

**Place-Based Initiatives: A Report for the Kate B. Reynold Charitable Trust's Healthy Places Initiative**

*Duke University's Division of Community Health*

Akram Al-Turk  
January 2016

## Contents

I. Introduction.....	3
A. What are Place-Based Initiatives?.....	3
B. The Evolution of Place-Based Initiatives.....	4
C. Typologies of Place-Based Initiatives.....	6
II. Characteristics of Initiatives.....	8
A. Who Leads?.....	8
Regional Foundations .....	8
Federal Government.....	10
State and Local Governments .....	11
B. Programmatic, Community Building, and Policy Engagement .....	11
C. Rural Initiatives .....	12
D. Resident Engagement and Leadership Development.....	14
E. Phases of Work.....	16
III. Evaluations.....	20
A. Theoretical and Methodological Considerations .....	20
B. California Healthy Cities and Communities .....	21
C. Initiatives in the Mississippi Delta .....	23
D. Mississippi Department of Health.....	26
E. Georgia Family Connection.....	27
F. Neighborhood Transformation Initiative .....	29
G. Comprehensive Community Revitalization Program .....	31
H. Wells Fargo Regional Foundation .....	33
I. Market Creek .....	34
References.....	37

# **I. Introduction**

## **A. What are Place-Based Initiatives?**

The concept of a place-based initiative is not a new one. Although certain aspects of these initiatives have evolved since the 1960s, the broad definition of what it means to be “place-based” has, for the most part, been consistent. In an edited volume, Hopkins (2015) argues that although place-based efforts are often focused on distressed neighborhoods, this is not always the case. Instead, the important distinction of these initiatives from others is that “there is always a well-defined, contained target area” (Hopkins, 2015, p. 9). Other characteristics of place-based initiatives is that there is often a “lead agency” that coordinates the efforts of community-based organizations toward the achievement of common goals. Hopkins also states that place-based initiatives typically try to merge both economic development and human service efforts, “two fields often segregated in both philanthropy and public policy” (2015, p. 9). Three other common characteristics are identified: 1) the importance placed on resident involvement, 2) cross-sector collaboration that typically involves government, business, nonprofits, and civic organizations, and 3) a relatively long time frame, often between five and ten years (Hopkins, 2015).

Kubisch et al. (2010) review forty-eight “community change efforts” and echo Hopkins’s (2015) definition of “place-based” as being confined to a geographically defined area. They add that “‘Place’ is viewed as both an administrative launch pad for the interventions and as a target of change” (Kubisch et al., 2010, p. 11). Lang et al. (2014) argue that, to understand why the concept of “place” can be transformative, one needs to distinguish this concept from “space.” While the latter is based on the economic potential of actors, “place refers to a sociological understanding of location that highlights community, social network, and the cultural identities of individuals, as well as collective actors” (Lang et al., 2014, p. 209; cf. Castillo & Titus, 2015). In addition to community change efforts being confined to geographically defined areas, Kubisch et al. (2010) also focus on the community

building aspect of these initiatives. Aside from engaging residents, community building efforts also involve making connections among stakeholders and strengthening the civic capacity and voice of local communities. Kubisch et al. identify a third common characteristic of community change efforts: “they adopt a ‘comprehensive lens’” (2010, p. 12). This includes working at different levels: individual, community, organizational, and systematic.

Many place-based efforts were initiated in the 1990s and were called comprehensive community initiatives (CCIs). Conner and Easterling cite an early study of these initiatives, which are characterized by “(a) the devolution of authority and responsibility from state and federal agencies to local collaboratives or interagency planning bodies, (b) the introduction of a comprehensive lens that promotes an integrated, cross-sector approach to community change, (c) the involvement of residents in articulating goals for community change and in designing strategies to achieve those goals, (d) the mobilization and deployment of new resources, and (e) an investment by the funder in building the capacity of the local community” (2009, pp. 24–25; cf. Brown & Garg, 1997). Kubisch et al. make a distinction between these CCIs and current place-based efforts. Whereas the CCIs saw comprehensiveness as an operational goal, current efforts “recognize that working on all fronts is not possible. Instead, the field continues to search for the right balance between appreciating the complex and systemic nature of the problems and their solutions, and finding strategic entry points for structuring the work” (Kubisch et al., 2010, p. 12).

## **B. The Evolution of Place-Based Initiatives**

Both Hopkins and Kubisch et al. describe the evolution of community change efforts over the last few decades. Kubisch et al., for example, say that current efforts go beyond the classic CCIs initiated in the 1990s because “they can be initiated by any of a number of actors, last for any length of time, target a variety of outcomes, and involve a range of different participants” (2010, p. 13). The criteria the authors used for whether an initiative was included in their review are the following: it comprehensively analyzes the problem at hand, makes connections with other domains of work,

recognizes the importance of community in addressing the problem, and seeks community-level action in tackling that problem. The most significant developments over the last 20 years, according to Kubisch et al., are that new funding schemes are available and new institutional actors are involved in place-based efforts. In particular, public sector institutions have diversified the kinds of funding available for local efforts, including “through the Community Reinvestment Act, tax credits, transit-oriented development, funds for ‘green’ building, and new federal initiatives such as Choice Neighborhoods, Sustainable Communities, the Neighborhood Stabilization Program, and the American Recovery and Reinvestment Act” (Kubisch et al., 2010, p. 10). As a result, for-profit and nonprofit developers and community development financial institutions (CDFIs) have become involved in local initiatives. Examples of federally funded and initiated place-based initiatives are highlighted later in this paper.

The other significant change from the 1990s mentioned by Kubisch et al. is the role of regional, local, and family foundations in place-based efforts. Whereas CCIs were largely funded by national foundations, more recent place-based work has been stimulated by “locally ‘embedded’ funders, corporate, and health conversion foundations” that are in a better position to make longer time commitments and try innovative work (Kubisch et al., 2010, p. 11; but see Conner & Easterling, 2009 for a case study of a CCI funded by a regional foundation).

Hopkins traces the evolution of place-based initiatives from the 1960s and tries to dispel the claim made by some that place-based initiatives have not changed and make the same mistakes of their predecessors. Hopkins argues that place-based work started in the 1960s with the Ford Foundation’s Gray Areas program and the federal government’s Community Action Programs. During this era, foundations would pilot initiatives in neighborhoods and, if they succeeded, would try to scale them up with federal funding. These relatively well-funded initiatives started to recede, however, in the 1970s, due to a weakened economy and budget cuts by the federal government. As a result, “policymakers devolved responsibility for public initiatives to local governments,” which would compete for funds

and implement the programs locally (Hopkins, 2015, p. 11). Another characteristic of this era's place-based work was an increasing emphasis on community organizing and activism. Place-based initiatives in the 1980s and 1990s, as mentioned above, were led by large foundations that invested in what came to be known as CCIs. Hopkins says that this type of initiative "sought to incorporate social services, economic development, and community organizing" (2015, p. 11). Another significant change in place-based efforts occurred: more foundations began launching multi-site efforts, including the Ford Foundation's Neighborhood and Family Initiative and the Annie E. Casey Foundation's Making Connections and Rebuilding Communities initiative. Increasingly, the public sector started launching multi-site initiatives, some of which were market-oriented in nature, such as Enterprise Zones and Empowerment Zones.

### **C. Typologies of Place-Based Initiatives**

Based on these evolutionary processes and thinking about the changes that have occurred since CCIs dominated the place-based work environment, Hopkins argues that current place-based initiatives operate using a dual strategy. On one hand, place-based work are local level initiatives designed to tackle local problems, but on the other hand, "we now appreciate that it is crucial to our work to simultaneously address macro-scale issues through high-level systems change" (Hopkins, 2015, p. 12). Regarding the first part of the strategy—working locally, or at the neighborhood level—Hopkins argues that local initiatives have and will always be around, but leaders and initiators of recent place-based initiatives have adapted their thinking about local work in three ways: 1) they've recognized that not all low-income neighborhoods and localities are the same, 2) they have a more complex and pragmatic understanding of how to engage local residents in these initiatives, and 3) they have started thinking differently about the kinds of leadership needed.

