their desired outcomes within the community. With these insights from WOTFV, I provide an example of how Collective Impact works in a real-world setting as well as a better understanding of what contributes to effectiveness in a community-based initiative.

The Collective Impact Model

Collective Impact (CI) was introduced as a collaborative framework model in 2011 (Kania & Kramer 2011). At first developed for business, it was designed to bring together groups and individuals from a diverse set of backgrounds to work on a specific issue. Collective Impact recognizes that there are many individual organizations tackling similar issues, creating an opportunity for them all to work together and combine their knowledge into a more integrated plan for solution (Kania & Kramer 2011). Despite little research done on the effectiveness of Collective Impact (Flood et al. 2015, Ennis & Tofa 2019), many people applaud this model as its

benefits - knowledge, established trust and communication, mobilization of diverse partners, and shared power and responsibility - seem to outweigh its costs - long-term financial and time commitment (Butterfoss & Kegler 2012, Healthy Places by Design, n.d.).

The CI Model outlines five characteristics as essential for an initiative's success – common agenda, shared measurement system, mutually reinforcing activities, continuous communication, and backbone organization (Kania & Kramer 2011). The common agenda and backbone organization are foundational in creating a strong organization with measurable outcomes (Stachowiak & Gase 2018). The common agenda is a shared vision amongst partners outlining the intended outcomes they want to achieve through their collaboration (National Council of Nonprofits, n.d.). Coming to an agreement on a definition of the problem at hand and who it affects is the first step in creating a shared vision. With this background, partners can then build up the rest of their organization, setting up their goals and plans of action to achieve them. Furthermore, the backbone organization is the supportive infrastructure of a CI initiative, providing a dedicated staff to the organization as well as serving an administrative role over all partners (Collective Impact Forum & FSG 2017). In this role, the backbone organization helps guide vision and strategy, facilitates dialogue between partners, coordinates collective activities/programs, manages data collection, cultivates community engagement, and mobilizes resources for organization (Collective Impact Forum & FSG 2017, Zuckerman et al. 2020). This list is extensive, yet it is important to note that the backbone organization is not leading the Collective Impact initiative but supporting the agenda by helping partners achieve their outlined goals.

The other characteristics – shared measurement system, mutually reinforcing activities, and continuous communication – often develop after the formation of a common agenda and the

selection of a backbone organization. Sharing relevant information between partners and the community contributes to a collective understanding - a key guiding principle in the CI Model. Collective Impact urges partners to agree to a shared way of measuring performance to make information easy to discuss between them while also holding each other accountable (Kania & Kramer 2011). Having a shared measurement is also a way to enhance communication between partners and the community (National Council of Nonprofits, n.d.). Collective Impact promotes the constant facilitation of discussion between all members involved in order to maintain the organization's goal as the central focus of the initiative (Kania & Kramer 2011). Also, since partners are often from different fields of expertise, they often have different sets of skills that can be used to advance the initiative. Collective Impact acknowledges this difference and, instead of having all partners focusing on the same activity, it asks partners to undertake activities that employ their strengths while mutually reinforcing the end goal, increasing the initiative's effectiveness (Zuckerman et al. 2020).

Furthermore, the CI Model follows a certain structure in its organization that reflects its origins as a business model. This structure fosters shared leadership among different partners while having a top-down approach that allows for each partner to engage in every aspect of the CI initiative (Flood et al. 2015). At the highest level, there is the steering committee which sets the agenda for the initiative. The steering committee is composed of leaders from all partnerships, and they work together to see how each partner can align their work to the common agenda (Collective Impact Forum, n.d.). Previous research (Butterfoss & Kegler 2009) suggests that having strong leadership in a CI initiative is correlated with member satisfaction and participation, action plan quality, resource mobilization, and outcomes. Below the steering committee, there are the working committees which are sub-groups of workers from different

partnerships who implement programs designed around the focus areas set out by the steering committee (Collective Impact Forum, n.d.). Grumbach et al. (2017) highlight how working groups are most effective when they tailor their planning, research, and action to their target problem, supporting the benefits of mutually reinforcing activities over a more individualistic approach. Looking at the CI Model's organization (see Figure 1), which depicts partners involved in many areas of the initiative, one can see the importance of communication, leadership, and organization to ensure all partners are striving towards the initiative's goal.

