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CREATING ENDURING HEALTH EQUITY

Community Context for Academic Achievement;

*A Report on Community Factors that Predict Resilience & Prevention
in Nine Randomly Selected Communities in Washington*

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Laura Porter

Karen Baltz

Sasha Silveanu

Katrina Wynkoop Simmons

Melanie Gillespie

Submitted as a qualitative contribution to the report authorized by ESHB 2739

To:

Christopher Blodgett, Ph.D., Director
WSU Area Health Education Center and CLEAR Trauma Center
Washington State University
PO 1495
Spokane, WA 99210-1495

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Executive Summary

The context for optimal human development includes healthy families, flourishing communities, and the events and systems that shape these. Community capacity is found to be significantly correlated with positive trends in the rates of child safety and school completion (Laverack, 2006; Hall, 2012). Community capacity is described as the empowerment of communities to come together, share responsibility for alleviating crises, improve services, and build healthy environments for families and children (Chatskin, 1999).

This study provides information about the community context for child and family life in Washington, including the degree to which systems of the community operate effectively as a whole to improve outcomes. Using information from Key Informants in nine Washington communities, we consider processes that communities use to develop a sense of belonging and shared identity, come together in celebration or problem solving, reflect on past efforts, agree upon and collaboratively generate solutions, and weave a stronger social fabric as a part of considering community capacity development. Key Informant interviews and community capacity scoring of those interviews are designed to provide insight into the community contextual environment and the capacities of that environment.

Qualitative data from key informants in nine randomly selected Washington communities are considered in this report. Processes and tools used for analysis of the interviews and rating of community capacities are consistent with those used in over a decade of systematic observations of community capacity in Washington State. This includes both capacity index scores (Longhi & Porter, 2009), and correlations between interview content and descriptions of characteristics of five distinct phases of community capacity building (Flaspohler et al., 2012).

Forty-seven interviews with Key Informants in nine Washington communities, reveal common themes, as well as, significant community variation in practices that help communities to flourish. Since the instruments to assess community capacity have been consistently used from 1998 through this 2014-15 interview process, community capacity trends over time are also considered. The names of persons interviewed and the names of the communities where interviews were conducted are not used in this report in order to preserve confidentiality and optimize reporting of most promising and most challenging community capacity building stories.

Study Purpose: To provide contextual information that is relevant to understanding more about the relationship of Adverse Childhood Experiences and “community variation in factors that predict resilience and prevention” (ESHB 2739) in Washington communities.

Study Authorization: ESHB 2739.

Study Design: A qualitative study of community variation in community capacity based on Key Informant Interviews in nine randomly selected communities throughout Washington.

Findings

Community Variation: Snowball Sampling Phase

1. In lower-scoring communities the tone was significantly more defensive and guarded.
2. In mid-scoring communities, names of people were quickly offered, and examples of collaborative work generously given, however, the names and examples came exclusively from one discipline or cluster of activities, indicating little cross-systems collaboration.
3. In communities that later scored high using the Community Capacity Index, a tone of welcoming and enthusiasm commonly emerged. Local leaders shared names and stories of success.

Consistent Across All Communities: Key Informant Phase

1. Recent child and family challenges require nimble action in a world with more restrictions and rules; these include: loss of resources for child and family serving systems, increased homelessness, increased poverty-related challenges among families, and mental health impacts.
2. Need for more flexibility and respect for locally powerful solutions.
3. Need for sustained community capacity building funding.
4. Value of neutral convener-coordinator to convene and synchronize multi-discipline and multi-sector solutions.
5. Importance of data that are meaningful and useful to local leaders.
6. Importance of the Adverse Childhood Experiences Study (ACEs) in shifting thinking and aligning work “ACEs have been a powerful force for bringing people together – inviting common vision and alignment of actions.” – quote from Study Reader

Community Variation, Key Informant Phase

1. Communities varied in Community Capacity Index Building scores from a low of 8.3 to a high of 16.8 on a 20 point scale.
2. Community Capacity Index scores for communities that received state funds from 2001 through 2011 in 2015 are generally consistent with the average scores of these communities from 2003 to 2007 across all dimensions of the Community Capacity Index. Communities with rising scores received private or federal funding for coordination. One community with falling scores lost three sources of funding and critical staff almost all at once. Communities that never received state funds and technical assistance received low scores or were not able to be included because community leaders did not identify Key Informants for the study.
3. Communities with low scores differ from those with high scores in scope of cross-system and resident engagement, breadth of interrelated strategies employed, and their understanding of complex and interrelated factors that contribute to child and family problems, and attitudes of informal and formal leaders, particularly the degree of efficacy, optimism, compassion and hope reported by Key Informants.
4. High-scoring communities demonstrated a different way of being than low-scoring communities; there was an emergence of properties that could not be described simply by adding all the activities or programs. Readers of the interviews commented:

“Some communities have been able to tap into the soul of their community – with real grassroots empowerment and engagement, joint ownership and co-creation, welcoming, attitude of seeking and celebrating diversity, honoring each view of the world, empathy, and focusing on community ‘being’ rather than just on community ‘doing’.”

Community Context for Academic Achievement;

A Report on Community Factors that Predict Resilience & Prevention in Nine Randomly Selected Communities in Washington

Statement of Purpose

The purpose of this study is to provide contextual information that is relevant to understanding more about the relationship of Adverse Childhood Experiences and “community variation in factors that predict resilience and prevention” (ESHB 2739) in Washington communities.

Study Authorization: ESHB 2739.

Study Design: A qualitative study of community variation in community capacity based on Key Informant Interviews in nine randomly selected communities throughout Washington.

This report:

1. Provides information about the link between community capacity and child and family outcomes, including academic achievement.
2. Describes the methods used in this qualitative study.
3. Identifies common features in community conditions and community capacity building reported by Key Informants in nine communities.
4. Identifies community variation in the degree to which communities employ a rhythm of engagement that includes strengths in all four characteristics of healthy community engagement.
5. Notes the degree to which there is consistency over time in Community Capacity Index scores for the communities considered in the study; and, by extension, whether historic records about community capacity in other counties of the state are relevant to current analysis.
6. Provides discussion of the implications of findings.

Theoretical Rationale

About Community Capacity

Communities vary in the size of the solutions they provide for their residents – from equitable opportunities for health, safety, school success and meaningful work, to the ability to rebound after a natural disaster. Webster & Bing dictionaries define “flourishing” as “to prosper with sustained, continuous, steady, strong growing into well.” The characteristics of flourishing communities are discussed in many literatures: community psychology, criminology, disaster preparedness, ecology, economics, epidemiology, international development, psychology, political science, public health, social work, sociology, and systems thinking. These describe slightly different, but substantially overlapping findings that, taken together, support a working definition of a flourishing community:

A flourishing community is a group of people linked by geography or interests, who intentionally use culture, social structure, and interactions to improve intergenerational well-being and equity.

Flourishing communities produce safe, stable nurturing relationships and environments, and have a rhythm of engagement that includes:

- 1. Safe and regularly scheduled ways of coming together for belonging and cooperative action,*
- 2. Networked social and inter-organizational processes characterized by learning, reciprocity, social bridging, and efficacy,*
- 3. Shared times and venues for critical reflection and decision making about hope-filled action,*
- 4. Continuous expansion of opportunities for informal and formal leadership.¹*

The Rationale for Linking Community Capacity with Child Educational Outcomes

The debate about nature and nurture is over. Scientists widely agree that reciprocal interactions between human development and our experience of the multiple environments in which development occurs have a cumulative impact on who we are and how we relate to ourselves and the world around us (Mead, 2010). Child development is influenced first by parents and care givers, and then significantly by friends and family, community, culture, nutrition, the physical environment, and the society as a whole.

There are many theoretical models that include community context as powerful influence on child development, including development of capabilities necessary for school success. During the 1940's, Kurt Lewin's Field Theory asserted that a totality of coexisting facts are mutually interdependent and shape human development (Lewin, 1951, p. 240). According to Dr. Lewin, individuals participate in a series of life spaces, such as family, work, school and church, and these are constructed under the influence of various force vectors – understanding school success necessitates understanding the interdependent forces that create conditions to support that success (Lewin, 1952).

In 1979, Urie Bronfenbrenner developed his Ecological Systems Theory, which asserts that human development reflects the influence of five environmental systems which include systems with direct and indirect interaction with a child (Bronfenbrenner, 1979). Bronfenbrenner's work brought educational research out of the lab and into real community environments where children live, play, and go to school, and was the foundation for HeadStart in the United States.

In 2010, Jack Shonkoff integrated developmental neuroscience discoveries into ecological and developmental models to form his Bio-developmental Framework. His intent with this framework is “to promote greater understanding of the antecedents and causal pathways that lead to disparities in health, learning and behavior” (Shonkoff, 2010).

Scientists from a variety of disciplines have agreed that the influence of family and community has powerful effects on individual growth and development, including development of the skills and abilities that are necessary for academic success. Eileen Johnson, citing Bronfenbrenner in the context of recent systems

¹ See Attachment 1 for more detailed information from the literature related to these four phases of engagement.

theory, states that “student achievement is... best understood as a developmental outcome that emerges as a result of interactions among layers within a complex system” (Johnson, 2008).

In 2009, the National Academy of Sciences report for policy makers on Preventing Mental, Emotional and Behavioral Disorders in Youth made eight recommendations for policy makers. This report affirms the importance of multi-disciplinary and multi-domain partnerships that improve the whole context for child and family life, and are not limited to the child or child and family domains. The report to policy makers states that: *“Leaders at the national, state and local levels need to pursue specific strategies such as... development of state and local systems involving partnerships among families, schools, courts, health care providers, and local programs to create coordinated approaches that support healthy development”* (O’Connell et al., National Academy of Sciences, 2009).

Research on social capital and collective efficacy suggests that communities with high levels of these qualities are likely to have better outcomes (Lochner et al., 1999; Sampson et al., 1997) as also cited in (Flaspohler, 2008). In studies of rate trends of major social problems in Washington researchers found that Community Capacity explains a statistically significant proportion in the variance of trends in six problem behaviors (including dropping out of school) after accounting for the effects of differences in initial and changing local social, economic and demographic circumstances (Longhi, 2009).

Historically, researchers have considered theoretical models that are limited in their ability to inform understanding about the processes that lead to educational outcomes. Models that consider social address or class factors, for example, focus solely on the environment, placing developmental outcomes as a function of social characteristics such as family size or socio-economic status. Personal attribute models focus only on the individual, placing developmental outcomes primarily a function of the characteristics of the person at an earlier age (e.g. reading ability at age 16 as a function of early experiences with phonological awareness at age 6) (Johnson, 2008).

A more robust analysis would include a person-context view that would provide insights into the environmental factors that are seen as risk or protective of healthy development and academic success. This analysis would also consider the processes within the environment and the individual that lead to the outcome in question. When we combine the qualitative and quantitative portions of this report, we move toward this ideal view – one in which we can appreciate the interrelated factors that deliver outcomes in a community over time, and are better positioned to create effective and strategic interventions that will affect system dynamics and population-level outcomes.

In this report, we consider the processes that communities use to develop a sense of belonging and shared identity, come together in celebration or problem solving, reflect on past efforts, agree upon and collaboratively generate solutions, and weave a stronger social fabric. Key Informant interviews and community capacity scoring of those interviews are designed to provide insight into the community contextual environment, as well as processes of that environment that may be affecting the prevalence of Adverse Childhood Experiences, the health and prosperity of the residents of the community, and the test scores and graduation rates of youth residing within the community.

Methods

Methods Used in the Study include the following.

1. Random selection of communities
2. Snowball sampling to identify Key Informants
3. Structured interviews with Key Informants
4. Rating of interview content by independent Readers using a Community Capacity Index
5. Comparison of 2015 scores with historical records of scores
6. Thematic analysis

Random Selection of Communities

Identification of four tiers of communities based on historical Community Capacity scores

Since the Community Capacity Index has been used consistently since 1998, historic records of community scores from Readers could be used to identify past index scores of non-Tribal communities throughout Washington. The boundaries of each community was proposed by local leaders to the state leaders in 1996-7; boundaries were ratified in 1997 by 10 elected and appointed officials serving at that time as the Washington Family Policy Council. Most boundaries follow county lines.

Four tiers of communities were created, based on Community Capacity Index scores from 1998-2011 for the purpose of randomly selecting communities for the study:

1. Communities scoring consistently high
2. Communities with variable scores – neither consistently high, nor consistently low
3. Communities scoring consistently low
4. Communities that were not organized with an active Community Public Health and Safety Network after 2001, due to Legislative decision to significantly reduce funding for Community Networks in 2001. This fourth group of communities did not receive technical assistance from the Family Policy Council, did not report on community strategies, and therefore did not receive Community Capacity Index scores consistently through the time period of 1998-2011.