The second part of the strategy is the focus on larger systems that could potentially have an impact on localities. Hopkins states, "Systems initiatives seek to reform the policies, institutions, and forces that impact areas of concentrated poverty" (2015, p. 19). These initiatives can be undertaken at

the regional, state, or federal levels. Hopkins further argues that initiatives do not necessarily need to focus on policies and reforms that address concentrated poverty, but should at the very least address “the underlying structures that cause poverty and affect its distribution” (2015, p. 19). Hopkins suggests that the following strategies can be used to integrate local initiatives with systems and policy-focused work: “nesting initiatives in supportive policy frameworks, relating initiatives to city and regional master plans, incorporating pilot initiatives in policy, using evaluations to inform or influence policy, and creating new structures that enable multiple federal agencies and national funders to align and braid their support for local initiatives” (2015, p. 21).

Whereas Hopkins provides this dual framework as a way to think about place-based initiatives, Kubisch et al. take a different approach. They break up community change initiatives by how they are structured and implemented and argue that there are three main types of place-based initiatives: 1) programmatic, such as housing, social services, and economic development, 2) community building, and 3) engagement with external institutions and systems (Kubisch et al., 2010, p. 15). Most place-based initiatives are programmatic, aimed at increasing access and social services in the areas of childcare, health, youth development, job training, income support, and housing, among others. Community building efforts, on the other hand, focus more on creating resilient communities, giving voice to individuals and organizations that can represent community interests, and strengthening social and civic relationships in local communities (Kubisch et al., 2010, p. 28). The third type of work, mirroring the systems initiatives Hopkins describes, is often focused on aligning the capacities and resources of community-based organizations and individuals, public sector officials, and the private sector. Community leaders typically use three strategies to engage with external actors. They seek to highlight and legitimize the community’s work and priorities, broker and align efforts, and build partnerships with strong allies (Kubisch et al., 2010, pp. 42–43).

Because place-based work can be defined broadly, a review of these initiatives can become an open-ended exercise. However, based on the theoretical frameworks presented up to this point, a

number of questions about the characteristics of place-based initiatives seem to be particularly relevant. First, who is leading these initiatives? Second, does an initiative focus on programmatic areas such as health, education, or housing, does it seek to build up the capacity of community members, or does it seek to engage external actors such as government and the private sector? Or does an initiative seek to focus on multiple streams of work? Third, what kind of “place” does the initiative operate in? In particular, is it a predominately urban setting or a rural one? Fourth, does an initiative take extra steps to engage local residents and/or develop their leadership skills? Fifth, does the work of the initiative involve multiple sectors, such as the private sector? And sixth, especially among initiatives that are relatively long term, does the work of the initiative proceed in stages?

## **II. Characteristics of Initiatives**

### **A. Who Leads?**

Over the last few decades, there has been a shift in who stimulates and leads place-based initiatives. As previously mentioned, new institutional actors, such as regional, local, and family foundations, have become more prominent players in the field, but over the last decade, there has also seemingly been a resurgence of the federal government’s involvement in place-based work. Although foundations still fund and lead many initiatives, the federal government has become an important actor. Place-based initiatives are also led by more local government actors, such as states and municipalities.

#### *Regional Foundations*

Large, national foundations such as the Ford Foundation, the John D. and Catherine T. MacArthur Foundation, the Annie E. Casey Foundation, and the W.K. Kellogg Foundation continue to support place-based work, but regional and local foundations are increasingly sponsoring and leading these types of initiatives. The California Endowment is likely the most prominent example, as it has funded initiatives such as California Works for Better Health, Healthy Cities and Communities Program, and the ten-year initiative launched in 2010 called Building Healthy Communities. The latter



is a multisite initiative that focuses on child health, safety, and education and uses the aforementioned dual strategy: a mix of local investments (in fourteen California communities) and attempts to reform state-wide policies.

Another regional foundation that works to improve health outcomes is the Kansas Health Foundation, which has a Healthy Communities Initiative. The initiative's main goal is to "promote policy, practice, and environmental changes" to increase healthy behaviors (Kansas Health Foundation, n.d.). As such, the initiative focuses mainly on effecting policy changes rather than providing programmatic funding. The REACH Healthcare Foundation is another foundation that works in parts of Kansas (and Missouri). The foundation's mission is to "advance equity in health care coverage, access and quality for poor and underserved people" (REACH Healthcare Foundation, n.d.-a). Like the Kansas Health Foundation, an integral part of the REACH Healthcare Foundation's work is policy advocacy, including advocating for implementation of the Affordable Care Act and expanding Medicaid coverage. In 2012, the foundation began its Rural Health Initiative, discussed briefly in section II.E.

The Wells Fargo Regional Foundation is another foundation that has a specific geographic focus. The foundation works in sixty-two counties in Delaware, New Jersey, and Eastern Pennsylvania. The foundation supports local communities through planning and implementation grants, which provide funding for activities such as technical assistance, outreach, and community meetings (Hopkins & Ferris, 2015). A case study of the foundation's work is summarized in section III.H.

The Northwest Area Foundation, founded in the 1930s, was established to contribute to the public welfare of eight states in the northwest United States. Until the 1990s, the foundation mostly operated as a traditional grantmaker that provided short-term grants. In 1998, however, after an organizational review, the foundation decided to "focus on a single poverty-reduction mission, and to do so in a way that allocated a significant portion of the Foundation's resources directly to communities, often through newly created organizations" (Northwest Area Foundation, n.d.). WealthWorks Northwest, an initiative

that the foundation supports is discussed below.

The role of foundations in leading place-based efforts has been discussed extensively in the academic literature. An ongoing debate exists about how and to what extent foundations can play a leading role in the work of place-based initiatives. Easterling reviews this literature, pointing to studies that show that foundations are often needed to bring about positive outcomes, whereas in other cases, foundations “have also pushed nonprofit organizations and other actors into artificial, awkward, and unsustainable efforts” (2013, p. 68). The studies that he cites point to a number reasons that funder-led initiatives often lead to problems, including “[trying] to direct or run [a] network,” “[distorting] local energy, [provoking] resistance, and [disrupting] existing relationships among local players and programs” (Castelloe, Watson, & Allen, 2011, p. 68 and Kubisch et al., 2010, p. 140; cited in Easterling, 2013). Recognizing that local organizations often go through a number of stages to get connected and be able to work collaboratively, Easterling suggests that foundations, and funders in general, “should form long-term relationships with naturally forming networks and then help those networks assess whether they are interested in moving beyond simply networking to collective action” (2013, p. 70).

### *Federal Government*

A number of federal agencies, including the Departments of Housing and Urban Development (HUD), Agriculture, and Justice, have stimulated place-based initiatives. In some cases, the initiatives led by these federal agencies are not only multisite, but they are also intended to coordinate efforts across multiple sectors, such as housing, education, and health. One example is HUD’s Choice Neighborhoods, which aims to focus not just on distressed housing but also on transforming neighborhoods to have better schools, transportation, and access to jobs (Smith, 2011). The Promise Neighborhoods program is similar, in that it has a central focus (in this case, education) but is premised on the idea that coordinated community-level efforts are needed to be successful. The Communities Putting Prevention to Work initiative is another federal agency-led initiative. The Center for Disease

Control and Prevention (CDC) funded fifty communities in 2010 to enact chronic disease prevention programs for a two-year period (Bunnell et al., 2012).

Other initiatives of the federal government include Pioneering Healthier Communities, Promise Zones, and Strong Cities, Strong Communities, the latter two initiatives led by the White House. While many place-based initiatives led by the federal government have historically focused on distressed urban areas, some of the current place-based initiatives, led by the Department of Agriculture, are in rural areas of the country. Two examples are the Rural Community Development Initiative and the Strike Force Initiative for Rural Growth and Opportunity, which will be discussed further below.

#### *State and Local Governments*

Other place-based initiatives are led by state or local governments or collaborative efforts. Best Start, a program led by First 5 LA, is an early childhood program that operates in fourteen communities in the Los Angeles area. First 5 LA supports these communities through the use of local partnerships that include local residents, philanthropy, business and faith leaders, and healthcare providers (Hopkins & Ferris, 2015). First 5 LA was created in 1998 to “invest L.A. County’s allocation of funds from California’s Proposition 10 tobacco tax” (First 5 LA, n.d.). The Dallas City Design Studio and Rural Main Street Iowa are other examples of state and local governments that lead place-based efforts and bring in a number of other actors (e.g., local nonprofits, private businesses) into those efforts.

#### **B. Programmatic, Community Building, and Policy Engagement**

The Healthy Cities and Communities Program is a multisite initiative that was expanded in 1998 when the Center for Civic Partnerships received funding from the California Endowment to expand its programming to an additional twenty California communities. The program is one that Kubisch et al. would consider a community building place-based initiative, because the goal was to “enhance the capacity of recognized and indigenous leaders in underserved areas to address the structural and environmental determinants of community health” (Kegler, Norton, & Aronson, 2007, p. 451). Results of an evaluation of the program are summarized in section III.B.

