Creating a Healthy Civic Infrastructure
The Legacy of the Colorado Healthy Communities Initiative

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In its summer 2008 issue, *National Civic Review* paid a fitting tribute to the late former National Civic League (NCL) president John Parr by reprinting his classic 1993 essay, "Civic Infrastructure: A New Approach to Improving Community Life." In that essay John made an eloquent case for expanding the range of players involved in community decision making.

> [S]olving problems and seizing opportunities are not the exclusive province of government. . . . A community must have strong leaders, from all sectors, who are able to work together with informed, involved citizens to reach consensus on those strategic issues that face the community and the region around it.

As noted in the preface to the 2008 edition of the essay, this idea was provocative in 1993 but is now commonly recognized as best practice.

In addition to articulating the important concept of civic infrastructure, John dedicated much of his career to finding practical ways to build a healthy civic infrastructure in communities throughout the country. Perhaps the most intentional of these efforts was the Colorado Healthy Communities Initiative (CHCI), which was carried out jointly by the Colorado Trust and the NCL from 1992 to 1996.

The three coauthors of this article have published reports, journal articles, and book chapters that provide detailed descriptions of various aspects of CHCI, but none of those previous publications has looked specifically at the effect that CHCI had on the civic infrastructure of the funded communities. Such an analysis is particularly ripe, given the threats that are currently fracturing so many communities' civic infrastructure—political grandstanding and disrespect among elected officials, apathy and cynicism on the part of residents, and a disintegration of the Trust and sense of shared fate that are required for residents to work together to resolve difficult dilemmas.

Origins of CHCI

CHCI was based on the "Healthy Cities" model that the World Health Organization (WHO) launched in Europe in the mid-1980s. The WHO initiative merged the concepts of community planning and public health. Cities were expected to develop and implement comprehensive plans that would promote the health of all residents. These plans were expected to include models of good practice, which would then be monitored to evaluate their actual effectiveness. One of the hallmarks of the Healthy Cities approach was the widespread participation of residents in developing plans. In addition, Healthy Cities provided a common framework and network to facilitate collaboration, learning, and mutual support among the cities and towns that were carrying out the Healthy Cities approach. Trevor Hancock describes the history of the Healthy Cities movement in a special issue of *National Civic Review* published in 1997.

Because the Healthy Cities model placed so much emphasis on inclusive, collaborative problem solving (that is, local government and private citizens working together with equal authority), it is not surprising that John Parr was drawn to the model. In 1989, NCL entered into a contract with the U.S. Office of Disease Prevention and Health Promotion to help spread the Healthy Cities model across the United States, where it had been slow to take root. NCL's role involved preparing materials describing the model, promoting it through presentations and information sharing, and providing technical support to communities interested in adopting the model.

At the same time that NCL was taking the lead in disseminating the Healthy Cities concept throughout

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the United States, the Colorado Trust (located about a mile from NCL in downtown Denver) was looking for new ways to promote the health of communities throughout the state. The Colorado Trust was one of the first health-conversion foundations in the United States, formed in 1985 through the sale of a for-profit health care system. For the first five years of its existence, the trust employed a traditional "responsive" mode of grant making where nonprofit organizations throughout the state submitted proposals under any of a wide range of health topics. In 1990, board members questioned whether this diffuse approach could ever lead to major impact and asked the staff to conduct an in-depth analysis of how the foundation's resources could be invested most effectively.

To meet this challenge, the trust suspended all grant making and conducted a large-scale environmental scan to assess the social, economic, political, and technological trends that would affect Colorado's future. This scan, conducted under the leadership of Walter LaMendola, relied on both existing data and new studies, including surveys of state residents and focus groups with residents and leaders from throughout the state. One of the primary advisors for the scan was John Parr.

The environmental scan found evidence to support the need for expanded civic engagement and more productive local problem solving. The following quotes come from the executive summary of *Choices for Colorado's Future*, which was widely disseminated by the Colorado Trust in 1992.

> Many participants in this study report that Coloradans are not participating in decisions that affect and determine their future. . . . Study members see participation as the single most important remedy to the problems discussed in this report. (p. 13)

> [Coloradans] speak widely of needing a sense of community, a measure of control over their own destiny and a feeling of being connected with family, neighborhood and government. They want to meet these needs through a new covenant between themselves and others that respects multicultural diversity and works to further the common good. (p. 15)

These two findings became points of departure for many of the initiatives that the trust pursued for the rest of the decade. The first of these was CHCI.

NCL's existing work with the Healthy Cities model provided a natural foundation on which to build. At the same time, the designers of CHCI recognized that the traditional Healthy Cities model was too vague. It did not propose a particular process for achieving the lofty goals and principles that defined a "healthy city" or "healthy community." Tyler Norris was enlisted to bring the needed structure to the new initiative. As NCL's director of CHCI, Tyler developed a specific model that would guide the planning process that each community would undertake.