Even though some Tribal Nations have a history of hosting strong Community Networks, Tribal communities were not included in random selection for the purposes of this report. The rapid timeline in the report was not appropriate for government to government communication with Tribal leaders, nor would it have allowed for respectful consideration of the impact of Historic Trauma on Tribal members or the community as a whole.

Selection of Communities

A random name selection tool was utilized for the sampling of communities. Several online tools were tested and of these the website, ClassTools, found at <http://www.classtools.net/random-name-picker/>; was found to be the most reliable. Four tiers of community groupings were used: Tier 1 consisted of 13

communities, tier 2 contained 9, tier 3 had another 13, and tier 4 held 12. Three communities were selected from each of 4 tiers.

Snowball Sampling to Identify Key Informants

Snowball sampling was used to identify Key Informants in each randomly selected community. A snowball sample is a non-probability sampling technique that is used in research when members of a population are difficult to locate, or the boundaries of the population that should be considered in a study are unknown. A non-probability sample is a sampling technique where the samples are gathered in a process that does not give all the individuals in the population an equal chance of being selected.

In this case, we could not determine in advance of conversations with community members which individuals and organizations would have knowledge of the ways that community members and organizations come together to work in concert toward shared goals that are related to youth school success. We also could not provide opportunity for every person in each county to participate in the study. We anticipated that there would be community variation in the degree to which informal leaders (e.g. parents, business managers) would be engaged with community improvement efforts. We also anticipated community variation in the disciplines engaged in those efforts.

Individuals who could be enrolled research participants were asked to assist researchers in identifying other potential subjects. Each snowball e-mail or call queried a local person for names of people working on improving the lives of children and families (see Attachment 5, Snowball Sample E-mail Script). Calls continued in a community until a pattern of repeated names was apparent, and the number of individuals recommended by many people was sufficient to provide Key Informants for the community. Over 800 snowball calls were completed and forty-seven Key Informants were selected to be interviewed.

In two communities, although more than two dozen snowball e-mails and calls were made, a set of Key Informants did not emerge from these contacts. People were either reluctant to provide names, or the names that were provided were not repeated by multiple informants. Of the initial twelve communities that were randomly selected for the study, two were eliminated because we could not identify Key Informants on the timeline of the study using a snowball sampling technique.

Structured Interviews with Key Informants

Interviewers were selected based on interest, skills and availability. Orientation was provided via a web-based platform and telephone conference calls. Interviewers were provided coaching as needed to assure consistent use of the interview script, recording of calls, and coordination with project timelines.

All of the interviews used a standard script (see Attachment 6). Interviews were recorded. Recorded interviews were reviewed to assure consistent use of the script, and to continuously test the relevance of the questions and the quality of interview content. Recordings of interviews were transcribed by individual contractors, a few by a transcription service.

Transcribed interviews were edited to remove excessive “Ums” and like speaking habits that could be distracting to the Readers. The names of Key Informants were also removed, as were the names of the organizations where they worked.

Rating of interview content by independent Readers using a Community Capacity Index

Reader Recruitment, Orientation, and Rating Process

To assure consistency in this process, Foundation for Healthy Generations contracted with the professional who was responsible for this process at the Washington Family Policy Council from 2000 through 2010. The process for recruiting and training Readers to rate the community interviews in 2014-15 was consistent with processes used in prior years. Training materials were updated with information about HB 2739 and the current organizations working on the report: Washington State University Area Health Education Center and Foundation for Healthy Generations. A comparison of processes used to gather information in the 1998-2010 period with the current period was also provided.

Readers responsible for rating the interview materials included individuals with experience as former staff or board member of a neutral community capacity convener organization in a community, individuals who had no experience either working with such an entity or experience rating community reports, and people who had been Readers in past years, but otherwise had no direct experience with either the work of a community collaborative group working to build community capacity for solving social problems or the Reader process. The participants selected ranged in age from people in their 20s to retirees in their 70s; with each decade between represented by at least one person. They were mostly women, consistent with past years. Efforts were made to recruit both men and women, and mostly women agreed to do this work.

Readers attended a full day orientation meeting, where they received binders with sets of interviews, rating sheets, and materials to help them quantify the key features of Community Capacity they were witnessing through the interview scripts. Orientation included information about the Community Capacity Index, and also about the Developmental Model for Community Capacity Development (DMCCD) (Flaspohler, 2012). Readers were familiarized with three aspects of the DMCCD (see Attachment 8).

Readers were paid a small stipend for reading and rating a large notebook of material. On average, each person read and rated 23 interviews and a total of 185 pages.

There were a total of 9 community reports reviewed, with several interviews per report. Each report was rated by two different three-person teams of readers for a total of 6 scores for each community. Teams met after individual Readers had completed scoring to discuss how and why each had scored a community. Team members were encouraged to consider the arguments of the other team members, and when compelling, to make adjustments to the original score for the community. No Reader was pressured to change a score that s/he originally provided.

Differences in content reviewed by Reader/Raters: 1998-2010 and 2015.

1998-2010	2014-15
Sites in WA were selected by: 'active' status as a 'Network – Quasi-governmental entity'	Communities were selected randomly by computerized software.
Active Networks reported every other year. Reports were written by trained Network staff coordinators, board members with input from community members.	Reports were generated via a 2-step interview process. Healthy Gen staff conducted a snowball process in each randomly selected community asking for referrals of the individuals 'in the know' locally. Identified 'Key Informants' participated in an interview about community context & dynamics.
Network boards met regularly and were made up of members of the community, local agencies, local government, etc. They had formal partnerships with many entities throughout the community.	Each 'Key Informant' may or may not be working with other 'Key Informants'.
The FPC regularly hosted educational events and provided technical assistance highlighting new scientific and field discoveries, and provided ongoing TA about learning from data, reflective practice, and reporting. Education and assistance were open to Network members and staff, and to their partners.	Cooperative learning engagements may or may not exist within each community and may or may not include all 'Key Informants' interviewed. This process was unfamiliar to 'Key Informants'.

Rating Tool: Community Capacity Index

The Community Capacity Index was developed in 1998, and used consistently from 1998 through the present. To develop the index, literature about measuring the capacity of a community to solve complex problems was reviewed. Key themes were noted. Concurrently, staff of the Washington Family Policy Council convened local partners from over a dozen Community Networks to discuss a central question for index development: *what characteristics or processes, if you saw them, would let you know you were on the right track toward community capacities strong enough to reduce the rates of multiple major social problems concurrently?*

A participatory process, facilitated by Krista Goldstine-Cole, then Education Director for the Washington Family Policy Council, yielded key themes and specific indicators. These were organized according to major categories cited in literature on Community Capacity building, and community leaders provided feedback on the index as a whole – agreeing unanimously on its content. The Community Capacity Index was then taken to the Washington State Family Policy Council (FPC) members for ratification. The FPC members were ten elected and appointed officials representing both the Executive and Legislative branches of state government. The FPC unanimously ratified the Community Capacity Index as the state’s measurement tool

for assessing community capacity for solving interrelated social problems, and oversaw its use once per biennium through 2011.

For the 2014-15 rating of community capacity, three developers of this tool, Ms. Goldstine-Cole, Ms. Porter, and Ms. Eilers provided orientation on the interpretation and use of the Community Capacity Index for rating interview packages, as they had for the biennial Reader/Reviewers in past years.

The Community Capacity Index is congruent with the best quantitative study on measurement of community capacity – a factor analysis of a national sample of community-based initiatives (Longhi, 2009). The researchers identified the major underlying components of community capacity based on “local, community-based efforts for community improvement...that addressed a wide variety of health concerns” (Lempa, 2008).

The authors collected 702 surveys representing 291 health-related, community-based initiatives across the nation in 2002-2003. They interviewed both positional leaders in communities, and non-leaders, based on a set of questions derived from in depth interviews of core members of eight community initiatives they had conducted in 2000. They transformed the in-depth interviews into a set of structured questions. They used principal component and latent factor analysis to discover the latent factor structures – the key underlying dimensions, which informed interview questions. Empirical analysis of the interview content revealed only a handful of dimensions, with a single dimension, the one the authors labeled “leadership” accounting for a majority of the overall variance, more than half of the remaining four of the five dimensions combined (Lempa et al., 2008). Factors identified in the Lempa study are congruent with the Community Capacity Index (see attachment 3).

The Community Capacity Index is also congruent with the best qualitative assessment tool (Longhi, 2009). In September of 2005, the Public Health Agency of Canada published their Community Capacity Building Tool: A Tool for Planning, Building and Affecting Community Capacity in Community-based Projects. This tool was developed as a participatory research project where the professionals and residents interested in building community capacity partnered with researchers that used their expertise in measurement and in conceptualizing different dimensions of capacity. Community capacity was defined as “sustainable skill, organizational structures, resources, and commitment to health improvement in health and other sectors, to prolong and multiply gains many times over.” The tool appreciates capacity building as a journey, often not a linear one that needs to be organically maintained. Rating of the various dimensions of capacity are assessed as four mapping points: Just Started, On the Road, Nearly There, and We’re There. The self-assessment tool is intended for a team of local community persons, often composed of project coordinators, community partners, members of the target population and the community at large. Congruence with this toolkit are illustrated in Attachment 3 of this report.

The Community Capacity Index has four sections:

1. Focus: A strategic, shared, result-based focus developed by people coming together and identifying locally prioritized issues.
2. Leadership: Collaborative leadership with whole community (informal and formal leaders), leveraged resources and sustainable efforts.
3. Learning: Innovation and learning from changing conditions, experiences, and scientific discovery.

4. Results: Careful attention to measured “risks” and “strengths” and results-based decisions.

Each of these four sections of the Index receives a score ranging from zero to five, with a total possible score of 20.

The Community Capacity Index received minor edits for the purpose of Readers use in this study. These edits changed none of the substantive concepts or rating criteria. Rather, edits removed reference to the Washington Family Policy Council and Networks, substituting a more general reference to “community” so that the Index would align with the source of interview materials being rated.

Determining Community Scores

All Reader scores, after adjustments that Readers voluntarily made during Reader meetings, were compiled. We discarded the highest- and lowest-scores based on comments during Reader discussion that led us to believe that a couple of readers had preconceived ideas about communities that could potentially be biasing their score. Each community had four remaining scores. These four scores were very similar if not the same, showing good inter-rater reliability. The average of these four reader scores was used as the community score for the purpose of this report.

Identifying Key Themes, From a Reader Perspective

After rating communities based on interview content and completing team discussions, Readers were asked to record their thoughts about four questions by writing for six minutes on each question, then having discussion with the other Readers. Questions used in this process were:

1. What stood out, or caught your attention?
2. What were the differences you observed comparing your highest scoring community to your lowest scoring community?
3. If you had magic, what is the greatest gift you would give to these communities to help them take next steps, and why?
4. If you read before, what do you see as the pros and cons of this 2014-15 method?

Discussion was recorded by multiple note takers, and all the writing was collected for use in analysis.

Comparison of 2015 scores with historical records of scores between 2001 and 2011

Records of final Community Capacity Index scores for each county with an active Community Network were considered. Scores were available from Family Policy Council biennial records for 2001-2011. Those records included comparison of each county score in comparison with all the other counties considered in those historic rating processes. We compared which quartile each county rated (High, Mid-high, Mid-low, Low) in past years with the quartile that county rated in 2015.

Thematic analysis

Interviews were read by our qualitative evaluation consultant, who identified Key Informant Interview content themes (see Attachment 7).

Review of content themes informed development of a list of questions for Interviewers:

- What conditions, internal or external, necessitate collaboration or shared problem-solving and creative use of resources across the community?
- Are there distinct county differences in how leadership roles are accessed, from invited participation to self-initiated? Does the method by which leadership is obtained seem to matter?
- How has the introduction, delivery or flow of new information that is intended for public use (data and research, including ACEs) impacted social dynamics? Are there indications of new knowledge generating cooperation or competition? Are there pressures or unintended politics?
- How does resilience factor into the community identity?

A two-hour meeting was held with interviewers to discuss the questions (above). Two experienced qualitative evaluators who were not interviewers participated with co-principal investigators to identify themes in the interviewers' discussion. Notes from both the Interviewers' discussion and the discussion with the qualitative evaluators were compiled and used for further analysis.

Three individuals reviewed all of the data (interviews, summary, interviewer comments, reader notes and scores), made notes, identified patterns and themes, and made note of quotes to support observations. These three views were compared and differences were discussed via e-mail exchanges, to determine the findings that all reviewers agreed were significant and meaningful.

Findings

Community Variation: Snowball Phase

Community variation was apparent in the snowball phase of information gathering.

1. In lower scoring communities the tone was significantly defensive and guarded. Persons reached would question what the study was for, indicate they didn't feel they should share anyone's name, or state they simply didn't know anyone to refer us to. Extensive cold calling was required to locate a few individuals that were very active in the community and through those few, the full list of Key Informants for that location was identified. These communities had a "bubble" or two containing citizens that 'wore many hats'. In the Key Informant interviews the theme of 'same people, moving from meeting to meeting' with a separate group of "same people, moving from meeting to meeting' was also present.
 - a. In most of the communities that later scored Low or Mid-low using the Community Capacity Index, people, once satisfied with answers, did provide names of people who could be considered as Key Informants.