As mentioned above, Building Healthy Communities initiative is a ten-year initiative that focuses on both local investments and policy changes. The California Endowment, rather than focusing on narrowly defined outcomes and pre-determined strategies, worked with local communities to outline ten broadly defined outcomes, such as health coverage for all children, supportive neighborhood and school environments for health behaviors, and the narrowing of the health gap for boys and young men of color (The California Endowment, n.d.). On the policy systems side, each of the fourteen sites developed focused targets and priorities, and from these priorities, “Twelve Transformative Policy and Systems Change Priorities” emerged.

Hopkins provides another example of an organization that focuses on systemic change as part of its place-based work. United Way Toronto, he says, “works simultaneously at the local and policy levels when executing place-based initiatives” (2015, p. 19). Hopkins argues that United Way Toronto had an effect on government efforts and policies focused on employment standards, payday lending regulation, and poverty reduction. The organization also works with residents on neighborhood system changes, “related to improved safety, increased understanding of political processes, and advocacy to government on local issues” (Hopkins, 2015, p. 19).

### **C. Rural Initiatives**

Although many place-based initiatives have historically focused on urban community development efforts, there have been and continue to be initiatives that focus on work in rural areas of the country (cf. Hopkins, 2015, pp. 13–14). These initiatives have been led by both government agencies and foundations. A few examples of these initiatives are presented in this section.

The Rural Community Development Initiative (RCDI) is an effort by the Department of Agriculture that funds nonprofit housing and community development organizations to “support housing, community facilities, and community and economic development projects in rural areas” (United States Department of Agriculture, Rural Development, n.d.). Funding for this initiative is (not exclusively) intended to support organizations that train communities on issues related to

homeownership and entrepreneurship and provide organizations technical assistance to do things such as strategic planning development, accessing funding sources, creating training tools, etc. In April 2015, the Department of Agriculture started funding 31 community-based organizations throughout the country. Recipients included such organizations as the Foundation for Appalachian Kentucky and the North Carolina Rural Economic Development Center. The latter is receiving funding to support North Carolina's Small Towns Economic Prosperity project and eight rural towns build up their economic development capacity. Grants from the Department of Agriculture for this round of funding averaged about \$200,000 per recipient (United States Department of Agriculture, Rural Development, 2015).

The Department of Agriculture operates another program—the StrikeForce Initiative for Rural Growth and Opportunity—that focuses on rural poverty. Begun in 2010, StrikeForce has worked with over 1,500 community partners and public entities in twenty-five states and Puerto Rico to bring targeted assistance to extremely impoverished rural areas (United States Department of Agriculture, n.d.). The initiative works in local communities to assist homeowners with loans, provide farmers with access to capital, create conservation, water, and land management projects, and provide meals to low-income children. Many counties in North Carolina, especially in the eastern part of the state, have at least one StrikeForce program in place. In 2014, there were 2,989 projects and \$465.4 million invested in the state.

Although both of these federal government programs seek to work not just with community-based organizations but also with universities, local agencies, and foundations, it is not clear how much of a coordination role the federal agency plays. RCDI, for example, encourages grant seekers to partner with “federal, state, local, private, and nonprofit entities,” but whether it plays a direct role in creating or fostering these relationships is unclear. Although both of these federal programs focus their efforts on creating change in local, geographically targeted areas and seek to involve multiple sectors in the work, they predominantly fund projects and grantees. The focus of the funding, therefore, is mostly on organizations and the work they do and not necessarily on the geographic entity (i.e., the place). This

is, of course, a common funding scheme for many programs, but the distinction is important when thinking about place-based efforts.

Rural People, Rural Policies (RPRP) was launched in 2006 by the W.K. Kellogg Foundation as a multi-year, national initiative that would build up networks of organizations “to advocate and act in the rural policy arena.” RPRP, therefore, differs from the two government-led rural initiatives mentioned above in that its focus is on systems-changes. The objective of RPRP systems-changes approach, according to the Kellogg Foundation, is to “build the skills, relationships, and messages required to create new policy outcomes.” The initiative differs from the other programs in another way: its underlying approach is to target specific geographic regions. The initiative’s main component is the Rural Policy Networks, which is a group of about 90 organizations from five specific geographic regions—Central Appalachia, the Great Plains, Michigan, the Mid-South, and the Southwest—and two at-large or national networks. The networks approach is intended both to help individual organizations (e.g., by facilitating peer learning) and develop the collective strategies and skills of the networks to have an impact on rural policy.

Information on other rural initiatives, including the Mississippi Delta Health Collaborative and WealthWorks, is presented in other sections below.

#### **D. Resident Engagement and Leadership Development**

The idea that resident engagement and empowerment is an important facet of tackling the issues that local communities face has been around since at least the 1960s. Even though this is not a new concept, questions about the value of engaging residents and the best ways to do so are still much debated. Hopkins (2015) notes that some see the inclusion of residents as “window dressing,” whereby a few, token residents either accept pre-defined priorities or have a say on minor issues. Similarly, other critics say that residents are often romanticized and seen by funders to have all the answers, while others argue that residents often lack the experience and expertise needed to implement initiatives. Despite these criticisms, many place-based initiative advocates still see the need for resident

engagement but realize that they need to be deliberate in how they involve residents.

Hopkins notes that “the United Way of Toronto finds that the quality of resident participation in their place-based initiatives varies according to the degree to which their lead organizations understand and embrace the concept” (2015, p. 16). Hopkins adds that social service provider organizations often cannot see how their clients can be involved in decisionmaking processes, and therefore, the United Way tries to build up the capacity of these organizations to be able to engage different stakeholders. Another distinction made about whether resident engagement works is whether a community takes and adopts external advice without feeling coerced. In particular, a community needs the following: 1) the appetite for new, externally suggested ideas, 2) the skills to adapt them to their needs, and 3) the confidence to reject the suggested ideas (Hopkins, 2015).

The role of leadership in place-based initiatives is also often discussed in the literature. Just as some of the discussion about resident engagement is about how to meaningfully get residents to be involved in place-based efforts, the same question is asked about leadership: how can leaders be cultivated and involved in meaningful ways? Place-based initiatives need leaders for a number of reasons (Hopkins, 2015). First, initiatives need their leaders to be effective storytellers that can convey the community’s shared narrative. Second, and most relevant from an organizational standpoint, leaders can serve an intermediary role between funders and the community, able to convene meetings and facilitate dialogue among different stakeholders. And third, leaders can sometimes “bridge the world of the neighborhood with the realm of large-scale systems change” (Hopkins, 2015, p. 19).

How do initiatives develop these kinds of leaders? Susana Vasquez of LISC Chicago argues that sometimes behind-the-scenes leaders—individuals who can talk to others privately about an initiative’s larger strategy—are needed. LISC Chicago’s New Communities Program focuses some of its attention on “backstage” leaders, those who can talk about shortcomings honestly (cited in Hopkins, 2015, p. 17). Another important facet of successful initiatives and community-based efforts, Hopkins argues, is a setting in which leadership transition can happen relatively smoothly. This means that

initiative funders may need to oversee leadership transition. Additionally, funders may often have to go against their instincts and work with leaders who may eventually challenge their ideas. In doing so, they would potentially be cultivating leadership that both represents the communities its working in and potentially, in the words of Vasquez, “[pushing] against the system” (cited in Hopkins, 2015, p. 17). Some funders use in-house staff to lead initiatives, instead of using local leadership. Although this decision is often made out of necessity and may not be a sustainable strategy, it may work if the initiative is in a transition phase. And even in situations where internal staff is used to lead—such as with First 5 LA’s Best Start initiative’s use of internal coordinators for each of its sites—coordinators work with local leaders to develop relationships and meet with other community members.

Much research, however, has shown that the cultivation and coordination of local leadership in community-based efforts is the exception rather than the rule. Often, this research suggests, local power brokers and nonprofit organizations are attracted to community-based initiatives because of funding needs, and consequently, the “big picture” needs of the community are “rarely pursued with the full spectrum of local voices at the table, and even more rarely achieved” (Harvey & Beaulieu, 2010, p. 146). In addition to the difficulty in cultivating leadership and convening diverse groups of residents to work together, engaging low-income residents is an even taller task (cf. Harvey & Beaulieu, 2010). To better understand these cumulative barriers to leadership cultivation, Harvey and Beaulieu conducted a study of two initiatives in the Mississippi Delta that used different approaches in engaging residents and leaders. Contrary to what may be expected, they found that “the organization that implemented a highly centralized and professionalized approach achieved more success in building a foundation for long-term resident-driven community transformation than the organization expressly dedicated to grassroots control” (Harvey & Beaulieu, 2010, p. 148). More details from the study and its implications are discussed in section III.B.

