

DEEP DIVE

BELONGING & CIVIC MUSCLE

JUNE 2020

CONTRIBUTION 1 OF 3

CIVIC CAPACITY, RACE, AND COVID-19

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CONTRIBUTION 2 OF 3

BUILDING EQUITY & ACCOUNTABILITY INTO PANDEMIC RESPONSE & RECOVERY: A PROPOSAL TO CREATE RESPONSE & RESILIENCE ACCOUNTABILITY COUNCILS

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ADDITIONAL SOURCES

CIVIC CAPACITY, RACE, AND COVID-19

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by David Chrislip, Skillful Means

INTRODUCTION

I am part of an eclectic network of colleagues devoted to building a just, equitable, and deeply democratic society. I want to thank each of them for helping to inform and inspire this work. Some of the central characters in this network include: David Chrislip, Skillful Means (author of this paper); Carl Larson, Ph.D., and Darrin Hicks, Ph.D., Communication Studies, University of Denver; Patti Schmitt, Family Leadership Training Institute, Colorado State University Extension; David MacPhee, Ph.D., Colorado School of Public Health, Colorado State University; Brandon Kliewer, Ph.D., Kerry Priest, Ph.D., and Mary Tolar, Ph.D., Staley School of Leadership Studies, Kansas State University; Victor Dukay, Ph.D., The Lundy Foundation; Ed O'Malley and Tim Steffensmeier, Ph.D., Kansas Leadership Center; Allan Wallis, Ph.D., School of Public Affairs, University of Colorado at Denver.

Collectively, we have conducted research and published numerous books and articles investigating civic collaboration, collective leadership, civic engagement, public deliberation, civic leadership, public participation, and other topics related to civic capacity. We have developed leadership frameworks and curricula for a wide-range of civic leadership development initiatives and taught thousands of participants through these offerings. We have designed and facilitated countless collaborative processes to help make progress on public challenges. We have created renowned organizations that build civic capacity.

We are active in a number of professional associations including: American Forensics Association, Association of Leadership Educators, Institute for Civic Discourse and Democracy, International Communication Association, International Leadership Association, International Society for the Study of Argumentation, The Kettering Foundation, National Clearinghouse of Leadership Programs, National Coalition for Dialogue and Deliberation, National Communication Association, National Council on Family Relations, National Epsilon Sigma Phi Extension Professionals' Organization, National

Parent Leadership Institute, Network Leadership Training Academy, Society for Prevention Research, Society for Research in Child Development; and Truman Scholars Association.

We are connected to a number of local, state, and national collaborative networks and advisory groups in civic engagement, civic leadership development, collective leadership, public health, rural and urban development, social work, and university extensions.

THE CRISIS OF COVID-19

"Sometimes change is so vast and dislocating that it is hard to tell disaster from opportunity." - The Economist, April 11, 2020

"The larger project, however, is to increase the resilience of American society." - The New York Times, April 9, 2020

"We've never gotten to a place where racism is not a significant part of everyone's life in the United States." - Rashawn Ray, The New York Times, May 31, 2020

As COVID-19 continues to devastate communities across the nation, planning for its aftermath is taking center stage. As horrendous as the initial shock has been, it is but the first of many cascading impacts that must be addressed. Economic decline (collapse, in some places), increases in inequality in health and wealth, inadequate capacity of institutions to respond, failing health and education systems, and so on, will follow, rending the social fabric of families, communities, states, and the nation. Trillions of dollars will be allocated and spent by federal, state, and local government agencies and foundations to address these challenges. Some communities will be able to put these resources to good use. Others will become more dependent on outside entities (like governments and foundations) for their survival and less resilient in the face of future challenges. The longer-term response to the effects of this pandemic will be as important as the initial response to its manifesting symptoms.

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Given the immensity of the damage and the colossal investment needed to repair it, ensuring that subsequent responses enhance the capacity—the resilience—of communities and regions to respond to on-going and persistent challenges and disruptions becomes imperative. An emerging definition of community resilience goes beyond merely coping with an external shock like COVID-19 and returning to the status quo ante. Radical theories see resilience as a dynamic process, not of bouncing back, but of reinvention and transformation. A systemic response is more powerful than a symptomatic one.

This is adaptive work that involves power, politics, radical inclusion, authentic engagement, and mutual learning. The concept of civic capacity brings these elements together to make progress. Those who study how communities work know why some respond better than others to disruptions like COVID-19: they are more resilient because they have greater civic capacity. This disaster offers an opportunity to enhance the civic capacity of this country's communities and regions reclaiming the vital role of civic life in shaping this country's future.

THE CRUCIBLE OF CHANGE

Over the past two decades, there has been a distinct shift in thinking about where the impetus for adaptation and change should come from in neighborhoods, communities, and regions. Perhaps recognizing the limitations of top-down, externally-driven approaches, foundations, governments, and other civic actors now encourage and support community-driven responses to adaptive challenges such as health, education, housing, policing, and other public crises. Three premises inform this thinking about community-driven change:

- It is more effective in making lasting progress.
- It is more inclusive and egalitarian, therefore more democratic.
- Communities with the capacity for community-driven change are observably more resilient and responsive to disruptions and challenges.

At its heart, community-driven change can be defined in terms of shared power between decision makers and community members, multiple perspectives on issues, strong participation from diverse people, a focus on

equitable outcomes, and decision-making processes that are equitable, authentic, and transparent.

	Top down, externally-driven (doing for)	Community-driven (doing from within)
<i>Who does the work</i>	organizations, foundations & public agencies	neighborhoods, communities & regions (residents, organizations & Governments)
<i>The nature of the process</i>	decide & announce	stakeholders set agendas, solve problems & build consensus
<i>Who organizes and energizes the process</i>	people with authority & influence	many people exercising leadership
<i>Who informs the work</i>	content experts	local knowledge & experience informed by content experts
<i>Key leadership tasks</i>	marshal expertise & influence	convene, catalyze, & facilitate

For many actors interested in the civic arena, community-driven change has become the preferred approach to transforming systems such as health care, education, and economic development. Over the past year, a panel of 34 experts from the U.S. and Canada, with conceptual and experiential expertise related to civic capacity, worked together to consolidate their knowledge and experience and create a broadly accepted definition of what community-driven change means and what it looks like in practice.

This work on community-driven change generated information about characteristics, qualities, and concerns of those communities capable of fostering constructive responses to disruptions and challenges. For example, these communities intentionally confront historic inequities and injustice. They couple an inclusive and engaging civic culture with institutions committed to community engagement. They keep a steady eye on the common good. Many people exercise leadership in different forms at different times, some with positions of authority, many without. The leadership focus is on purposeful collaboration and mutual learning to make

progress on issues of shared concern.

This understanding of community-driven change led to the development of a Civic Capacity Index (CCI), a measure of a community's ability to make progress on complex, adaptive civic challenges. The CCI helps inform, shape, and evaluate intervention strategies from governments, foundations, and other civic actors. As a diagnostic tool, the CCI can help policy makers understand the capacity of a community or region to absorb and manage resources directed towards recovery from the impacts of a disruption like COVID-19. As a framework for community-driven change, the index can be used to design interventions that respond better to presenting challenges while enhancing the civic capacity—the resilience—of the community or region. Responses can be tailored to the civic capacity of a particular place. If, for instance, civic capacity is high, interventions may be able to leverage existing resources. If civic capacity is low, interventions may need to provide more guidance, technical assistance, and expertise. Communities can use the CCI as a place to start to assess and build their capacity for community-driven change. The index can track changes in civic capacity over time, tying them to current actions. With the help of the community-driven change framework, civic actors can take advantage of existing civic capacity, understand where it is lacking, and build resilience for the future.

THE OPPORTUNITY TO CREATE A MORE RESILIENT SOCIETY

Just as flattening the curve of COVID-19 in its initial stages took leadership and concerted action, so too does creating a more resilient society. COVID-19 has revealed, not for the first time, many of the staggering issues of inequality in our country. If we only mitigate the symptoms of the COVID-19 pandemic, we will have missed an opportunity to generate the ideas and political will to build a more just and equitable society. Realizing these aspirations takes civic capacity. Fulfilling them restores confidence in our collective capacity to respond to disruptions and challenges yet to come.

THE HISTORICAL CONTEXT OF COMMUNITY-DRIVEN CHANGE

The great social movements of the past half-century profoundly changed the civic landscape in manifestly different and clearly visible ways that carry deep implications for civic engagement and civic leadership.

These provocative movements challenged traditional power structures, radicalized and mobilized unheard or disenfranchised voices and, at times, menaced the country with anarchy when institutions and policies failed to change quickly enough. The civil rights movement brought African-Americans and other minorities closer to full participation in civic life, eroding the power of one race to control the lives of another. Grassroots community organizers stymied the ability of traditionally dominant parts of society to act unilaterally, helping put issues of housing, income equality, and health care for the poor on the table.

Environmentalists helped ensure that influential industrialists or governments could no longer disconnect their interests from the broader interests of citizens and the country without protest or notice. Since the suffragist movement, women's rights have acquired new dimensions encompassing workplace rights, freedom from sexual harassment, and equal pay for equal work. LGBT activists have exposed a long history of abuse and discrimination based on sexual orientation and promoted laws and policies that protect the human dignity of all. These movements have irrevocably redefined for the better who should be included in American civic life.

Each of these movements has its own long, sometimes tragic, and still evolving history. They reflect the reality of community-driven change when other means do not suffice. By challenging the common, prevailing understanding through resistance and confrontation, they were able to provoke needed change, heightening expectations that hard earned progress should continue.

The present convergence of the COVID-19 pandemic, an onslaught of racial assaults, and a climate change crisis has brought us again to the perennial question: Is emotional-confrontational change the only way forward, or are there other rational-deliberative ways we can use to make progress on the issues we care about? Is it possible, for instance, to energize a conception of democracy that: makes significant decisions as accessible and inclusive as possible; avoids patterns of domination; and produces legitimate outcomes acceptable to all? Some of us believe so and have invested our lives in discovering how to do it.