- b. In two communities, people confronted “what are you going to do with this?”, and “I don’t want to name names”; therefore, no Key Informants were identified.
2. In mid-ranking communities, names of people were quickly offered, and examples of collaborative work generously given, however, the names and examples came exclusively from one discipline or cluster of activities, for example: early childhood or public health. Since we were interested in cross system and whole community capacity building efforts, we continued to inquire about people who might work in another discipline or cluster of activities.

Identifying the next "bubble" of names was slow going and involved internet searches and cold calls to people with positions in various disciplines; but in all cases we were able to identify Key Informants who work collaboratively in at least one more discipline or cluster of activities. In these communities, the two collaborative groups, and their corresponding efforts were described separately. Even in the Key Informant phase of the interview process, we did not find strong linkages between the separate efforts. In some of these communities people did report competition or resentment of the other group's work - explaining that the effort they were not involved in was taking precious resources away from their work. These communities seem to have separate initiatives competing for resources and working at purposes that may not be unified or intentionally designed to build the community capacity as a whole.

3. In higher scoring communities, a tone of welcoming and enthusiasm commonly emerged, with people sharing not only names of people knowledgeable about how the community comes together to collaboratively solve problems, but also stories and complements for the ways that their colleagues or neighbors contribute to community success. Names that were repeated often were of people from multiple disciplines and sectors, and quickly produced four or more Key Informants.

Consistent Across All Communities; Key Informant Phase

Findings that were consistent across communities from high to low Community Capacity Index scores include the following.

- 1. Recent child and family challenges require nimble action in a world with more restrictions and rules**

Interviews across all nine communities held some common themes about child and family challenges that communities were working to address during the past 2 to 4 years. These included loss of resources for child and family serving systems, increased homelessness, increased poverty-related challenges among families, and mental health, “the challenge in every community right now is mental health.” (Interviewer comment)

- 2. Need for more flexibility and respect for locally-powerful solutions**

Overall, community identity and positivity provided perseverance and commitment to goals regardless of the difficulty of the context. Key Informants talked about the strengths they were building on. Communities were overwhelmingly positive about their own trajectories – Key Informants reported

being confident that their community was headed in the right direction: “We believe we can do the next steps that are necessary.” (Key Informant comment)

“Even though [Child Protective Services] recognizes the importance, the value, and the success of types of work we do as parents and with parents, they are not able to fund because of contract regulations. Most of life is made up of a bunch of small examples that collectively shut you down so.” (Key Informant comment)

Conflicts between funder requirements and locally determined priorities have made local efforts more challenging: “Funders and powerful entities are driving – the community is responsive or reactive – which doesn’t help us to build our own capacity for change.” (Key Informant comment)

Community leaders report having an increased understanding of what is necessary to solve community level problems and increased awareness and use of scientific evidence including developmental neuroscience, epigenetics, The Adverse Childhood Experience Study, and Resilience Science (NEAR). Community leaders also have increased recognition of co-occurring problems and the cumulative impact of multiple problems on family life. The ACE Study and NEAR science are generating both cooperation and competition, as well as more compassion and empathy. “We are more able to see the person as a whole – as they are, and not just as a customer or client.” (Key Informant comment)

3. Need for sustained community capacity building funding

“We truly need that capacity funding because people are so busy rowing the boat, it’s hard to take the time out to see where you’re rowing it to. That capacity building learning insures that we have someone who is constantly looking, monitoring where we are rowing.” (Key Informant comment)

Capacity building funding “to better support having these conversations,” is limited and short-term. As a result, “a couple of very good efforts have fizzled out.” (Key Informant comment)

Key Informants agreed that funding for capacity building, convening, and facilitating reflection about the effectiveness of local partnerships and strategies with the entire community is essential. Community leaders explained that they have tried to raise funds for coordination of system-wide capacity building, but “we can’t seem to keep it.”

4. Value of neutral convener-coordinator; communities commonly discussed the loss of Community Public Health and Safety Networks and Readiness to Learn Program.

“Communities seemed to agree on the importance of having a person or group of people who had the roles of: reflecting back to different community groups their varying ideas and opinions in ways that built a common language and framework for common understanding. No matter who you are, or which agency you might be either working in, or receiving services in, you will hear the same language used with consistent meaning across the community.” (Reader comment)

[Our] network was maintained through combining programs and funds. “[The Network is seen as agile in its] multi-layered approach to get information out through a variety of methods” and shift to asset-based messaging, highlighting data supportive of parenting and teen behavior. Combining programs “has broadened the conversation” about community context and needs. (Key Informant comment)

“When that [FPC-Network] funding went away and the staffing went away, we lost momentum.” As an external support providing education, training and networking with flexible guidelines oriented toward local learning, the [FPC] partnership “helped when things got tough locally. It kept the hope alive with intelligence and science and a good support system.” (Key Informant comment)

“The loss of Washington’s Community Public Health and Safety Networks was deeply significant for many of the people interviewed, and in all of the communities that had had an active Community Network within the past decade.” (Reader comment) People said that they relied on their Network as a neutral convener, and that the design of collaborative solutions in a meaningful way that actually led to action was the purview of the Network. One Key Informant, speaking about the Network in their community explained that “everybody knew about them as genuine, authentic, change making partners that focused on community centric and community driven solutions that were all about action.” Others explained: “the Network wasn’t just holding meetings; they were action oriented”; and, “Our Network was the infrastructure that our community relied on to keep the momentum going.” (Key Informant comment)

5. Importance of data that are meaningful and useful to local leaders

Commitment to learn and use new data was also a theme, but people expressed lack of confidence. “We should be using data” but lack of meaningful information or lack of a person to help meaning from the data “gets in the way of our being able to use data powerfully.” Funding for innovation and training is scarce or short-term. Key informants identified the inability to commit limited resources to provide training in ways that would be more impactful.

6. Importance of ACEs in shifting thinking and aligning work

“ACEs have been a powerful force for bringing people together – inviting common vision and alignment of actions.” (Reader comment)

Moving from intervention to prevention reflects a change in thinking and attitude. People seemed to understand tertiary prevention better – and understand that preventing escalation of a problem, or intergenerational transmission of risks, especially ACEs, is important. And what is included in “prevention” has shifted. People talked about the Affordable Care Act, Community Health Improvement Plans, Early Childhood systems... cuts in funding caused people to move to highest priority, which was often tertiary prevention with an eye toward improving next generation outcomes. (Reader comment)

Community Variation: Key Informant Interview Phase

1. **Communities varied in Community Capacity Building scores from a low of 8.3 to a high of 16.8 on a 20 point scale.** High scores of 15.5 & 16.8 were for communities that include rural, suburban and urban areas in Eastern and Western, WA. Mid-high scores of 13.8 & 14.8 were for communities that include rural and suburban areas in Eastern and Western, WA. Mid-low scores of 10.8, 11.0 & 11.3 were for communities that include rural, suburban and urban areas. Low scores of 8.3 & 8.3 were in rural communities.

2. **Eight of the communities considered in the study received state funds and technical assistance for community capacity building from 2001 through 2011. Community Capacity Index scores for these communities in 2015 are generally consistent with the average scores of these communities from 2003 to 2007 across all dimensions of the Community Capacity Index.**
 - a. Communities that had consistently scored low relative to the other communities, also received low scores from the independent readers this year.
 - b. Communities that historically had mid-range scores, also had mid-range scores from readers this year.
 - c. Communities that had consistently earned high scores from independent readers from 2003 to 2007, also received high scores by this year's readers, with one exception (see #4 below).

3. **Two of the communities that historically scored in the mid-low range in 2001-2011, received scores in the mid-high range from readers this year. These two communities had private or federal funds and technical assistance for the cross-system coordination, planning and implementation work that had previously been supported with state funds.** Private or federal funds continued to pay for a person or organization to work with many organizations and residents to orchestrate use of the combined remaining services (after cuts to state services had occurred) to meet changing needs due to the economic downturn, notably needs related to family homelessness and mental health. The demographic and economic features of these two communities are not similar – one eastern Washington, one western Washington, one suburban, one rural, etc. – and therefore do not explain why these two would score higher than predicted by historical trends relative to the other communities considered in this report.

4. **One community that consistently scored in the highest quartile of Community Capacity Index scores in 2001-2011, was rated by readers in this 2015 study with scores in the middle-low quartile. This was a community whose collaborative leaders had intentionally created redundancy in funding and assistance for convening, facilitating, and orchestration of the child/family serving system as a whole, but four factors concurrently impacted their ability to sustain those efforts: loss of all three sources of funding for system coordination, retirement of the system coordinator, downturn in the economy, and loss of funding flexibility for locally prioritized needs.**

Although this community had diversified its revenue base to assure continuity in funding for the system-coordination role, the three sources used for this purpose were all zero-funded by

Washington State in a single year. These were: Readiness to Learn Program, Community Mobilization Against Substance Abuse and Violence, and Community Public Health and Safety Network. Just prior to the loss of those funds, the professional who had convened, facilitated, and co-designed system improvement strategies for many years left the position due to a planned retirement that was not related to the funding cuts. Loss of funding and loss of a key leader for system coordination was concurrent with major shifts in population basic needs as well as loss of flexibility in funding to meet those needs. This perfect storm of factors was cited by some of the people interviewed in the snowball sampling phase of the study, and discussed by Key Informants:

“For 15 years, up until last year, we had a consortium [in our county] called the Community Network. Every month, we would have ... anybody who was working with kids in the county get together to collaborate on different projects and see what each different organization was doing. That was really valuable. It was state funding that funded that, and we had a person who was coordinating it. Once you lose that coordination...”(comment from Key Informant 1)

“Right now there isn’t a dedicated time and place that different community agency members get together.” “We don’t have one cohesive county wide group that could really set up opportunities for community discussions. They tend to be more – they pop up when there’s a particular project or a particular agency that either is required to do something like that or has gotten some funding to focus on a specific issue.” (comment from Key Informant 2)

“The lack of affordable housing is a big issue. A number of people are living in substandard housing; whole families who would be defined as homeless. The price of rentals, continues to go up and [families] can only afford a certain amount.” (comment from Key Informant 3)

“We do not have the luxury of saying to the state or federal folks: listen, your poverty guidelines do not apply to our families. We have families living in poverty who make more money than you say they can and these folks are drowning trying to get help and we just can’t give it to them.” (comment from Key Informant 4)

5. Three communities that did not receive state funds and technical assistance for community capacity building from 2001 through 2011. These were either not scored (see a. below), or received a low score of 8.3 (see b. below).

- a. **In two of the three randomly selected communities that did not receive state funds and technical assistance for community capacity building from 2001 through 2011,** snowball sampling did not identify a group of Key Informants large enough to be considered for this study. This means that among key positional leaders, there wasn’t a common view of people who would know about cooperative/collaborative solution planning, design, implementation in those communities. Dozens of people in key positions in the community were called, asked for names of people who would know how the community comes

together to improve child and family life, and that fewer than three names were repeated by multiple informants.

- b. **In the one community that did not receive state funds and technical assistance for community capacity building from 2001 through 2011 but did have Key Informants identified,** a non-state funder provides funding and assistance for community capacity building. The non-state support started less than five years ago. This community's Community Capacity Index ratings were in the worst quartile of scores for all communities considered in this report.

6. Communities with low scores differ from those with high scores in the scope of cross-system and resident engagement.

- a. **Differences from low to high scoring communities in process, practices and protocol for reducing social isolation and engaging families, is striking.** In communities with low scores, bringing together professionals and residents is discussed as a complex ordeal that professionals don't have time to attend to. In one low-scoring community Key Informants shared that there are local residents who want to engage as "helpers" but there is no convening or screening entity to make their contribution safe and meaningful. In the middle scoring communities, there is increasing acknowledgement that "we can do better" to engage children and families as thought partners in problem solving.

"She [resident] indicated that she was interested and therefore she got included. She wouldn't have been invited otherwise." (comment from Key Informant, Low)

With support of grant funding, [two entities partnered] to bring in an anti-bullying campaign countywide, "so kids feel included and not excluded." Youth leadership and opportunities for community service is recognized as a good resume booster a way to "begin the process of changing the dynamics of schools." (comment from Key Informant, Low)

[A lawsuit prompted change]..."Consumers and participants were invited to be part of the policy making and part of the decision making and informing what goes on in community." (comment from Key Informant, Mid-low)

"Including families and including participants has been the biggest key that I've seen." (comment from Key Informant, Mid-high)

"I was just a parent and a student when somebody approached me from the community and said 'we'd really like to see you involved in this...We think that you could bring that different perspective that isn't the county commissioners, that isn't mental health, that isn't DSHS. I felt very privileged and very honored that they would have thought of me in that capacity and I've learned a lot from that. I think having that opportunity really opened some doors for me and really did empower me to be more of an advocate and more

engaged in our community and in tune with collaborative work.” (comment from Key Informant, Mid-high)

In high scoring communities, Key Informants report broad multi-disciplinary engagement, with resident leaders co-developing and co-implementing strategy. “I’m seeing a lot more people in early learning reaching out to families so families can take on leadership roles whether it’s within their family or within their community.” (comment from Key Informant, High)

Readers discussed the differences in engagement, and said that high scoring communities “clearly welcome diversity and empower citizens to understand problems and be a part of solutions.” “The amount of collaboration in some communities was impressive, and led to more community involvement. Having up to 500 people attend a community meetings says a lot!” (comments from study Readers)

“With all the support in the world - gas vouchers, winter coats for the kids, etc. -- if families aren't feeling emotionally connected, those other supports can't make enough of a difference.” (comment from Key Informant)

b. Key Informants talked about recruiting business and faith leaders to expand resources and generate new ways to improve child and family life.