## **E. Phases of Work**

Because place-based initiatives are typically long-term commitments, it is sometimes the case that



fundors, other initiative leaders, or external reviewers may conceptualize the work of the initiative as proceeding in distinct stages. Although this may be a conscious decision, thinking in terms of “phases” or changes in strategy more generally may also occur ad-hoc. For example, the Kellogg Foundation said that, from the beginning, its Rural People, Rural Policy initiative was going to be a “learning” initiative that may have to evolve as time went on. Two years into the initiative, the foundation decided that it would no longer bring on new grantees into its Rural Policy Networks. Instead, the foundation wanted the existing networks “to enrich and deepen their potential for collective action and build network cohesion over time.” Although this may not have been the foundation’s intentions from the beginning, this decision ended one phase and started a new one (intended to strengthen the existing networks).

Some initiatives are planned to proceed in stages. For example, WealthWorks Northwest (WWNW) is an initiative that operates in the rural Pacific Northwest. The initiative is a “systems approach to regional economic development that connects rural assets to market demands in ways that build multiple forms of wealth.” (Note here that the systems approach mentioned here differs from previous mentions of systems approaches. “Systems” in the WWNW approach refers to market-oriented and human capital principles, whereas most references of systems approaches in this paper refer to a focus on effecting policy changes.) WWNW is run by Rural Development Initiatives (RDI), a nonprofit organization based in Eugene, Oregon, and it is intended to proceed in three stages. The first stage is the Opportunity Phase, which ran in mid-2014 and comprised four regional workshops that introduced the approach to 151 participants from 61 communities. The second phase of the work was the Exploration Phase, which ran for a few months in mid- to late-2014. Attendees from the Opportunity Phase workshops were given the chance to apply for exploration grants, which would help regional groups explore available assets, establish a local network, and request assistance to construct a value chain, which feeds into the final stage of the initiative. Six regions were selected for exploration grants, which totaled \$80,000. The final phase, the Construction Phase, is intended to fund at least one

of the regional requests for two years and includes technical assistance and coaching, business development, and organizational support from RDI.

In 1997, the W.K. Kellogg Foundation launched the Mid-South Delta Initiative, an effort at addressing economic development, housing needs, and workforce opportunities in the delta areas of Arkansas, Louisiana, and Mississippi. In 2005, as the foundation was finishing up its first phase of work, it brought in PolicyLink, a research and advocacy nonprofit organization, to help it think about how to connect the work of the initiative to regional policy impact. PolicyLink recommended that connecting the work of the community-based organizations to policy outcomes could proceed in phases. For each type of organization (or work), it recommended the following stages (PolicyLink, 2005):

1. Citizen-based organizing activities
  - a. Year 1: Relational Networking
  - b. Year 2: Establishing social capital and sharing knowledge
  - c. Year 3: Building leadership and increasing civic engagement
  - d. Year 4: Capitalizing on policy opportunities and engaging in campaigns and actions
2. Community-based development organizations
  - a. First 18 months: Recruiting organizational partners, increasing civic engagement, developing constituencies, and developing leadership
  - b. Next 12 months: Research, building public will, and recruiting policy players
  - c. Next 12 months: Engaging in campaigns and actions
3. Regional Nonprofit Intermediaries
  - a. First 6 months: Research, communications, and recruiting policy players
  - b. Next 10 weeks: Engaging in campaigns and actions

A number of place-based initiatives proceed from a planning phase to an implementation phase.

For example, communities that were part of the California Healthy Cities and Communities Program were funded in three phases, the first a planning stage and the second and third implementation phases (Kegler, Norton, & Aronson, 2003). An evaluation of this program is discussed in the next section. The Rural Health Initiative of the REACH Healthcare Foundation also has multiple phases. The initiative was focused on improving healthcare access in three rural counties in Kansas and Missouri. The first phase, the “local leadership development and planning” phase, lasted approximately nine months and was intended to:

- “Develop county leadership and collaborative processes for carrying out the initiative;
- Engage a cross-section of county stakeholders in contributing ideas to the proposals of county leadership teams;
- Build effective networks within counties that can implement coordinated systems of care for residents;
- Increase discussion and deliberation within counties and across the three initiative counties through learning communities and electronic networks, and develop a common framework for understanding how rural communities can tackle inadequate health care systems;
- Identify high-impact strategies, the evidence for their potential, and an action plan for moving into implementation” (REACH Healthcare Foundation, n.d.-b).

The second phase, named “investment in innovations,” lasted about a year. In that time, the foundation “[supported] community capacity building in each county; [provided] ongoing access to technical assistance with expertise in rural conditions, network development, strategic planning, evaluation and meeting facilitation; and [funded] implementation of locally developed projects” (REACH Healthcare Foundation, n.d.-b). Many of the studies in the next section speak specifically to the lessons that have been learned about different phases of place-based initiatives.

### **III. Evaluations**

#### **A. Theoretical and Methodological Considerations**

Researchers have conducted a number of evaluations on place-based efforts. Some evaluated a place-based initiative as a whole, while others focused on a particular research question (e.g., the extent to which residents participated in community development efforts) and tried to answer that question by examining a place-based initiative. Both types of evaluations are summarized in this section. Before reviewing these evaluations, however, it may be helpful to both point out some of the difficulties inherent in evaluations of place-based work and situate these studies within a larger theoretical question. On the challenges of evaluations, Kegler et al. (2015) provide a useful summary. Although the authors focus on evaluations of community-level policy, systems, and environmental (PSE) change strategies, the challenges outlined can be applied to other types of evaluations. First, they note that, while studies such as theirs document progress made by certain stakeholders, researchers are often not able to make claims about community or individual level changes or whether initiatives were able to influence policy implementation or enforcement (cf. Giugni, 1999; Meyer, 2010).

Further, studies often either focus on systemic changes or on behavioral or health outcomes, but not both. Kegler et al. argue that the reasons for a lack of focus on behavioral or health outcomes include “timing of the evaluation, infeasibility of control communities, and budget constraints” (2015, p. 63S). The researchers add that other challenges include prioritizing evaluation questions, choosing between depth and breadth, being constrained by not having baseline data or a feasible control group, and selecting appropriate study participants given the diversity of different strategies. They also argue that one of the strengths of place-based initiatives—their adaptation to the context and, therefore, the many different strategies and activities employed—makes an evaluation design more complicated and means that evaluators need to be flexible and may have to make compromises on what they are actually able to evaluate (Kegler et al., 2015, p. 64S).

In addition to the methodological questions raised above, a broad, theoretical question should be kept in mind: what is the goal of place-based initiatives or, generally speaking, of community development efforts? In an early effort to address this question, Lackey et al. (1987) argue that community development efforts should help communities obtain, maintain, and improve community health. Community health, “used as a sociological and developmental concept,” comprises the following four attributes: 1) attitudes and values, 2) capacities, 3) organization, and 4) leadership (Lackey et al., 1987, p. 1).

Based on these four broad attributes and drawing on previous research, Lackey et al. state that the essential characteristics of healthy communities are the following: “1) local groups with well developed problem solving skills and a spirit of self-reliance, 2) a broad distribution of power in decision-making, commitment to the community as a place to live, and broad participation in community affairs, 3) leaders with community-wide vision and residents with a strong sense of community loyalty, 4) effective collaboration in defining community needs and the ability to achieve a working consensus on goals and priorities, 5) citizens with a broad repertoire of problem solving abilities who know how to acquire resources when faced with adversity, 6) commitment to the community and a government that provides enabling support for the people, and 7) a formal or informal mechanism for exchange among conflicting groups” (1987, p. 2). Their summary of the characteristics of a healthy community provides a useful starting point for an evaluation of place-based initiatives. Although many evaluations do not explicitly use this concept of community health, almost all researchers conducting an evaluation try to address whether community development efforts contribute to one or more of the characteristics outlined above.