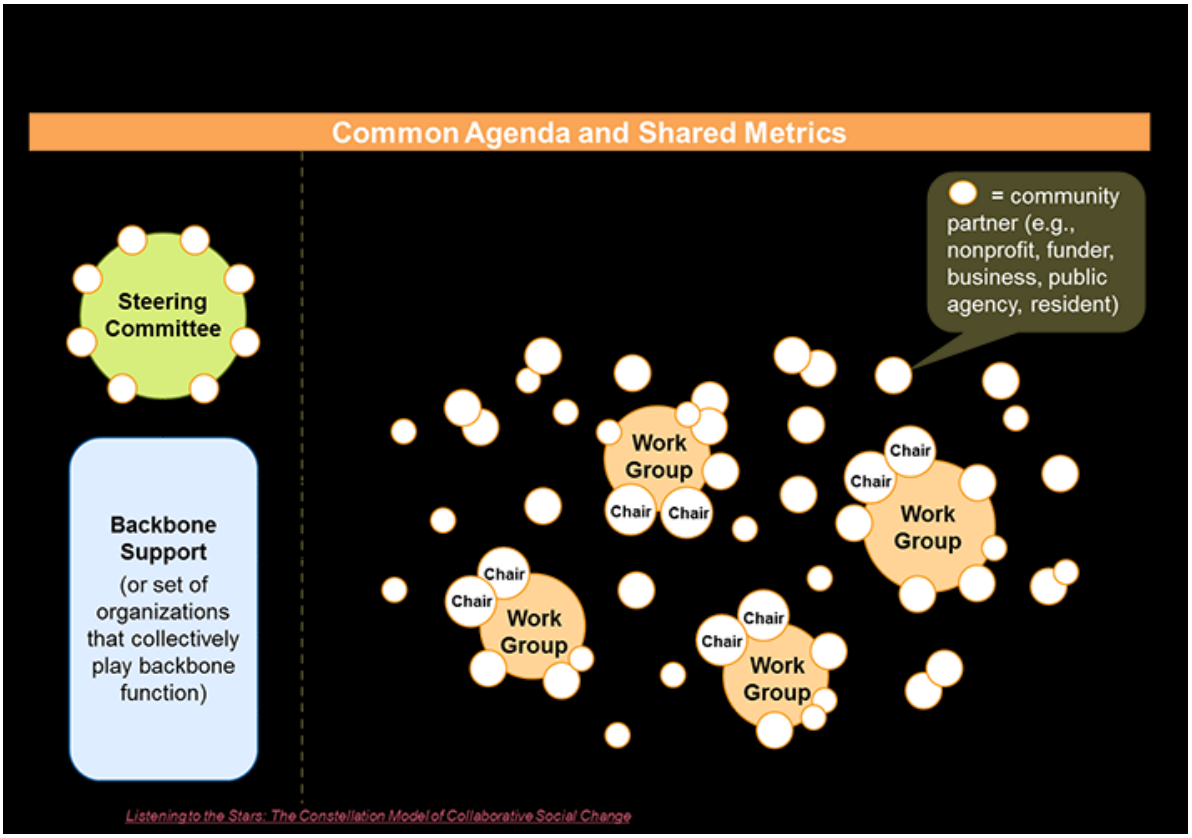

Figure 1. A chart describing the interactions between different levels in the CI Model. The University of Kansas. n.d. *Section 5. Collective Impact.* Community Tool Box. https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main

Criticisms of Collective Impact

The essential goal of Collective Impact is to get community leaders to come together, with their assets, to tackle a community-wide issue. However, it is important to note that there is an incongruency between the application of Collective Impact and the model itself due to all the factors needed to make a CI collaboration run successfully. The biggest criticism of the CI Model is that the community's role and agency is often neglected while the focus is directed towards mobilizing powerful stakeholders to help their less empowered neighbors. Community members have a great understanding of the struggles within their community as they have experienced them firsthand, making them a valuable resource when trying to plan and implement a solution within their community. This proves even more essential as the steering committee, usually containing already powerful individuals who do not represent the target population, often does not use its resources to advocate for social justice, and instead reinforces power inequalities and redirects efforts from necessary policy change (Ennis & Tofa 2019, Wolff 2016).

Many of the guides that outline the foundation of Collective Impact do not mention the involvement of community anywhere within the CI process (Kania & Kramer 2011), (National Council of Nonprofits, n.d.). This is contrary to other collaborative frameworks, which align more to the Community Coalition Action Theory (CCAT), where community development and citizen participation are key to the coalition (Butterfoss & Kegler 2009, Flood et al. 2015). Instead, the CI model resembles a top-down approach where those in power make decisions for the rest of the community (Ennis & Tofa 2019). Flood et al. (2015) suggest that this may be a result of the CI Model first being used for business where the objective was to build a network of partners to increase profit, which does not parallel the goals of a collaborative health effort.

Suggestions for Collective Impact

Overall, researchers have suggested community involvement in all stages of a CI initiative is needed as community collaboration leads to more effective, equitable, and sustainable outcomes (Ennis & Tofa 2019, Wolff 2016, Tataw 2020). This is based in CCAT philosophy which recognizes that individuals deserve to have a voice in changes that affect them and their neighbors and that they have the ability to build capacity to make those changes within their community (Butterfoss & Kegler 2012). Furthermore, Butterfoss & Kegler (2012) conclude that one major benefit of practicing community engagement is that it generates ownership of the public health initiative, which may lead to greater sustainability in the long run as the community is more invested. The CCAT treats community members more as equitable partners than as recipients of one's aid, allowing them to implement outcomes more meaningful to the community.

De Weger et al. (2018) provide guiding principles on how to diminish the power imbalances between community and professionals involved in the CI initiative. They discuss how community engagement is most successful when organizations work at the "public participant level" where community members are not just receiving information and help from the organizations but are themselves actively engaged participants who are in dialogue with other professional members (De Weger et al., 2020). De Weger et al. (2018) suggest the staff provide facilitative leadership, foster a welcoming environment for citizen input, ensure citizen involvement, share decision-making with citizens, acknowledge the power imbalance, invest in citizens who feel they lack the skills, create quick and tangible wins, and consider both citizens' and organizations' motivations. These suggestions reflect the critics' desire for CI initiatives to

shift the power towards community members, giving individuals the space to build capacity within their own community.

Shape Up Somerville, one of the most well-known and successful CI initiatives, supports the argument for more community engagement as it is one of the few initiatives to incorporate the community into their framework (Flood et al. 2015) and produce measurable outcomes (Coffield et al. 2015). Engaging the wider community, especially during the planning process, was critical for designing and implementing their plan of action (Splansky Juster 2013, Burke et al. 2009). Furthermore, the community was not just involved in the early phases of Shape Up Somerville; a line of communication was kept open between the organizers and community, leading to full transparency for all involved (Splansky Juster 2013). Another unique aspect of Shape Up Somerville's work was that they supported other issues important to the community as a means of building trust and support between the two parties by providing dedicated staff to other community-based organizations (Burke et al. 2009). Shape Up Somerville provides evidence that having the community as a more salient partner in a CI initiative leads to more desirable effects as the concerns of the community and organization are both addressed.

What does "Community" mean in Community Initiatives?

Increasing the involvement and power of community members requires us to understand the meaning of community members in a way that can be operationalized. Macqueen et al. (2001, 1936) provide a definition for community from their research – "a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings." From this definition, a community becomes the residents, businesses, government, organizations, etc. that all reside in a designated area. However, Macqueen et al. (2001, 1935) provide another definition from Patrick & Wickizer

(1995) - “the entire complex of social relationships in a given locale, and their dynamic interaction and evolution in working toward [the] solution of health problems.” This definition of community seems more suitable as many communities have sectors drawn on the lines of social class, race/ethnicity, and ideology that lead to different experiences and beliefs (Butterfoss & Kegler 2012). Organizational leaders, researchers, and others with power who are involved with the initiative, may also be community members, begging the question of which part of the community critics are talking about when they discuss the need for more community involvement. According to Community-Campus Partnerships for Health , the definition of community varies depending on the purpose of the coalition. In their framework, the definition of community revolves around these three questions 1) who is affected?, 2) who is involved?, and 3) who is making the decisions? (CCPH, n.d.). This is often where distinctions between community stakeholder/partner, community professional, and community resident are made.