The CHCI planning model incorporated all the key concepts from the WHO model, including that (a) "health" should be defined broadly and (b) community members need to be engaged in determining which health issues are addressed and how they are addressed. Taking into account what NCL had learned over the years working with community groups, the CHCI planning model called for community leaders and regular citizens to come together as "stakeholders" to assess their community's strengths and weaknesses and then set priorities for action. The planning model had specific steps that each community would need to carry out, including:

1. Create an initiating committee to make initial plans, write the grant proposals, and recruit stakeholders who will meet over the next year and a half.
2. Hold a project kickoff open to the entire community. Use the public meeting to lay out the principles of a "healthy community" and to recruit additional stakeholders.
3. Gather and discuss data pertaining to the community's current realities and trends through a community health profile, an environmental scan, and NCL's Civic Index.
4. Develop a healthy community vision.
5. Select and evaluate key performance areas.
6. Create an action plan.

This planning process was mapped out in a meeting-by-meeting fashion by Tyler Norris in the *Healthy Communities Handbook*. Stakeholders were expected to meet approximately 12 times as a full

group and additionally in various work groups. In most communities, the planning process required 16 to 18 months. To help communities carry out the prescribed planning process, each community would be assigned two facilitators hired by NCL who would lead meetings and provide technical assistance. Once a community had completed the planning process, it could apply to the Colorado Trust for up to $100,000 to implement high-priority projects.

Parallel Goals for the Trust and NCL

CHCI was designed in such a way that it could, at least in theory, simultaneously advance the separate interests of both the Colorado Trust and NCL. The board of the trust was specifically interested in helping Colorado communities make progress on the health promotion and disease prevention goals that the U.S. Department of Health and Human Services established in its 1990 publication, *Healthy People 2000*.

John Parr and his colleagues at NCL were certainly interested in generating improvements in community health, but they also saw CHCI as a bold experiment in improving the *civic health* of communities. CHCI required each participating community to create an inclusive, collaborative problem-solving forum where citizens with no prior experience in civic life would sit around the same table as established leaders and experts, making strategic and operational decisions that would determine the community's future direction and quality of life. Priorities were set and decisions were made using a "consensus" approach, where the end result would be satisfactory to nearly all, not just to some, of the group. The NCL facilitators were expected to ensure that all stakeholders would have a say and could influence the deliberations. At the same time, the facilitators encouraged the group to stay true to the data and to its vision of a healthy community.

In short, the CHCI planning process was an intervention designed specifically to build each community's civic infrastructure. Once a stakeholder group had successfully completed the planning process, the result would be not only a high-leverage action plan but also a more activated and informed citizenry, new civic leaders, and a network of citizens and leaders committed to a new way of making decisions and solving problems (more inclusive, collaborative, and focused on the common good). These expected outcomes map directly onto the dimensions of the Civic Index:

1. Citizen participation—making it a "contact sport."
2. Community leadership—it has to come from everywhere.
3. Government performance—professional, entrepreneurial, and open.
4. Volunteerism and philanthropy—increasing the leverage of your local "points of light."
5. Intergroup relations—strength through diversity.
6. Civic education—the community as classroom.
7. Community information sharing—it takes more than watching the evening news.
8. Capacity for cooperation and consensus building—turning potential conflict into positive action.
9. Community vision and pride—you can't build a future without a common vision.
10. Intercommunity cooperation—whom are we really competing with?

CHCI in Practice

CHCI was unveiled through press releases and briefings conducted throughout the state during the summer of 1992. The five-year, $4.45 million initiative was billed as an opportunity for thirty communities across the state to obtain the financial and technical support needed to carry out a "healthy communities" planning process. All communities were encouraged to apply. The trust intentionally kept the application process simple and open. Neither "community" nor "health" was predefined; instead, applicant groups were encouraged to come together to explain their community, its assets, and its challenges.

The review process involved both Trust staff and NCL members who were very knowledgeable about Colorado communities. Some of the applicant groups were judged as ready to begin the process, others needed to expand their group to be more diverse, and some applicants from overlapping geographical communities were encouraged to confer and consider the possibility of a combined

application. By the end of the third cycle of funding, the vast majority of communities that had expressed an interest in CHCI were accepted into the initiative.

A total of 29 Colorado communities received planning grants in one of three cycles; of these communities, 13 participated in Cycle 1 (begun in 1993), 8 participated in Cycle 2 (begun in 1994), and 8 participated in Cycle 3 (begun in 1995). Of the 29 communities that started the planning phase, 28 finished it. Of the 28 who began the implementation phase, 27 completed it. Figure 1 displays and lists the 28 CHCI projects that completed the planning phase.

Across the twenty-eight communities that completed the planning process, 1,368 local residents participated in the planning process (with "participation" defined as attending at least three meetings). NCL provided these groups with expert facilitators, some of whom were nationally recognized for their community development work (for example, Chris Gates, Tyler Norris, Darvin Ayre, Gruffie Clough, John Parr), and others of whom were newly minted, bright, and energetic. Many of those younger facilitators have become widely recognized in their own right in subsequent years, including Denver Mayor Michael Hancock, and former NCL senior vice president Derek Okubo, who now serves as the city of Denver's director of human rights and community relations.

By the time that CHCI was officially "completed" in 2000, the Colorado Trust had invested $8.8 million to support the planning process and implementation projects as well as new initiatives not originally envisioned—challenge grants, a statewide community indicators project, and a new organization to network the sites.