THE EVOLUTION OF AN IDEA

The idea of civic capacity builds on a long history of related ideas, such as deliberative democracy, civic

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engagement, public participation, and collaborative problem-solving. Each of these ideas strives to make democracy come alive as a means of acting collectively in pursuit of a common good. This ideal contrasts starkly with a narrower view of democracy where the public expresses its preferences through the popular vote and delegates responsibility for enacting policies reflecting these views to its representatives. This limited perspective places little or no expectation for leadership or engagement on citizens and residents of a place. The role of the public is simply to vote and get out of the way, allowing elected leaders to get on with the work.

More people engaging in the public sphere has been an ideal of deliberative democracy throughout the twentieth century. As long ago as the 1920s, Mary Parker Follett recognized the synergistic potential of collaborative action. She argued that working together in a deliberative way to bring out differences creates the possibility of a deeper, more integrated response that goes beyond the limitations of compromise and concession. Working with small groups in Boston, she had observed first-hand “people learning how to evolve collective ideas.” She noted that when these initiatives worked, their efforts complemented the formal institutions of governance, mitigated conflicts between competing interests, engaged citizens deeply in addressing the local problems that concern them, helped legitimize public decisions, and built the capacity to negotiate future conflicts in ways that better reflect the common good.

Similarly, John Dewey, a near contemporary of Follett’s, believed that democracy operates from the premise that human society exists because of community. Communication allows people to work cooperatively to discover what they have in common. When people help shape and evaluate public policy, a more legitimate democracy becomes possible. From 1936 to 1941, Dewey used the Federal Forum Project to organize and facilitate hundreds of public discussions. He and his partners believed “that a revived and enhanced democratic practice, by fostering intelligent deliberation, could lead to solved problems and a brighter future.”

In the 1960s and 70s, John W. Gardner, one of America’s great public philosophers, came to similar conclusions about the need for widespread civic engagement. He understood from his experience that if the nation were to make progress on its toughest problems, leadership would have to pervade all segments of society and that it would

have to be a profoundly different kind of leadership than traditionally practiced. The challenges were too complex and the interests too diverse and conflicting for top-down leadership alone to be effective. The civic culture—the norms and practices of civic life—was too divisive and too reliant on government as the driving force. Few people acted across functional boundaries or spoke reliably about common interests. The key to civic progress, in Gardner’s mind, was to transform the default civic culture from a “war of the parts against the whole” to an inclusive, engaging and collaborative one that could make communities better for all. To do this required building relationships, skills for working together, and a sense of responsibility for the future of the community or region.

Follett, Dewey, and Gardner all recognized that the civic arena differed fundamentally from other government, political, and organizational contexts and that a strong civil society was necessary for democracy to prosper. Civic work was collective work with and beyond government. Institutional approaches, by themselves, are inadequate to address shared problems. They understood the civic arena as a crossroads where interests converge and stories collide. As the notion suggests, and as the 2020 pandemic puts into stark relief, issues in the civic arena cross boundaries, some formal like jurisdictional borders, some less so but equally powerful like race and class. Everyone is part of the mess. The challenges are adaptive not technical, so require mutual learning and problem-solving to make progress. Expertise either doesn’t exist or is distrusted. Values conflict. Ends, processes, and content in the civic arena are all subject to engagement in contrast to organizations with set missions, organizational structures, and disciplines. No one has absolute authority to impose top down solutions and community members don’t necessarily follow.

The idea of civic capacity began to take shape in the 1980s and 90s when keen observers and chroniclers of American civic life noticed that some communities were making notably more progress on civic challenges than others. While not yet the norm, civic engagement was at the heart of these successes. Three aspects characterized these more successful communities. First, a few civic-minded people recognized that the default civic culture—the “war of the parts against the whole”—hindered progress. Second, they made conscious choices to do something different, convincing others that more progress could be made by engaging across factions rather than working against each other. As a practical

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matter, civic engagement provided the means for building support and legitimacy for public decisions. Third, they recognized that the institutions, relationships, norms, and the collective competencies to act that support an engaging civic culture must be cultivated. Investing in building these “civic capacities” was essential for a strong civil society.

About the same time, scholars, also recognizing the variations in the way communities respond to challenges and disruptions, began to use the term civic capacity as a way of accounting for these differences. An emerging definition described civic capacity as the collective ability—efficacy—to solve public problems in an inclusive, egalitarian, and equitable way. With enough civic capacity, they argued, communities could collectively respond and adapt to public challenges and make visible progress. In this way, civic capacity became a normative idea, reflecting the hypothesis that communities and regions with more civic capacity respond more effectively to challenges and disruptions.

As this definition evolved, the connections with and distinctions from related ideas and domains became sharper. For example, many of the features of civic capacity are also characteristics of community resilience which is often defined in terms of a community’s network of adaptive capacities. Similarly, social capital’s emphasis on norms of reciprocity, shared information, and collective action complement some of the features of civic capacity. On the other hand, civic capacity is distinct from other factors such as geography, path dependency (historical events or choices that shape current conditions), and the social, political, and economic forces that also shape how communities and regions act. Civic capacity provides a means for communities and regions to gain more control over these contextual elements.

The idea of civic capacity, as it has come down to us from Follett, Dewey, Gardner, and others, reflects a conception of democracy that goes beyond voting, participation in public processes, volunteerism, or seeking public office. It puts civic engagement at its heart.

DISCOVERING THE DIMENSIONS OF CIVIC CAPACITY

This section describes two methods for discovering the dimensions of civic capacity. The first approach makes use of the knowledge and experience of an expert panel to define these dimensions. The second employs a series of case studies to define them. The insights from these

two methods converge creating a broadly accepted understanding of what civic capacity means in practice.

HOW EXPERTS DEFINE CIVIC CAPACITY

In 2018, I was asked to help a statewide health foundation in the Midwest assess its strategies for improving health equity. Over the years, the foundation had shifted its interventions from foundation-driven initiatives to collaborative partnerships with local entities. Now, it was seeking to shift the impetus for adaptation and change as much as possible to counties and communities. The foundation staff had some ideas about how this might occur, but little agreement about what it meant in action or on what the foundation might do to support this transition.

My task, in a November session with the foundation’s technical assistance team for its county health equity coalitions, was to help them understand the distinctions between foundation-driven approaches and community-driven initiatives. Using some descriptors I had developed for each approach, I asked them to outline what was happening in each site and place it on a spectrum running from foundation-driven at one end to community-driven at the other. Disappointingly, by their own assessment, these interventions were primarily driven by foundation staff or consultants along with a handful of influential partners from each county. This was not the community-driven response the foundation hoped for. I then asked them how the team’s actions either supported or undermined the aspirations of the foundation. With this assessment, we were able to begin rethinking the nature of the foundation’s support in ways that would move the sites closer to its aspirations.

As the group worked through this analysis, it became clear that some counties were observably better prepared to address health equity issues than others. Why was this so? What capacities did some counties have that others did not? At the time, we had no good way of assessing the civic capacity of each site other than our own judgments. Lacking this assessment, we were flying blind in our attempts to determine the right mix of technical assistance and foundation guidance.

Given this experience, I started looking into the literature on community-driven change and civic capacity. I wanted to understand: what community-driven change means; what civic capacities communities need to respond to challenges and disruptions; and how to assess these

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capacities. As is common with emerging conceptual ideas, I soon realized there was no broadly accepted understanding of what constitutes community-driven change and what it looks like in practice.

Coincidentally, my colleagues at Colorado State University, Patti Schmitt and David MacPhee, had received a grant to develop and pilot a leadership development program in two Colorado communities that would bring community members together with local policy makers to build their capacity to act together on shared concerns. In order to evaluate this dual-capacity approach to leadership development, they needed an assessment tool to measure the impact of the program on the community's civic capacity. My experience with the health foundation and their need for an assessment tool encouraged us to develop a Civic Capacity Index. Working together, we put together an initiative that would:

- Create a broader conceptual understanding by connecting multiple interpretations of community-driven change and civic capacity.
- Define the civic capacities communities need to respond to challenges and disruptions and what these capacities look like in practice.
- Develop a diagnostic tool—a civic capacity index—to help inform, shape, and evaluate interventions designed to build civic capacity, respond to challenges and disruptions, develop equitable and sustainable policies, and solve community problems.

To do this work, we convened a panel of 34 experts from the U.S. and Canada, with conceptual and experiential expertise related to civic capacity in terms of civic engagement, civic leadership development, and community building. In 2019 and 2020, we worked with the panel to connect and consolidate our knowledge and experience using a concept mapping process. We engaged the panel in brainstorming, sorting, clustering, analyzing, and mapping responses to queries related to the three tasks listed above. We began with the question: *Based on your experience and knowledge, what would you see if community-driven change is occurring?* Ultimately, the panel helped create a civic capacity index (CCI) with 52 items organized into 7 domains.

The resulting items represent more than simply identifiable characteristics that can be measured in terms of presence or not; they provide benchmarks—normative

statements—about what you would see if community-driven change is occurring. This allows the CCI to be used to assess the relative presence of these characteristics, the crucial value of the instrument. We are now validating the CCI and piloting its use.

As a result of this work, we have a broadly shared conception of civic capacity, its domains, and what it entails in practice. Through this study, we began to understand civic capacity as the collective capacity of a social system—neighborhoods, communities, regions—to respond to challenges and disruptions. Progress emerges from the interplay of these domains in particular situations on specific challenges. Civic capacity ebbs and flows manifesting differently in different times, situations, places, and on different issues. Each dimension represents a necessary, but not sufficient, aspect of civic capacity. The whole is greater than the parts. No community can deploy all of these qualities in every situation, though some can do so better than others. With knowledge of this concept and data from the CCI, civic actors can take advantage of existing civic capacity to make more progress on shared concerns, understand where it is lacking, and build resilience for the future.