Community professionals are those who live within the targeted area but hold a professional position within the CI initiative, whether that be steering committee member, health provider, or researcher (De Weger et al. 2020). Many community professionals may see their role within the CI initiative as an engaged community member (Butterfoss & Kegler 2009), yet their responsibilities within the initiative are defined by their professional skills, not by their membership in the target population. It seems that critics are concerned about the involvement of community residents who are considered non-experts in the targeted problem, specifically the involvement of underserved individuals, as their experiences often go unnoticed (Tataw 2020). Improving community health cannot be achieved if the general population is not on board with the CI initiative’s goals and actions (Butterfoss & Kegler 2009). So, by involving community residents in the planning and implementation process, the initiative’s workers not only get more

diverse input but are creating a stronger sense of enthusiasm and communal ownership over the CI initiative, making it more effective and sustainable within the community.

WOTFV and the CI Model

Weight of the Fox Valley (WOTFV) was a community-based organization serving the Outagamie, Winnebago, and Calumet counties in Wisconsin between 2013-2019 before reconstituting itself into Be Well Fox Valley. WOTFV's goal was to decrease obesity in the tri-county area by promoting a culture of healthy living. From the beginning, WOTFV used the CI Model as a means of achieving its goal by attempting to employ the five characteristics of Collective Impact to the initiative.

Common Agenda – WOTFV's leadership team decided early on that their vision statement would be "a community that, together, achieves and maintains a healthy weight at every age" in the tri-county area.

Backbone Organization – United Way Fox Cities became WOTFV's backbone organization, providing financial support and a dedicated staff to help promote WOTFV's initiative.

Shared Measurement System – WOTFV leadership team agreed to use BMI data to evaluate their obesity reduction efforts. WOTFV also used scorecards to assess their programs (see Appendix 1).

Continuous Communication – The WOTFV leadership team had quarterly meetings to discuss the initiative's progress. Wake Up WOTFV events [1]and newsletters (see

[1] WOTFV had quarterly community health breakfast events where they invited community members to listen in on presentations from experts of all health fields and discuss relevant topics happening in the Fox Valley area.

Appendix 2) were means to keep community members in the loop with WOTFV's happenings while continuing the conversation on the local obesity problem.

Mutually Reinforcing Activities – WOTFV had six action teams – Active Communities, Worksite, Education & Early Care, Food Systems, School, and Healthcare – that partners worked on based off their interests and skills.

WOTFV also had a similar structure to the one suggested in the CI Model. They had a steering committee, which was called the leadership team and consisted of thirty-two partners from diverse sectors in the community, and six working groups that were called action teams (focus areas described above). One way that WOTFV differed from the CI Model is that they also had a core team consisting of six individuals who oversaw the initiative and guided discussion amongst the leadership team. With WOTFV following all the principles discussed in the CI Model and its conclusion in 2019, there was an opportunity to evaluate the application of the CI Model in a health effort from its development through its reconstitution six years later.

Methods

This research has a two-stage design in which archival research was followed by qualitative interviews. The main focus of this research is to 1) document the origins and workings of WOTFV while also 2) understanding the ways in which its structure, influenced by the CI Model, advanced or impeded outcomes within its target area. The archival research, results described below, captured a timeline of WOTFV's activities as well as its goals and intents as described in its own documents. I was granted access to the files documenting WOTFV's activities from 2013-2019. I extracted key themes surrounding WOTFV's adoption of the CI Model and used them to generate questions for an interview guide.

For the interviews, Mark Jenike (a member of the WOTFV leadership team and faculty mentor for this project) asked members of WOTFV to participate in an interview. These interviews were qualitative in nature, ranging from 30-60 minutes, and followed a semi-structured interview guide. I asked participants about their personal involvement in WOTFV, the application of the CI model, community involvement in WOTFV, values of WOTFV, and lessons we can learn from WOTFV.

Involvement in WOTFV - Questions focused on how members became involved, their interest in the WOTFV cause, their role, general expectations, and reflection on their involvement.

The CI Model – Questions focused on the participants' knowledge of Collective Impact, how it was implemented in WOTFV, and their assessment of its effectiveness in WOTFV.

Community Involvement – Questions focused on how WOTFV became involved with the community, how the structure of the CI model impacted community change, thoughts on the importance of community voice, and what participants envisioned as the ideal way to achieve community change.

Values of WOTFV – Questions focused on what principles drove decision-making in WOTFV.

Lessons Learned from WOTFV – Questions focused on the biggest successes of WOTFV in generating change, barriers to success, and what other collaborative efforts can learn from WOTFV.

Fourteen former members of WOTFV participated in interviews that were done between September 2021 – January 2022. Participants were involved in four different groups in WOTFV: four participants were a part of the core team, seven from the leadership team, two were staff members, and one was a working group participant. After reviewing Bernard et al.'s (2017) guide to qualitative data analysis; I analyzed the interview transcripts with MAXQDA, drawing out significant themes and subthemes. This project was approved by the Lawrence University IRB Board, and participants gave informed consent to have their interviews shared.

WOTFV Archive Themes

The archives of WOTFV reflect the leadership's use of the CI Model and WOTVF's established guiding principles – evidence-informed decision making, sustainability, health equity focus, broad reach, policy/systems/environment focus, partner champions, realistic goals, and programs that are applicable, scalable, and safe. Four overarching themes encompass these principles: 1) the importance of evaluation, 2) achieving sustainable, long-term outcomes, 3) targeting each sector of the community through different approaches, and 4) finding those committed and passionate to WOTFV's goals. These themes were especially prevalent in WOTFV's leadership team and working group meeting minutes, newsletters, Wake Up WOTFV presentations, and the Planning Team's notes from WOTFV's first year.

Importance of Evaluation

WOTFV sought to adopt strategies that were already proven effective in reducing obesity rates. This was emphasized in the WOTFV summit that brought key community leaders together to discuss a tri-county collaboration geared towards obesity prevention. Part of the summit highlighted successful aspects of other health collaboration programs focused on obesity such as

the La Crosse Medical Health Science Consortium and Partners, Brown County Community Partnership for Children, and Shape Up Somerville. In the early months of WOTFV, the leadership also relied on University of Wisconsin Madison's "What Works for Health" website along with the Wisconsin Nutritional, Physical Activity and Obesity State plan (https://www.dhs.wisconsin.gov/physical-activity/stateplan/index.htm) as guidelines when deciding upon where WOTFV would direct its action. Furthermore, many of the Wake up with WOTFV events had guest lecturers who would inform the community about their program and expertise in the field of nutrition and exercise. The initiative hoped to learn from current success stories and find ways to build those successful strategies into their program.