CHCI's Impact on Civic Infrastructure

The success stories associated with CHCI have been assessed in other reports. Here we analyze the impact of CHCI on the civic infrastructure of the participating communities, drawing in part on data presented in these earlier reports.

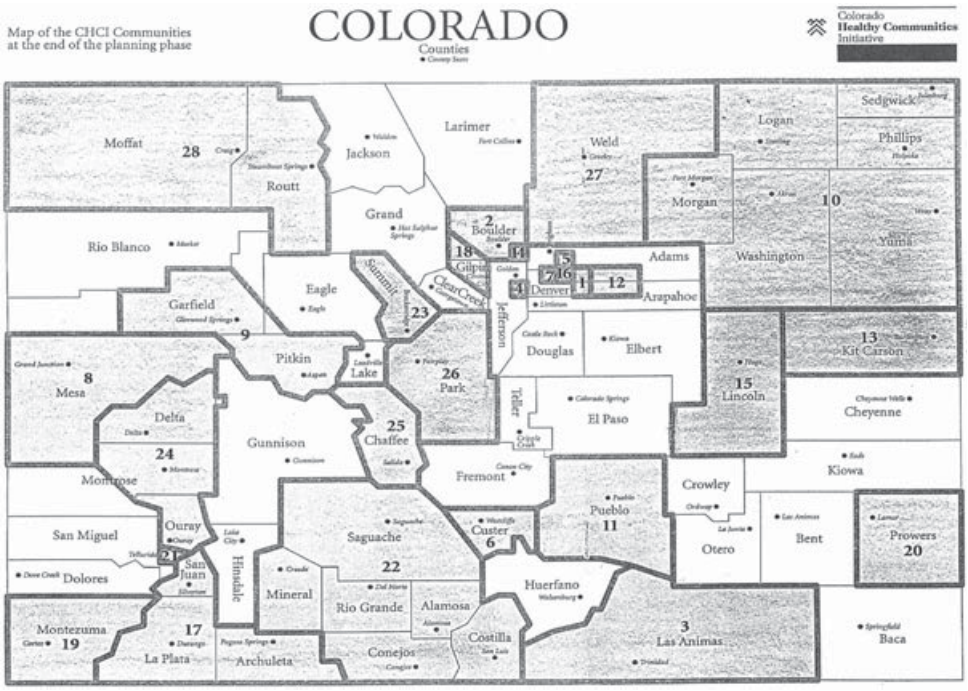
The evaluation commissioned by the Colorado Trust and carried out by Ross Conner and colleagues provides an independent assessment of the process and early outcomes associated with CHCI. The evaluation team surveyed stakeholders at the end of the planning process to find out what types of people had participated and to learn about their experience and perceptions of the process. The evaluation team also observed stakeholder meetings and talked with individual stakeholders in twelve "case study" sites, reviewed progress reports from the implementation grants, and interviewed community leaders in four CHCI communities at the beginning and end of the implementation phase. These data provide an in-depth assessment of how the planning process played out across the initiative as well as a preliminary sense of the lasting effects of that process. Follow-up interviews were conducted by a second evaluation team headed by Carl Larson. This team worked independently from the original evaluation and provided additional information on what CHCI-funded communities accomplished during subsequent years.

Progress During the Planning Phase

One of the central tenets of CHCI was that the initiative would draw more citizens into community decision making. Because of the high profile of CHCI and the potential for a $100,000 implementation grant, the CHCI planning process was viewed in many communities as an important opportunity with community-wide implications. The first empirical question was whether the process would actually engage a broad range of citizens or instead would be carried out by established leaders who were accustomed to setting the community's priorities and deciding how to allocate public resources.

In fact, CHCI did attract large and diverse groups of stakeholders in the majority of the participating communities. In an average community, 49 stakeholders participated in at least three planning meetings. The twenty-nine communities varied significantly in the number of stakeholders, ranging from a low of 14 to a high of 130. As a general rule, stakeholder groups were generally smaller in low-density frontier counties, especially in eastern Colorado, where agriculture serves as the economic base. The communities with larger stakeholder groups were more varied, including some with a strong history of activism (e.g., Boulder)

Figure 1. Map and Listing of the CHCI Projects



Site #	Geographic Description	Project Name
1	City of Aurora	The Aurora Project
2	Boulder County	Boulder County Civic Forum
3	Las Animas County	CHANGE
4	City of Lakewood	Citizens for Lakewood's Future
5	Commerce City	Mission Possible!
6	Custer County	Custer 20/20
7	Globeville neighborhood of Denver	Globeville Community Resource Center
8	Mesa County	Mesa Co. Healthy Community Civic Forum
9	Garfield, Pitkin, Eagle Counties	Healthy Mountain Communities
10	Logan, Morgan, Sedgwick, Washington, Yuma Counties	Healthy Plains Initiative
11	Pueblo County	Healthy Pueblo Communities 2010
12	I-70 Corridor	High Five Plains Foundation
13	Kit Carson County	Kit Carson County Healthy Communities
14	City of Lafayette	Lafayette Healthy Communities Initiative
15	Lincoln County	Linc-Up
16	Northeast Denver	Center for Self Help and Development
17	La Plata, San Juan, Archuleta Counties	Operation Healthy Communities
18	Gilpin Co. and Nederland	Peak to Peak Healthy Community
19	Montezuma County	Pinon Project
20	Prowers County	Prowers Progress to a Healthy Future
21	Telluride	REACH
22	San Luis Valley	SLV Community Connections
23	Summit County	Shaping Our Summit
24	Delta, Ouray, eastern Montrose, Somerset	Uncompahgre Healthy Communities
25	Chaffee County	Valley Visions
26	Park County	Vision 20/20
27	Weld County	WeCan
28	Routt and Moffett Counties	Yampa Valley Partners

and others where the region was facing considerable pressure in the form of population growth (for example, Summit County, Mesa County).