The expert panel and the concept mapping process helped us draw on the experience, knowledge, and insight gained from a lifetime of working with these ideas. This is what they told us about what community-driven change and civic capacity look like for each of the seven domains they identified:

COLLECTIVE LEADERSHIP

Local leadership provides the impetus for community-driven change. Diverse community members, including those who usually have less power and influence, have a meaningful and ongoing leadership role. Leadership is viewed as an activity, not a position, that anyone can engage in, so many people are exercising leadership, some with authority, many without. Those in key formal and informal leadership roles build bridges between groups and give roles to others leading the work. They act with fairness and humility, inspiring participation and creating an atmosphere where challenges can be addressed. Much of the activity of leadership is directed towards the process of working together. As a result, there is more consensus, action, and accountability.

CONFRONTING RACISM AND INJUSTICE

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Diverse community members are committed to making amends for past injustices and work openly to address them. They honor the lived experiences of all and rely on this understanding to inform and shape decisions, actions, and policies. The community is sensitive to cultural barriers to participation and actively provides opportunities for authentic engagement. Those with traditionally less power and influence are able to gain the knowledge and skills for working with others on community challenges.

INSTITUTIONAL SYNERGY

Institutions know that communities can and should be equal partners in creating policies and solving problems. Government agencies, on an ongoing basis, inform, consult with, involve, and collaborate with the public. These agencies are diverse and culturally competent. They look like the communities they serve. Community organizations, funders, and government agencies provide knowledge and resources to support collective action. They invest in community education and training to support shared leadership and working together. Institutions openly share expertise and know-how with community members. Public media (traditional and social) inform and highlight efforts to address local challenges.

ENGAGING CIVIC CULTURE

Lots of social networks are active across the community. They promote new and unusual partnerships and civic engagement. Initiatives in the community are backed by norms of trust, respectful engagement, and honoring commitments. Key players in the public and private sectors commit to working together. Social capital is being created: neighbors know and support each other facilitating partnerships and mobilizing action. There is an attitude of resilience and hopefulness based on common values, vision, or civic culture. Institutions and communities work across sectors to analyze problems and find solutions. Diverse community members work with coalitions and organizations to make decisions about planning and action. Community members challenge the status quo as they work together to make progress.

ORGANIC COALITIONS

From the outset, diverse community members are the ones identifying the problems or challenges they want to address. Coalitions learn from each other and from past efforts about what works and doesn't work. They proactively build relationships with those who are aligned

as well as those who may be opposed. They find leverage points to exert influence on governments and other organizations who can influence change but are not fully capable of acting on their own. Coalitions attract the attention of the media and people with credibility and influence to promote their work. Key stakeholders share accountability for process and outcomes.

PURPOSEFUL COLLABORATION

Forums for dialogue, collective problem-solving, and civic action are popping up throughout the community as needed. Community members, including those most impacted, highlight or frame the problem, suggesting that it deserves more attention than it has received before. These groups take the time to understand the civic landscape—context, history, politics, interests, cultural assets, etc.—related to the problem they are working on. They create an intentional, concerted, strategic effort to do whatever it takes to address challenges and create equitable outcomes. Authentic processes create commitment and confidence, with people feeling that they are respected and valued.

A framework for how the group will work together is agreed to at the beginning: how agendas are set, problems are solved, actions are taken, successes celebrated. People rally around ideas and work that fills gaps, meets needs, and inspires hope for innovation. They try out solutions to see if they will work. If not, they try something else. These groups create a compelling story for why change is needed and why their strategies are well-suited to address challenges. Community members recognize that problems change over time and that solutions are rarely permanent. It's never over...

LEARNING TOGETHER

The ways in which the community is engaged are inclusive and flexible, meeting the needs of diverse audiences. Stakeholders have the knowledge and skills to constructively engage with each other and collectively move to action. They identify and work through tough choices and tradeoffs inherent to difficult issues. They perceive the process as fair and trustworthy so they invest in its goals. Group members have a shared focus on asking questions, learning, and experimentation. They rely on credible information from content experts and from context experts (those with lived experience related to the issue). There are clear ways to define, measure, share accountability for, and celebrate progress. Many forms

of planned and open communication are occurring in the community.

LEARNING FROM CASE STUDIES

This section looks at what case studies have to tell us about community-driven change and civic capacity and compares it with the findings of the expert panel. As noted earlier, the exploration of these ideas began only recently so the number of case studies focused on understanding civic capacity per se are limited. Two studies stand out:

- Briggs, Xavier de Souza (2008), *Democracy as Problem Solving: Civic Capacity in Communities Across the Globe*, Cambridge, MA: MIT Press.
- Pares, Marc, Sonia M. Ospina and Joan Subirats (2017), *Social Innovation and Democratic Leadership: Communities and Social Change from Below*, Cheltenham, UK: Edward Elgar.

These scholars use qualitative research to examine the nature of civic capacity. The central purpose of these studies is to discover how communities define, assess, and act on shared concerns and to identify the capacities that make this possible. The research conducted by Pares, et al. focused on simply observing and describing how or if progress occurred on certain public issues in eight sites and drawing lessons about civic capacity and leadership from these cases. Briggs looked at specific public concerns in six sites with “transparently observable processes” then extracted the major lessons about civic capacity.

The two studies present cases addressing a wide range of civic challenges in diverse contexts at the neighborhood, community, and regional levels. Several of the cases consider civic capacity through the lens of the response to the 2008 financial crisis and the recession that followed, a disruption not unlike the current COVID-19 crisis in scale and impact. The cases take place in quite distinct locations from Pittsburgh; San Francisco; Utah; and New York City in the United States to Mumbai, India; São Paulo, Brazil; Barcelona, Spain; and Cape Town, South Africa internationally. They address a range of public issues from economic and community development, youth employment, poverty, housing, and food access to managing urban growth, slum redevelopment, and regional governance.

The connections between the lessons learned in

these studies and what our expert panel discovered are profound. Civic capacity is the crucial resource for responding to civic challenges and disruptions. Powerful social, economic, and demographic forces compel a striking shift toward “bottom-up” approaches to community change. Radical inclusion prevails. No one is systematically excluded or discriminated against. Enhancing the knowledge and skills of socially excluded groups promotes equality and shared responsibility for decisions and actions. Directly engaging the full diversity of the community taps new sources of leadership and the local knowledge of lived experience.

Making lasting progress in the civic arena requires moving the focus of leadership from the individual to the collective to learn, adapt, and innovate. Tight links between institutions and communities connect the “grassroots” with the “grasstops” leading to pragmatic, action-oriented coalitions. Civic intermediary organizations help build civic capacity and facilitate working together. Open, authentic, and structured processes help community members cross boundaries, bridge differences, learn together, solve problems, and get things done. Imagining new ways of making more progress challenges the established hierarchy and changes the dominant discourse.

THE MESSY REALITY OF CIVIC CAPACITY IN PRACTICE

Working with the expert panel and analyzing the case studies also provides a glimpse into the realities of civic capacity in practice. Civic work is messy and hard. Uncertainty and ambiguity are inherent in the work. The vagaries of an organically unfolding process make for more messiness than order. A few observations:

- One size doesn’t fit all. Disparate elements come to the fore in different times and places.
- Nobody’s perfect. Some communities function better than others.
- Civic work always involves conflict and consensus.
- Sometimes it’s proactive, sometimes it’s reactive.
- It progresses in fits and starts on its own time.
- Civic decisions always entail gains and losses.
- Civic initiative can start from the bottom, or the top, or anywhere in-between.
- The result will be what we make of it.

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- Civic decisions are always tentative and progress fleeting.
- One thing leads to another. It's never over...

BUILDING CIVIC CAPACITY

GIVEN WHAT WE KNOW ABOUT CIVIC CAPACITY, WHY DON'T WE HAVE MORE OF IT?

Some communities will respond to challenges like the COVID-19 crisis better than others. Without a moment's thought, we instinctively know this to be true. David Brooks, in a recent New York Times column, observed a similar variance in two mostly Black and Latinx communities in the Los Angeles region, Watts and Compton. Both have similar demographics and share a history of persistent racism, decaying institutions, social distrust, and betrayal by outsiders. Yet Compton, for all the comparable circumstances, has noticeably higher social mobility and fewer incarcerated Black men than Watts. "Why," Brooks wondered, "are some neighborhoods able to give their kids better chances in life despite so many disadvantages?" The differences he found were partly structural—Compton has its own government while Watts was a part of Los Angeles—but mostly related to differences in civic capacity. In particular, he noted, Compton had more civic infrastructure, more civic reformers, and more faith in its capacity to cope.

Others have noticed similar patterns in the responses to Hurricane Katrina, Superstorm Sandy, and Hurricane Harvey. Downstate New York, New Jersey, and Houston were able to respond to these events more effectively than New Orleans or Puerto Rico. A deeper inquiry into more cases and places would undoubtedly uncover similar variations. Such an inquiry would highlight the general lack of civic capacity across the country and call attention to the persistent lack of it where it's most needed. Why is this? Here are three contributing factors:

PERVASIVE, PERSISTENT, SYSTEMIC RACISM

The insidious presence of "isms" or "phobias" always undermines civil society. Among the many of these in this country, the evil of racism is the most pernicious. The 400-year legacy of slavery and its aftermath continues to haunt our future prospects. We have yet to come to terms with this history and its consequences in any meaningful way. Not coincidentally, our expert panel explicitly recognized that neighborhoods, communities, and regions that make more progress than others work directly to right past injustices and systemic discrimination. It's a necessary element of building and sustaining civic capacity and making progress on shared concerns.

THE MYTH OF THE STRONG LEADER

The evidence of the myth of the strong leader is stupefying. Indeed, pick any media source at any time on any day and you will find leaders lauded or vilified. From the heroic to the egregious, we are inspired by fearless courage or deluded by charlatans. Implicitly, this is an exclusive realm for exceptional people—mostly White men—endowed with extraordinary traits—or not. We invest our hopes and dreams in these magical yet elusive qualities. We look to these people, these leaders, to guide us through life's travails. This conceit shapes how we see the world and our role in it. It frames how we expect challenges to be addressed: making progress is the domain of leaders not ordinary people. The strong leader is a "good thing." Illusions like this feed cultural conceptions of leadership, hindering the development of more productive views.