From its onset, WOTFV cited evidence as a guide for its actions, including changes of direction. The creation of WOTFV was justified using data from the CDC and the 2011 Fox Cities Leading Indicators for Excellence (LIFE) Study (http://www.foxcitieslifestudy.org/Previous-LIFE-Studies/) which showed that the obesity levels in the tri-county area were rising above the national level. In 2016, WOTFV conducted a focus group study geared toward looking at the barriers, challenges, and needs associated with reducing obesity in the tri-county area (Jenike et al., manuscript). WOTFV also managed to get three healthcare systems in the area to collectively share their BMI data and other basic information to assess general community health. These pieces of evidence guided where WOTFV needed to place their energy in the community in order to progress their obesity reduction efforts.

It appears that WOTFV also tried to implement evidence-based practices within their action teams and program dissemination. For each goal of the action team, the working group was directed to write out a strategy listing their proposed activities as well as the intended short, intermediate, and long-term outcomes of said activities (see Appendix 3). These charts

essentially became ways to assess how much the working group achieved and its impact within the community. Another tool created by WOTFV was scorecards, which looked at how specific programs complied with WOTFV's guiding principles (see Appendix 1). These assessment tools were meant to show how community members responded to their programs so that WOTFV could make adjustments and enhance program effectiveness. However, it was unclear from the archives how much these tools were used and, therefore, whether they were effective in evaluating WOTFV programs.

Achieving sustainable, long-term outcomes

Documentation from the action teams indicates that WOTFV was focused, from the beginning, on finding ways to solidify a culture of healthy living in the Fox Valley area. Promoting healthy behaviors does not result solely from targeting individuals but from community-wide change that targets the social determinants of health (Institute of Medicine 2002). This was WOTFV's goal – to change the culture in the direction of healthier living. In WOTFV's initial meetings, there was an emphasis on making choices now that will have a greater impact on the future. In discussing the high prevalence of obesity, a mutual understanding arose that a multi-faceted approach that addressed local policy, systems, and environment was necessary in order to make a significant impact in the Fox Valley area.

From the documents, it appears that WOTFV attempted to tackle systemic change by deciding to have six action teams all working on reducing obesity through their specific target sector. Although WOTFV had these six action teams, it appears that only two, worksite and active communities, were able to thoroughly develop their strategic plan and begin implementing some programs during WOTFV's existence. Also, the programs run by these action teams had short durations, showing the difficulty in producing sustainable outcomes. However, documents

on WOTFV's transition to Be Well Fox Valley emanate the members' commitment to long-term systemic change and a desire to develop a strategic plan to pursue more long-term goals.

Targeting each sector of community through different approaches

Changing culture requires involvement with all of the community. So, a big part of WOTFV's initial planning focused on how to connect with each sector of the Fox Valley community. This is evident in the fact that they had a diverse set of partners on the leadership team from areas including public health, healthcare, government, business, and education. WOTFV also included representatives from organizations like Hmong American Partnership and Casa Hispana on the leadership team in an attempt to give voice to underserved communities. However, there seems to be little documentation of WOTFV members reaching out to community members and involving them directly, especially members of underserved communities.

It is important to note though that working groups appeared to incorporate the issue of health equity when designing programs. Through meeting notes, one can see that the working groups looked at whether their work would minimize disparities within the community. Their consideration of health equity in decision-making is exemplified through the Passport to Active Living challenge where they provided the passport in Spanish to make it more accessible for Spanish-speaking communities. However, the data on who participated in this program is minimal, so it is unknown if these changes had a significant impact on participation from these targeted communities.

Finding those committed and passionate to WOTFV goals

In order for WOTFV's initiative to work and produce sustainable outcomes, long-term commitment from its members was necessary as the first few years in a collaborative health effort often focus on development rather than outcomes. So, when the planning team was recruiting the leadership team, they were looking for community leaders who were already invested in reducing obesity in the Fox Valley area and, therefore, more willing to commit their time to the Collective Impact process. It was expected of members of the leadership team to be the champions of the WOTFV initiative, build public will, use their expertise to advance the initiative, and financially support the initiative. It was thought that having members who were enthusiastic about the cause would not only keep the initiative going but captivate community members, who would then become more interested and involved in the work as well.

Interview Themes

From the interviews, I extracted four overarching themes as significant in my analysis of the CI Model in WOTFV: 1) Application of the Collective Impact Model to WOTFV, 2) Community Involvement in WOTFV, 3) Values Driving Decision-Making in WOTFV, and 4) Lessons Learned from WOTFV. These four themes were then further divided into nine subthemes. Through comments from WOTFV members, I was able to gain firsthand accounts of how the structure of WOTFV was perceived by those involved, allowing us to evaluate the strengths and weaknesses of the CI Model in a collaborative health effort.

Theme 1. Application of the Collective Impact Model to WOTFV

1a. Disconnection Between Success of CI Model in Theory and Practice

Participants mentioned that throughout WOTFV's duration, there were periods that lacked momentum where little progress was being made. This sentiment corresponds to statements from Table 1a where members discuss how the CI Model was a promising idea, but they felt WOTFV was not using it effectively. WOTFV members applied all five characteristics to the initiative, so this perception of ineffectiveness raises the question of whether the cause was WOTFV-centric or inherent flaws in the CI Model. From the comments, it appears that the disconnect between WOTFV and the CI Model is a result of both. One individual remarked that "…even when you were involved in it, people would have [a] different understanding about it…" (see Table 1a). It seems that WOTFV did not have a strong strategic plan for how they would turn these five concepts into an effective health effort. Furthermore, members seemed frustrated with WOTFV's inability to transition to a more sustainable and effective organization tackling systematic change (see Table 1a). So, even though WOTFV was using all the concepts included in the CI Model, the comments suggest members did not feel like they achieved their intended outcomes.