In line with CHCI's expectations, the planning process attracted stakeholders from a broad range of sectors throughout the community. The sectors most frequently represented were nonprofits, education, business, parents of school-age children, government/health services, and environment. Stakeholders were not so diverse when it came to certain demographic characteristics, especially education and age. Seventy-six percent were college graduates and 71 percent were between thirty-six and fifty-nine years of age.

Across all CHCI communities, 86 percent of stakeholders were white, but this is generally in line with Colorado's racial/ethnic profile. In those communities where there is more diversity (Hispanic, African American, or Native American), the stakeholder groups did attract higher proportions of nonwhites. For example, 85 percent of the stakeholders in northeast Denver were African American and 30 percent of those in Denver's Globeville neighborhood were Hispanic.

CHCI intended to attract stakeholders who were not only broadly representative of the community but also new to civic life. That goal was achieved, with nearly half of the stakeholders reporting that they were a "new face," defined as someone who had not traditionally been involved in community decision making. The vast majority of these new faces were women.

In addition to drawing citizens into community decision making, CHCI sought to bring to each community a concrete model of how collective decisions should be made. The various steps in the model were designed to generate data-driven, high-leverage solutions to the community's key strategic issues. Facilitators were instructed to ensure that decision making was inclusive, participatory, collaborative, and transparent.

The stakeholder survey used the following question to ask whether the planning process had achieved these ideals:

> [The planning process] aimed at collaboration and consensus in making decisions. This approach means bringing together many different organizations, agencies and individuals to work cooperatively to define issues and problems, create options, develop strategies, and implement solutions, with everyone pretty much willing to go along. Does this accurately describe how the CHCI process worked in your community?

Across all communities, 81 percent of stakeholders reported that this had actually occurred. The figure was over 60 percent in each community, with the exception of one contentious case where only 40 percent agreed that the process had played out according to design.

The bottom-line indicator of the success of the planning model was the fact that stakeholders stuck with it. Of the twenty-nine stakeholder groups that began the CHCI planning process, all but one group completed the steps, developed an action plan, and submitted a successful grant proposal to the trust for implementation funding. On average, thirty-five stakeholders were still engaged in the process when the proposal was being prepared.

Building Civic Infrastructure

After the Planning Phase

CHCI was envisioned not as a single-shot experience with inclusive, collaborative, data-driven decision making but as a template that would inform community problem solving over the long haul. It was hoped that the principles and practices embodied in the CHCI planning process would be adopted by local institutions, especially government bodies. This diffusion process presumably would occur through the stakeholders. Once they had experienced the CHCI process firsthand, they would exert pressure on government officials and other civic leaders to abide by the principles of inclusiveness, transparency, collaboration, and the like.

The evaluation found that stakeholders generally viewed the planning process as a first step to improving community problem solving in a more permanent way: 63 percent agreed that "the planning process built a foundation for future work," and

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most of the others (27 percent) were "unsure." The majority of stakeholders (63 percent) also came out of the planning process with a sense that they were "personally more able to effect change in the community."

Interviews with key informants conducted two to six years after the end of the planning phase found that decision making had become more collaborative and that citizens were more engaged in civic affairs. But the pathway for achieving these outcomes was different from what was initially envisioned. The greatest impacts on civic infrastructure came not from stakeholders directly influencing the behavior of public officials and institutions but rather as a result of the hard work of new organizations that were created following the planning process "to continue the CHCI process."

Twenty of the twenty-eight CHCI communities established a new 501(c)(3) organization to carry on the problem-solving and community-building work that began during the planning phase. Other CHCI communities continued to operate through unincorporated coalitions or informal working groups. With funding from the Colorado Trust and other sources, these organizations took on the long-term work required to build a healthy civic infrastructure. The most common strategies included:

- Convening and facilitating planning groups, ranging from a task force to a community-wide planning process
- Collecting community indicators data and carrying out independent assessments that point to areas for problem solving
- Conducting forums and workshops to educate the public on critical local issues
- Providing training to residents on leadership, communication skills, conflict resolution, getting involved in policy making, and the like
- Publishing reports, newsletters, webpages, and so on to inform residents about local issues.

The next examples provide a more concrete sense of what different projects accomplished with regard to civic engagement, collaborative problem solving, and data-driven decision making.