Our expert panelists and the case studies I cited recognize how this exclusive conception of leadership undermines democracy and civic capacity. The scale of our challenges is simply beyond the power of the few. In its place, they offer an alternative conception of leadership as something that is available to many people. Leadership, in this view, is collective, a shared property of groups. Individual agency is one element—rather than the central element—of the collective leadership capacity of a social system to respond to its context and its challenges. This emerging view of leadership and the competencies it implies must be intentionally and widely cultivated.

HAPHAZARD, MISGUIDED, AND INSUFFICIENT INVESTMENT IN BUILDING CIVIC CAPACITY

We can point to numerous examples of successful civic capacity building that address specific aspects with isolated and small cohorts in a particular time and place.

In rare cases, these interventions produce lasting change and broad impact. In most instances, though, these effects are sporadic and scattered and tend to dissipate quickly, disappointing both providers and recipients and discrediting future efforts. In large measure, our attempts to build civic capacity have had only a marginal and fleeting effect on making real progress on civic challenges, improving the quality of civic engagement or civic leadership, or transforming the civic culture of our communities and regions. This failure to produce substantial results and systemic change reflects the haphazard, misguided, and insufficient nature of most investments in capacity building. Without intentional and sustained large-scale investments in building civic capacity, the transformative power of the idea will remain elusive.

CIVIC CAPACITY EXEMPLARS

In his 1993 book, *Making Democracy Work: Civic Traditions in Modern Italy*, political scientist Robert Putnam described a “virtuous” circle connecting the elements that support democracy and good governance with civic action in the broader interests of the community. The elements of what he called the “civic community”—widespread civic engagement, political equality, norms of solidarity, trust, and tolerance, and associations or social structures of cooperation—combine to generate a steady focus on the broader good, solve problems, and build social capital. He wondered, at the time he was writing, whether the emergence of the “civic community” was entirely accidental or contingent upon historical circumstance and tradition or whether it could be consciously created. The deep historical roots of civic community found in Italy made him pessimistic about creating it in places where it does not now exist, “Where norms and networks are lacking, the outlook for collective action appears bleak.” Recent experience confirms the opposite: the “civic community”—civic capacity—can, indeed, be built even when historical legacy works against it.

Civic capacity, as we learned through our expert panel and the two studies, is dynamic, not static or irreversible. It can be augmented through well-conceived initiatives aimed at enhancing the collective capacity of a community to address public challenges. The necessary spark for this work may come from a failure to respond well to a crisis or from imaginative leadership. The dimensions of civic capacity described earlier in this paper

provide a range of possibilities for this work: developing civic leadership that can catalyze and facilitate concerted action; learning to confront and work with racism; constructing intermediary organizations that facilitate civic engagement; connecting the “grassroots” with the “grasstops;” strengthening community networks; and learning how to work together. Leadership development and confronting racism stand out as the two most powerful leverage points for building civic capacity, the ripples fanning out from there into other domains. Here are some exemplars:

William Winter Institute for Racial Reconciliation.

The daily drumbeat of the disproportionate deaths of African-Americans from COVID-19 and police killings serves as a stark reminder of the pernicious persistence of systemic racism. As a counter to Mississippi’s long history of racism, former Governor William Winter founded his namesake institute in 1999 in the belief that “honest, purposeful talk (about race) works.” It has a history of noteworthy accomplishments to back up the truth of this assertion. With the state’s history of racial turmoil in the 1960s and 70s still palpable, the Winter Institute’s programs recognized the need to talk directly about race and to learn how to intervene to confront it. Over the years, it has helped bring perpetrators of racial violence to trial, taught police officers how to avoid racial profiling, exposed the symbolic racism of Confederate monuments, created school curricula that tell the truth about the state’s history altering the public narrative about race, orchestrated rituals of atonement, and advocated for institutional reforms to replace systems of oppression with equitable ones.

This is no ordinary organization doing mundane, touchy-feely tasks. The work is hard and sometimes dangerous, requiring skill, self-awareness, patience, and a willingness to put personal anger—rage—aside to help others work through the trauma of racism. It’s the kind of deep, personally transforming work that must occur to get to its core. This powerful work relies much more on below-the-neck experiences than above-the-neck knowledge or technique. It’s heart work, not head work. It goes far beyond cultural competency. These experiences, at their best, reshape how we talk and engage in ways that make it possible for a participant to change one’s mind and behavior related to race, privilege, and power. Racism remains the central barrier to progress on every public issue in this country. Without confronting it directly, our responses can never fully succeed.

The Kansas Leadership Center (KLC) and The Kansas Health Foundation (KHF). The Kansas Health Foundation opened its doors in 1985 following the sale of a nonprofit hospital to a private corporation. Today, with a \$500+ million endowment, KHF is the largest foundation in Kansas and one of the nation's largest of its type. Its mission is to improve the health of all Kansans by investing in four key program areas: access to care, healthy behaviors, civic and community engagement, and educational attainment.

In 1995, KHF established the Kansas Health Institute (KHI), its first foray into institution building in support of its mission. With an eye on effective policymaking, civic engagement at the state and community levels, and the provision of nonpartisan data and information, KHI plays an essential intermediary role in the state's civic life.

Based on its experience with more traditional investments in improving health, KHF had learned that actively engaged communities and widespread civic leadership were critical to achieving its mission. Following the success of KHI in providing nonpartisan health policy data, KHF decided that the best way to continue its tradition of offering high-quality civic leadership programs was to start a new organization. To put this thinking into action, in 2007, the foundation invested an initial \$30 million over 10 years to establish the Kansas Leadership Center (KLC), dedicated to developing civic leadership across the state. Today, KLC reaches more than 2,000 people a year redefining leadership and explicitly building civic capacity and resilience through its provocative programs and establishing a track record of helping others make progress on adaptive challenges. By shifting the focus of leadership from a few leaders in the heroic mold to pervasive leadership from all parts of society, KLC is transforming the civic culture of the state.

KLC has also taken on a prominent media role in the state. The precipitous decline of local media means that communities and regions no longer have a reliable source of news and information about the challenges they face. KHI (described above) provides part of the answer. KLC's award winning journal, *The Journal: Inspiration for the Common Good*, contributes another element, providing a host of stories and information about how communities and regions can come to grips with local challenges.

KHF's suite of investments evolved organically and strategically to address multiple dimensions of civic

capacity—collective leadership, institutional synergy, engaging civic culture, organic coalitions, purposeful collaboration, and learning together. This remarkable series of interventions offers an extraordinary example of an intentional, sustained investment in building civic capacity at a scale that can make a difference.

Family Leadership Training Institute Dual Capacity Program (FLTI) at Colorado State University Extension FLTI in Colorado reaches proportionally more African-Americans and Latinx along with low income Whites than most civic leadership development initiatives. This 20-week program provides powerful civic leadership development experiences in communities across the state. FLTI seeks to increase civic participation and promote greater collaboration between individuals, families, institutions, public administrators and elected officials to respond to local social, health, and economic challenges. The program provides Coloradans with the opportunities to build skills, form meaningful social connections, and develop partnerships necessary for collective impact. Since 2009, more than 1,400 family leaders have graduated from FLTI in 20 different Colorado communities. Through shared leadership, collaboration, and knowledge of how to get things done, these graduates are working together to empower marginalized groups, enhance social networks, and develop community services. Extending its reach, FLTI is piloting a “dual capacity” program in two sites that engages both community members and local policy makers to encourage deeper collaboration.

FLTI runs counter to the exclusive character of most civic leadership programs. Traditionally, these programs offer scant opportunity to People of Color, rural communities, and grassroots activists where the cost of participation becomes a barrier. At FLTI, these groups are the primary audience. Its curriculum, too, differs from more common offerings with its focus on building both individual agency and the collective capacity of the community to respond to challenges.

Colorado Council on Leadership (CCOL). In 2018, the Colorado Health Foundation conducted a survey of the state's leadership landscape that found civic leadership development to be a hit-or-miss affair. Notable efforts have enhanced volunteerism, encouraged collaboration across sectors, built the capacity of nonprofit community organizations, and created support networks and peer-to-peer engagement in particular arenas. The survey

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also noted significant gaps. The exclusiveness of most programs limited opportunities for rural, grassroots organizers, and People of Color to participate either for lack of access or prohibitive cost and time commitment. There was little space for those who do not feel the concept of leadership applies to them. Existing programs focused on an individual conception of leadership rather than the development of collective capacities to address challenges. No one knows much about the effectiveness of these programs.

The Colorado Council of Leadership, with some initial support from the Boettcher Foundation, set to work in the fall of 2019 with the intent of creating an organic coalition that would, hopefully, evolve into a “leadership ecosystem.” The initiative brought together an unusual mix of people: leadership development practitioners, funders, chambers of commerce, educators, civic organizations, advocacy groups, rural associations, and minority groups. Through a series of collaborative, now virtual, engagements, CCOL is beginning the work of creating a framework for a leadership ecosystem and a plan for how it might unfold. This experiment, in a short span of time, is already producing benefits: a growing network of practitioners sharing resources and teaching approaches; an effort to connect and engage alumni of existing programs; and some initial thinking about how to engage the network in convening collaborative efforts to address some of the state’s major challenges. Promising experiments like this create the possibility of moving to scale and filling gaps where resources are scattered or scarce.

CHANGING COURSE FROM CURRENT TO FUTURE STATE

It will take a movement to transform America’s civic culture. It begins with a widespread recognition that something in our country’s civic culture has gone awry and that we can do better. Rather than fixating on a transcendental ideal of perfection, its central aspiration would acknowledge that perfection may be out of reach but that becoming better is not.

Harking back to the great social movements that led to such profound changes in this country’s civic life offers a glimpse of what might be possible. Constructed from the bottom up, these movements implicitly recognized that a top-down approach could never inspire such a transformation. Small successes led to larger impacts over time. The movements connected and linked thousands

of people with similar concerns. They informed and educated people whether supportive, in opposition, or even disengaged. Their actions—*interventions*—focused on a few themes but took many forms stirred by the imagination of participants.