## **B. California Healthy Cities and Communities**

Drawing on Lackey et al.’s claim that residents and local groups in communities need the knowledge and skills to carry out particular functions to solve community problems, Kegler et al. (2007) evaluate California Healthy Cities and Communities (CHCC)—a coalition-based program—to

examine whether and which skills were strengthened among coalition members and local coordinators who participated in the program. CHCC, led by the Center for Civic Partnerships and funded by the California Endowment, was started in 1998 to fund 20 California communities to work on health improvement efforts. In the formulation phase, communities in the CHCC program formed multi-sectoral coalitions intended to “[engage] the larger community to create a vision for the future, [conduct] a community assessment, [select] a priority issue to address, and [develop] an action plan” before implementing and evaluating their planned activities (Kegler et al., 2007, p. 451). One of the goals of the program was to build skills in inexperienced individuals and strengthen the skills of those with more experience, through the use of technical assistance and workshops. The authors surveyed coalition members and interviewed local coordinators in all 20 sites during both the initial planning phase (year 1) and the implementation phase to assess whether and which skills were improved as a result of participating in the program. For coalition members, the greatest problem-solving and collaboration skill improvements in the planning phase were 1) defining health broadly (i.e., acknowledging that the physical and social environments are important conditions for health improvement), 2) setting priorities and developing action plans, and 3) evaluating the progress of an initiative.

In addition to these skill developments, the implementation phase saw program participants improve the following skills: 1) understanding different perspectives, 2) building coalitions, and 3) solving community problems. The least amount of improvement was found in writing grants and proposals, resolving conflict, and developing or advocating for policy change. Based on these findings, the authors suggest that initiatives interested in capacity building may want to consider focusing more of their attention on these less commonly developed skills. In trying to assess which factors may be correlated with skill development, the researchers found that time commitment to the project was not meaningfully correlated. On the other hand, the total number of roles that a participant played in a project was modestly correlated, suggesting that “breadth of volunteer opportunities may be key to

developing individual skills that could be applied on behalf of community problem solving” (Kegler et al., 2007, p. 455).

### **C. Initiatives in the Mississippi Delta**

The capacities of individuals to engage in community development efforts has also been examined from a different angle. Rather than looking at whether participation in a place-based effort leads to skill development, other scholars have examined the links between, on one hand, organizational characteristics and capacities and, on the other, the level of participation and engagement by individual residents. Harvey and Beaulieu (2010) examine whether different types of organizations have varying effects on resident engagement and initiative outcomes, especially in high-poverty communities. The authors conducted in-depth research in the Mississippi Delta on community development initiatives that were led by two different kinds of organizations—one, a regional philanthropic foundation that led a grassroots-based initiative, and the other, a community development financial institution (CDFI) that led a more professionally managed and top-down development approach.

Despite some previous theories that have argued that citizen control of initiatives leads to positive development outcomes, Harvey and Beaulieu (2010) found that the regional foundation’s approach—mobilizing resident engagement in the planning and implementation phases—failed to create a representative, functional, or legitimate participatory process, according to both participants and the wider community. The authors argue that a number of factors led to this failure, including a “lack of visible impacts and the initial exclusion of the traditional [business and nonprofit] leadership” (2010, p. 159). The implications of these findings are twofold. First, visible impacts are sometimes needed to keep residents engaged long-term, and second, the exclusion of certain sectors in a community can lead to mistrust, charges of favoritism, and, potentially, the view among some that a new initiative is a threat, or “an attempt to set up an alternative authority structure” (2010, p. 159). In addition to these factors, community residents from the study grew weary of the foundation, because it did not deliver on

promises of funding, was poorly managing basic logistical functions, and did not do enough to bridge the gaps between different sectors in the community.

The CDFI's approach was quite different. Rather than emphasizing the participation of residents, the CDFI focused on strategic effectiveness. According to the study's authors, the CDFI went into the initiative with a set of assumptions: first, a lack of meaningful impact had made residents cynical about community development programs; second, studies, discussions, and theoretical processes were no longer needed; and third, local organizations in many rural communities have historically not been able to work cooperatively due to racial tensions, a lack of "progressive community leadership," and a "near total lack of capacity" (Harvey & Beaulieu, 2010, p. 162). As a response to these challenges, the CDFI argued that it could provide the necessary planning and bridging role that the community needed, because it was a professional organization and it could bring in middle-class and business participation, which the organization argued was crucial to community development. Although some critics of the CDFI argued that the organization hand-picked a small group of residents and did not do enough to incorporate the opinions of low-income residents, interview data from the study show that the CDFI's leadership was respected in the community, mainly because of tangible results, the "emergence of 'new hope' and a 'can-do spirit,'" and a view among some that the CDFI was more interested in community development than furthering the interests of local organizations, which was rare in the area (2010, p. 165).

The implications of these findings is not that resident participation is not important. Although the CDFI limited grassroots involvement, it did put in place a system of checks and balances with different community stakeholders. Instead, one implication, the authors argue, is that professional staff may need the "flexibility to implement a strategic plan built on input from the community without having to include the community in deliberative processes over every step." Further, in addition to professional staff, financial resources are needed. Financial investments, by creating tangible outcomes, "piqued the interest of residents, muted criticism from naysayers, and allowed the CDFI to operate largely



independently,” which in turn facilitated relationships between leaders historically at odds with each other (Harvey & Beaulieu, 2010, p. 168).

Another implication of these findings speaks to the degree to which place-based initiative facilitators play a strong, active role in the work. Harvey and Beaulieu argue that some who argue for grassroots resident engagement feel that facilitator organizations “should function as relatively distant facilitators of communication among local groups rather than active participants” (2010, p. 170). Drawing on Leeuwis (2000), the authors agree that this view is flawed because it assumes that factions in communities share common interests and that outside organizations can merely facilitate. Because problems faced in distressed communities are often rooted in long-standing conflicts and because some factions will inevitably oppose new initiatives, Leeuwis argues that outside organizations often need to play a “negotiator” role rather than simply that of a facilitator. Contrary to the traditional participation literature, Leeuwis concludes that an active “negotiator” organization needs an active strategy, resources, and a power-base, and may “strategically select participants and exclude others, put pressure on certain stakeholders, and/or impose sanctions if actors do not follow the agreed rules of conduct, etc.” (2000, p. 950).

Leeuwis makes two other related arguments about participatory processes that are particularly relevant for place-based initiatives. First, the role of an outsider negotiator will be most effective when there is at least some level of mutual interdependence among the stakeholders. This is often not the case, which means that outsiders have to gain an understanding of the socio-historical context and, when possible, find actors that do feel some level of interdependence. The second consideration for outsider organizations—related to the first—is that a “participatory trajectory cannot be established out of the blue,” precisely because a lack of mutual interdependence may lead to participatory processes that only enhance perceptions of dependence. Among other things, outsider organizations can instead focus on changing that perception of dependency by “strengthening the position of particular (coalitions of) actors...or with the help of conventional policy instruments” (2000, p. 952)

While some researchers focus on whether and how place-based work affects the capacities of individuals and organizations to carry out their work, other scholars assess whether place-based initiatives have an effect on policy and socioeconomic outcomes. A number of evaluation frameworks have been proposed, including one that uses a logic model to conceptualize how policymaking affects long-term outcomes (Leeman et al., 2012) and one that focuses on five core elements (“organizing an authentic base, developing leadership, creating and implementing vision and ideas, building alliances, and developing advocacy infrastructure”) (Masters & Osborn, 2010), among others (Devlin-Foltz, Fagen, Reed, Medina, & Neiger, 2012).

#### **D. Mississippi Department of Health**

Kegler et al. (2015) also developed an evaluation framework, one that includes four domains that are theorized to operate sequentially. In this framework, community mobilization and activities lead to community capacity, which leads to policy and environmental change, which leads to behavioral and health outcome changes. In an evaluation of a place-based initiative in seven Mississippi Delta counties that focused on cardiovascular disease and stroke prevention, the authors examine the steps that initiative participants took to promote policy change and the contextual factors that may have an effect on that change. The initiative, guided by an advisory council, was implemented by the Mississippi Department of Health and local community organizations, and funding was “used to establish and support Mayor’s Health Councils, church gardens, congregational health nurse programs, worksite wellness councils, and a chronic disease management quality improvement initiative in federally qualified health centers” (Kegler et al., 2015, p. 58S).