“Overall, the community is collaborating, working together to solve the different problems. At all kinds of levels – schools, governments, nonprofits, even businesses. So there’s a better understanding probably because of a tightening of budgets for everybody. I think they’ve all learned to work together better.” (comment from Key Informant)

“We have seen such amazing partnership amongst our business community. We’ve had a few businesses this last year contact us about asking if they can financially help us. A few thousand dollars at a pop for a one-time thing. There is a greater awareness and people are open to looking for avenues to direct their time, services, finances, etc. It’s exciting.” (comment from Key Informant)

“Government agencies talk about separation of church and state stuff. We’ve been able to bridge that. On average in our community, 20,000 people are attending a church. If they stepped up, that would become a great, great tool for the community. It’s pushing people to be involved in their community at a higher level. It would help the churches to be better organizations, and it would help the community to be served better. So that’s what we are doing.” (comment from Key Informant)

“There is a difference between how the faith community is engaged depending on the level of the community's capacity. In communities that scored low using the Community Capacity Index, the churches are filling gaps in place of social services. In mid-high scoring

communities, faith is invited to a broader community effort to address issues in new/innovative ways.” (comment from study Reader)

c. Communities scoring in the high and middle-high categories report reaching to Hispanic families for cultural sharing, leadership, advocacy and problem solving.

In low-scoring communities, Hispanic residents are either not mentioned at all by Key Informants or are only included in comments about deportations. (comment from study Reader)

“We are making efforts to have significantly more Hispanic people within our organization in leadership because we have such a large Hispanic population...We need to go and get into those neighborhoods and make those personal invites.” (comment from Key Informant, Middle)

In a high-scoring community, escorts are provided to Hispanic parents to increase comfort speaking to the City Council; in another community invitations are specifically designed to welcome Hispanic families and enroll them as peers in problem solving.

A Key Informant in another high-scoring community reports: "We have a really huge Hispanic population so that's probably the fastest growing. And just a real nice spirit of partnering with those families and finding the natural leaders and working with them."

d. Communities vary in the degree to which professionals welcome new groups and/or new methods for improving outcomes.

“Overall, when there is funding behind it to implement it, groups implement it. Otherwise, rarely do any of the groups have the capacity or the money in their budget or the staffing to just try new things on their own.” (comment from Key Informant, Low)

“New groups are coming together including not-for-profit, private and public sectors are coming together to focus on specific community problems.” “In years past it always seemed to be the same core group of people at all of the meetings.” (comments from Key Informant, Middle)

The culture of collaboration and shared problem solving exists through an online discussion tool where service providers can submit questions and requests for information that sources responses from a broad range of other [online discussion tool] users. (comment from Key Informant, Middle)

“The change that I’ve seen in the last several years has to do with services in the community rather than in a traditional setting; reaching out to people and going where they are.” (comment from Key Informant, Middle)

In communities with high scores, professionals talked about how changing self has led to better services. “The research on the impact of experience on the brain is what influences me and how I try to improve outcomes. The idea of being a neighbor isn’t the same as it was twenty years ago. I bought a house two years ago and I know all my neighbors except two. We know each other and we help each other out. Reaching out to people is one thing that I have changed. When homeless people hang around downtown and try to be friendly I say ‘hi’ to them so they don’t feel so ostracized. I have a better understanding of trauma ...and I have experienced some of it myself.” “Going through grad school and being so focused practice and theories...Then I really learned about ACEs and the experiences I’ve had. Connecting to my own childhood has led to the changes that allow me to be [different with]...relationships and trusting people and having positive interactions.” (comment from Key Informant, High)

7. Communities with low-scores differ from those with high scores in the breadth of interrelated strategies employed, and their understanding of complex and interrelated factors that contribute to child and family problems.

a. Cross-discipline solutions, including uncommon partners

“It’s fragmented. It’s not that people don’t have good intentions. But focusing is difficult. We are all the same people, working with the same people, talking about a different meeting and nobody else is leading it.” (comment from Key Informant, Low)

“The solutions that are hardest to develop are solutions across systems where some systems aren’t participating as much because of their own constraints.” (comment from Key Informant, Mid-low)

“[We are examining the] relationships among mental illness, substance abuse, law and justice and housing instability.” “When seeing the same people with the same issues repeatedly, we ask the question, how can we prevent or intervene on a different level rather than utilizing our jail and our emergency room resources on this situation?” (comments from Key Informant, Mid-low)

“[We are] trying to shift from using jails as main mental health treatment system to a different system that utilizes drug courts, mental health courts, and mental health services.” (comment from Key Informant, Middle)

“Among residents, [a peer strategy] is a diverse collaborative of parent leaders invited and honored as natural leaders. The informal structure shifts to the family availability and currently meets on Sunday morning in the living room of a resident home. This is an opportunity ‘for parents to come up with their own solutions and carry them forward’.” (comment from Key Informant, Mid-high)

“[Local coalition] represents approximately thirty agencies working together in [our community] to understand how trauma, brain and resilience science can be implemented

with new practices or principles. This worked originated in the Community Public Health and Safety Network, originally funded by the Family Policy Council, and through the yearly gathering of cross-sector ... key leaders and influential folk within agencies and the community and coalitions.” (comment from Key Informant, High)

b. Communities differ in the degree to which they layer multiple strategies (list below) to improve outcomes. Lower-scoring communities are using one or more of the first five categories, while high scoring communities are using all of these. The list of strategic options for designing outcome-focused action is inclusive of strategies referenced in interviews.

- i. Geographic – differential help
- ii. Population (age or status)
- iii. Serendipity
- iv. Inside-Outside (concurrent changes to individuals and organizational norms with new partnerships or programs for serving customers)
- v. Discipline-specific
- vi. Adaptation of programs
- vii. Incentives for ACE-informed innovation
- viii. Capacity Building Process – Engage the citizenry in leadership work
- ix. Work the data as a Learning Community: learn what works for whom in what context; monitor ACE prevalence; protect ACE scores, continuous learning informs changes in practice, policy, neighborhood action.

Key Informants from communities in the lowest quartile of 2015 Community Capacity Index scores report processes for learning how the first five strategies are working - or not working - together to support and improve community conditions.

It's the addition of program adaptation (6), which distinguishes the middle-low scoring communities from the low-scoring ones. In the middle-scoring communities, program adaptation is commonly reported as dependent upon one or two agencies, and not as a collaborative effort across many child and family serving systems. These adaptations are reported as dependent upon, or required by, outside funding sources.

The communities from the middle-high quartile of 2015 Community Capacity Index scores report integration of strategies 1-7, with one community also recognizing the importance of engaging the citizenry, but struggling to get that work off the ground.

The high-scoring communities use all of these strategies as a part of a well-orchestrated learning system – a continuous effort to use what is learned collectively throughout the community to improve theory, policy, practice, and norms. These communities learn from their learning – and invest collaboratively with time, expertise, money and other resources in continuous improvement of daily actions. Data and local wisdom are integrated and key to creating more immediate iterative and innovative cycles.

“Working outside of institutional supports is an ongoing leverage point...[one initiative] is involved in [several] of our lowest income, highest diversity, highest poverty neighborhoods. It has three full time outreach workers involved with door-to-door neighborhood involvement and engagement.” “Some of the communities just have taken off and now they’re doing it themselves and building that relationship. It may start with the renovation of a park and lead to coming together of the community with increased inclusion, confidence and visibility.” (comment from Key Informant, High)

c. Use of emerging scientific findings

“Although community members report working with ACEs and resiliency for many years as individual organizations with a limited degree of collaboration, it has been within the 18 months, that [our community] and a multi-county region has collectively focused on ACEs and resiliency.” (comment from Reader, Mid-high)

Training law enforcement in social service skills and language that is ACE-informed was mentioned in a lot of places. (comment from Reader)

“[A family serving organization] restructured services with ACE information and created a common language that has increased partnerships and recognition of the scope and value of different services in the county. Instead of sending families to ten different places and then get frustrated, the increased communication and collaboration has increased efficiency and client satisfaction and follow-through.” (comment from Key Informant, mid-high)

“The original [ACE] data and locally collected data informed practice changes. After screening for Adverse Childhood Experiences among the student body [one school] the principle recognized the potential for the community and culture of the school to have on academic success. Compared to home, school is safe and hope-filled place for the student body. As a result, the principle approached discipline, suspensions, out of school suspensions and family engagement differently. Through combined efforts, [other service infrastructure such as health, shelter, continuing education have dovetailed with the school in order to better serve children and their families]. This discussion has been brought up communitywide, [and is now impacting practice and partnerships at other schools in our community].” (comment from Key Informant, High)

Our community has a quarterly meeting on ACEs. “It is open to the public and includes education, judicial, health, public health representation and is considered to be “very efficient.” The first half of the meeting is dedicated to disseminating new information or emerging science, promising or best practice relative to trauma informed care. The second half of the meeting is reserved for conversation to consider how information relates to the community context, possible application within the context of each agency or sector, and

troubleshooting.” “[From this conversation, one program] has a community of practice around ACE’s and Resiliency. In addition to collecting client ACE histories, they have developed a tool kit to use with clients. Anecdotally it’s considered affective and influential for improved family and children outcomes.” (comment from Key Informant, High)

d. Intentional design using complexity, network, and systems theory and understanding root causes of problems, e.g. ACEs, for higher leverage

“The complexity of social and health problems and the number of sectors necessary in problem solving is viewed with trepidation.” (comment from study Reader Low)

The need to track services utilization is seen critical. “We need to really get a handle on who’s accessing what when. Is it a growth in needs because of a growing community or is it a growth in needs because there are more needs within those same number of people?” (comment from Key Informant, Mid-low)

“I think we need to change our methods a little bit and understand how you know we can make a difference in families’ lives by being with them at earlier ages and implanting people to have a longer time with that family.” (comment from Key Informant, Mid-low)

“ACE incorporation into program planning – some were doing this; others said that they had awareness and desire, but were so swamped with putting out fires that they couldn’t get there. We didn’t hear ‘we know about the ACE Study but don’t know what to do.’” (comment from study Reader)

“Relationship development has been really important. Developing relationships with people that we wouldn’t normally work with every day.” (comment from Key Informant, Mid-high)

“[Community leaders have] taken a comprehensive look at the different facets of community health and wellbeing, including early childhood, education, health, housing, poverty, food and nutrition. Mini coalitions work together to understand what is occurring in community and to develop a collective response to improve resident health and wellbeing.” (comment from Key Informant, Mid-high)

[A key leader in our community] participated with our Network coordinator and service providers in an international conference on using Systems Thinking in corporate environments. “This is when we were starting to put together our [geographic strategy] and ask for funding support. They came back from that conference with a whole new understanding about what Systems Thinking meant, and over the years they have invested heavily in process.” They work with us to identify the underlying causes and the driving forces that are generating status quo. “They have funded leadership development for residents in high poverty neighborhoods” and improved those neighborhoods in ways that improve efficacy and engagement of families in those neighborhoods. “Systems Thinking

and the research based conversations about ACEs put them on a different trajectory.”
(comment from Key Informant, High)

e. Understanding of how external forces interact with internal forces to drive status quo

“The sophistication and understanding around cuts and also around housing finance and how that is affecting poverty and homelessness was impressive in some communities.”
(comment from study Reader)

“The economic crash and related state cuts caused a re-emergence of basic needs being unmet; did this dynamic cause groups to come together – e.g. United Way and Local Public Health and Faith organizations. In some places, it did seem to bring people together – but certainly not in all places.” (comment from study Reader)

Loss of industry, cultural way of life, and middle class – powerful blows to healthy child/family life. “The young and skilled labor force that suddenly lost jobs left the county with their families in pursuit of employment. The absence of a middle class has negatively impacted the community.” “It appears that there is a lot of community harm that comes from dramatic change in a short period of time. If we imagine our residents along a bell shaped curve, we now have a camel with no middle and it is a very unhealthy way for the community to be.” (comment from Key Informant, Low)