A movement to transform this country’s civic culture would embody such qualities but differ in subtle but distinct ways. Inspired by deeply charismatic leaders, these historical movements inspired a compelling sense of purpose and a deep commitment to a particular cause. Transforming the civic culture would rely, instead, on many people in many places to energize it. Rather than focusing on a particular issue, this movement would target the ways issues are addressed: bringing people together instead of driving them apart, making progress instead of engendering confrontation.

Such a movement would focus on relationships and how the deep wounds of racism preclude progress unless confronted. Without transforming how Americans understand and address racism, real progress on any public challenge will remain elusive.

It would focus on a conception of leadership that would open up the possibility of practical, pragmatic, and useful action by ordinary people in their own hometowns and regions. The competencies and strategies explicated in the other domains of civic capacity would become the curriculum for civic leadership development. Without a new conception of leadership that is available to all, trust in leadership will continue to decline exacerbating an already polarized society. These two domains of civic capacity—confronting racism and collective leadership—are the keys to unlocking the imagination and energy to accomplish this transformation.

BIG IDEAS

(Examples and early adopters in parentheses)

Promote civic capacity as a central component of this nation’s well-being and health. Conduct a national benchmark survey of civic capacity:

- Create a benchmark for measuring the success of capacity building interventions and for directing resources to places with the most need (Saguaro Seminar on Social Capital).

Promote civic capacity as a measure of what a transformed civic culture would look like:

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- Catalyze a series of local, state, and national conversations about the meaning of the results and how civic capacity can be strengthened (Saguaro Seminar on Social Capital).

Promote well-conceived, sustained, at scale investments in organizations and programs that directly confront racism and systemic injustice. Move to scale:

- Build on organizations that have a demonstrated track record of transformative race work (William Winter Institute).
- Repurpose existing initiatives that focus on diversity training to deliver well-conceived, transformative, and skillfully facilitated interventions that directly confront racism going beyond cultural competency.
- Create new institutions as needed to do this work.

Promote a deeper, more powerful conception of what it takes to confront racism and systemic injustice. Create new curricula and faculty development programs to do this work based on the landscape survey of race-related interventions (William Winter Institute).

- Evaluate the impact of these interventions on civic capacity using the Civic Capacity Index and other relevant measures.

Promote well-conceived, sustained, at scale investments in civic leadership development. Move to scale:

- Build on existing programs where possible (KLC and chamber of commerce and university leadership development programs).
- Create new programs to fill gaps, e.g., rural, low income, minority (CCOL).
- Create new institutions at the state and regional level that can develop civic leadership at scale (KHF and KLC).

Promote a radically inclusive conception of leadership that responds to today's challenges and context:

- Focus on a conception of leadership that opens up the possibility of practical, pragmatic, and useful action by ordinary people in their own hometowns and regions (FLTI and KLC).
- Couple this radically inclusive conception of leadership with radically inclusive participation in

leadership development programs (FLTI).

- Refocus leadership development on building the collective capacity of neighborhoods, communities, and regions to respond to challenges (FLTI and KLC).
- Create new curricula and faculty development programs that reflect the focus on collective capacity, radical inclusivity, and the lessons of the landscape survey of civic capacity building. (FLTI and KLC).
- Evaluate the impact of these interventions on civic capacity using the Civic Capacity Index and other relevant measures.

Create a national service program for young adults:

- Operate locally at the neighborhood, community, and regional level (Peace Corps and AmeriCorps).
- Focus work on building local civic capacity through collaborative partnerships with community, confronting racism and social injustice, and service learning.
- Create a program framework for providing transformational experiences for participants.
- Develop curricula and faculty development programs that reflect the best practices of service learning with a focus on building civic capacity.
- Evaluate the impact of this intervention on civic capacity using the Civic Capacity Index and other relevant measures.

PIVOTAL MOVES

Conduct a series of data gathering experiments to learn how best to use the Civic Capacity Index.

- The CCI as an indicator of leadership programs' impact. Use pre/post testing to compare impacts of traditional programs focused on developing top-down leadership vs. those focused on developing individual agency and collective capacity. Civic capacity should improve more in the programs focusing on individual agency and collective capacity.
- The CCI as a predictor of response to community adversity. Gather data on communities that are adapting well to COVID-19 and compare with the

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results of the CCI assessment. The CCI assessment should correlate with assessments of how well communities are adapting in the face of a crisis.

- The CCI as an indicator of communities' capacity to include marginalized voices in decision making processes. Higher civic capacity should correlate with other measures of openness to diversity when evaluating collaborative initiatives.

Survey the Landscape of Civic Capacity Building Interventions.

- Conduct a systematic survey of civic capacity interventions in terms of efficacy, approach, structure, and practice.

Design and implement innovative experiments in civic capacity building.

- Based on the survey of interventions, conduct a series of innovative experiments in civic capacity building.

Survey the landscape of race related interventions.

- Conduct a systematic survey of race-related interventions in terms of efficacy, approach, structure, and practice.

Design and implement innovative experiments in race related interventions.

- Based on the survey of interventions, conduct a series of innovative experiments in race related interventions.

ENABLING CONDITIONS

Build on the momentum towards community-driven change. The COVID-19 pandemic has sparked considerable interest in the research on civic capacity and in the civic capacity index. The recent racial unrest has accentuated this. As noted earlier, there is a distinct shift in thinking about where the impetus for adaptation and change should come from in neighborhoods, communities, and regions. Foundations, governments, and other civic actors now encourage and support community-driven responses to adaptive challenges.

- Promote these ideas with foundations, NGOs, community organizations, and federal, state, and

local public agencies.

- Bring these ideas to the attention of the many essayists and columnists currently exploring complementary themes such as Roxane Gay, Anand Giridharadas, Tressie Cottam, David Brooks, James Fallows, Darryl Pinckney, Nicholas Kristof, among many others.

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CIVIC CAPACITY INDEX

The Civic Capacity Index (CCI) tells us about how well a community makes decisions, solves problems, and adapts to crises (resilience). The CCI can be used with different stakeholders, from neighborhood coalitions to people taking a leadership development program to a formal committee or task force. Stakeholders are those who are concerned about or affected by an issue, or who can influence decisions about an issue. If you're using this with others, come to a general agreement on the community you're talking about.

Community _____ Date _____

For each statement below, please circle the number that best describes your community. When answering, think about the full diversity of the community, not just those you know or usually engage.

	False 1	Mostly False 2	Mostly True 3	True 4
Collective Leadership				
1. Leadership is seen as an activity, not a position, that anyone can engage in.	1	2	3	4
2. Those in key formal and informal leadership roles build bridges between stakeholders and give roles to others in leading the work.	1	2	3	4
3. Community-driven change is led by local leadership.	1	2	3	4
4. Diverse community members have a meaningful and ongoing leadership role in community change.	1	2	3	4
5. People who usually have less power in our culture are actively involved in community leadership.	1	2	3	4
6. Community members giving leadership act with fairness and humility. This inspires participation and creates an atmosphere where challenges can be addressed.	1	2	3	4
7. There are many diverse people exercising leadership, some with positions of authority, many without.	1	2	3	4
8. Community members are providing process leadership. As a result, there is more consensus, action, and accountability.	1	2	3	4

Confronting Racism and Justice				
9. Community members are committed to making amends for past injustices.	1	2	3	4
10. The lived experiences of community members are understood, honored, and used to influence decisions and policies.	1	2	3	4
11. The community works openly to address past racial issues and injustice.	1	2	3	4
12. The community is sensitive to cultural barriers to involvement. For example, meals and childcare are provided, and meetings are scheduled at suitable times.	1	2	3	4
13. Community members with less power are able to use their cultural assets to work with others when dealing with community challenges.	1	2	3	4

Institutional Synergy				
14. Institutions know that communities can and should be equal partners in creating policies and solving problems.	1	2	3	4
15. Key players in the public and private sectors are committed to working together.	1	2	3	4
16. Government agencies engage with the public on an ongoing basis to inform, consult, involve, and collaborate.	1	2	3	4
17. Public agencies are diverse and culturally competent; they look like the communities they serve.	1	2	3	4

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	False 1	Mostly False 2	Mostly True 3	True 4
18. Organizations in the community provide knowledge and resources to support collective action.	1	2	3	4
19. Funders and government agencies invest in community education and training to support working together.	1	2	3	4
20. Institutions openly share their expertise and know-how with community members.	1	2	3	4
21. Public media (social and traditional) informs and highlights efforts to address local challenges.	1	2	3	4

Engaging Civic Culture				
22. Initiatives in the community are backed by norms of trust, respectful engagement, and honoring commitments.	1	2	3	4
23. Lots of social networks are active across the community. They promote new and unusual partnerships and civic engagement.	1	2	3	4
24. There is a widespread attitude of resilience, prosperity, and hopefulness based on common values, vision, or civic culture.	1	2	3	4
25. Community members challenge the status quo.	1	2	3	4
26. Institutions and diverse communities work across sectors to analyze problems and find solutions.	1	2	3	4
27. Diverse community members work with coalitions and organizations to make decisions about planning and action.	1	2	3	4
28. Social capital is being built: Neighbors know and support each other, which facilitates partnerships and mobilizing action.	1	2	3	4

Organic Coalitions				
29. From the outset, community members are the ones identifying the problems or challenges they want to address.	1	2	3	4
30. Coalitions learn from each other and from past efforts about what works and doesn't work.	1	2	3	4
31. Coalitions proactively build relationships with those who are aligned as well as those who may be opposed.	1	2	3	4
32. Coalitions find leverage points through which to exert influence, e.g., governments or others who can influence change but are not fully capable of acting on their own.	1	2	3	4
33. Coalitions attract the attention of media and people with credibility and influence to gain attention for their work.	1	2	3	4
34. Coalitions of key stakeholders share accountability for process and outcomes.	1	2	3	4

