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A Model Memorandum of Collaboration: A Proposal

SYNOPSIS

The authors propose a model memorandum of collaboration for use by state and community partnerships, support organizations, and grantmakers in working together to build healthier communities. Described as an idealized social contract, the model memorandum lays out interrelated responsibilities for the key parties.

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Building healthier communities is the process of people working together to address what matters to them—whether that is reducing violence, improving environmental quality, or promoting child health. This process involves altering social and environmental conditions to effect widespread behavior change and related population-level outcomes such as injury or employment rates. It promotes civic engagement among people who share a common place, such as a rural community or urban neighborhood, or experience, including being an adolescent or a member of an ethnic minority group.

Collaborative partnerships focus on bringing about community and systems change, an intermediate outcome in the long process of community health improvement. Community (and systems) changes include new or modified programs (for example, after-school programs, prevention services), policies (for example, increased fines for selling illegal products to minors, family-friendly policies in businesses), and practices (for example,

improved access to health services) related to community-determined goals.

A growing body of literature documents the functioning of collaborative partnerships for community health and development.¹⁻³ Although the evidence of effectiveness is limited and mixed, researchers and practitioners are beginning to come to an agreement on some key features of community-based initiatives. Of particular interest are the components and elements that contribute to success.

SOME FACTORS AFFECTING COMMUNITY CHANGE

For more than a decade, our University of Kansas research team has used a common measurement system⁴⁻⁶ to document the unfolding of community and systems change, and related events, over time. In a multiple case study design with more than 20 different community partnerships, we have looked for discontinuities in the pattern of community and systems change and for events associated with marked increases and decreases in rates of change. For example, we noted that following completion of action plans, there is typically a marked increase in the rate of community change, a relationship that was found in many different contexts. By using the logic of multiple time series (quasi-experimental) designs, we identified several types of events that appear to affect rates of community change.

Our overall analysis, consistent with the work of others, suggests seven factors that facilitate the process of community change and improvement.⁷

1. Clear vision and mission. Initiatives with a clear focus (for example, increasing childhood vaccination rates or improving employment outcomes) bring about markedly higher rates of community (and systems) change than broad "healthy communities" efforts lacking targeted missions and objectives.
2. Action planning. Identifying specific community or systems changes (that is, new or modified programs, policies, and practices) to be sought

(including with whom, by whom, and by when) may be the single most important practice that can be implemented.

3. Leadership. A change in (or loss of) key leadership can dramatically affect rates of community and systems change.
4. Resources for community mobilizers. Hiring community mobilizers or organizers can aid in following up on action plans.
5. Documentation and feedback on intermediate outcomes. Regular (at least quarterly) communication about rates of community change, and events that affect it, is also correlated with higher rates of success.
6. Technical assistance. Technical assistance, such as with action planning or helping secure resources, is to be supportive of change efforts.
7. Making outcomes matter. Grantmakers can accelerate rates of community and systems change with incentives and disincentives such as annual renewal of multi-year awards⁸ or bonus grants based on evidence of progress or accomplishment.

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TOWARD A BROAD COLLABORATIVE PARTNERSHIP

Transforming the conditions that affect community health and development requires a broad collaborative partnership among several key players. First, state and community partnerships doing the work of community and systems change link people and organizations in common purpose. For example, a community partnership to reduce racial inequalities in health outcomes might engage members of ethnic minority groups and organizational representatives in transforming local community-based, health, and religious organizations; businesses; schools; government; and financial institutions.

Second, support and intermediary organizations, such as university-based research centers and community-based organizations, help build the capacity of commu-

nity partners by enhancing core competencies (for example, community assessment, strategic planning, community action and advocacy, community evaluation, securing resources to sustain the effort).

Third, grantmakers and government agencies help create conditions for success by using requests for proposals to convene people in common purpose. In addition, they broker connections among those working in the same community, or on the same concern (for example, among grassroots community organizations and financial institutions) and can leverage funding and resources through relationships with other grantmakers. Grantmakers can also help make outcomes matter (for example, through grant renewal or bonus grants contingent on evidence of accomplishment).

How can these parties collaborate? What risks, resources, and responsibilities can they share when engaged in the process of community (and systems) change and improvement? How might research-based information be used to guide broad collaborative partnerships for community health? What follows is a model memorandum of collaboration outlining complementary roles and responsibilities.

A MODEL MEMORANDUM OF COLLABORATION FOR BUILDING HEALTHIER COMMUNITIES

In this complex work, any model will be adapted to fit the local context and adjusted to reflect emerging needs, barriers, and opportunities. Based on ongoing dialogue, the participating parties—the community partnership, support organizations, and grantmaker(s)—agree to work together for community change and improvement in the following ways.