8. Communities with high scores differ from those with lower scores in the attitudes of informal and formal leaders, particularly the degree of efficacy, optimism, compassion and hope reported by Key Informants. Differences were observed in the following:

a. Power differential between funders and local providers or residents

The ratio of negative comments to positive comments was different in high/low communities. “In low communities it seemed like the ratio was 3 negative to 1 positive.”
(comment from Reader)

It is not uncommon for programs to be chosen by the funder. “Even though you might have another idea or something else you want to do, you’re not going to get funding unless you are doing a best practice.” When changes are mandated...“As a result, it’s not internally motivated, ‘oh we want our kids healthier, we’re going to make these changes.’ It’s an external, ‘you have to make these changes.’” Convening community conversations within and across sectors is “not necessarily generated outside of funding requirements.”
(comment from Key Informant, Low)

“Most programs and new sources of information come as costly evidence based. It is believed that professionals have to be attracted from outside the county although social and health services salaries are not competitive.” (comment from Key Informant, Low)

“We’re just slaves to funding” vs. “Funding is gone but we are going to collaborate with partners to do it anyway.” (study Reader comment about the difference between low- and high-scoring communities)

b. Compassion and empathy

“There is a local intentionality to prevent negative gossip. The strength-based hope-filled approaches practiced in classrooms are also practiced with adults, peers and colleagues.” (comment from Key Informant, Mid-low)

“The challenge is equipping families. We talk directly about kids with parents to get them the skills they need. Maybe that goes again with being creative. But a lot of our families, our parents, I think are just very ill-equipped in life and it’s not necessarily that they have chosen that. They just have not been given the skills and understanding that they need to be there. We’ve got to get creative to just get down in there, in these families’ lives, get them those skills and that’s where we need to change course a bit.” (comment from Key Informant, Middle)

“Homelessness and housing was a theme, as was transportation – people talked about traveling all day to a single appointment to see if they could get some help is not affordable, so customers have no chance to even apply for help.” (comment from study Reader)

“The few times when I get to be the minority gets me thinking differently. Do I have a voice? Am I going to be heard? Am I going to be valued? I have to look at how I best understand where they’re coming from so that my services offered are something of value to them, not just what I think is a value. You need to be in the neighborhoods. You need to be listening, so that’s what I’m trying to do.” (comment from Key Informant, Middle)

c. Competition for funding compared with collaborative focus and problem solving in ways that increase resources

“The lower scoring communities seemed to be more territorial and competitive for funding rather than finding ways to work together as a whole... there was more division. The higher scoring communities demonstrated a cohesiveness: “We’re all in this together” and there was evidence of a lot of collaboration going on; seemed to be maintaining ties that had been established when the Networks were functioning. They were also more inclined to push on in spite of funding cuts and finding other methods and means to offset the lack of funding.” (comment from study Reader)

“Groups get together when groups feel like they have something that they need to gain based on their group and what they are trying to achieve. It’s not generally or necessarily a community wide effort. It’s individual agencies.” (comment from Key Informant, Low)

In all the middle and high scoring communities, Key Informants discussed both the process for passing the local option sales tax of one tenth of one percent to support problem solving courts, mental health services and, in some cases, ACE prevention. In the two low scoring communities, Key Informants talked about lack of funds, but didn't mention local option sales tax. (comment from study Reader)

d. Efficacy for moving ideas into action

“One of the differences between high- and low-scoring communities was their willingness to enact change. The low-scoring communities would have some meetings and ACE trainings, but didn't take the next step to implement the changes that these trainings suggested. The few suggestions that were made were turned down by the community who didn't welcome “others” telling them what to do. The high-scoring communities received the new information as a call to action and worked in collaboration to make improvements. The high-scoring communities also had an influential leader who brought the new science and information to the table and was there during the process and collection of its data.” (comment from study Reader)

“In lower-scoring communities, meetings were convened, but next steps were not taken.” (comment from study Reader)

“Transportation is at the table; mental health is at the table; the hospital is at the table; education is at the table.” Coalitions are tied to larger regional or statewide coalitions as well as the school districts. Key informants acknowledge the problem-solving features of the coalitions and new partnerships that have been established to encourage innovation and shared resources, primarily space. The multiple organizations conducting assessments was mentioned as an area to increase collaboration.” But assessment or donating space may not be enough to improve lives. (comment from study Reader)

Changes are made within a single discipline, and/or limited to a new leader willing to invite change: “Statewide, [a large percent] of youth engaged with juvenile justice are from [our community]. [We have] begun to track the causes and frequency of youth involvement in the juvenile court system. The offenses for truancy or for running away from a foster can be treated in the same way as a criminal offense and significantly increases the likelihood of incarceration as adults.” Key informants describe a perceived respite among parents when juvenile justice removes children from the home. “However, new leadership in the courtroom, informed of community programs and alternatives, has begun to send families to wraparound and mediation services.” “It's a team effort to work with these families vs. just one judge with that child each week. The dockets have gotten smaller and less kids are getting locked up on a regular basis due to this effort.” “This has shifted perspectives across the community in regards to how children and families can be engaged without the use of blame or shame.” “We are coming together and getting many services involved faster.” (comment from Key Informant, Low)

“There was a theme in the lower scoring communities of: ‘If THEY would only... give us resources for a coordinator, provide common education for professionals, etc.’ Whereas higher scoring communities more commonly said ‘we can do this’.” (comment from study Reader)

When financial resources are made available, lower scoring communities are generating solutions: “There are increased referrals to the [newly grant funded] parenting programs from court system, DSHS and CPS. These classes have demonstrated success as a one-time placement. The ongoing referrals are not the same parents. “We’ve been able to intervene in the lives of parents either the parent chooses to really buckle down and learn the skills so that they can parent if they decide not to fight for custody.” (comment from Key Informant, Mid-low)

Challenge between “struggling for survival” and, in the higher scoring communities: “mindfulness of cultural norms – knowing that we make these norms and we can change them.” (comment from study Reader)

“High-scoring communities talk about navigating the recession by turning to spirit. Reading that made me reflect on poverty of spirit vs. poverty of money.” (comment from study Reader)

“Recently, the idea arose, rather than punishing parents for a substance use issue that could separate their children, “what if we treated the issue and kept the family intact when it's safe to do so?” As a result the Juvenile Justice Center transitioned towards a Family Treatment Court based on a drug treatment court a couple years ago. When facing the loss of a child a parent can choose a family treatment plan and make the commitment to treatment in order to avoid jail or probation.” (comment from Key Informant, High)

9. High-scoring communities demonstrated a different way of being than low scoring communities; there was an emergence of properties that could not be described simply by adding all the activities or programs. Readers of the interviews commented:

“High-scoring communities talk about navigating the recession by turning to spirit.”

“Some communities have been able to tap into the soul of their community – with real grassroots empowerment and engagement, joint ownership and co-creation, welcoming, attitude of seeking and celebrating diversity, honoring each view of the world, empathy, and focusing on community “being” rather than just on community “doing”.

Discussion and Conclusions

Use of the Community Capacity Index by independent teams of Readers was a useful method for this study. It produced a range of Community Capacity scores that were consistent with earlier results or current events in the community.

Community Capacity Index scores for communities that received state funds from 2001 through 2011 in 2015 are generally consistent with the average scores of these communities from 2003 to 2007 across all dimensions of the Community Capacity Index. Communities with rising scores received private or federal funding for coordination. One community with falling scores lost three sources of funding and critical staff almost all at once. Communities that never received state funds and technical assistance received low scores or were not even able to be scored.

Communities with low scores differ from those with high scores in the scope of cross-system and resident engagement. Differences from low- to high-scoring communities in process, practices and protocol for reducing social isolation and engaging families, are striking. In high- and middle-scoring communities, Key Informants talked about recruiting business and faith leaders to expand resources available to improve child and family life. Communities scoring in the high and middle-high categories report reaching to Hispanic families for cultural sharing, leadership, advocacy and problem solving. In one community, escorts are provided to Hispanic parents to increase comfort speaking to the City Council; in another community invitations are specifically designed to welcome Hispanic families and enroll them as peers in problem solving.

Communities vary in the degree to which professionals welcome new groups and/or new methods for improving outcomes. Communities with low scores differ from those with high scores in the breadth of interrelated strategies employed, and their understanding of complex and interrelated factors that contribute to child and family problems. Communities with high scores differ from those with lower scores in the attitudes of informal and formal leaders, particularly the degree of efficacy, optimism, compassion and hope reported by Key Informants.

Overall, we conclude that **low- and mid-low scoring communities** struggle with social connectedness (isolation, fragmentation, lack of invitation and belonging). People there find it hard to learn about problem perpetuation. While they respond to community interests and anecdotal feedback, they lack external motivations for the next range of possibilities. **Middle-high scoring communities** have more collaboration. They consider multiple issues together and use a common language across different sectors. They work to “meet people where they are,” rather than trying to change them first. People in **high-scoring communities** investigate ACEs and NEAR science across sectors. They adapt and change practices based on new knowledge. People from different sectors work together to co-lead learning systems. In high-scoring communities, people collaborate informally and through organizations based on their own community conditions.

The most striking conclusion from the findings in this study is the consistent characteristics that show up in thriving or flourishing communities, those that scored higher on the community capacity index. Key informants enthusiastically shared names and stories of collaboration and sharing that contributed to success. Key informants in low-scoring communities were defensive. Gathering names took much more work and evidence of collaboration was sparse. Mid-ranking communities have developed isolated spheres of work. Key informants showed a spirit of competition for resources rather than collaboration working together toward common goals.

Key Informants report that communities are all working to confront challenges posed by loss of resources for serving children and families. Problems have grown or shifted, and resources have shrunk and become less flexible. Communities find that conflicts between funder priorities and community needs make it hard to develop and sustain local capacity to respond to change.

Community leaders have a better understanding of what they need to address community level problems: they are more aware of scientific evidence about development and more willing to use it in their own work. They show more understanding of the importance of overlapping problems and the impact of the cumulative effect of multiple problems on families.

Funding for capacity building and structured opportunities for reflection about effectiveness of local partnerships is essential to further development. The loss of the state funding and support destroyed the neutral meeting infrastructure in many communities. The state-supported convener and associated assistance made it easier for different agencies to work together to design collaborative solutions that led to meaningful action. The loss left a gaping hole in many communities.

In spite of the challenges facing communities, Key Informants were confident that their communities were headed in the right direction.

Implications:

1. We predicted that each community's 2015 score would remain consistent with past scores relative to other communities considered for counties that historically had active Community Networks. The processes and habits of mind that state-funded neutral conveners used were intentionally embedded into community-wide rituals and practices. Education and training that was provided to communities through state partners, including Readiness to Learn and Family Policy Council, were open to grantees and their partners, in order to increase the odds that the community's practices would change, not just the grantees' practice.

Regarding use of the Community Capacity Index; Community Public Health and Safety Network reports that were sent to the Family Policy Council to be rated using the Community Capacity Index were reports of and by the community – not reports simply about the Networks' own investments of their small budgets. So we expected that the processes that communities use to focus, learn, co-lead and make decisions would still be at least partially in place 2.5 years after Networks were zero funded.

The fact that community capacity index scores remained consistent, even in the absence of having a Community Network funded and assisted by the state to generate community reports implies that working with collaborative groups within a community isn't a matter of relating only to the members of a particular collaborative entity – and that education, assistance, and incentives for building community capacity should be offered to the community as a whole, with the collaborative entity serving as a conduit to the community.

2. We predicted that communities with layered strategies (finding 7b.) would have more durable infrastructure to weather the storm of the recession. Communities that use many different strategies, but then suffer losses in support for one or two of those (i.e. lose flexibility for program innovation, or have fewer serendipitous opportunities to raise funds due to an economic downturn) still will have other strategies in place that are aligned with the community's theory of change. Communities that scored higher historically, and still scored high in 2015 demonstrated use of all nine strategies considered in the report. Even in this economy, these communities have been able to retain this multi-layered approach to improving outcomes. Whereas, communities that employed only a handful of strategies commonly complained that loss of resources was significantly harming local efficacy. This suggests that funders working with community coalitions or collaborative groups should not limit these to a single strategy; but should provide incentives and provide financial support for a long enough period of years to achieve solid implementation of multiple strategies aligned around a local theory of change and locally prioritized outcomes.
3. We predicted that we would see differences in the key features of community capacity in places that scored high using the Community Capacity Index consistently over many years, as compared with places that scored low, or were not systematically building capacity with external support for that work. We did see those differences in key features, which are summarized below:
 - Low & Mid-low: Struggle with social connectedness (isolation, fragmentation, lack of invitation and belonging); learning about problem perpetuation; responsive to community interests and anecdotal feedback; external motivations for proximal possibility.
 - Mid-high: Increased collaboration; multiple interconnected issues considered; language in common across sectors; "meeting people where they are at."
 - High: Cross-sector investigation of ACEs and NEAR resulting in practice change; co-lead learning systems; formal and informal collaboration based in community conditions.
4. We also theorized that development of Community Capacity is a non-linear process, and that improvement, as well as dilution of capacity is possible. Key feature differences suggest the need for differential help for communities at varying levels of capacity and varying levels of accumulated child and adult adversity, including historic trauma. Communities are complex adaptive systems in which individuals shape the norms and context of community; and the community has a powerful influence on individual and family life. Investments to improve the contextual factors that promote safe, nurturing relationships and healthy development are unlikely to make significant positive impacts if they are offered in ways that don't respect the dynamics of the community -- if they reduce efficacy, reduce hope or trust, or hinder actions inside the community to improve social

capital. Using a journey orientation to Community Capacity Building offers opportunity to continuously respect local conditions as a foundation for next steps. External partners and internal leaders can help the community take that next step, and will be more effective in doing so, if they are standing with the community illuminating possibilities that are proximal to current community conditions and dynamics.