Purposeful Collaboration				
35. Forums for dialogue, collective problem solving, and civic action are popping up throughout the community as needed.	1	2	3	4
36. Stakeholders take the time to understand the civic landscape – context, history, politics, interests, cultural assets, etc. – related to the problem they are working on.	1	2	3	4
37. There is an intentional, concerted, strategic effort to do whatever it takes to address challenges for fair and just results.	1	2	3	4
38. A framework for how stakeholders will work together is agreed to at the beginning: how agendas are set, problems are solved, actions are taken, successes celebrated.	1	2	3	4
39. Authentic processes are in place that create commitment and confidence, with people feeling that they are respected and valued.	1	2	3	4

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	False 1	Mostly False 2	Mostly True 3	True 4
40. The stakeholders are able to create a compelling story for why change is needed and why their strategies are well-suited to address that challenge.	1	2	3	4
41. People rally around ideas and work that fills gaps, meets needs, and inspires hope for innovations.	1	2	3	4
42. Stakeholders try out solutions to see if they will work. If not, they try something else.	1	2	3	4
43. Community members—especially those most affected by the problem—highlight or frame the problem, suggesting that it deserves more attention than it has received before.	1	2	3	4
44. Community members recognize that problems change over time and that solutions are rarely permanent. It's never over...	1	2	3	4

Learning Together				
45. The ways in which the community is engaged are inclusive and flexible, meeting the needs of diverse audiences. There are lots of ways to engage.	1	2	3	4
46. Many forms of planned and open communication are occurring in the community.	1	2	3	4
47. The process relies on credible information from content experts and from context experts (those with lived experience related to the issue).	1	2	3	4
48. Stakeholders have the knowledge and skills to constructively engage with each other and collectively move to action.	1	2	3	4
49. There are clear ways to measure and reflect on progress—through data and stories—in order to hold each other accountable and celebrate progress.	1	2	3	4
50. Stakeholders see the process as fair and trustworthy so they invest in the group's goals.	1	2	3	4
51. Stakeholders identify and work through tough choices and tradeoffs inherent to difficult issues.	1	2	3	4
52. Stakeholders have a shared focus on asking questions, learning, and experimentation.	1	2	3	4

BUILDING EQUITY & COMMUNITY ACCOUNTABILITY INTO PANDEMIC RESPONSE & RECOVERY: A PROPOSAL TO CREATE RESPONSE & RESILIENCE ACCOUNTABILITY COUNCILS

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PREFACE & ACKNOWLEDGMENTS

The Funders Forum on Accountable Health is a project of the Department of Health Policy and Management at the George Washington University Milken Institute School of Public Health. The Forum is a common table for the growing number of public and philanthropic funders supporting accountable communities for health initiatives to share ideas, experiences, and expertise. It is a shared venue for funders to explore potential collaborations and consider how to assess the impact of these investments over time.

The following foundations support the Forum's work: Blue Shield of California Foundation, Episcopal Health Foundation, RCHN Community Health Foundation, Robert Wood Johnson Foundation, The California Endowment, The Commonwealth Fund, The Kresge Foundation, W.K. Kellogg Foundation, and The Blue Cross and Blue Shield of North Carolina Foundation.

This paper reflects input from a wide variety of funders, experts, and practitioners who participated in a series of virtual convenings during the month of June 2020. We are deeply grateful for their input and hope this reflects their creative thinking.

EXECUTIVE SUMMARY

If we are to address the twin challenges of rebuilding our nation's communities to be more resilient to pandemics while also addressing the underlying institutional racism that has driven so much of the inequity associated with COVID-19, we must fundamentally alter decision making at the local level that empowers communities to address the root causes of the problems that have made the United States, and in particular communities of color, more vulnerable to the impact of the pandemic than any other developed nation.

This paper proposes a two-part program that would build an infrastructure of Response and Resilience

Accountability Councils throughout the nation to ensure that communities that are hardest hit by the pandemic and also have experienced historical racial and economic injustice will receive funding to support the priorities they most value to build resiliency and health in their respective communities. Councils will bring together partners across sectors that will advance trust and create alignment among them. The Councils would also be empowered to ensure that funds devoted to pandemic recovery (and possibly future response) efforts are distributed in an equitable fashion through this accountability mechanism.

Universal program: A National Network of Response and Resilience Accountability Councils. Federal recovery dollars going to states would be conditioned on creating Response and Resilience Accountability Councils at the regional or county level as a vehicle for planning and resource allocation. The first task of the Councils would be to develop community recovery plans that would provide direction for new resources from the federal government and could provide guidance for how other funds in the community could be aligned with this plan. The Councils should also be charged with adopting or developing an equity framework for the community's decision making to assure all efforts drive toward remedying the inequities in the community. States would be encouraged to use existing entities such as ACHs or create new ones as needed. Technical assistance and other support may be needed in communities that have historically experienced underinvestment and may not have pre-existing entities. This would begin the process of building or institutionalizing cross-sector relationships and empowering a wider range of decision makers in deciding how to increase equity and community well-being.

Pilot program: Testing Councils as Vehicles for Systemic Change. The universal program would primarily focus on new money coming into the community. But one of the fundamental challenges we face is the misalignment of health, social and public safety resources in communities—as much as the total level of investment

in communities. In a pilot program, Councils would have authority to braid and blend into a virtual budget federal, state, and local health and human services funds. The program would fund a backbone organization that would not just set a table and conduct planning and facilitated community-based resource allocation decisions within the confines of existing programs, but would have the power (through waivers from the various federal and state programs) to realign programs and dollars based on community-determined need.

Both elements of this initiative would require some fundamental changes in how the government and communities do business. However, they are achievable and build on existing assets in many communities across the nation. But the times require such fundamental changes if we are serious about learning the lessons of the COVID-19 pandemic and beginning to unwind the decades of policies embedding systemic racism that have resulted in widely disparate outcomes in health and well-being. It is our hope that this paper starts a discussion that results in a major new investment in restructuring how we make decisions about community health.

INTRODUCTION

The COVID-19 pandemic continues to pose a tremendous challenge to our health care, public health, and social services systems, and has exposed community-wide vulnerabilities that relate to race and class. For example, the pandemic has highlighted our health system's insufficient attention to equity and the social determinants of health that drive higher rates of population-level chronic disease, resulting in higher rates of serious disease and death from COVID-19 in certain populations. As our nation's policymakers face the dual challenge of continued response to a virulent pandemic and plan for recovery and rebuilding in a post-pandemic period, it will be critical to assure a focus on the root causes of the poor outcomes we are seeing. This paper proposes a new approach that addresses the immediate needs of responding to and recovering from the pandemic, but that also lays the foundation for addressing the broader inequities that lead to poor health outcomes over the long term. Equity must be central to any response and resiliency effort, and communities themselves must be at the center of any

equitable response. Therefore, we propose establishing a community-based decision-making structure, *Response and Resilience Accountability Councils*, through which communities serve as the vehicle for allocating federal resources, ensuring accountability for a comprehensive approach to improving community health.

BACKGROUND

The tragedy of the COVID-19 pandemic has laid bare the disparities in health outcomes related to race and class in the United States. While various factors place many individuals at greater risk for poor outcomes, the pandemic has struck communities of color most severely—with these communities becoming seriously ill and dying at a disproportionately higher rate than other groups. Indeed, some analyses, even after controlling for chronic disease or high-risk occupations and living conditions, have found that race alone is a predictor of worse outcomes.¹

The ongoing response to COVID-19 is taking place during a simultaneous (and quite related) response to police killings across the country as expressed in the Black Lives Matter movement. Both the pandemic and police violence are underscoring the structural racism in American society. The confluence of these issues provides an opportunity to think more broadly about root causes—and to build a response that focuses on a broad vision for *community health* that encompasses community safety from violence and racism.

Indeed, the policy discussions with regard to police brutality and public safety have a parallel in health. Chronic underinvestment in social services and mental and behavioral health programs combined with over investment in policing have created an environment where police departments and the larger criminal justice system are inappropriately tasked to perform services they are not trained or equipped to handle, in historically marginalized communities that are already disproportionately affected by police hostility and violence.² Many communities are now rethinking their budgetary allocations—and potentially reallocating funding from police departments and other government agencies (or expanding investments) in social services, housing, and mental and behavioral health services—to

1 S. Begley, To understand who's dying of Covid-19, look to social factors like race more than preexisting diseases, Statnews.com, June 15, 2020, and "The Fullest Look Yet at the Racial Inequity of Coronavirus," *New York Times*, July 5, 2020.

2 American Public Health Association (APHA). Addressing Law Enforcement Violence is a Public Health Issue. November 13, 2018.

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address the root causes of crime, advance public safety, and reduce over-policing and police brutality. The same conversation has begun within the health community: as we recognize what drives community health, we should be increasing investments in the social services (from housing to job training and education) that drive poor health outcomes, rather than expecting the health care system to take on this role and/or deal with the medical consequences of this underinvestment. **The Response and Resilience Accountability Councils concept provides a pathway for these types of conversations and decision making.**



This paper emerges from work by the Funders Forum on Accountable Health as we looked across the country and saw that Accountable Communities for Health (ACHs)³ are playing an important role in the response to the pandemic.⁴ An ACH is a multi-sector partnership across health care, public health, social services, and

the community collaborating to address the health and social needs of individuals and communities. Accountable care holds providers responsible for managing clinical conditions of a patient population; accountable health holds multiple sectors responsible for the health of a community often with a central focus on advancing equity.

Through a series of convenings, we consulted with a wide range of policy experts, health leaders, funders, and practitioners familiar with the ACH model to develop this concept. The paper is premised on the view that the essential elements of an ACH—strong relationships and trust across organizations and sectors, authentic community engagement, shared vision and commitment to collaborative decision-making approaches, and a focus on health equity throughout all ACH activities—provide the foundation for marshalling and aligning community resources to more effectively respond to the pandemic and the vast needs of residents. Ultimately, ACHs operate from the belief that improving population health requires doing business differently at the community level. It is critical that these elements be central to the recovery and rebuilding process that will follow the pandemic.