- *Citizens for Lakewood's Future* and *Weld County Citizen Action Network (WeCAN)* established academies to train residents (including young people) how to engage more effectively in civic affairs. The Piñon Project developed Leadership Montezuma, a leadership-development program that trained approximately twenty residents per year.
- *Healthy Mountain Communities* convened and facilitated a regional planning effort to explore transportation issues throughout the Aspen-to-Parachute corridor. This process ultimately led to the establishment of the Roaring Fork Transportation Authority, which has second highest level of bus ridership in the state.
- *The Mesa County Healthy Community Civic Forum* also initiated a planning effort on transportation, leading to the creation of Grand Valley Transit, which provides transportation to low-income, disabled, and elderly residents. *Yampa Valley Partners* convened elected officials, business leaders, and other residents from Routt and Moffat counties to examine telecommunication issues. The group was able to create a single "local calling area," which minimized expense and inconvenience for those who travel back and forth throughout the region (for example, parents whose children went to school in a different county).
- *Shaping Our Summit* promoted volunteerism by publishing a "Local's List," a listing of volunteer opportunities and community activities and coordinating an awards recognition event for volunteers.

Many of these new organizations became important pillars in their community's civic infrastructure. For example, San Luis Valley Community Connections in Alamosa played a central role in marshaling public support to prevent groups outside the San Luis Valley from acquiring expanded rights to the valley's water.

The Colorado Trust supported these local organizations in a number of important ways. The $100,000 implementation grants funded staff and operations for two to three years. As those grants began to expire and the vulnerability of the organizations became clear, the trust put into place a "challenge

grant" program that matched all funds raised by CHCI organizations on a dollar-for-dollar basis.

Beginning in 1995, the trust also provided support to CHCI communities through the Community Indicators Project (CIP). CIP was modeled after successful efforts in Seattle, Washington, and Jacksonville, Florida, where community indicators were used to inform residents about local conditions and to motivate action on key areas of concern. To encourage the development of community indicators projects in Colorado, the Trust provided fifteen CHCI communities with funding and technical support. These fifteen communities, plus two others that did not receive CIP funding, identified locally relevant indicators of health and quality of life, then compiled the data into reports showing how the community was doing relative to its vision of a healthy community. Many of the projects used their data to stimulate community-wide conversations and planning processes. In this way, CIP reinforced and augmented the other strategies that the CHCI organizations were carrying out to build the civic infrastructure.

The CHCI organizations also supported one another. Shortly after the first cohort of communities completed the planning phase, a group of stakeholders from across the state took the initiative to create a networking organization. In 1995, the Colorado Healthy Communities Council was formed as a nonprofit organization and received grant support from the Colorado Trust. For the next five years, the council convened regular meetings among the directors of the local organizations that sprang up during the implementation phase of CHCI. The council also sponsored larger annual conferences that attracted participants from other states.

In providing networking support, technical assistance, and peer learning, the council played a crucial role in strengthening the local healthy communities projects. The community-building work that these organizations had taken on turned out to be quite challenging and complicated. Most projects had only enough funding to support a single staff person. The council allowed these project directors to learn new skills and to support one another, reducing the sense of isolation that many were experiencing.

Despite the challenging nature of the work, organizations such as Healthy Mountain Communities, Shaping Our Summit, and San Luis Community Connections did make a difference in their communities. When Carl Larson and his colleagues interviewed key informants in 2001 and 2002 (five to seven years after the planning process ended), they found evidence of "changes in the way that the community works together" in sixteen communities. This group of sixteen included some communities where a 501(c)(3) organization was leading the work but also some where motivated residents were continuing to operate in informal groups.

In subsequent years, many of the organizations spawned by CHCI either folded or merged with other local organizations. As of July 2011, four of the original organizations remain active: Healthy Mountain Communities (Aspen to Parachute), the Piñon Project (Montezuma County), Yampa Valley Partners (Routt and Moffett counties), and Pueblo 2020 Commission. The Boulder County Civic Forum no longer exists as a distinct entity but instead was incorporated into the Community Foundation of Boulder County.

Even when a community no longer has an active CHCI organization, this does not mean that the effects of CHCI have evaporated. A number of projects begun through the initiative continue to have influence and impact. The people who participated in the planning and/or implementation phases continue to take advantage of the skills and networks they developed through the process. Perhaps more important, many CHCI communities expanded and strengthened their civic infrastructure in lasting ways. The principles of inclusiveness, transparency, collaboration, and focusing on the common good have become more deeply embedded in the culture of many of the communities that participated in CHCI.

Comparison to Other Initiatives

CHCI was highly successful on many metrics. Across a diverse set of Colorado communities, residents who had never been involved in civic affairs joined with established leaders in a lengthy period of analysis, deliberation, and planning. Often for the first time, local stakeholders took a long, hard look at

their community's deeper, systemic issues, as opposed to focusing in on a narrowly defined problem. As a result of the in-depth planning process, a variety of important new projects and organizations emerged, including some that added value to their communities for years to come.

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In many ways, CHCI stands out as a positive exception in the literature on comprehensive community initiatives (CCIs). Beginning in the early 1990s, a number of foundations experimented with bold, community-wide efforts aimed at improving the systems and processes through which decisions are made, problems are solved, and policies are established. In most of these initiatives, a foundation operating at a national or regional level provided the funded communities with a specific model for collaboration, planning, and decision making. Local organizations were required to come together and form a coalition, then to carry out a prescribed planning process and identify a set of action steps in line with the funder's interests. Recent reports by Anne Kubisch, Pru Brown, and their colleagues (see "Voices from the Field: III" and "Hard Lessons about Philanthropy and Community Change from the Neighborhood Improvement Initiative" in the References section) demonstrate that many CCIs had little lasting benefit. Some of these initiatives actually have left the participating communities with a less functional, more politicized civic infrastructure.