5. We expected interviews to provide evidence of a tipping point in community capacity (Longhi, 2008), where new features of community are emergent, then stable. “Taken from the field of complexity science, ‘emergence’ is a term that is used to describe events that are unpredictable, which seem to result from the interactions between elements, and which no one organization can control” (Kania & Kramer, 2013). Improvements in networked connections, communities of practice, illumination of new ways, and systems of influence are necessary to invite emergence in communities (Wheatley, 2002). These are processes that communities invest in when they are building Community Capacity – processes that high scoring communities have invested in for many years.

While past study has identified this tipping point in terms of patterns in child and family problem rate reductions (Longhi, 2008), readers identified this tipping point in terms of a “whole new way of being community”. In fact, study Readers were inspired by this phenomenon – and described the state of being in eloquent terms:

“Some communities have been able to tap into the soul of their community – with real grassroots empowerment and engagement, joint ownership and co-creation, welcoming, attitude of seeking and celebrating diversity, honoring each view of the world, empathy, and focusing on community “being” rather than just on community “doing”.

(Reader Discussion about High-Scoring Communities)

This suggests the importance of long-term funding and support for the journey of Community Capacity Building – with attention to helping the community move through phase transitions toward greater capacity even when those transitions are characterized by volatility. In all complex adaptive systems, phase transitions have this characteristic. Key Informants in communities with very high scores reported having long standing partners who continually to invest resources in process: building relational networks, supporting leadership and communities of practice, illuminating emerging positive features of the community, and supporting systems of influence. This suggests that other funders and partners could improve results with long term commitments that consistently strengthen these capacities.

6. We thought that qualitative methods could be used to learn about community capacity, and possibly to monitor community capacity development over time. Our design was relatively inexpensive, as formal studies go, and was welcomed by community leaders.

“All participating communities were appreciative of the opportunity to contribute to the research study and review the feedback gathered from within their community and across

communities throughout the state. Key informants indicated that hard quantitative data was not necessary to shift thinking toward practice change. Stories of success that had been published or achieved locally and in neighboring communities would offer sufficient proof to generate interest and encouragement for practice change. However, it was acknowledged that political decisions typically required national standards and criteria for approval.”
(comment from Qualitative Evaluation Consultant)

Further consideration should be given to the viability of using Key Informant Interviews to monitor and learn about variations in Community Capacity, and the Community Capacity journeys of the communities of Washington.

The conclusions based on this study should be considered in light of some of the potential limitations of the methods used in the study.

Limitations

1. The Community Capacity Index is based on ratings of Key Informant interviews – the rating procedures were unbiased, but the raters had to rely on what was reported in the interviews.
2. Each Key Informant had a unique perspective, and may have limitations in their knowledge of the community systems as a whole. Since there wasn't larger community gathering to ratify the content of the interviews, the readers had to rely on what was reported in the interviews.
3. The interviews did not include an exhaustive list or description of all the ways that the capacity of each community produces unique, comprehensive, systematic and strategic efforts at improving academic achievement, school completion, or the antecedents to these. Although some Key Informants did include examples of these efforts, it was beyond the scope of this study to identify each community's programs and efforts provide unique and measurable contributions to educational outcomes.
4. The interview questions did not perfectly align with the sub-categories of the Community Capacity Index; they did align with the main topics that were scored.
5. The snowball process may have surface Key Informants who have a biased perspective – leaning toward a very positive point of view about what the community is doing, and what the community can achieve. The process also surfaced Key Informants who were mostly professionals; informal leaders' perspectives are likely underrepresented in reports on community processes and capacities.
6. The Legislative request was to deliver this report in a very short time frame necessarily leading to interviews conducted during the winter holiday season, which affected participation of a small number of Key Informants.
7. The nature of using an index to score community capacity is to provide a numerical value to key features of the community dynamics regarding coming together to solve complex problems. We have intentionally not identified anyone who was interviewed for this study, and have attempted to provide quotes that represent typical comments that reflect key features of capacity building processes. Communities with high or low scores using the Community Capacity Index are not better

or worse, instead we could consider the number to represent the “how” of community capacity in each community.

Implications for Further Study

What we could learn with deeper pursue this line of reasoning and communication

The interview content that Key Informants provided contain a depth and breadth that couldn't be fully analyzed and reported in a single report.

1. Further analysis could yield important findings related directly to prevention of ACEs or their effects, and other topics. For example, interviews could support analysis of the extent to which the processes reported in communities align with resilience factors that literature would suggest might mitigate ACE effects on educational achievement (including self-regulation, attendance/functioning, mental and physical health, relationship, community norms and expectations...), or on parenting, which, in turn, would impact achievement.
2. Further analysis could also yield important contributions to the literature on key features of phases in the development of Community Capacity. Interviews could support analysis using the Developmental Model of Community Capacity Building, to inform improvements to the model, and provide a foundation for testing the elements of the model that are designed to advise funders of high-leverage assistance for communities in each phase of development.
3. Patterns that emerged in the Snowball Sampling phase of the study raise important capacity issues, including the degree to which each community is fostering 'open networks'. "People in open networks have unique challenges and opportunities. Because they're part of multiple groups, they have unique relationships, experiences, and knowledge that other people in their groups don't." (Simmons, 2015). Benefits of open networks include features that are important for community learning and effective innovation. These include: more accurate world view, ability to control timing of information, ability to translate/connect between groups, and more breakthrough ideas. Moreover, exploratory analysis of Washington Behavioral Risk Factor Surveillance System data about social bridging - the connections across distant social lines that benefit every-day life -- reveals a promising relationship between higher prevalence of social bridging and lower rates of health problems and health risk behaviors, including obesity, mental illness symptoms, alcohol consumption among parenting age women, physical activity, happiness, worry, experiencing housing instability and having a primary care physician. If open networks are the number one predictor of career success, are they also a predictor of community success innovating in ways that improve lives? Further study of how open networks are encouraged or damaged in communities, along with study of their effect on community capacities for improving child and outcomes would be an important area for further study (Simmons, 2015).

We could anticipate community cooperation, and community use of findings, with this method of monitoring community capacity. All participating communities were appreciative of the opportunity to

contribute to the research study and review the feedback gathered from within their community and across communities throughout the state. Key informants indicated that hard quantitative data was not necessary to shift thinking toward practice change. Stories of success that had been published or achieved locally and in neighboring communities would offer sufficient proof to generate interest and encouragement for practice change. However, it was acknowledged that political decisions typically required national standards and strict evaluation criteria for approval.

Attachment 1

Research-Informed Definition of a High-Capacity (Flourishing) Community

A flourishing community is a group of people linked by geography or interests, who intentionally use culture, social structure, and interactions to improve intergenerational well-being and equity. Flourishing communities produce safe, stable nurturing relationships and environments, and have a rhythm of engagement that includes:

1. Safe and regularly scheduled ways of coming together for belonging and cooperative action,
2. Networked social and inter-organizational processes characterized by learning, reciprocity, social bridging, and efficacy,
3. Shared times and venues for critical reflection and decision making about hope-filled action,
4. Continuous expansion of opportunities for informal and formal leadership.²

Literature on community functioning can be found in the fields of community psychology, criminology, disaster preparedness, ecology, economics, epidemiology, international development, psychology, political science, public health, social work, sociology, and systems thinking. These describe slightly different, but substantially overlapping findings. Pulling from these disciplines, we can see more detail related to the qualities of engagement summarized by items 1-4 above.

1. Safe and productive ways of coming together for belonging and cooperative action

Sense of Community and Connectedness: high level of concern for community issues, respect generosity and service to others, sense of connection with the place and people, fulfillment of needs through self-identified membership, ability to articulate a clear set of values & safety to challenge value assumptions. Sense that we share a common destiny with the people in our community.

Understand Community History: awareness of social, cultural, political changes that have taken place recently and historically, awareness of groups within community, awareness of community standing relative to other communities; understanding how different eras of community history are related, and influence current community status; ability to articulate both historical challenge or trauma and historical triumph or resilience.

Cooperative Problem Solving Rituals: regular contact among members that fosters cooperation and increases reciprocity among residents as well as loose ties to individuals outside of the community. Problem solving ability that arises through collective effort (volunteerism, participation, social support are used as

² See Attachment 1 for more detailed information from the literature related to these four phases of engagement.

indicators); social interactions by which residents establish social connections at neighborhood or community level.

2. **Networked Social and Inter-organizational Processes Characterized by Learning, Reciprocity, Social Bridging, and Efficacy**

Opportunities to learn with others are a community norm – clear, but curious identity – we’re learning new information, safely challenging mental models, and exploring who we are becoming.

Reciprocity -- reciprocal links exist throughout overall network, frequent supportive interactions, ability to form new associations, cooperative decision-making processes, and informal social control (like watching out for children).

Social Bridging -- channels exist, and are used, for community members to reach to outside groups and resources (and outside groups and resources to reach to community members).

Efficacy -- processes reflect, and also build, political efficacy and collective efficacy.

- Political Efficacy – articulateness, management of relations within larger sphere, machinery for facilitating participant interaction and decision-making.
- Collective Efficacy – a sense of collective competence shared among individuals when allocating, coordinating, integrating resources in successful concerted response to specific situational demands (situational, not universal).

3. **Critical reflection & shared decision making about hope filled action**

Critical Reflection: question assumptions, use dialogue logic and reasoning, understand influencing factors, self-analyze efforts as they relate to change over time.

Dialectical thinking welcomes contradictions, paradoxes, and the presumption of constant change in communities. Engagement with a continual cycle of collective reflection on the outcomes, new actions, and new reflections.

Invitation for everyone to participate in collective change.

Decision making based on results that people want for themselves and for future generations.

4. **Continuous expansion of opportunities for informal and formal leadership**

Pluralistic Leadership – interplay of positional leaders and informal leaders; and the continuous expansion of opportunities for informal leadership.

Influence - Those most affected by concerns have influence in defining problems and identifying culturally acceptable solutions.

Washington State Family Policy Council Community Capacity Index (CC Index)

The Family Policy Council Community Capacity Index is an important tool for communities to use to check their own progress toward the tipping point where five or more problem rates plummet at once. Leaders can use the index as a process evaluation tool and also as an invitation for meaningful reflective dialogue about how the community can progress toward realizing its values and goals. Scores from the index are highly correlated with problem rate reductions and with a decrease in the percent of youth aging into adulthood with three or more Adverse Childhood Experience Categories. The Index includes indicators of the dynamic movement through the four phases of the community capacity development model.

Rate work on scale 1 (low) to 5 (high); for a maximum

A. FOCUS ON RESULTS

1. The Network reports a body of work or strategic effort rather than single projects.
2. Measurable results are reported and verifiable.
3. Results are tied to community values/intentions as demonstrated by the link to the Network comprehensive plan and/or collaboration in the work being considered.
4. Network can demonstrate a logical link between current results and long-term reduction of problem behaviors.

Total Results Score

B. LEARNING

1. Network demonstrates and can articulate its own learning. (Analyzing data, making changes based on experience.)
2. Network draws connections between proposed projects and knowledge or research related to problem behaviors and related risk and protective asset or resiliency factors.

Total Learning Score

C. COMMUNITY STRATEGIC LEADERSHIP

1. Efforts are clearly linked to Network strategic plan.
2. The work reflects meaningful community collaboration.
3. Network provides leadership in the community as demonstrated by community involvement in strategic planning, implementing the plan or leveraging resources.
4. The Network is able to leverage resources through partnerships, grants and/or selection of pilot programs that are later funded or replicated by others.
5. Efforts show signs of being either replicable or institutionalized within the community OR efforts result in resolution of a defined community issue.
6. The community demonstrates support for Network efforts. (Board membership, event participation, program evaluation, etc.)