Focusing on the third domain—policy and environmental change—in their framework, the researchers identify a number of steps that initiative participants took to try to effect change and the factors that either facilitated or inhibited progress toward policy changes. They identified twelve steps, subdivided into two categories: planning and advocacy. They found that almost all of the initiative’s grantees convened a group to plan or implement a project, collected information about available

resources, developed an action plan or goals and objectives, made a sustainability plan, or conducted outreach or promotional activities. More noteworthy, the three activities that participants engaged in the least were applying for additional funding, generating media coverage or writing letters to the editor, and drafting and sharing policy proposals.

The most commonly reported contextual barrier was the economic condition of the local community, and the top facilitating factor was an organization's willingness to partner with other agencies. Although the study is not intended to be analytically rigorous, it does suggest that researchers and evaluators, especially those interested in examining policy effects and health outcomes, should consider research designs that specifically focus on intermediary inputs and outcomes. Further, for those interested in supporting organizations and communities that are seeking policy changes, the study's findings suggest that external actors could assist local actors by helping them apply for funding, reach out to the media, and draft and share policy proposals.

#### **E. Georgia Family Connection**

There is little conclusive evidence that place-based work or, more generally, collaborative initiatives lead to systemic policy or population-level health and behavioral changes. Similar to the aforementioned methodological challenges of evaluations that Kegler et al. (2015) outline, Darnell et al. add that methodological challenges include “the smaller size of samples of communities, the feasibility of random assignment of communities to experimental conditions, the relatively long study duration that may be required to identify slow developing changes at the community level, and the causal complexity that must be accounted for in analyses attempting to link collaboration to macro-level outcomes” (2012, p. 398). The authors try to address this challenge using propensity score matching—a method that measures whether the outcomes of the individuals or communities of interest differ significantly from a comparison group.

The researchers were interested in evaluating whether a program called the Georgia Family Connection (FC), a network of inter-organizational collaboratives that work to improve child and

family health outcomes, had any effects on low infant birthweight, one of the goals of the program. The collaboratives—comprising public agencies, businesses, faith-based organizations, elected officials, and local citizens—sought to affect low birthweight using a number of strategies, including providing or facilitating individual-level services, facilitating more comprehensive and integrated services, or engaging in activities, such as public awareness campaigns, that seek to effect community-wide change (Darnell et al., 2012).

The time period of the study was 1997 to 2003 and compared 25 counties that had the FC program with counties that did not. The comparison counties were drawn from Arkansas, Mississippi, and Tennessee, chosen because of their geographic proximity to Georgia and because data on low infant birthweight from these states were available. The researchers selected comparison counties (n=376) using demographic and socio-economic indicators from the U.S. Census. They acknowledge that these counties may have had similar initiatives to address child and family well-being, but because the researchers are specifically interested in the effects of the FC collaboration model, differences in outcomes would likely reflect the effects of the program.

The authors found that rates of low infant birthweight increased for both the 25 FC counties and the 376 comparison counties. However, the rate of increase for the FC counties was significantly lower (approximately 1.5 standard deviation units) than the comparison counties. While they say that this result speaks to the effectiveness of the program, they do acknowledge that their study has a number of limitations, including the inability to account for all variables, potential selection bias (i.e., why were the FC counties chosen in the first place), and difficulty in defining a concept such as collaboration (Darnell et al., 2012). The latter point applies to all evaluations of this kind. And precisely because place-based initiatives are meant to be both comprehensive and flexible—which means that different strategies are often used by different actors at different phases—measuring the effects of the work becomes even more difficult.

## **F. Neighborhood Transformation Initiative**

The challenges highlighted here may partly explain why evaluations of place-based initiatives often take a comprehensive approach—examining an initiative as a whole—without making conclusive claims about whether that initiative had tangible policy or socio-economic outcomes. Often, evaluations focus on what strategies were used and how those strategies evolved during the course of the initiative. These lessons can be informative for other place-based initiatives. In the next section, a few initiatives are reviewed.

The Neighborhood Transformation Initiative was one of the earliest examples of comprehensive community initiatives (CCIs). Started in 1990, the Enterprise Foundation, public officials from the City of Baltimore, and residents of the Sandtown-Winchester neighborhood in Baltimore led the initiative and sought a complete transformation—social, economic, and physical—of the neighborhood (Kubisch et al., 2010). A little over twenty years after the initiative began, DeLuca and Rosenblatt (2013) conducted a study to see whether the initiative had an effect on housing, education, employment, crime, and life expectancy outcomes. Similar to the Darnell et al. study highlighted above, the researchers compared the outcomes of the Sandtown-Winchester neighborhood to other neighborhoods in Baltimore that were demographically and socio-economically similar in 1990. The authors found some positive results in the neighborhood—a lower poverty rate, more homeownership, a greater proportion of people with high school and college degrees, and lower crime—but some challenges, such as unemployment, vacant housing, and bad schools, remained. The authors point to some policy and research implications of their study, but before highlighting those, another study is worth mentioning.

Brown et al. (2001) conducted a study of the same initiative ten years into it and point to four key decisions that shaped the initiative. First, leaders sought the city government as a key partner in the work. If the reforms were to be achieved and sustainable, “local government needed to share the same vision and commitment” (Brown et al., 2001, p. 3). Second, the Enterprise Foundation wanted to play a non-traditional role—engaging in day to day activities and providing on-site staffing and technical

assistance. Third, even though the neighborhood did not have a strong institutional anchor, the foundation and the city worked with residents to try to respond to their interests. And, fourth, “based on the belief that no single organization was thought to best represent” the neighborhood, a “new community-based organization was formed to coordinate the transformation effort” (Brown et al., 2001, p. 3).

The authors point to both the successes and challenges of the initiative. The latter included the pressure that initiative partners began to feel as implementation progressed. They were “simultaneously raising funds, gleaning information about best practices from sources around the country, building infrastructure to support many types of change, recruiting technical experts, and initiating project activities.” In addition, internal conflicts emerged, and the ambitious vision of the initiative set high expectations that were difficult to meet (Brown et al., 2001, p. 7).

Based on these challenges, the authors suggest a number of lessons. Although not always explicit, the implication of a few of the lessons is that some actions need to be undertaken early in an initiative. A few of the lessons illustrate this point. The authors suggest that those engaging in similar initiatives should “build on a deep understanding of the neighborhood,” which means “entering the community slowly and getting to know its history and culture...[and] diversity” (2001, p. 7). Further, and echoing the findings of Harvey and Beaulieu’s study of initiatives in the Mississippi Delta, Brown et al. suggest that initiatives should set short-term, achievable goals to build trust in the community. Regarding capacity building, the authors also suggest starting early, arguing that “strong leadership, the collective effectiveness of residents, and a stable infrastructure of resource-rich organizations” are all important aspects of community transformation. Another lesson offered requires a balancing act. The researchers urge initiative leaders to generate hope and belief in and ownership of change, while also managing “stakeholders’ expectations so that people both believe that change is possible and see concrete evidence that it can occur.” Finally, another lesson that should be applied early on in an initiative relates to decision-making processes. Precisely because decisions become more complicated as

implementation progresses, a clear process about “who will control the transformation process, set criteria for action, and determine the timeline for change” should be established early on (2001, p. 8).

Other lessons suggested by Brown et al. include partnering with the public sector, grounding expectations in an explicit strategy, balancing funding against pace and priorities, using neighborhood-focused intermediaries, and creating a culture of learning and self-assessment. The authors also point to some enduring challenges. The first is the difficulty that outside organizations have in altering power imbalances (i.e., the ability of marginalized communities to shape and control the rules and institutions that affect their lives). A second challenge is acknowledging the role that class and race plays, especially in poor, minority communities. Even if an outside organization cannot resolve these tensions, acknowledging them may build trust in these communities. Other suggestions the authors have include respecting local residents and honoring their competence as leaders and recognizing that, often, religious faith and spiritual strength can be resources for social change (Brown et al., 2001).

DeLuca and Rosenblatt argue that, in addition to reviews such as Brown et al.’s, evaluations should examine the following: “how much local community involvement and “buy-in” exists; how partnerships are formed (and severed) between community organizations, state, local, and federal agencies; how the populations of these communities change over time; cost-effective ways to handle these dynamics and their related administrative challenges; and best practices culled over more than 20 years of experience” (DeLuca & Rosenblatt, 2013, p. 11).