Table 1a. Disconnection Between Success of CI Model in Theory and Practice - Representative Quotes

"I think using a Collective Impact Model is good, but we kind of became so tied to it. It became rigid almost to the point where we had no flexibility"
"Well, it was another interesting set of discussions about what it really meant to have Collective Impact, what it *really* meant. What was the difference between partnership, collaboration, Collective Impact? There was a number of terms, you know, that were being used. And what was interesting even when you were involved in it, people would have [a] different understanding about it. So, there was never really a clearly accepted notion of it in the community of funders or of nonprofits. I think everybody had their different definitions."

> "Yeah, but I guess I haven't seen it work yet. I guess I would say I haven't yet seen a Collective Impact Model that I felt like was really effective. So, I'm still committed to the idea. I'm just not sure we got all the pieces right yet."
>
> "It's hard for me for me to answer because I think that the biggest challenge is really demonstrating change. And I think, you know, when I think about the successes and what we talk about; we talk about the collaborative data. We talk about the relationships, but that's not demonstrating change. And I think that's part of why we had to evolve to Be Well Fox Valley. I think Weight of the Fox Valley's biggest challenge was making change happen."

1b. Barriers Faced with the Application of the CI Model

Participants expressed concern with three kinds of barrier that they believed slowed progress in achieving WOTFV's goals while using the CI Model.

i. Overwhelming size of WOTFV

A big part of the appeal of the CI Model was pulling together partners from across sectors to address a community issue, invoking the sentiment that we are stronger together. WOTFV not only included diverse partners in their initiative but also made it a tri-county effort. Participants discussed how it was great to have so many people with different abilities working on the issue, yet some found the large-scale size a barrier to being a well-functioning organization. One member noted "…so many people from basically every sector of being in the Tri-County area really got to be so much. And I think we were so big initially that that was a struggle and a barrier" (see Table 1b, i).

Some individuals discussed how it was difficult to get everyone on the leadership team, a group of thirty-two community leaders from philanthropy, business, health, education, and government, on the same page regarding where the initiative was moving. This was exacerbated by the size of WOTFV, both in the number of members involved and the broad focus they were

using to address obesity. Since WOTFV had six different focus areas that each appealed to different members' interests, possibly easy decisions were slowed down by individuals wanting to focus on various projects and the difficulty in leading such a large group of people cohesively.

ii. Community Service Approach to Health Issues

Some criticisms that members of WOTFV had were tied to the fact that the CI Model was first a business model. One member noted "So, it was good at things like planning events and marketing and implementing…but not as good at connecting with people who were facing barriers" (see Table 1b, ii). Taking a more top-down approach maintained a distance between WOTFV and community members since their events and programs appeared as services for the community instead of an attempt to interact with the community. This was a concern for some WOTFV members as there were great relationships built between partners, but there was a barrier to transfusing these ideas to the general community due to the existing servicer/customer relationship (see Table 1b, ii).

iii. Unequal Distribution of Voice Among Leaders

It appears that many individuals had the expectation that all members of WOTFV would have an equal voice at the table. This is not something explicitly mentioned in the CI Model, but perhaps assumed since the model champions collaboration among partners. However, some partners felt that their thoughts were going unheard or were overpowered by other individuals in the room. Members noted "…sometimes my input was not taken as seriously" or "I would kinda get shut down sometimes" (see Table 1b, iii).

Also, despite the CI Model focusing on partnerships, it does suggest a hierarchal structure that may lead to certain individuals emerging as leaders. Looking solely at partners, WOTFV

organized individuals into two groups: the core group that oversees the initiative and the leadership team that advises the core group on strategy and direction. In WOTFV, certain individuals drove the decision-making process due to their position. One member noted that "Honestly, sometimes I feel that it was what an individual or two had discussed prior to the meeting and then came in with an argument so that they could have the decision flow their way" (see Table 1b, iii). The CI Model does not include a core team, yet the mixed expectations on roles and participation suggests the CI Model has not thoroughly addressed what collaboration would look like.

Table 1b. Barriers Faced with the Application of the CI Model - Representative Quotes

i. *Overwhelming Size of WOTFV*
"Weight of the Fox Valley did a good job, especially early on in those formative years, of really trying to the best of their abilities to bring a broad sector together, you know, get everyone working together. And I think it's just challenging, especially when you're bringing people together from such broad sectors as were doing early on with such a broad focus. And I think [what we're] seeing now is us trying to narrow that focus a little bit more and using the same Collective Impact Model, but maybe on a narrower scope. Because I think early on it was so broad and, you know, so many people from basically every sector of being in the Tri-County area really got to be so much. And I think we were so big initially that that was a struggle and a barrier, and it was looking for volunteers and representatives from organizations."

ii. *Community Service Approach to Health Issues*
"And, you know, there's sort of, you see this trade off with Collective Impact and community organizing. For community organizing, it kind of starts from the bottom up and there's sort of this push-pull criticism of how can we learn from each other?"

iii. *Unequal Distribution of Voice Among Leaders*
"So, I really appreciated being in the room with all those folks. But I think sometimes there was, because I wasn't the ultimate decision maker for my organization, that sometimes my input was not taken as seriously."

"And I would kinda get shut down sometimes, which was a little defeating, but I kept being the voice for the poor. And then we had another member from another healthcare system that felt the same way. And we would kind of go out of the meeting, sometimes shaking our heads, like, okay, didn't quite go the way we wanted to, but you know, we'll pick it up another day. So, I think always the intent was good. We had good intentions in our decision making, but some people did drive the process."

"Honestly, sometimes I feel that it was what an individual or two had discussed prior to the meeting and then came in with an argument so that they could have the decision flow their way."

1c. Partnership and Collaboration: Strengths of WOTFV

Despite the issues above, one strength that a majority of members mentioned was the willingness of partners to collaborate with each other. Most members believed that getting individuals from all different sectors involved was the best way to approach a community issue (see Table 1c), and WOTFV was not only able to achieve that but also found individuals committed to the WOTFV issue. With all of its partners, WOTFV was able to get multiple health systems to share their medical records including BMI data. WOTFV members felt that this was unprecedented in health organizations (see Table 1c) and was evidence of the power of having community leaders collaborating on one issue.

Table 1c. Partnership and Collaboration: Strengths of WOTFV - Representative Quotes

"It did have a lot of different stakeholders, um, and there were regular meetings with communication across the different stakeholder groups."