1. Refining and targeting the vision, mission, and objectives for community health and development (four months).

- a. Community partnership: Consistent with the community's vision and goals, the community partnership, including local people and community-based organizations, will select a modest number of broad goals (for example, improving education, preventing violence, reducing disparities in outcomes associated with "race" and poverty). (Note: The vision and mission may reflect a continuum of outcomes, including: [a] categorical issues (for example, adolescent pregnancy), [b] broader interrelated concerns [for example, youth development], and/or [c] more fundamental social deter-

minants of health and development [for example, children living in poverty].) This will help define and focus their common work to improve the lives of local people.

- b. Support organizations: Support organizations will assist the community partnership in establishing a broad-based vision and mission for community health and development, focusing on specific locally determined issues or concerns and framing objectives as challenging (but potentially achievable) community-determined goals. (An example for education: by 2010, increase by 40% the high school graduation rate).
- c. Grantmaker(s): Grantmakers will lay the groundwork for multi-year grant application(s) to be submitted to relevant funders. The grant(s) will outline coordinated investments in a long-term, comprehensive, and community-determined development process.

2. Developing an action plan for bringing about community and systems change related to community-determined goals for health and development (approximately eight months and ongoing).

- a. Community partnership: Building on earlier efforts, collaborating partners, including people of influence (for example, appointed officials) and those most affected (for example, youth, low-income residents), will identify specific community and systems changes to be effected to improve population-level outcomes for people in this community. Changes in programs, policies, and practices will be sought in all relevant sectors of the community (that is, schools, government, business, health and human service organizations, the faith community). Detailed and interrelated action plans will be developed for each focal objective (for example, substance abuse, education, violence or neighborhood safety). Working committees will be organized around each focal objective, such as a Task Force on Substance Abuse, to coordinate and focus community change efforts for maximum impact.
- b. Support organizations: Support organizations will assist with action planning, including identifying community changes and best practices for each broad objective (for example, employment, physical activity) in each relevant sector (for example, schools, business, the faith community). They will support the early stages of comprehensive action planning (for example, by organizing and facilitating planning retreats).

c. Grantmaker(s): Grantmakers will broker connections to other organizations with special expertise in specific goal areas (for example, housing, independent living for elders) relevant to the work in local communities. Grantmakers will also assist in facilitating broader systems changes (for example, grant-making practices, regional planning policies that concentrate poverty in a few urban neighborhoods) to improve the conditions under which local efforts for community change and improvement occur.

3. Developing and supporting leadership within communities (ongoing).

- a. Community partnership: The community partnership will enhance and support existing leadership through mechanisms such as partnership meetings and retreats. The partnership will also seek to develop new generations of leadership by creating niches of opportunity for leadership, seeking natural leaders among those most affected, mentoring newer leaders, and supporting local youth and other underrepresented groups in leadership roles.
- b. Support organizations: Support organizations will use courses, technical assistance, networks of support, and Internet-based resources⁹ to connect people, ideas, and resources. They will help convene formal and informal (for example, support networks among the parties) learning communities.
- c. Grantmaker(s): Grantmakers will support partners in securing supplemental resources for leadership development in local communities. Using traditional face-to-face gatherings and new communications technologies (for example, teleconferencing, forums on the Internet), grantmakers will help community partnerships connect local leadership and residents to each other and to broader local and global resources and expertise.

4. Documenting the process of community change and improvement, and using ongoing feedback for improvement and celebration (monthly and ongoing).

- a. Community partnership: Using a community documentation and evaluation system, local people will gather information on community-relevant indicators of success. They will also assist in obtaining other related information to help participants understand and be accountable for the work, including narrative "success stories" and commu-

nity-level indicators related to the objectives. Partners will review data on intermediate outcomes (for example, community and systems change) at least quarterly and data on more distant outcomes (that is, community-level indicators), at least annually to help guide improvements and promote the celebration of accomplishments.

- b. Support organizations: Support organizations will help facilitate a conversation about what the important markers or indicators of success are for the community. They will establish, adapt (as needed), and maintain a system for documenting intermediate outcomes (for example, community and systems change). They will also help the community partnership identify community-level indicators that offer the best potential for an accurate and sensitive picture from the community's perspective. They will support the work of local documenters in obtaining, clarifying, interpreting, and communicating evaluation information to the community, and to current and prospective funders.
- c. Grantmaker(s): Grantmakers will request and accept functional information on the process of community change and improvement and related narrative information as evidence of progress for its grant status reports and grant applications. To maximize efficiency, they will work with other grantmakers and organizations to encourage the acceptance of common datasets for reports. If needed, they will help secure access to data on community-level indicators sensitive to community-defined goals. Grantmakers will also assist in documenting their own contributions to local efforts (for example, facilitating systems change, brokering access to resources).