### **G. Comprehensive Community Revitalization Program**

The Comprehensive Community Revitalization Program (CCRP) was launched in 1992 in the South Bronx, with the goal of assisting established community-based organizations to play a “role as ‘neighborhood intermediaries,’ coordinating the planning, resource development, and program implementation” to address poverty in the organizations’ communities (Miller & Burns, 2006, p. 1). The initiative was initially funded by the Surdna Foundation and then received further support from at least twenty other funders, including the federal government. In 1996, a review of the initiative was

conducted and focused on three questions that the authors argued were important for any comprehensive strategy: 1) “How does an initiative invest in community capacity?” 2) “How does an initiative make the concepts of ‘coordination’ and ‘comprehensiveness’ operational?” and 3) “What role should residents play in the revitalization of their neighborhoods” (cited in Miller & Burns, 2006, p. 12).

Based on the work of CCRP, Miller and Burns provide some guidance on how to tackle some of the common challenges that place-based initiatives face. The challenges are:

1. “Making critical early design decisions that set the stage for what comes next.
2. Finding, managing and spending the flexible dollars that stimulate and fuel the creative efforts of community leaders.
3. Nurturing new visioning and planning activities that set the initiative’s direction and are essential to engaging the community.
4. Assuming a bridge-building role to connect expert technical and programmatic resources with the work going on in the participating communities.
5. Steering the effort with the entrepreneurial leadership needed to venture into new territory, solve problems, recover from mistakes and keep the initiative moving in the right direction” (Miller & Burns, 2006, p. 69).

Miller and Burns provide a number of lessons, many of which relate to an initiative’s early stages. These include taking time at the beginning of an initiative to think through the “assumptions and strategic options available that will inform its design,” the criteria and process for both selecting participants and their continuation in the program, and setting expectations, both internally and externally (2006, p. 25). Related to financial matters, they suggest not tying up resources too early but also thinking through from the beginning how activities can be funded over the long term, including finding stable outside funding for programs that are working (2006, p. 35). Further, they suggest convening participants early in the program to discuss common values and a shared vision, defining the



rules of engagement early “that set the stage for how you lead,” and potentially engaging in planning activities during different stages of the initiative. Similar to other initiative evaluations, they suggest not “[overlooking] the importance of building early momentum and showing visible results” (2006, pp. 47, 68).

#### **H. Wells Fargo Regional Foundation**

The Wells Fargo Regional Foundation (WFRF) has funded comprehensive neighborhood revitalization projects in Pennsylvania, Delaware, and New Jersey since 2003. A study was conducted in 2014 to evaluate the impact of the 140 planning and implementation grants awarded by the foundation. The foundation’s theory of change was premised on the fact that planning and implementation grants would lead to improved physical and social conditions and quality of life in low-income neighborhoods. For the purposes of the study, the authors used home prices—considered a good measure of neighborhood demand, quality, and desirability in previous studies—to determine whether revitalization efforts were successful (Greco, Grieve, & Goldstein, 2015, p. 56).

The authors of the study were interested in which factors may contribute to successful neighborhood revitalization. They found that different strategies yielded different results. Strategies were broken down as either physical (housing, investments in public spaces, etc.) or social (education, case-management, job training, and childcare). During the grant period, projects focused on social strategies outperformed those using a mixed strategy (social and physical). However, looking at long-term effects, projects that had a mixed strategy did better. The authors argue that the results suggest that social projects can be implemented more quickly and are more likely to be completed, but physical projects may have longer-term effects. Therefore, addressing both (human services and physical blight) seems to have the most significant long-term impact.

The researchers also found that grantees that had smaller focus areas had more significant impact. And contrary to what may be expected, projects that were deemed high-risk in the beginning outperformed low-risk projects. The authors argue that “grantee risk that is well monitored and

supported by foundation staff can yield long-term, positive community change” (Greco et al., 2015, p. 62). The researchers made other observations, including the following: 1) Organizational capacity (fiscal management and leadership) is important, 2) organizations that were committed to place-based work across their other programs were more successful than organizations that focused on one sector, such as health and education, and 3) building toward implementation from the planning phase is also important. This includes setting realistic timetables and being transparent about them (Greco et al., 2015, pp. 69–70).

## **I. Market Creek**

In 1995, the Jacobs Family Foundation shifted its focus from being a traditional grantmaker to engaging more directly with neighborhood organizations and residents. The foundation created an operating arm, the Jacobs Center for Neighborhood Innovation (JCNI), which would partner with residents to revitalize a group of ten neighborhoods in San Diego. Three years after its founding, JCNI, with support from the Annie E. Casey Foundation and two banks, acquired land in San Diego that local residents wanted transformed into mixed-use development. And in 2004, after working with the city, Market Creek Plaza was completed. Today, JCNI owns more land that it intends to develop. Similar to other organizations leading place-based initiatives, the Jacobs Family Foundation realized that traditional grantmaking was not enough. Castillo and Titus note that the foundation and its operating arm “evolved from grantmaker to nonprofit-strengthening organization to active community partner” (2015, p. 9). Further, the foundation’s work is confined to specific geographic areas, comprises anchor institutions and companies, and involves partnership with governments, businesses, universities, philanthropists, and social-networking organizations.

Castillo and Titus argue that the success that the foundation’s place-based work has had—in particular, “lasting community value”—is due to collaborative leadership, a compelling vision for development, human capital and technological advancements, access to financial capital, and the involvement of diverse stakeholders (2015, p. 9). The authors also place the successful outcomes of

JCNI's work within a larger framework. They argue that three conceptual perspectives help explain why the community and JCNI were able to achieve their intended outcomes. The first perspective is that organizations need to be place builders. Building on previous research, the authors state that "organizations interact with place in four ways: exploitative, instrumental, contributive, and transformative" (Castillo & Titus, 2015, p. 16; cf. Thomas & Cross, 2007).

Exploitative organizations view space solely as a commodity, contingent organizations take an instrumental approach and view philanthropy as either a way to comply with regulations or to promote their interests, and contributive organizations view themselves as part of a business network that may contribute to the well-being of a community. Transformative organizations, Castillo and Titus argue, operate differently. These organizations "act collaboratively, recognize their interdependence with other stakeholders and sectors, and invest in the ongoing well-being of community," and unlike contributive organizations, they feel genuine responsibility for community well-being. Further, "their corporate cultures emphasize team learning and building partnerships," and "they hold themselves accountable to the community," basing their decision-making on what is good for the community in the long-term (Castillo & Titus, 2015, p. 16).

The second perspective the authors point to is resource-based theory, which has been shown to explain organizational relationships and success. The theory focuses on how sustainable income creates wealth, and this resource activation is due, in part, to a few key elements of leadership—generating trust, providing meaning to stakeholders, working with partners, and communicating values. Castillo and Titus further argue that acquiring resources does not, as some have argued, necessarily stem from or lead to competition. Rather, based on a study by Arya and Lin (2007) of fifty-two networked organizations, "resource acquisition motivated collaboration and enabled these organizations to develop capabilities and competencies at the individual, interorganizational, and network levels" (Castillo & Titus, 2015, p. 17).

The third perspective is the idea that entrepreneurs do not create wealth simply by finding and

exploiting niches but instead they generate, or *effectuate*, opportunities that did not already exist. Two relevant propositions of effectuation theory are that agents willingly affect the future and that entrepreneurial decision-making is based on questions of identity, knowledge, and networks (Sarasvathy, 2001). Castillo and Titus argue that one application of effectuation theory is the idea that nonprofit organizations create social capital that then allows the production of collective goods and collaborative work to occur (Steinberg, 2006), and they point to the fact that JCNI “worked with individuals, organizations, government agencies, and networks to bring into existence opportunities, relationships, and economic resources that did not exist before this collaboration” (Castillo & Titus, 2015, p. 17).