"And when I said whole community its businesses, the municipalities, nonprofits, volunteers from the community. So, all came together, and of course United Way, all came together to deal with the problem. And to me, you know, this is the best way to do it, that everyone is involved…"

> "But perhaps the most important data success on this was getting multiple health systems to share their BMI data, their electronic medical record data de-identified, so that we could measure what, in fact, our BMI as a community is. And we can argue whether or not that's an important measure and stuff, but I think most important was the fact that we were able to get ThedaCare at that time, Affinity, and we were working with Children's, but they didn't really participate initially in it. But to get those two large health systems to agree, to share some basic information, yeah, that was a major undertaking."

Theme 2. Community Involvement in WOTFV

2a. Members held Various Definitions of Community and Community Member

Throughout participants' comments, certain groups or individuals become synonymous with community, i.e., businesses, the poor, consumers, leaders of the community (see Table 2a), showing that members had different ideas of what segments of the community needed to be involved in WOTFV. There seems to be two thought processes when defining community in WOTFV: 1) that partners were community members and therefore made WOTFV a community-based organization and 2) that community was focused on those outside of WOTFV, specifically those in need.

So, for some members, community participation was a success since members from all sectors were involved, but, for others, they felt it was lacking since WOTFV was limited to, and tailored to, only a subgroup of the community. This disconnect between WOTFV members may have contributed to the difficulty in producing programs, as individuals had different ideas on who was needed for WOTFV to achieve its goals in the tri-county area. For the participants who thought there was room for improvement, they emphasized having "everybody," i.e., business, restaurants, government, and the target population, involved in order to achieve community-wide change (see Table 2a).

Table 2a. Members held Various Definitions of Community and Community Member - Representative Quotes

"So, and by community I just don't mean like the people. I certainly mean that, but we have to get the businesses on board. You know, if we're thinking of changes to sweetened beverages or changes to menu labeling, or changes to portion sizes, we have to get the restaurant industry involved, and we have to learn how to speak their language… really taking a look at how can everybody be a part of the solution."

"There was a lot of complaint because the regional steering committee didn't include consumers. It didn't include the people that were, you know, actually living in poverty or struggling with marginal poverty. So, we didn't have that voice, that perspective was totally missing…"

"I think the definition of community involvement differed from person to person. A lot of folks felt we are involving the community by including a leader of that community in our leadership team… and it's like, that's tokenism."

2b. WOTFV Participated in Community Invitation not Community Involvement

How WOTFV reached out to the community was influenced by these different definitions of community. A notable example is the Wake Up WOTFV breakfast events, which many participants thought were a huge success in involving the community. However, as one member noted about the Wake Up events, " I think it was an attempt that did some benefit, but [it] really wasn't for community. You know, it was in the morning during a workday…" (see Table 2b). WOTFV created a lot of opportunities for the community to get involved but some of these events were difficult for the general community to attend, which may have been a result of some members focusing on getting more leaders of the community involved.

WOTFV provided a lot of output for the tri-county area with events but received little input from the community. So, members' definition of community involvement also differed as it was generally thought that having these events open to the community constituted community involvement. However, if community members did not attend, then they were not involved; a

service was provided but not used. Members who thought the definition of community expanded outside of WOTFV also believed that WOTFV needed more community involvement from these groups in order to make the organization more sustainable. One overarching idea from these members was that WOTFV needed to connect with the community by going to them and asking for their input (see Table 2b).

Table 2b. WOTFV Participated in Community Invitation not Community Involvement - Representative Quotes

"I think, I think the Wake Up breakfasts were in part intended to be community involvement. And it was to some extent, cause we had like a 100 to 125 people oftentimes attending that, but I think the reality was it was partners, right, not community members. They were community members too, but they were there more as partners. So, I think that was an attempt that did some benefit, but [it] really wasn't for community. You know, it was in the morning during a workday and people went there from work, right? Not like, community members who had other jobs."
"We all later on started the conversation about where are the people with lived experience, you know, how do we involve the community in decision making as opposed to just, Hey, we're gonna have a health fair or, oh, we're opening up a bridge the community's invited. Like that's not necessarily community involvement, that's community participation."
"One of the issues that I always felt like I had to be was the voice of the poor because we would all talk about these different events, and it always costed money. If you were cross country skiing, you had to have the equipment. If you were snow shoeing, you had to have the equipment. If you were running, you had to have the great shoes. If you did all these things, you know, it cost money. So, I was trying to find cost effective ways for low-income families to participate so that it was for everybody"
"Yeah. I think we have to find a way to connect with the community where they are, right?… you know, getting out and speaking to different groups that represent community is something we did do, but it's not the same as connecting and having their input."

Theme 3. Values Driving Decision-Making in WOTFV

WOTFV did not have an explicit list of values that members followed, yet through the actions of members one can see unspoken agreements on how WOTFV would be operated. The biggest takeaway from the participants' comments was that there were a lot of individuals committed to making change in the tri-county area (see Table 3). WOTFV members were not only eager to reduce obesity in the community but were committed to the CI Model and thought that its emphasis on collaboration would achieve community-wide change.

Furthermore, WOTFV members had a heavy focus on ethics when making decisions, supporting the idea that members wanted to make positive and sustainable improvements to the community. One member noted "People were being really careful about those kinds of questions when they came up, like how do you do good research and what numbers and how do you define things?" (see Table 3). This shows that individuals deliberately took the time to see how their decisions impacted the community and tried to be helpful to all.

Table 3. Values Driving Decision-Making in WOTFV - Representative Quotes

"And we wanted to, you know, learn with others, with healthcare systems, with health departments and other interested community partners. You know, what types of information initiatives, activities that we could be involved in that would help support that organization and support the sharing of information to just help the community at large make more informed decisions. You know, making the right choice, the easy choice type of thing."
" I think there was a real eagerness for change. I just don't think we understood how hard that change would be, or maybe we did and we were still like, yeah, that's okay, it's hard, but we're still gonna do it. But the recognition that something has to change and something big has to change."
"We were pretty clear on what the main project was focused on, which is how do we address an epidemic of overweight and obesity in our culture in general. And, locally, was there a way to address that or not?"

> "I think that's what the shared value [was] being responsible, being ethical, you know, and I think that's why it took so long. People were being really careful about those kinds of questions when they came up, like how do you do good research and what numbers and how do you define things?"