The notion of multisector partnerships and community engagement in responding to public health crises or challenges is not a new concept; it simply has not been applied in a comprehensive, structured, and consistent way as envisioned here. Whether in the federal Ryan White Program, which funds HIV-related care and social services that are directed by metropolitan area planning councils,⁵ or the more recent Center for Medicare and Medicaid Innovation’s Accountable Health Communities or Integrated Care for Kids (InCK) models,⁶ there is strong precedent for federal investment in strengthening multisector partnerships and decision making at the

³ The Funders Forum has identified more than 100 ACHs across the nation. They are also referred to as “accountable care communities,” “co-ordinated care organizations,” and “accountable health communities.” ACH initiatives have been developed and implemented with both public and private funding support. One example of a privately funded ACH initiative is the California Accountable Communities for Health Initiative (CACHI), which is supported by California health foundations. On the public side, the Center for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare and Medicaid Services (CMS) has invested nearly \$150 million in the Accountable Health Communities model, which is being implemented in 29 sites across 22 states.

⁴ As part of the convenings held in June 2020, we heard from multiple ACHs about their role in the COVID-19 response. Having pre-existing relationships with multiple sectors and having the infrastructure from which to build a community’s response, have allowed ACHs to rapidly and nimbly respond to the pandemic-related needs of their communities. See also *California Accountable Communities for Health Respond Mightily to the COVID-19 Pandemic*, June 2020 found at cachi.org.

⁵ As part of the Ryan White Program, metropolitan areas are required to establish planning councils that oversee (in total) more than a billion dollars that are distributed across the nation each year – starting with needs assessments and ending with allocation of resources to top priorities. The Ryan White councils also have an ongoing oversight role. The council’s membership must include a range of stakeholders, with one-third of the seats reserved for consumers of Ryan White services. A similar (and sometimes unified approach) is taken for HIV community prevention planning.

⁶ See CMMI’s Accountable Health Communities Model and CMMI’s Integrated Care for Kids Model.

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local level. These efforts are not only initiated by the health care sector. The US Department of Health and Human Services' Administration for Community Living is promoting greater integration of social and health services, with a particular focus on the needs of older adults and people with disabilities.⁷ Indeed, health outcomes have been shown to improve in localities with strong multisector partnerships.⁸

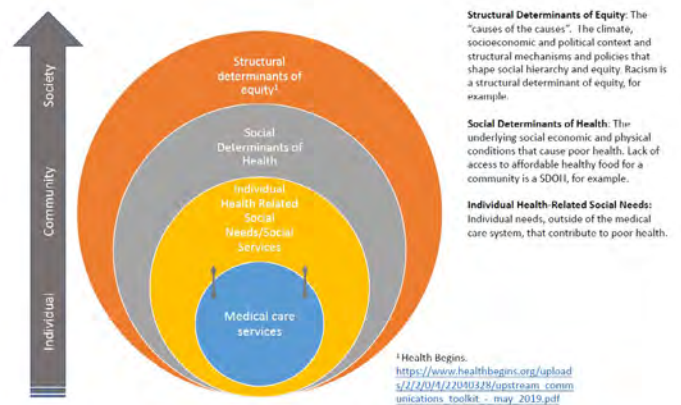
This approach is also consistent with standards set in the disaster recovery community. A focus on building community-wide resilience and empowerment as the goal of recovery was a central theme in a 2015 Institute of Medicine (now National Academy of Medicine) consensus study, "Healthy, Resilient, and Sustainable Communities After Disasters: Strategies, Opportunities, and Planning for Recovery." The Committee noted that disasters, such as floods, fires, as well as disease outbreaks provide "opportunities for transformation to advance a vision of a healthier and more resilient and sustainable community." Notably, the committee concluded that "Successful recovery and the post-disaster rebuilding of healthier and more resilient and sustainable communities require the coordinated efforts of a broad multidisciplinary group of stakeholders from health and non-health sectors (i.e., a whole-community approach)."

ADVANCING EQUITY AS THE CENTRAL FRAME

While the concepts in this paper build from these prior programs and recommendations, we are taking this a step further. Most of the efforts in the past have focused on coordination among programs and addressing individual health-related social needs – and at times community-level social determinants of health. We believe each of these is important, but that ultimately, we must also take an equity frame that should not be conflated with social determinants of health (especially when addressed often in the context of individual social needs). Instead, we must address the broader structural and systems-level drivers of inequities to truly get at the root causes.

WHO defines social determinants of health as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include

economic policies and systems, development agendas, social norms, social policies and political systems." WHO defines equity as the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential."



The proposed Response and Resilience Accountability Councils are designed to address two issues: 1) Power and programs need to be realigned to advance equity in communities and 2) the biggest drivers of health fall outside the health care delivery system. And, although we may come to this discussion starting with a health perspective, the fact that equity and social determinants often fall outside the sphere of the health care delivery system compels those from the health care sector to come to the table with humility about how to solve these problems; we must collectively recognize the imbalance associated with the level of public and private investment in health care relative to the social determinants of health that we know drive poor health outcomes. We must be willing to share power and resources to achieve greater equity.

Consistent with this recognition of a power and investment imbalance, we must measure success differently, if we are truly committed to advancing equity and addressing social determinants. This framework requires a new set of success metrics that go beyond the traditional measures of health that tend to be restricted

⁷ See ACL's Strategic Framework for Action: State Opportunities to Integrate Services and Improve Outcomes for Older Adults and People with Disabilities.

⁸ G. Mays, et al., Preventable Death Rates Fell Where Communities Expanded Population Health Activities Through Multisector Networks, Health Affairs, November 2016.

to the health care sphere with narrow definitions focused on immediate outcomes and cost. Part of building healthier communities requires outcome measures that look beyond personal and even population-level health outcomes – potentially measuring such outcomes as greater community resilience, overall equity (and reduced inequities in the health system), and community empowerment. Such metrics would ultimately result in healthier communities but may also take longer to achieve. It will be critical to have short-term goals and metrics that provide “early wins” that inspire continued efforts, but funders and policy makers must recognize the long-term nature of this effort and, particularly in the health arena, must move beyond a financial return-on-investment model and embrace a “social return on investment” approach. This will require a major shift in current government programs and philanthropic investments and their evaluation.

TRANSLATING PAST EXPERIENCE INTO RESPONSE & RESILIENCE ACCOUNTABILITY COUNCILS

Our assumptions in developing this proposal to establish Response and Resilience Accountability Councils across the nation are:

- Given the nature of the COVID-19 pandemic, the nation will simultaneously be responding to the pandemic, while also planning for and/or beginning to recover or rebuild. Regardless of the stage of the pandemic in a state or region, the multisector engagement described here will be essential to success in responding to COVID-19 and addressing equity.
- Response and recovery/rebuilding must be localized, given the diverse nature of health systems across the country, and will be more effective when inclusive of local context, racial equity and community conditions. Definitions of “local” will vary. In some instances, leadership may be at the neighborhood level, in others it will be at the county or regional level. But ultimately interventions and programming must be localized.
- New federal funds for recovery and rebuilding are likely to flow through state elected officials (and health departments) who in turn will provide funding to local government entities at the city, county, or regional level. It is possible that

there will be a diverse set of funding streams ranging from health care and public health to social services, public safety and criminal justice, and economic development. Aligning these investments in support of a common vision and strategies will be critical.

- There will be a tension between new funds for recovery from the federal government and a very constrained fiscal environment at the state and local level. Keeping a focus on building resilient communities within this tension will be challenging but critical.
- There will be high levels of concern regarding accountability for how the money is spent. Accountability is more than the element of preventing fraud and abuse; it must also mean accountability to affected communities for creating health and resilience, and empowering for actual decision making by community leaders.
- There will be strong pressure from those currently benefiting from the flow of government money to continue investments in a siloed fashion that would bake in the current structural inequities. This requires a countervailing force, such as empowered Response and Resilience Accountability Councils, that will push for investments that support a community resilience and well-being frame.
- There will also be a strong effort to define recovery narrowly—with a focus on the existing health care system. A broader vision will be essential if we are to address some of the structural underpinnings of the disparities we have seen in the pandemic.
- Historical lack of investment in public health and social services, coupled with redlining and other manifestations of systemic racism, may make it challenging for many communities to stand up a Council because they lack the foundational infrastructure to do so, and additional time, resources, technical assistance and patience may be necessary. The pandemic provides an opportunity to remedy this underinvestment.

The Response and Resilience Accountability Councils

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would ideally be mandated by the federal government as the principal funder of recovery, but they could also be mandated at the state level or created by local officials at their own initiative. They can also be catalyzed by investments from private philanthropy.

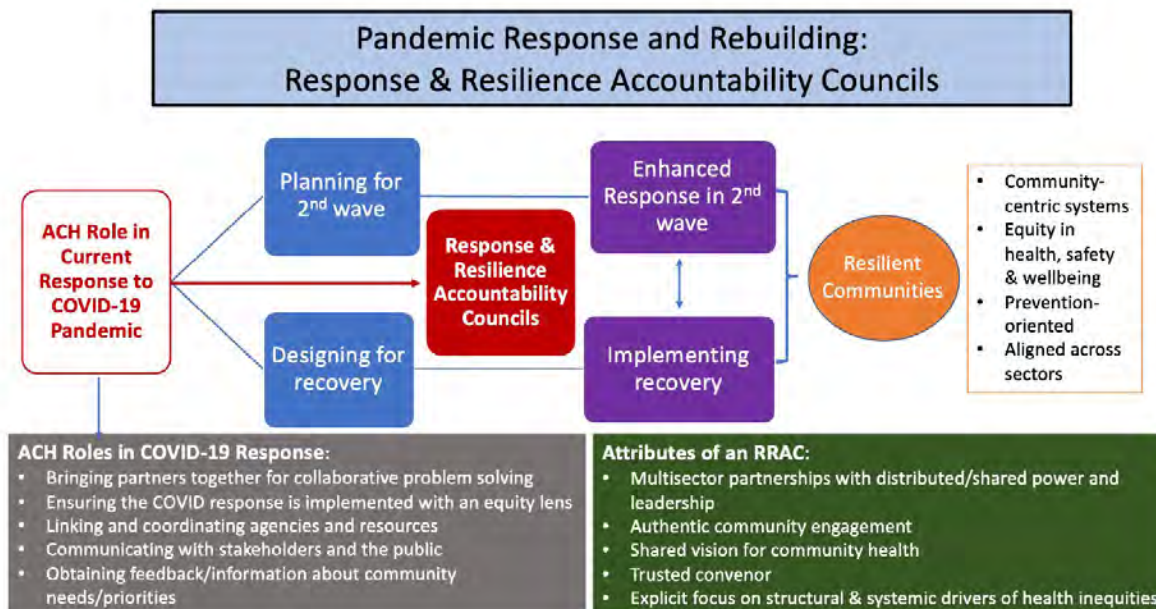
Ideally, the Councils would be responsible for ensuring recovery design is a collaborative process among all relevant sectors, not driven solely by the health care delivery system, and would use data and community-identified needs to develop recovery/rebuilding plans.