## References

- Arya, B., & Lin, Z. (2007). Understanding Collaboration Outcomes from an Extended Resource-Based View Perspective: The Roles of Organizational Characteristics, Partner Attributes, and Network Structures. *Journal of Management*, 33(5), 697–723.
- Brown, P., Butler, B., & Hamilton, R. (2001). The Sandtown-Winchester Neighborhood Transformation Initiative: Lessons Learned about Community Building and Implementation. Annie E. Casey Foundation and the Enterprise Foundation. Retrieved from <http://eric.ed.gov/?id=ED458312>.
- Brown, P., & Garg, S. (1997). Foundations and Comprehensive Community Initiatives: The Challenges of Partnership. Chapin Hall Center for Children.
- Bunnell, R., O'Neil, D., Soler, R., Payne, R., Giles, W. H., Collins, J., ... Communities Putting Prevention to Work Program Group. (2012). Fifty Communities Putting Prevention to Work: Accelerating Chronic Disease Prevention Through Policy, Systems and Environmental Change. *Journal of Community Health*, 37(5), 1081–1090.
- Castelloe, P., Watson, T., & Allen, K. (2011). Rural Networks for Wealth Creation: Impacts and Lessons Learned from U.S. Communities. Rural Support Partners.
- Castillo, E., & Titus, A. (2015). Activating the Power of Place: A Case Study of Market Creek. *The Foundation Review*, 7(3).
- Conner, R., & Easterling, D. (2009). The Colorado Trust's Healthy Communities Initiative: Results and Lessons for Comprehensive Community Initiatives. *The Foundation Review*, 1(1), 24–42.
- Darnell, A. J., Barile, J. P., Weaver, S. R., Harper, C. R., Kuperminc, G. P., & Emshoff, J. G. (2012). Testing Effects of Community Collaboration on Rates of Low Infant Birthweight at the County Level. *American Journal of Community Psychology*, 51(3-4), 398–406.
- DeLuca, S., & Rosenblatt, P. (2013). Do Place-Based Policy Interventions Increase Neighborhood

Opportunity? The Case of Sandtown-Winchester.

Devlin-Foltz, D., Fagen, M. C., Reed, E., Medina, R., & Neiger, B. L. (2012). Advocacy Evaluation Challenges and Emerging Trends. *Health Promotion Practice, 13*(5), 581–586.

Easterling, D. (2013). Getting to Collective Impact: How Funders Can Contribute Over the Life Course of the Work. *The Foundation Review, 5*(2).

First 5 LA. (n.d.). About First 5 LA. Retrieved January 26, 2016, from <http://www.first5la.org/index.php?r=site/tag&id=3>.

Giugni, M. (1999). How Social Movements Matter: Past Research, Present Problems, Future Developments. In M. Giugni, D. | McAdam, & C. | Tilly (Eds.), *How Social Movements Matter* (pp. xiii–xxxviii). Minneapolis: University of Minnesota Press.

Greco, L., Grieve, M., & Goldstein, I. (2015). Investing in Community Change: An Evaluation of a Decade of Data-Driven Grantmaking. *The Foundation Review, 7*(3).

Harvey, M. H., & Beaulieu, L. J. (2010). Implementing community development in the Mississippi Delta: The effect of organizations on resident participation. In A. Goetting & G. P. Green (Eds.), *Mobilizing Communities: Asset Building as a Community Development Strategy*. Philadelphia, PA: Temple University Press.

Hopkins, E. M. (2015). The State of Place-Based Initiatives. In E. M. Hopkins & J. M. Ferris (Eds.), *Place-Based Initiatives in the Context of Public Policy and Markets: Moving to Higher Ground*. The Center on Philanthropy and Public Policy. Retrieved from <https://socialinnovation.usc.edu/files/2014/12/Prioritizing-Place-Moving-to-Higher-Ground.pdf>.

Hopkins, E. M., & Ferris, J. M. (Eds.). (2015, March). Place-Based Initiatives in the Context of Public Policy and Markets: Moving to Higher Ground. The Center on Philanthropy and Public Policy. Retrieved from <https://socialinnovation.usc.edu/files/2014/12/Prioritizing-Place-Moving-to-Higher-Ground.pdf>.

Kansas Health Foundation. (n.d.). Healthy Communities Initiative: Request for Proposal. Retrieved

- January 26, 2016, from <http://kansashealth.org/sites/default/files/HCI%202%20RFP.pdf>.
- Kegler, M. C., Honeycutt, S., Davis, M., Dauria, E., Berg, C., Dove, C., ... Hawkins, J. (2015). Policy, Systems, and Environmental Change in the Mississippi Delta Considerations for Evaluation Design. *Health Education & Behavior*, 42(1 suppl), 57S–66S.
- Kegler, M. C., Norton, B. L., & Aronson, R. (2007). Skill improvement among coalition members in the California Healthy Cities and Communities Program. *Health Education Research*, 22(3), 450–457.
- Kegler, M. C., Norton, B. L., & Aronson, R. E. (2003, September). Evaluation of the Five-Year Expansion Program of California Healthy Cities and Communities (1998 – 2003). Rollins School of Public Health. Retrieved from [http://media.wix.com/ugd/28034a\\_03abdcffcd43bae5cf40a930c311349.pdf](http://media.wix.com/ugd/28034a_03abdcffcd43bae5cf40a930c311349.pdf).
- Kubisch, A. C., Auspos, P., Brown, P., & Dewar, T. (2010). Voices from the Field III: Lessons and Challenges from Two Decades of Community Change Efforts. The Aspen Institute.
- Lackey, D. A. S., Burke, R., & Peterson, M. (1987). Healthy Communities: the Goal of Community Development. *Journal of the Community Development Society*, 18(2), 1–17.
- Lang, R., Fink, M., & Kibler, E. (2014). Understanding place-based entrepreneurship in rural Central Europe: A comparative institutional analysis. *International Small Business Journal*, 32(2), 204–227.
- Leeman, J., Sommers, J., Vu, M., Jernigan, J., Payne, G., & Thompson, D. (2012). An Evaluation Framework for Obesity Prevention Policy Interventions. *Preventing Chronic Disease*.
- Leeuwis, C. (2000). Reconceptualizing Participation for Sustainable Rural Development: Towards a Negotiation Approach. *Development and Change*, 31(5), 931–959.
- Masters, B., & Osborn, T. (2010). Social Movements and Philanthropy: How Foundations Can Support Movement Building. *The Foundation Review*, 2(2), 12–27.
- Meyer, M. (2010). Social Movement Service Organizations: The Challenges and Consequences of

- Combining Service Provision and Political Advocacy. In Y. Hasenfeld (Ed.), *Human Services as Complex Organizations* (2nd ed., pp. 533–550). Los Angeles: Sage.
- Miller, A., & Burns, T. (2006). Going Comprehensive: Anatomy of an Initiative that Worked. Retrieved from <http://content.knowledgeplex.org/kp2/cache/documents/4377/437741.pdf>.
- Northwest Area Foundation. (n.d.). History of Northwest Area Foundation. Retrieved January 26, 2016, from <http://www.nwaf.org/about/history-nwaf>.
- PolicyLink. (2005, July). *Mid-South Delta Initiative: Findings and Recommendations to Achieve Regional Policy Impact*. Retrieved from <http://www.wkkf.org/~media/5823C56C0B24400F9269C313D6A7DCDB.ashx>.
- REACH Healthcare Foundation. (n.d.-a). Mission and Vision. Retrieved January 26, 2016, from <https://reachhealth.org/about/mission-vision>.
- REACH Healthcare Foundation. (n.d.-b). Rural Health Initiative. Retrieved January 26, 2016, from <https://reachhealth.org/goals/ruralhealth>.
- Sarasvathy, S. D. (2001). Causation and Effectuation: Toward a Theoretical Shift from Economic Inevitability to Entrepreneurial Contingency. *The Academy of Management Review*, 26(2), 243–263.
- Smith, R. E. (2011, March). How to Evaluate Choice and Promise Neighborhoods. The Urban Institute. Retrieved from <http://www.urban.org/research/publication/how-evaluate-choice-and-promise-neighborhoods>.
- Steinberg, R. (2006). Economic Theories of Nonprofit Organizations. In W. Powell & R. | Steinberg (Eds.), *The Nonprofit Sector : A Research Handbook* (2nd ed.). New Haven: Yale University Press.
- The California Endowment. (n.d.). The “What” of BHC. Retrieved January 26, 2016, from <http://www.calendow.org/report/the-what-of-bhc-card/#1>.
- Thomas, D. F., & Cross, J. E. (2007). Organizations as Place Builders. *Journal of Behavioral and*



*Applied Management*, 9(1), 33–41, 43–61.

United States Department of Agriculture. (n.d.). StrikeForce Initiative for Rural Growth and Opportunity. Retrieved January 26, 2016, from <http://www.usda.gov/documents/strikeforce-rural-growth-opportunity.pdf>.

United States Department of Agriculture, Rural Development. (2015, April 15). Rural Community Development Initiative Grant Recipients. Retrieved January 26, 2016, from <http://www.rd.usda.gov/files/RD-RCDIrecipients2015.pdf>.

United States Department of Agriculture, Rural Development. (n.d.). Rural Community Development Initiative Grants. Retrieved January 26, 2016, from <http://www.rd.usda.gov/programs-services/rural-community-development-initiative-grants>.