Theme 4. Lessons Learned from WOTFV: Essentials for A Community Health Organization

4a. Sources of Frustration: Funding and Strategy

Many participants noted how they were frustrated that WOTFV could not move beyond short-term programs (see Table 4a). Some commented that these programs were episodic and even though they got WOTFV's name out, they did not contribute to WOTFV's long-term goals. It appears that a lack of funding and a strong strategic plan were underlying issues that prevented WOTFV from establishing a more sustainable health effort in the tri-county area.

Funding was a barrier in WOTFV as it is in most new non-profit organizations. The need for funders was a motivator that led to an emphasis on short-term programs. Many participants mention that they produced short-term programs in order to provide results of the work being done by WOTFV. However, WOTFV could not move beyond short-term programs since the results they measured did not show a lasting impact to funders. Many members shared a sentiment that WOTFV needed a dependable source of revenue to maintain the organization as limited financial resources impeded the development and implementation of a more long-term agenda (see Table 4a).

Some members also thought that the mission was not communicated as clearly as it could have been, becoming another barrier in program implementation. As one member noted, "So, we need to have probably more, much more deliberate, actionable, measurable types of objectives"

(see Table 4a). Many members believed the goals set by WOTFV were too broad and that there was a need to create plans, detailing steps to reach objectives as well as measurement tools so members could see their progress. Participants also mentioned how some members focused on changing individual behaviors while others moved towards systemic change. Through comments, it appears that not all members were on the same page, showing the importance of having a comprehensive strategic plan complementing an initiative's common goal in order for it to function effectively.

Table 4a. Sources of Frustration: Funding and Strategy - Representative Quotes

"And we invest so much money in many of our initiatives that a lot of people never even, just never even hear about, right? Or don't get touched by and, you know, to effectively work at the population level, I think we need to have that collective buy-in and ideas from, you know, a wide variety of community partners."

"So, we need to have probably more, much more deliberate, actionable, measurable types of objectives. And that's not always easy on a big issue like obesity."

"The financial sustainability is a big one. We've gotta be able to, if you want this to continue, you've gotta be able to financially be able to pay for it."

"And I think there's this kind of identity thing around, you know, Collective Impact often. And Weight of the Fox Valley specifically was I think set up to, as I mentioned, change the environment, change the policy systems, environmental things that are going to make a difference. Yet you always get thrown towards programs, let's do this program and that program that don't necessarily have any kind of a lasting impact. And we didn't measure it well to say whether it has [an] impact. So, I think there was a lot of time spent on stuff that maybe wasn't value added towards the long-term mission and vision, and I just think that was frustrating."

4b. WOTFV's Biggest Success: The Relationships Built

One thing that almost every participant mentioned was their appreciation for the relationships they made through WOTFV. Members were not just collaborating with other leaders in the community; they built bonds of trust and respect that created a friendly environment. As one participant noted "…some partners have said, you know, change happens at the speed of trust. And so, I've witnessed communities where they didn't have strong partner relationships and it was much harder to do things" (see Table 4b). Due to these strong relationships, members claimed that they were able to continue WOTFV's efforts in Be Well Fox Valley and maintain a consistent leadership team committed to the cause. It is unknown whether this is a result of the application of the CI Model or a result of other factors specific to WOTFV since a strong network of community leaders in the area predated the initiative. However, many participants discussed how essential it was to have those strong relationships between partners in a collaborative health effort in order to achieve success.

Table 4b. WOTFV's Biggest Success: The Relationships Built - Representative Quotes

"…relationship building. And so, it takes so much time, but it's so worthwhile to build those trusting relationships among partners. And the Fox Valley is, you know, Weight of the Fox Valley benefited from some of that already existing like in those relationships being built. But we were able to build on that and really earn a lot of trust in the community amongst each other to work together. So, I would say that's a huge success."
"I mean, I personally developed relationships as a part of that work that I might not have otherwise, and, you know, I made deeper, more meaningful relationships with other community leaders. It made it easier for me as a public health leader to reach out and engage other partners that I might, you know, maybe I wouldn't have before. And so, from a relationship building and knowing who the community partners are piece, I was, I mean, that was really valuable just from that standpoint alone."

Discussion

When the CI Model was first published in The Stanford Review in 2011, it immediately became a popular concept in the world of community health organizations since its five essential components seemed to encompass all aspects needed to run a successful collaborative health effort. Kania & Kramer (2011) discuss why these five components, plus funding, are important in community health, what they should ideally look like in an organization, and how STRIVE, a non-profit organization in Cincinnati, has exemplified the CI Model. However, there is little information on how organizations can build themselves according to the CI Model, leaving them with examples of success but without the toolkit to get there.

Since WOTFV was committed to using the CI Model, they incorporated the five key components, common agenda, backbone organization, mutually reinforced activities, shared measurement system, and continuous communication, into the organization. However, it seems that applying all five does not equate to using them together to promote a cohesive organization, which seems to be where WOTFV lost momentum especially with their limited funding. Through its successes and failures, WOTFV shows what else is needed in a collaborative health effort to reach a level of sustainability. Through all the interviews, five overarching necessities for collaborative health efforts emerged from participants' comments: 1) reliable resources, 2) an action plan and measurement tools to assess progress, 3) balance between leader-influence and collaboration, 4) building a strong network amongst partners, and 5) more active community outreach and involvement. These components expand upon the CI Model as participants discuss from experience how a collaborative health effort should actively manage its organization.

1. Reliable Resources

Many participants mentioned that lack of resources, financially and staff-wise, created a roadblock in making WOTFV a more sustainable organization as most funding went to maintaining it. Although members stated the need for more dependable funding to build capacity, there were no suggestions on how to do that. Foster et al. (2009) suggest that non-profit organizations develop a funding model – "a methodical and institutionalized approach to building a reliable revenue base that will support an organization's core programs and services" that is continually assessed to fit the needs of the organization. Bedsworth et al. (2008) also suggest that non-profits break the "nonprofit starvation cycle" by investing in their infrastructure and emphasizing the benefits of doing so to their funders, so staff can focus more time and energy on the initiative's goals.