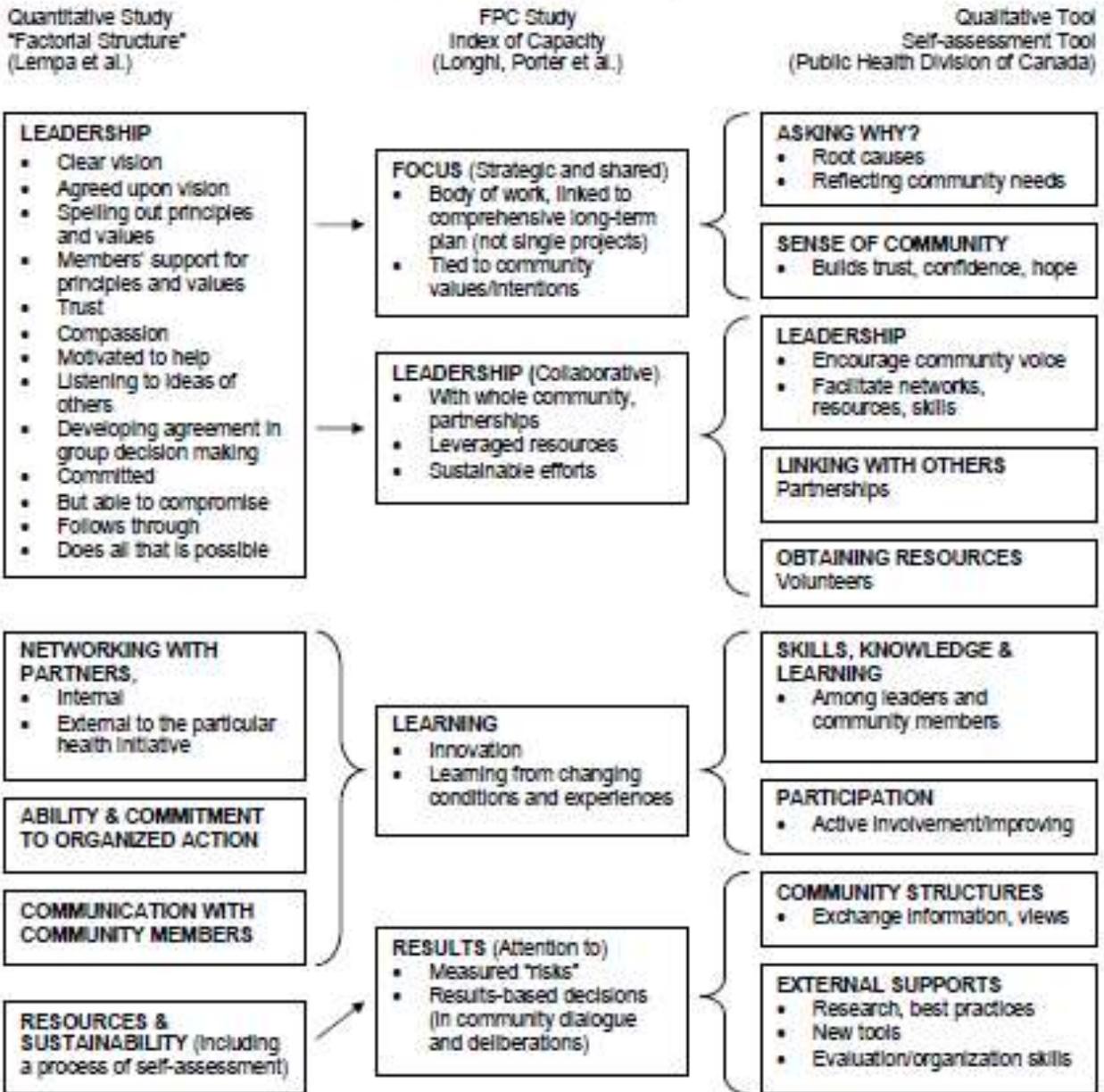
Total Strategic Leadership Score

D. COMMUNITY OUTCOMES

1. Intermediate and long term outcomes are stated clearly in writing, outcome measurement methodology improves over time, and results are useful and credible for helping the community develop strategic system and program improvements.
2. The community tracks indicators of “at risk” behavior rate indicators, and engages in public dialogue about how to reduce the rates of “at risk behaviors”.
3. There is a positive correlation between the degree to which the community network has focused on reduction of a particular “at risk behavior” and indicator(s) of the rate of that behavior.

Total Community Outcomes Score

Congruence of Dimensions of Community Capacity Measured Empirically

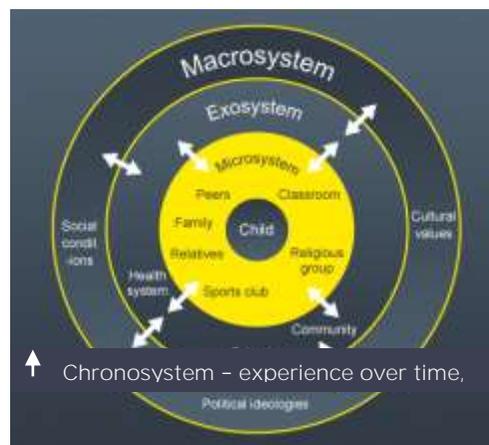


Attachment 4

Bronfenbrenner and Shonkoff Models in Brief

Dr. Urie Bronfenbrenner's Ecological Systems Theory was developed in 1979. It is widely accepted by educators and human development specialists throughout the world as a model of the multiple interactive systems that influence human development. The Ecological Systems Theory brings educational research out of the lab and into real community environments where children live, play and go to school. This theory holds that development reflects the influence of five environmental systems.

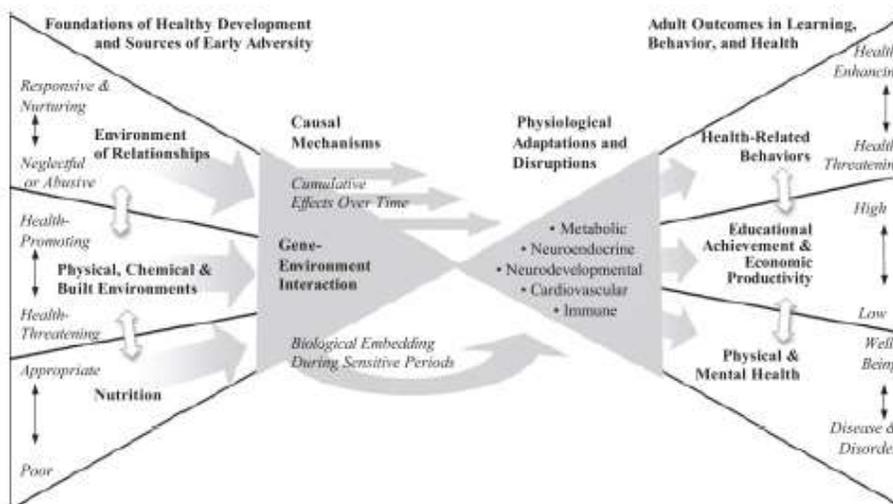
- 1) The Microsystem – the people and groups with direct contact with the child such as family, peers, neighborhood, and school;
- 2) The Mesosystem – the interactions among those within the child's environment like family, siblings, school, peers and work;
- 3) The Exosystem -- settings that have direct influence on the individual, but the individual does not have access to shape, such as the capacities of the community to solve problems;
- 4) The Macrosystem -- system that is caused by the ideology in the society or the culture of the society such as religion, democracy, ethnicity;
- 5) The Chronosystem – the system that develops as a result of a person's experience, including environmental events, transitions, and the history of an individual. (*Urie Bronfenbrenner Ecological Theory, 1979*)



The Exosystem and Macrosystem powerfully influence child development and form the context of community life for families and their children. The Ecological Systems Theory is used widely in the field of education, and is the foundation for the Head Start Program, a program which was co-created by Dr. Bronfenbrenner. Dr. Bronfenbrenner asserts that developmental processes and outcomes vary as a joint function of the characteristics of the person, as well as the environment, and their interactions over the course of time.

Dr. Jack Schonkoff's Bio- developmental Framework is used to promote greater understanding of the antecedents and causal pathways that lead to disparities in health, learning and behavior. (Shonkoff, 2010)

This model includes findings that the foundations of healthy development and sources of adversity during child development include the environment of relationships, the physical, chemical and built environments, and nutrition. These influence biological pathways of development that, in turn affect health behaviors, educational achievement and economic productivity, and physical and mental health.



Attachment 5

Snowball Sample E-mail Script

Subject: Healthy Gen/WSU Study

Hello,

My name is _____. I am writing on behalf of Foundation for Healthy Generations, formerly known as Comprehensive Health Education Foundation (CHEF). We are working in collaboration with Washington State University (WSU) in order to conduct a survey that will identify folks in communities across Washington that are key in working towards improving family and child outcomes. For more detailed information about what we do, please visit our website at www.healthygen.org.

We are collecting, via referral, lists of contacts from communities of people working on improving the lives of children and families. A selection from these contacts will be asked to participate in a longer (one hour) interview process to provide us more detail about their community in relation to children and families. Findings will be included in a report to inform legislature. Any information we gather during the survey will not be shared beyond the scope of the research study. If you have any questions, please contact me at karenb@healthygen.org.

Please help us at this key stage by giving us the following information for anyone in your community who you feel works to improve the lives of children and families in your community and if there is anything specific you would like to highlight about this person's contributions in your community. Multiple contacts are greatly appreciated. You are welcome to respond to this email with contact information or you can click this link to use an online survey option:

<https://www.surveymonkey.com/s/WSRSZYW>

Individuals that we are referred to repeatedly will become our 'Key Informants'. It is vital that we be able to hear the community voice in order to make this selection accurately. This selection should be a reflection of who you, the people who live and work there, feel is most 'in the know' about your community.

Name:

Company/Organization/Group (no affiliation required):

Position/Role:

County:

Email Address:

Phone Number:

Highlights:

Thank you so much for your time and dedication to your community.

Attachment 6
Interview Script

[Complete this portion prior to calling KI, verify with respondent we are using the best/most current contact information.]

Name of Community: _____

Name of Person being interviewed: _____

Name of project/program/organization: _____

Contact Information: _____ Phone number: _____
E-mail: _____

Date of Interview: _____

Name of Interviewer: _____

Hello, my name is _____.

**If the Key Informant does not answer*

May I please speak to _____ [Name of Key Informant]

[If respondent is on the line]

I am calling for our scheduled interview about your community. Thank you again for taking my call. As a reminder I estimate this interview will take about an hour - is this still a good time?

[If response is "yes," respond with positivity ("great") and proceed.]

** If response is "no," re-schedule the call.*

Before we begin I need to inform you that this call is being recorded for accuracy and transcription purposes. Do I have your permission to continue?

[If respondent answers "yes", respond with positivity ("great") and proceed.]

**If respondent answers "no", probe for concerns. Why not?*

I assure you we are only recording the interviews because your responses are very valuable to reporting accurate findings and as I speak with you I will be focused on our conversation and I don't want to miss any critical insights. None of the interview materials, including the recording, will be shared.

The information we talk about during the survey will not be shared beyond the scope of the research study. Your name, agency or any other identifying information will be removed from your answers before we share the information with people outside the study team. If we wish to quote you directly in study reports, we will contact you to ask for your permission to use specific statements.

If you have questions or concerns about the study I will provide a couple of contacts for you at the end of the interview.

Do you have any questions before we begin?

[If respondent answers “no”, respond with positivity (“great”) and proceed.]

**If they inquire about who recommended them...*We have asked leaders in your community for names of people who have a good understanding of current conditions and activities. Several leaders recommended that I talk with you.

**If they inquire who you are...*I am conducting interviews on behalf of the Foundation for Healthy Generations, which is a Seattle-based non-profit organization. We are working with Washington State University (WSU) conducting a study about community capacity, family support and academic achievement. Your community is one of 12 places where we are talking with leaders like you to learn about how people are working in concert to improve child and family life.

**If they inquire about what the survey is about...*

There are many good things happening in all communities - both in agencies and in neighborhoods. We are interested in far reaching approaches, in the efforts that engage across sectors and across multiple sets of problems. We are interested in the ways that community leaders share responsibility and broadly assess community conditions. Sometimes programs, activities, and so on, are working on solving a single problem. We are interested in the efforts that you believe might be robust enough to improve things for a lot of children and families.

There are 4 sections and 4 questions in each section. Let’s get started...

Section 1:

This first section of questions will help me get an overview of your community.

1. Imagine you are talking to someone who knows nothing about your community. What are the most important changes you’ve seen over the last *few years* in your community?

**No more than ten years ago.*

*If asked, define most important as: most significant, most powerful, most far-reaching.

**Hesitation? Restate question: "Let me repeat the questions..." If there continues to be hesitation explain, "There are no right or wrong answers."*

[Listen for system changes.]

- a. Would you say that these changes were intended – are they the result of some sort of local prioritization process, or are they things that happened in another way?

If respondent listed **Negative changes / events. Acknowledge and respond: Would you say there was a local process to respond to or mitigate the change/event?*

**If asked, define local prioritization process as: group poll, vote or survey, community or town hall meeting, collective assessment or evaluation.*

[Listen for local desire for the listed changes or the activities that preceded the changes. Was there a local group initiative or agency – local capacity and motivation?]