5. Securing and providing technical assistance related to the work in local communities (ongoing).

- a. Community partnership: The community partnership will seek assistance from relevant support organizations with generalized expertise in building capacity (for example, for planning, evaluation) and with specialized knowledge about relevant categorical issues (for example, HIV/AIDS, child development). In addition, the local partnership will develop the capacity to provide technical assistance, such as in action planning or documentation, for other organizations and communities.
- b. Support organizations: Support organizations will provide technical assistance and help build capac-

ity in community partnerships, as requested, in implementing and documenting the process of community change and improvement. This will include brokering linkages to others and providing training materials and/or workshops in skills related to this work (for example, community assessment, action planning, leadership development, evaluation).

- c. Grantmaker(s): Grantmakers will help fund and broker connections to support organizations that can provide needed technical assistance. They will also help build capacity, for example, by improving community partnerships' access to communications technology.

6. Securing and providing financial resources for those doing the work in local communities (initial 10-year commitment, potentially renewable, including multi-year grants with annual renewal contingent on evidence of progress).

- a. Community partnership: As appropriate, partners will seek and invest significant resources in developing capacity for the work. In particular, this may involve hiring and supporting community organizers responsible for helping bring about the community and systems changes, and implementing the best practices, identified in the action plan. In applications for grant funding, the partners will provide evidence of the need for and value of community investment, including quantitative information on community and systems change and improvement in community-level indicators, and qualitative information such as success stories.
- b. Support organizations: Support organizations will help identify available resources and support local leadership in communicating data (for example, community and systems change, community-level indicators) for use in grant status reports and progress-to-date sections of grant applications. This and related qualitative information (for example, narrative success stories) can be used to help leverage resources for com-

munity organizers and others to help do the ongoing work.

- c. Grantmaker(s): Grantmakers will facilitate the development of grant proposals to support a long-term, comprehensive community change and improvement effort. Grantmakers will also broker connections to other funders to help generate the resources estimated as needed for the effort.

7. Making outcomes matter in the work in local communities (ongoing).

- a. Community partnership: The community partnership agrees to submit annual status reports that include information on evidence of progress with intermediate (for example, community and systems change) and more distant outcomes (for example, community-level indicators). Consistent with enhanced accountability, the partnership will also share evidence of accomplishments and needed adjustments with the local community and with outside funders.
- b. Support organizations: Support organizations will assist the community partnership in collecting, analyzing, and communicating data on the process of community change and improvement for grant status reports. They will also help all parties use ongoing feedback (for example, rates of community change, satisfaction with support organizations and funders) for continuous improvement.

- c. Grantmaker(s): Grantmakers will require annual grant status reports that include evidence of progress (for example, high rates of community change, improvement in community-level indicators). To maximize accountability to the community and to grantmakers, three forms of "making outcomes matter" will be used. First, annual renewal of multi-year awards will be contingent on evidence of progress. Initially, progress will be judged largely by evidence of full implementation of the process (for example, community involvement in planning) and intermediate outcomes (for example, the rate and kind of community and systems change facilitated by the community partnership). In later years, after sufficient environmental changes have occurred, improvement on community-

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level indicators will serve as additional evidence of success. Second, bonus grants (that is, up to one-third of the grant award) may be earned annually for outstanding accomplishments (for example, implementation of core components, high rates of change of importance to community members and experts in related areas such as adolescent pregnancy or education). Third, outcome dividends will be available to enhance accountability and provide incentives for improving more distant community-level outcomes (for example, reduced adolescent pregnancy, improved academic outcomes). The outcome dividend will consist of a dollar bonus calculated based on cost-benefit estimates associated with improvements (for example, reduced adolescent pregnancy). The outcome dividend will be deposited in a local "community trust account" and reinvested by the community partnership for work with community-determined goals.

CONCLUSION

Community health—the well-being of the people who share a common place or experience—requires community engagement in changing the behaviors of large numbers of individuals and the conditions or social determinants that affect health and development. Although local people are best positioned to determine their priority concerns and strategies, transforming communities requires other partners to help with technical support and financial and other needed resources. Based on an emerging research base, we recommend specific interrelated roles and responsibilities among community partnerships, support organizations, and grantmakers. The aim is, first, to build capacity for local people to address what matters to them and, over time, to build current and future generations of leadership. Perhaps models such as this for a new social contract will enhance collaborative work toward more just, caring, and healthy communities.

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