The Councils would be appointed by state or local officials, depending on who is convening the Councils, and could build on existing infrastructures (such as ACHs or Health Equity Zones). Appointments should be made to ensure equitable and diverse representation especially from communities more impacted by COVID-19 and experiencing the greatest health disparities. The Councils would have the following roles, drawing on the experiences of the ACH model:

- Bringing diverse partners together for collaborative problem solving and ensuring the residents and community-based organizations are a majority of the voting participants.
- Developing a shared vision and implementation plan for the community's recovery.
- Making racial equity a conscious goal of the work and ensuring the pandemic response is

implemented in an equitable manner.

- Obtaining feedback and information about community needs and priorities. This can build on the already-established requirements for Community Health Needs Assessments performed by non-profit hospitals.
- Aligning and coordinating public agencies and community-based organization resources.
- Prioritizing allocation of resources based on the recovery plan. (This may start with new resources that are recovery-specific; but ultimately a formal global budget approach would be more transformative and would enable more investments in prevention.)
- Overseeing implementation of recovery activities.
- Communicating with stakeholders and the public.
- Providing technical assistance and capacity building for all stakeholders, especially community members and consumers, to be able to participate equitably and effectively in shared decision making and shared resource allocation decisions.
- Engaging relevant government agencies as ex officio members of the Councils with ultimate responsibility for implementation of the Council's recommendations.



TRUST BUILDING THROUGH POWER SHARING

We are in an unusual period in the United States where multiple crises have merged, and the nation is highly aware of cross-cutting legacies related to race, power, and lack of investment in the social safety net that undermine faith in government-led interventions at a time when trust to contain a public health epidemic is desperately needed. Response and Resilience Accountability Councils can lead to three outcomes that build trust. First, Councils will help to ensure that communities that are hardest hit by the pandemic and also have experienced historical racial and economic injustice will receive funding to support the priorities they most value to build resiliency and health in their respective communities. Second, Councils will bring together partners across sectors that will advance trust and create alignment among them. Third, the Councils will ensure that funds devoted to pandemic recovery (and possibly future response) efforts are distributed in an equitable fashion through this accountability mechanism. Establishing a new legacy of trust will be critical to ongoing efforts to improve health and to our ability to successfully address future public health crises.

This is not a simple undertaking and any recovery or rebuilding efforts will face key challenges. These include:

- Accepting community-led definitions of community health and safety as the basis for response and resilience building requires extra flexibility from funders. Funders must be willing to adapt their programs and investments to reflect community-derived priorities.
- Power sharing in decision making and in resource allocation requires a culture shift among stakeholders, policy makers, and programmatic expectations and will need to overcome ingrained local political decision-making processes. An important step to changing this dynamic can begin with public and private funders empowering community leaders by directing funds through community-based organizations, especially BIPOC-led organizations, creating a more level playing field with more powerful players in the health system.
- Identifying genuine community leaders and supporting them in their participation. This requires new skill sets and norms for both

community/consumer leaders and those who traditionally hold levers of power. This can mean resetting the usual health policy tables and/or bringing health decision making to already-existing community-driven tables.

- Being able to leverage all health and non-health resources in a community related to a broad definition of community health, safety and well-being. To that end, Councils must have a broader definition of accountability beyond individual programmatic goals. This may require:
 - Initially making sure that existing funding streams in a community are coordinated and eliminate duplication of effort.
 - Over time, a functional, if not literal, global budget approach, permitting braiding and blending of various funding streams in a community. This can, over time, extend beyond health programs.
 - Creating accountability expectations and incentives for meeting community-defined goals that apply to the largest centers of financial power. Several starting points might be leveraging federal oversight of the community benefit requirements, state contractual requirements of Medicaid managed care organizations, accreditation standards for managed care organizations, and state or local hospital certificate of needs requirements.

KEY FIRST STEPS TOWARD IMPLEMENTING A FORMAL INITIATIVE

Despite the challenges identified above, if we are to address the twin challenges of rebuilding our nation's communities to be more resilient to pandemics while also addressing the underlying institutional racism that has driven so much of the inequity associated with COVID-19, we must begin the process of engaging and empowering communities and broadening our support for policies and programs that contribute to better health outcomes. This is a key moment in our nation's history when we have the opportunity to imagine a new vision for community health, safety and well-being. The challenges experienced by low-income communities, especially those that are

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majority people of color, are the result of decades of disinvestment, especially in the social services sector and in public health and discrimination (e.g., redlining). This is not because we lack resources as a society, it is that we have invested them disproportionately (and without the level of success we should expect) on the health care delivery side. Our health care delivery system now recognizes the important role that social services, such as housing, transportation and food, plays in improving health; however, we are now placing the responsibility to address those issues on the health care system rather than investing in the social services infrastructure.⁹

Therefore, to begin to rectify this imbalance in investment and in power, we recommend taking a two-pronged approach so that we can begin the process of change while learning what is the most effective approach.

UNIVERSAL PROGRAM: A NATIONAL NETWORK OF RESPONSE AND RESILIENCE ACCOUNTABILITY COUNCILS

Federal recovery dollars going to states would be conditioned on creating Response and Resilience Accountability Councils at the regional or county level as a vehicle for planning and resource allocation. The first task of the Councils would be to develop community recovery plans (possibly building on existing Community Health Needs Assessments and Community Health Improvement Plans) that would provide direction for new resources from the federal government and could provide guidance for how other funds in the community (e.g., hospital community benefit investments) could be aligned with this plan. The Councils should also be charged with adopting or developing an equity framework¹⁰ for the community's decision making to assure all efforts drive toward remedying the inequities in the community. This would include considering the most equitable way of addressing any state and local cuts to health and human services that might result from revenue shortfalls. States would be encouraged to use existing entities such as ACHs or create them as needed. This would begin the process of building or institutionalizing cross-sector relationships and empowering a wider range of decision makers in deciding how to increase equity and community well-being.

Within the universal program, additional funds should be provided to marginalized communities to ensure they can

participate in the Councils. The resources may take the form of funding to local non-profits, capacity building, resident engagement, and leadership support. Equity requires a strong community voice and these supports could be an important step to ensuring it is present in the work of the Councils.

PILOT PROGRAM: COUNCILS AS VEHICLES FOR SYSTEMIC CHANGE

The universal program would primarily focus on new money coming into the community. But one of the fundamental challenges we face is the misalignment of health, social and safety resources in communities—as much as the total level of investment in communities. In a pilot program, Councils would have authority to braid and blend into a virtual budget federal, state, and local health and human services funds as well as public safety/criminal justice resources—from programs such as Medicaid, Area Agencies on Aging, and housing assistance, to name a few. The program would fund a backbone organization that would not just set a table and conduct planning and facilitated community-based resource allocation decisions within the confines of existing programs, but would have the power (through waivers from the various federal and state programs) to realign programs and dollars based on community-determined need. There could be a higher cost per community given breadth of the pilots compared to the universal program, but such pilots would have the potential to demonstrate the effectiveness of this approach if brought to scale and help to identify the associated capacities and support that would be needed if made national in scope.

CONCLUSION

Both elements of this initiative would require some fundamental changes in how the government and communities do business. However, they are achievable and build on existing assets in many communities across the nation. But the times require such fundamental changes if we are serious about learning the lessons of the COVID-19 pandemic and beginning to unwind the decades of policies embedding systemic racism that have resulted in widely disparate outcomes in health and well-being. It is our hope that this paper starts a discussion that results in a major new investment in restructuring how we make decisions about community health.

⁹ B. Young and J. McGuire, *The Non-profit Human Services Sector: A Brief Primer*, November 2018.

ADDITIONAL SOURCES

DEEP DIVE 3 OF 3

ORGANIZATIONS

[Braver Angels](#)

Braver Angels brings together Red and Blue Americans in a working alliance to depolarize America. We welcome people with strong convictions and principles. We believe the best way to achieve a more perfect Union is by being forthright and transparent about our political leanings. In that spirit, we say to our fellow Americans, “Come with your convictions, your willingness to listen, and your readiness to talk with others who disagree with you.”

[Institute for Public Life and Work, Augsburg University](#)

The Center for Democracy and Citizenship at the University of Minnesota’s Humphrey Institute of Public Affairs created the Public Achievement organizing model. Public Achievement has been recognized as one of the best youth citizenship education efforts in the world.

[Othering and Belonging Institute](#)

The Othering & Belonging Institute at UC Berkeley brings together researchers, organizers, stakeholders, communicators, and policymakers to identify and eliminate the barriers to an inclusive, just, and sustainable society in order to create transformative change.

[ReThink Health](#)

At ReThink Health, a Rippel initiative, we work with national and regional stewards to discover what it takes to design and execute transformative change and produce better health and well-being for all.

ARTICLES

Frumkin, H. [A New Deal for Coronavirus Recovery](#). *Medium*. May 4, 2020.

Berwick, DM. [The Moral Determinants of Health](#). *JAMA*. June 12, 2020