CHCI appears to us to be a notable exception to the typical experience with CCIs. One of the key differentiating factors is that CHCI actively promoted local discretion. The Colorado Trust did not limit or prescribe the set of issues that the stakeholder groups could identify as priorities. Likewise, the NCL facilitators did not push the groups toward a preset list of action steps. Local discretion was an authentic principle within the CHCI model, as evidenced by the wide variation in action plans developed by the twenty-eight communities that completed the planning process.

Likewise, the Colorado Trust was flexible in approving implementation grants. Originally the Trust intended these grants to serve as seed funding for new projects that would advance the *Healthy People 2000* objectives. A majority of the stakeholder groups, however, developed action plans that included strategies to expand civic engagement or "extend the CHCI process." The board and staff of the trust acknowledged that these were legitimate next steps and revised the funding guidelines accordingly.

Although the Trust and NCL did not impose the "solution," they did require each planning group to adhere to a specific model of planning and decision making. The process proved valuable in identifying key underlying issues and developing innovative strategies. Moreover, the CHCI planning process offered leverage for moving past old ways of doing business. NCL's Civic Index and WHO's broad definition of "health" appealed to the vast majority of stakeholders.

NCL's facilitators played a crucial role in ensuring that the planning groups succeeded in carrying out the planning process. The facilitators' knowledge, skills, and independence allowed them to challenge the groups and serve as devil's advocates at critical points, in a way that someone from within the community could not have done. For example, in the early stages of the planning process, it was important for the stakeholder groups to have representatives from all sectors of their community. Bolstered by their knowledge of the composition and issues of Colorado communities, the facilitators could raise questions about whether the stakeholder group's composition needed adjustment. This questioning generally resulted in a more diverse, representative set of stakeholders.

Limitations of the CHCI Model

Any initiative, no matter how well thought through, runs into at least a few unforeseen bumps in the road. The recommendations presented here take into account some of the bumps that occurred with CHCI.

The first challenge was the length of the planning process. Each stakeholder group required sixteen to

eighteen months to develop its action plan, meeting approximately once a month as a full group and additionally in work groups. The long duration and high intensity of the planning process was inherent in the planning model, given the many steps involved and the need to compile data assessing local conditions. In addition, stakeholders were required to achieve consensus on their key performance areas and action plans. In some communities, consensus occurred fairly quickly, but other stakeholder groups engaged in lively and lengthy debate before finally arriving on solutions that were acceptable to the whole group. Given the nature of the CHCI planning model, it is not surprising that some groups took a year and a half. This long planning period, however, sometimes led to attrition and diminishing enthusiasm. In retrospect, there are ways in which the process might have been streamlined and shortened.

In a related vein, it is useful to take a hard look at the criteria for making decisions and, more specifically, the requirement for consensus. In general, this requirement led to more inclusive decision making where everyone was able to influence the outcome. The questionnaire data revealed, however, that many stakeholders saw drawbacks to this decision rule. Because the facilitators required consensus (where everyone was at least "willing to go along"), each stakeholder effectively had veto power. In some cases, one or two stakeholders exercised this power, frustrating the majority. Sensing this possibility, some groups avoided tackling sensitive, but important, issues. Likewise, the requirement for consensus led some groups to adopt safer, less innovative action steps, at least according to the stakeholders. At the other extreme, some groups exerted strong peer pressure to discourage the expression of divergent points of view. All of this suggests that a modified consensus rule (e.g., consensus minus one) might produce better, more creative decisions and improve overall group satisfaction.

It is also useful to examine a more general aspect of the planning model, namely its analytic nature. The model took the groups through various steps that are widely acknowledged as best practice for strategic planning. There was also a strong emphasis on *data-driven* priority setting and decision making. These features can lead to well-reasoned action planning, but they also require analytic thinking, sometimes at a high level. It is telling that of the stakeholders who attended at least three meetings, 76 percent had a college degree. In advancing the goal of rigor, the CHCI model appears to have traded off its ability to attract a full range of stakeholders. To NCL's credit, the model was relaxed after the first cycle of grantees completed the process. Facilitators were encouraged to adapt the model to fit the educational profile of the community as well as the local culture. As a result, the planning process looked and felt different in, for example, the San Luis Valley (where the population is 50 percent Anglo and 50 percent Hispanic) than it did in Boulder (where the community is mostly Anglo and college educated). This proved to be an important augmentation to the CHCI model.

One of the key expectations for CHCI—held both by NCL and by the Colorado Trust—was that the planning process would build the capacity of stakeholders, especially with regard to planning and problem solving. The stakeholder survey found that this occurred to a modest degree (see Table 1). The greatest increase occurred for "ability to understand community problems" where 29 percent reported "a great deal" and 50 percent reported "some." Smaller increases in ability were observed for "collaborating productively with other community members" and "developing creative projects to address community problems." These figures suggest that stakeholders picked up some skills by watching the facilitators and by participating in the planning process. At the same time, it might have proven valuable if, early in the process, the stakeholders had been provided with training focused on the specific skills involved in community problem solving.