2. An Action Plan and Measurement Tools to Assess Progress

WOTFV did create action plans for all their action groups. However, members felt that they needed to be more deliberate in voicing what they were doing and how it would be accomplished. Participants specifically emphasized that evaluation needed to have a much larger role in the initiative. Many members mentioned that there were not substantial measurement tools created, making it difficult to check on how the WOTFV was progressing in certain areas. From participants' comments, it is suggested that evaluation tools must be considered and developed in the strategic planning process and that action plans should be a point of reference that partners, working on different projects, can come back to.

3. Building A Strong Network Amongst Partners

WOTFV partners already had pre-existing ties from working together on other projects within the Fox Valley area. Participants saw these connections as WOTFV's greatest strength as they established a trusting and respectful environment, which made collaboration a lot more successful. Some benefits mentioned by participants were comfort in communicating together, reliance on others in doing their part, less turnover, and a base to build a community network upon. Overall, members stated that building relationships between partners was essential in a collaborative health effort and urged other initiatives to take the time to develop those connections.

4. Balance between Leader-Influence and Collaboration

The CI Model emphasizes collaboration amongst partners throughout its discussion of the five key components. However, in WOTFV there appeared to be an uneven distribution of influence from individuals outside of the leadership team, both in making decisions and amount of workload. Participants mentioned the need to minimize this gap to truly have a collaborative health effort and to keep all individuals involved. Some participants even discussed the need to extend collaboration outside of WOTFV to the community in order to achieve systems-wide community change, supporting De Weger et al.'s (2018) description of a " public participant level" approach in collaborative health efforts. From this discussion, organizations should be aware of power differentials within and without the organization and try to minimize them by making explicit each segment's role within the initiative.

5. More Active Community Outreach and Involvement

Participants' comments provided further support that the CI Model's top-down approach limits community change as it disregards the vital role of community members in collaborative health efforts. Participants discussed how they felt that WOTFV needed to directly engage with residents and businesses in planning, implementation, and evaluation. This sentiment is aligned with the CCAT Model, which recognizes that community members are local experts on their community and can provide great insights on what is needed in the community (Butterfoss & Kegler 2012). Critics and participants alike suggest meeting the community where they are, engaging in community events, providing facilitative leadership to community, and involving the community in decisions.

Conclusion

The transition of WOTFV to Be Well Fox Valley provided an opportunity to evaluate the application of the CI Model in a collaborative health effort. However, there were some limitations to the research. To begin, this was a case study, so the findings may not be generalizable to all other collaborative health efforts. This study also had a small number of participants since I only interviewed members of the core and leadership team of WOTFV, along with two staff members and one working group participant. Many members in the medical field were preoccupied with responding to the COVID pandemic, so I did not have the opportunity to get their perspective on the CI Model. Furthermore, this was a retrospective study on an organization that ended in 2019. Interviews were done from Sept. 2021-Jan 2022, so there was a risk of members not remembering their time in WOTFV clearly, especially when most were also involved with its successor, Be Well Fox Valley.

Despite these limitations, this case study evaluates the Collective Impact Model in a real-world setting and provides collaborative health efforts with further recommendations on how to promote an effective initiative. The findings suggest that WOTFV was not able to achieve long-term sustainability through its application of the CI Model, indicating the need for the CI Model to be updated. From the results, community involvement was listed as a necessary component to add to the CI Model as well as further instructions on funding, strategic planning, community networking, and organization of partners.

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Appendix 1. A scorecard used to evaluate the Healthy Kids' Meals program.

Healthy Kids' Meals

Principle	Score (1 - 10)	Notes
Evidence-Informed	9	In state plan, "Scientifically-supported" and healthTIDE. Adding to evidence.
Partner Champions	8	Public health, healthcare, WRA, YMCA, Culver's
Sustainable	7	Need to utilize existing programs for infrastructure, and consider ongoing support. YMCA, public health, healthcare role?
Realistic	7	Restaurant willingness. Need more commitments.
Health Equity Focus	9	Covers restaurants serving populations across the socioeconomic spectrum.
Applicable	9	Kids' meals generally unhealthy. Should match what kids are exposed to in schools
Broad Reach	10	Reaches well over 12,000 threshold
Scalable	10	Applicable across tri-county region
PSE Focus	8	Changing restaurant policies and environments. NEMS Scores.
Total	**77**	**86%**

Appendix 2. The front page of a WOTFV newsletter from January 2016.

THE WEIGHT OF THE FOX VALLEY
Calumet, Outagamie and Winnebago Counties

A community that together achieves and maintains a healthy weight at every age.

January 2016

In this issue:

Like us on Facebook

Hello,

The New Year is here and it's never too late to make a New Year's resolution. According to a 2014 University of Scranton Journal of Clinical Psychology study, 45% of Americans make a New Year's resolution, but only 8% are successful in achieving it. And, can you guess what the most popular resolution is? You got it - to lose weight.

Workplaces are prime settings to implement healthy habits, since employed adults spend the majority of their waking hours at work.

The January newsletter is focusing on Worksite Wellness and includes ideas, tips and recent updates from our **Worksite Action Team**.

Happy & Healthy New Year,
Keren Rosenberg
WOTFV Program Manager

Appendix 3. A strategy plan written out by the Active Communities team in one of their preliminary meetings.

Weight of the Fox Valley – Active Communities Promote Use of Existing Bike and Pedestrian Trails							
Target Pop	**Inputs**	**Activities**	**Outputs**	**Short Term Outcomes**	**Intermediate Outcomes**	**Long Term Outcomes**	**Anticipated Impacts**
Children Schools People with Disabilities Isolated People Overweight and Obese Disinterested public Health Seekers Low Income Regional Planners Employers Retailers Police/Law Enforcement	Marketing Plan Time Volunteers Business Leaders Research Technology City/County/Town Planners Media	Develop marketing plan for tri-county area use of trails/paths • Trail of the month • Web App with trail heads and info Develop consistent trail signage	# of trails promoted # of apps downloaded # of trails with signage # of people using trail before/after marketing efforts	More Signage for trails Website App/QR for more info/ awareness	More trail connections Local decision-makers support trail development and use Trails have history/landmarks	Public policy change that supports active communities **People have access to a variety of activities year-round that are free and feel safe to engage in** **Redesign communities to provide an accessible "free" or "low cost" active environment**	Fox Valley will have a culture in which all residents are living an active lifestyle. All residents live and work in an environment where being healthy is an easy choice. Residents have the desire to be active, have the opportunity to "do it"