2. All communities have a range of activities, from prevention to crisis intervention - could you tell me a little bit about that range of activities in your community?

**If asked define activities as: service, assistance, help delivery systems.*

[Listen for evidence that the community is working across diverse arenas (or if not, do they present logic around why not)]

- **Probe:** Listen for full spectrum of activities and probe where there are gaps. Some possible arenas work might be referenced: Domestic Violence, Early Learning, Youth Substance Abuse, Homelessness, etc.

3. From your perspective, what is the next step your community needs to take to continue to improve outcomes for children and families?

- **Probe:** If the only response given is regarding resources/funding/money, ask the respondent to consider: **Are there any additional conditions that can continue to improve outcomes for children and families. Are there any immediate obstacles that must be attended to?**

- a. What challenges does your community continue to experience when trying to improve outcomes for children and families?

**If respondent answers with "funding" encourage them to consider beyond lack of funding.*

[Listen for norms, behaviors, systemic issues that may be barrier.]

4. Think about how your community works to improve outcomes for children and families. What are the most important changes your community has focused on within the last two years or so?

**If asked, define community here as: across sectors, organizations, agencies, involving both formal and informal networks.*

[Listen for intentional efforts.]

- a. Usually people change their thinking before they change their actions. Tell me a little about the thinking that led to the changes you described.

**If asked, define thinking as: a new idea or shift in perspective, sometimes referred to as an a-ha moment.*

- b. What work led to these changes?

**If respondent hesitates, reiterate any changes mentioned above.*

**If asked, define work as: actions taken.*

- c. As activities in your community have changed, how have you been impacted? How has your work been impacted?

Can be positive or negative. If there is hesitation reiterate: "There are no right or wrong answers."

Section 2:

Next are some questions about Community Partnership & Leadership. For these next 4 questions we would like to understand more about the people who are helping to lead efforts in your community.

1. Do you feel that the community has a clear process for engaging people in discussions about what matters most in your community? If yes, what does that look like?

[Listen for methods of inclusion.]

- **Probe** for evidence of cross-collaboration & any ritual nature to convening: "Do different sectors talk together? Are practices impacting each other? Is there a regular schedule for discussions?"
 - a. Is there a group or person that 'shepherds' this?
 - b. Has this process changed over time – if so, please tell me about that change.

2. Over the last few years, have any community partnerships, partnership dynamics, associations or collaborative strategies changed?

[Listen for the creation or loss of new or more thoughtful alignments]

- a. Are there positive community outcomes that are the result of changes in community partnerships or collaborative strategies?
3. In this interview, we are considering the term “leader” to mean anyone who wants to help.
What can you tell me about any efforts to expand leadership roles in your community over the past few years?
 - a. What groups of people are participating currently? By participating, I mean offering time, coordination, labor, advice, resources or a new way of doing things.

**If asked define groups as: formal or informal associations, ethnic, socio-economic, enterprise of neighborhood groups included.*

- b. Have any local groups just recently gotten involved? If so, what ideas or strategies helped to increase participation?
 - **Probe:** “Was there intentional outreach or engagement to new groups?”
4. Would you say leadership is becoming more diverse or that many voices and traditions are honored in the leadership of your community?
 - **Probe** for description if respondent answers with yes or no: **Could you describe to me a little bit about why you think that is? Or isn't?**
 - a. Tell me about how uncommon leaders – like parents, teens, customers of the service system, business owners – would typically be invited to help with your community’s strategies for improving child and family life?

Is there anything else you would like to share about community partnership, collaboration or leadership?

**If the respondent has noted experiences that lie outside the range of the questions asked so far this is a good place to invite them to elaborate on those experiences or that perspective.*

Section 3:

Now we will look at Decision Making. This section is about how people and organizations make decisions in your community.

1. What kind of information do you locally consider when thinking about the best way to influence child and family outcomes in your community?

- **Probe:** Based on response, select one probe:
 - <for general data use: Over the past few years, what types of data have been used to make decisions about approaches or strategy for improving child and family outcomes?
 - <for local data use considerations: When making decisions does your community pull on local wisdom, community voice, or other local experience?
- 2. From your perspective, what influences your communities focus when selecting approaches?
 - **Probe** for evidence of whether community has considered the interrelatedness of problems: **Do you think decision makers are strongly focused on tackling a single age/stage/problem behavior or are they more broadly focused, but still clear? Please describe.**
- 3. Tell me about any issues or conditions that make solutions hard to come by?
 - *If asked define issues as: obstacles, challenges, barriers.*
 - **Probe:** If the only response given is regarding resources/funding/money, reiterate question and ask to consider: **“Are there any additional conditions that make solutions hard to come by”**
- 4. Please tell me about any issues or problems that many groups or organizations are tracking together.
 - a. How long has the community been working together on these issues or problems?
 - b. What alerted folks to these issues – what was the process for bringing people or organizations together around these things?

Is there anything else you would like to share about how your community makes decisions?

**If the respondent has noted experiences that lie outside the range of the questions asked so far this is a good place to invite them to elaborate on those experiences or that perspective.*

Section 4:

This final section is about how the community learns and improves. We would like to understand what, if anything, has prompted changes to the ways people are working, and the work that people are doing to improve child and family outcomes.

1. Looking back over the past few years, has new information or practice adaptations improved services and responsiveness?
 - a. How have people shifted the ways in which they help one another? Please provide examples.

2. Does your community have regular times or traditions for reflecting on the effectiveness of your strategies for improving child and family life?
 - a. If so, please describe what you do.
 - b. Do you think this process for reflection makes a difference in local and ongoing efforts to improve child and family life? Why or why not?

3. Science is offering new insights that explain how experience affects our health. We know a lot more about how neurobiology, epigenetics, ACEs and resilience affect us throughout our lives. How are any partners using new scientific discoveries to have new discussions or offer new methods or practices?

**If asked, define neurobiology as: a branch of science about the nervous system and the brain.*

**If asked, define epigenetics as: genetic changes*

**If asked, define ACEs as: The Adverse Childhood Experiences*

**If asked, define resilience as: the human capacity to adjust, adapt to or recover from stress, strain, challenge and change.*

**If respondent wants to know more about any of these topics, in respect for their time, refer them to the HG website or ask that they send an email inquiry to: learninstitute@healthygen.org*

4. Tell me about what influences your thinking about how to improve child and family outcomes?
 - a. Has your thinking changed over the past decade in ways that have affected the way you:
 - i. Work or the work you do;
 - ii. Help neighbors, friends, and your community?
 - b. I would like to hear more of your experience with practice change. Please tell the story of the journey from one way of thinking to a new way of thinking, and how that led to changes in your activities.
 - **Probe:** please make sure the story includes: **Was there a particular researcher, funder, or other outside person who had a big influence in your thinking and action - someone who served as a catalyst for the change you made? If so, please describe. What did you notice that caused you to think differently and thus led to your change in service? If so, please describe.**
 - c. Who would know the most about how the neuroscience, Adverse Childhood Experience or resilience science is applied in your community?

Before we finish up, is there anything else you would like to tell me about your community?

**If the respondent has noted experiences that lie outside the range of the questions asked so far this is a good place to invite them to elaborate on those experiences or that perspective.*

...

As part of scheduling this interview the scheduler sent a short Survey Monkey to complete.

**If not completed:*

It is very important to us that we get an accurate image of your community. For your convenience, I would be happy to send the link through while I have you on the line.

Here is the link: (link provided)

While waiting to see if they receive the link ok and it opens continue on to the Closing.

[If completed]

Thank you for completing that survey, we will combine those responses with this interview.

Closing

At the beginning of the call, I promised to give you the number for in case you have questions or concerns about the study, or any part of this interview. You may call contact the lead researcher on this study, (number provided), or the project manager for this interview portion, (Number provided), if you have questions or concerns. You don't have to give your name if you call.

We will be compiling your responses with other Key Informants interviews from your community to create a preliminary summary of your communities' context. To ensure we are honoring the community voice would you mind if we sent you the summary for your review?

**If no, why not?*

[If yes, respond with positivity and proceed]

Thank you for your time and insight!

Attachment 7
Key Informant Interviews Draft Content Summary

Current social, political and economic realities (sources of toxic stress)

- Isolation (geography, behavior)
- Instability
- Mental health
- Co-occurring disorders
- Competition and cooperation

Child and Family support structures and operations

- Early learning and childcare
- Transitional youth (18-25)
- Medicine, public health and maternal health
- Parent education
- Juvenile justice and family courts
- Prevention
- School

Established policies, practices and procedures for child and family care

- Community Health Improvement Plan
- 1/10 of 1% sales tax
- Strengths based
- Universal development screenings
- Home visiting and nurse-family partnerships
- Wraparound

Barriers and challenges

- Siloes and Fragmentation (rise of private interest projects, SJ, GH)
- Qualifications (required credentials)
- Evidence based
- Loss of Family Policy Council (SJ, WW, BF)

Emerging policies, practices and procedures for child and family success

- ACEs and trauma informed
- Cross sector engagement and reflection (collective impact)
- Intentional parent and youth leadership engagement
- Neutral convening entity

Community based participatory research

- CRI & Lincoln High School, Walla Walla
- Centralia Community College Division of Child and Family, Lewis
- Family Courts, Grays Harbor
- Rural Youth Health Forum, Lincoln

Functional partnerships between family, schools, community

- United Way, B/F
- CRI, Walla Walla

- North Thurston Assistant Superintendent counseling program

Leadership and stakeholders engagement

- Business
- Faith
- Philanthropy
- Residents

Impact of new data, research, and local wisdom

- Education
- Broad culture and commitment shifts
- Access and ownership

Resiliency and integration

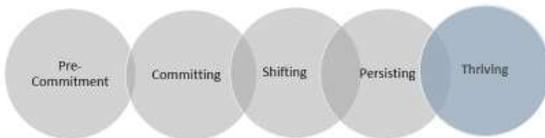
- Prevention
- Multigenerational approaches
- Wraparound
- Collective impact and capacity building

Attachment 8

Key Features from Developmental Model of Community Capacity Building; Training Slides

Capacity Journey: Iterative, Non-linear, Distinct "Stages"

Model of Community Empowerment – Stages



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Community Dynamics

Pre-committing Individuals seek outside resources to support existing organizations or activities

Committing Residents and professionals gain shared understanding, vision, motivation

Shifting Innovative & existing practice shifts
Experience of being of and for the community shifts

Persisting Shared theory of change is apparent in the collective action
Social Dynamic Changes

Thriving Persistent Learning System Bridges to New Groups, New Leaders & Innovations.
Community holds a culture of protection
Welcoming, mutual help, and respect persist through unexpected change or crisis



4th ICCP 2012 Barcelona

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Tacit Community Message

Pre-committing We will go through the required motions to secure funds.

Committing We will try your Capacity Development process model.

Shifting We have an appetite for understanding how our action is affecting social problems.

Persisting We see progress, and are cautiously confident that we are on the right track.

Thriving We are continuously learning and improving our own system.



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Role of Coalition/Coordinator

Pre-committing Distribute funds.

Committing Bring people and ideas together.

Shifting Create opportunity to learn and improve strategy and practice

Persisting Generate shared identity and efficacy.

Thriving Open leadership opportunities focused on continuous improvement.



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In partnership with Dr. Paul Flaspohler, of Miami University in Ohio, Family Policy Council staff used systematic observation and a participatory process that engaged leaders from communities throughout Washington to develop the Developmental Model for Community Capacity Development (DMCCD). The participatory approach to developing this model, as well as the journey perspective on developing community capacity are consistent with the Public Health Agency of *Canada's Community Capacity Building Tool: A Tool for Planning, Building and Affecting Community Capacity in Community-based Projects*, discussed above. The article about development of this tool was published in 2007 (MacLellan-Wright, 2007).

The DMCCD is based on eighteen years of qualitative data collected through "Community Context Reports" and "Summative Reports about Network Actions and Results" reports. Network reports described local actions and highlighted significant rate changes. Feedback from across the state

monitored and compared the impact of capacity building strategies for which state funding had been allocated. In addition to reports, Model development was informed by systematic observation of community capacity development via state staff' interaction with key community leaders during delivery of education and technical assistance to the communities, and Community Network communication with state staff about strengths and challenges in their work.

Phase descriptors from this model were tested during review of the 2012 biennium reports from 42 Community Public Health & Safety Networks, and found to be valuable for understanding community efficacy, shared identity, and other variables that illuminate the kinds of assistance and support useful to the community at a given time.

Dr. Flaspohler and the Family Policy Council Senior Research Director, Dr. Dario Longhi, delivered a poster session about the FPC Developmental Model of Community Empowerment at the International Conference of Community Psychology in Barcelona Spain in 2012.

The DMCCD describes the features and qualities of five distinct phases of community capacity development in a local community.

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For more information contact:

Laura Porter, Senior Director, ACEs Learning Institute, Foundation for Healthy Generations
laurap@healthygen.org