Leadership skills warrant special attention. This is the area where the least amount of skill building was reported by stakeholders. Moreover, leadership ability at the local level turned out to be an essential factor as the initiative transitioned from the planning phase to the implementation phase. Although each stakeholder group had a chair and various committee chairs, the NCL facilitators were the de facto leaders of the process. When the planning phase was complete and the facilitators no longer came regularly to run meetings, most CHCI communities experienced a leadership vacuum, at least temporarily.

Table 1. Self-Reported Increases in Abilities as a Result of the Planning Phase		
To what extent did you do the following:	**Response**	
Increase your ability to understand community problems?	None	8 percent
	A little	14 percent
	Some	50 percent
	A great deal	29 percent
Increase your ability to collaborate productively with other community members?	None	6 percent
	A little	17 percent
	Some	52 percent
	A great deal	24 percent
Increase your ability to develop creative projects to address community problems?	None	13 percent
	A little	19 percent
	Some	50 percent
	A great deal	17 percent
Increase your ability to take a more active leadership role in community affairs?	None	17 percent
	A little	21 percent
	Some	46 percent
	A great deal	16 percent

Some communities were able to find project directors with strong leadership skills while others were not. This turned out to be an important factor in determining which projects were most successful by the time that Carl Larson's team did follow-up interviews. In hindsight, we can make a strong case that leadership development training would have been a valuable service as the stakeholder groups were preparing themselves to go forward with their action plans and starting up new organizations.

Building Civic Infrastructure over the Long Haul

CHCI was originally envisioned as a planning process that would generate new projects, a more engaged citizenry, and new networks, especially networks that cross sectors and demographic lines. Neither the Colorado Trust nor NCL anticipated the possibility that CHCI would lead to the creation of new community-based organizations dedicated to building civic infrastructure. These organizations turned out to be critical in generating the longer-term impacts of CHCI—developing new leadership development programs, taking the lead in organizing community planning efforts, encouraging volunteerism, and providing data that led to improved public decision making.

It is unfortunate that so many of these new organizations were unable to sustain themselves over the long run. To some extent, the sustainability problem resulted from issues of scale. Many of these organizations served communities or regions that were modest in size (that is, fewer than 50,000 residents) and had few philanthropic resources. When the community was larger and wealthier (e.g., Boulder, Aspen to Parachute, Mesa County, Pueblo), the organizations tended to be more successful in raising the resources required to maintain their staff and operations.

Even in larger communities, however, sustainability proved to be a major limitation to carrying out healthy communities' work over the long term. This problem appears inevitable for nonprofit organizations involved in building civic infrastructure. The outcomes that these organizations create—expanded civic engagement, more transparent decision making, increased collaboration, more informed citizenry, and such—are "public goods." Everyone in the community benefits and no one is excluded from reaping the benefits. As Mancur Olson demonstrated years ago in his classic book, *The Logic of Collective Action*, organizations in this line of business face considerable challenges when it comes to generating enough revenue to cover the costs associated with their work.

Local Government

If we assume that a healthy civic infrastructure is in fact a public good, one might logically ask why this line of work did not fall to local government, why did the CHCI stakeholder groups believe that they

needed to create a new nonprofit organization, as opposed to simply placing the responsibility with an existing government agency or elected body? The short answer is that many stakeholder groups believed that local public officials needed outside prodding and/or extra help when it came to expanding civic engagement and creating more open, collaborative forums for community decision making. Indeed, during the planning phase, some elected officials resisted the inclusive, participatory style of decision making that CHCI put into place. In some communities, stakeholders openly challenged the authority of elected officials and other established leaders. In at least one CHCI community, an elected official who tried to personally control the planning process was voted out of office in the subsequent election.

Community Foundations

Given the problems of relying on either nonprofit organizations or local government, who is best positioned to take the lead in building a community's civic infrastructure? Community foundations have emerged as especially promising candidates. This type of philanthropic organization manages charitable funds that are set up by local donors and makes grants in line with the donors' interests. Historically, community foundations refrained from staking out strong positions on local issues, but that passive attitude has begun to give way to a more proactive approach in recent years. As documented in a 2008 *National Civic Review* article written by one of the authors (Doug Easterling), a number of community foundations have specifically focused on increasing civic engagement, building a more collaborative culture, training new leaders, and creating opportunities for residents from different racial and ethnic groups to come together in meaningful ways.

A community foundation generally has the advantage of being widely respected throughout the local community while at the same time rising above partisan politics. Indeed, a community foundation may be the local institution that best represents the common interests of all residents. At the same time, a community foundation is likely to have greater financial resources and more stability than any other organization that might take on the work of building the civic infrastructure. Until recently, the major limiting factor was that community foundations generally were reluctant to wade into topics that might generate controversy, but increasingly the staff and board are demonstrating the courage required to change traditional ways of community decision making.

During the implementation phase of CHCI, at least two of the sites recognized the important role that community foundations could play in carrying on the work that began during the planning phase.

- The Boulder Civic Forum folded its operations into the Community Foundation of Boulder County. This was a strategic move designed to ensure long-term sustainability of Boulder's healthy community work. The Civic Forum now serves as the "information arm" of the foundation, publishing a community indicators report every two years and supporting "healthy decision making."
- Commerce City did not have a community foundation, so the CHCI organization, Mission Possible, took on the task of creating the Community Foundation of Commerce City. That foundation, now called Quality Community Foundation, continues to operate on a small scale, supporting postsecondary scholarships and recreational programs.

Outside Agents

Although community foundations can, in theory, play a valuable role in building civic infrastructure, it is important to acknowledge that these institutions do not yet exist in many places, especially rural areas and low-wealth communities. This is an important area for investment for regional and national funders. The Lilly Endowment went this route in Indiana, ensuring that every county in the state had a community foundation with at least an initial endowment. Likewise, the Kansas Health Foundation has provided matching funds and capacity building for community foundations across Kansas. Both efforts have significantly expanded the number of communities with active community foundations.

There are additional ways in which funders and other organizations operating at a more macro level can usefully support communities in building their civic infrastructure. Perhaps the most powerful approach is to introduce innovative ideas and models of collaborative problem solving that can serve as

the starting point for a community change process. The National Civic League and the Colorado Trust accomplished this with CHCI.

Another key strategy for outside funders is to support programs that build the capacity of residents to engage effectively in civic affairs. In central Wisconsin, the Ford Foundation funded the development and operation of Advanced Leadership Institute, which was jointly designed by the Community Foundation of Greater South Wood County and Ki Thoughtbridge to teach adaptive leadership skills to a wide cross section of established and emerging leaders. Many of the hundred participants who have gone through the intense eight-month training have stepped forward into more visible leadership roles. They have brought the region a more inclusive style of decision making and a more collaborative approach to problem solving based on the Harvard Negotiation Project.

Leadership skills can be fostered not only by locally based training programs but also by a regional or statewide approach. For many years, the Kansas Health Foundation conducted the Kansas Community Leadership Institute as a means of strengthening civic leadership in communities across the state. In 2005, the foundation decided to invest $30 million in a new institution that would carry on this work at a deeper level—the Kansas Leadership Center (KLC). Working with leadership experts from across the country, KLC developed its own model of civic leadership and has trained over one thousand Kansans to diagnose the situation, intervene skillfully, and energize others. In effect, KLC is seeking to build civic infrastructure on a statewide basis by building each community's leadership capacity and by introducing a new problem-solving paradigm.

Collectively these examples illustrate that outside agents can play a valuable role in building a community's civic infrastructure, assuming they act in ways that are sensitive to the needs and values of local residents.

Conclusion

Twenty years after being introduced to communities throughout Colorado, CHCI remains a valuable model for stimulating the vital and challenging work required to build civic infrastructure. While some elements of the model are, in retrospect, less perfect than one might hope, the overall strategy was sound. A wide range of communities with demographically diverse residents accepted the CHCI model and used the planning process to think differently and more boldly about their visions for the future, to identify their key strategic issues, and then to put in place programs and organizations that could achieve significant progress on those issues. In the process, residents who had never viewed themselves as civic leaders stepped up and championed a new, more inclusive way of making decisions and doing business.

While CHCI stands out as a well-designed model of planning and community building, the initiative was also important as a learning laboratory. NCL and the Colorado Trust learned important lessons about engaging a broad range of stakeholders in deliberative democracy and about what it takes to move from deliberation to action. Communities funded in the second and third rounds of CHCI benefited from the experience of the first round. The lessons from CHCI also influenced healthy communities work on a much larger scale. NCL refined its approach based on its experience with CHCI, which benefited the many communities around the country that carried out the healthy communities process in the mid- and late 1990s. Likewise, the Coalition for Healthier Cities and Communities, which was formed in 1999 by Tyler Norris and Mary Pittman, advanced principles that drew directly from the CHCI model and the lessons learned during the implementation of the initiative.

CHCI also influenced the Colorado Trust and other foundations as they designed subsequent initiatives to promote community-wide health and quality of life. The Trust's initiatives to prevent teen pregnancy and to expand school-based health education each involved a planning phase that placed a heavy emphasis on assessment, data-driven planning, and consensus decision making. Other foundations, such as Paso del Norte Health Foundation, directly modeled their healthy communities initiative on CHCI.

Over the years, organizations such as these have adapted the CHCI model to make the planning process more efficient and more amenable to different

organizational contexts, cultures, and learning styles. The CHCI model was never replicated in its entirety, but it continues to serve as a prominent node in the genealogy of community-building models.

Our collective knowledge about how to build civic infrastructure has evolved considerably over the past twenty years, but this does not mean that the task is complete. The challenge that John Parr spelled out in his 1993 article could easily have been written today:

> Whether the specific issue is a quality school system, an air pollution problem, or lack of adequate housing, the need for effective problem-solving and leadership skills is the same. A community must have strong leaders, from all sectors, who are able to work together with informed, involved citizens to reach consensus on those strategic issues that face the community and the region around it. Communities must have the capacity to solve the problems they face.

It is to our great misfortune that John is no longer here to lead the charge, but his ideas and personal example continue to guide the way.

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