

Enacting Friendship in Community: A Learning History of CHAG

The question of how to marry theory and practice in building healthier communities is among the oldest and most pressing challenges to human flourishing. The urgency of this question is as clear in Plato's *Republic* as it is in the rhetoric of contemporary politics: the gulf between creative ideas and practical solutions is often wide, and the task of transforming vision into lasting value is rarely easy. Over the past decade, we at Memorial have experienced some of the frustrations and rewards of confronting this challenge in reevaluating both our vision of a healthy community and our understanding of the role we can best play in helping to bring this vision to fruition.

One important lesson we have learned is that working to foster a healthy community is a lot like building a friendship. First and foremost, high hopes, promises, and lavish gifts are no substitute for hard listening, steadfast commitment, and careful stewardship of resources. Moreover, in our friendships and community building efforts alike, there is always more to learn, both about ourselves and from others. Accordingly, we must be prepared in each of these endeavors to address our strengths and weaknesses openly, to discern carefully how they complement the capacities of those working with us, and to risk investing ourselves even though we don't always know at the outset where the relationship will take us.

It is precisely this set of challenges that the Community Health Action Group (CHAG) here at Memorial was convened to address. What follows is the story of the important role that CHAG has played (and continues to play) in the implementation of our initiatives to aid in the creation of a healthier community.

Befriending the Broader Community: Introducing CHAG

CHAG's story begins in the early 1990s with Memorial's adoption of a more holistic understanding of community health. From this new perspective, health is not simply an absence of physical disease or a product of the medical community alone, but a physical, mental, and emotional quality of life that is influenced by factors as diverse as education, habitat, economic opportunity, social standing, the environment, crime, and literacy. To aid us in reevaluating our development capacities in light of this fresh vision, we organized the Community Health Enhancement (CHE) Committee. The aim of this group was to create and oversee new policies, priorities and performance goals and building relationships with other organizations that shared our vision. In 1993, the Boards of Memorial created the Community Benefit Fund, a financial

resource for community development that would be sustained through the practice of tithing, a policy of investing ten percent of the previous year's excess operating revenue into a rolling fund. With the Community Benefit Fund in place, CHE, a joint committee of the Health System, Hospital and Foundation Boards, was formed as the responsible governing body for this work. CHE then turned the administrative responsibilities over to the hospital and health system staff leadership, and the Community Health Action Group (CHAG) was born.

Originally, CHAG was made up of seven Memorial-affiliated health system leaders including (1) the President and CEO, the Vice-Presidents of (2) Memorial Health Foundation, (3) Memorial Hospital, (4) Marketing and (5) Community Affairs, and the Directors of (6) Strategic Planning and (7) Grants Procurement. CHAG's principal responsibility was to fulfill the key objectives of Memorial's commitment to a healthy community (both inside and outside the hospital walls) by implementing the Community Benefit Policy. According to Mark Chambers, past CHAG member and former Vice President of Memorial Health Foundation, the group's unique composition is a major contributing factor to its effectiveness: "We are a multi-disciplinary group of individuals coming together to function outside our normal positions of authority. The group's interactions are non-hierarchical and intensely relationship-oriented. We make our decisions from that perspective." It is this spirit of equality and cooperative diversity that sets both the tone and the agenda of CHAG's initiatives to help Memorial befriend and network within the broader community.

Balancing Trust and Accountability: CHAG's Structural Challenge

Building strong friendships always means striking a careful balance between trust and accountability. On the outset, CHAG's most important directive was to explore the prospects of working together with non-medical organizations in implementing bold new (and therefore untested) development strategies. As such, CHAG members realized from the start that accountability would need, at least initially, to take a back seat to trust if they wanted to create an atmosphere conducive to getting organizations (including themselves!) excited about taking the necessary risks. Trusting that this spirit of supportive trial-and-error would pay off in the long run, the group adopted an unorthodox operating procedure that Memorial CEO and CHAG member Phil Newbold describes as "180 degrees different from that of other grant-making

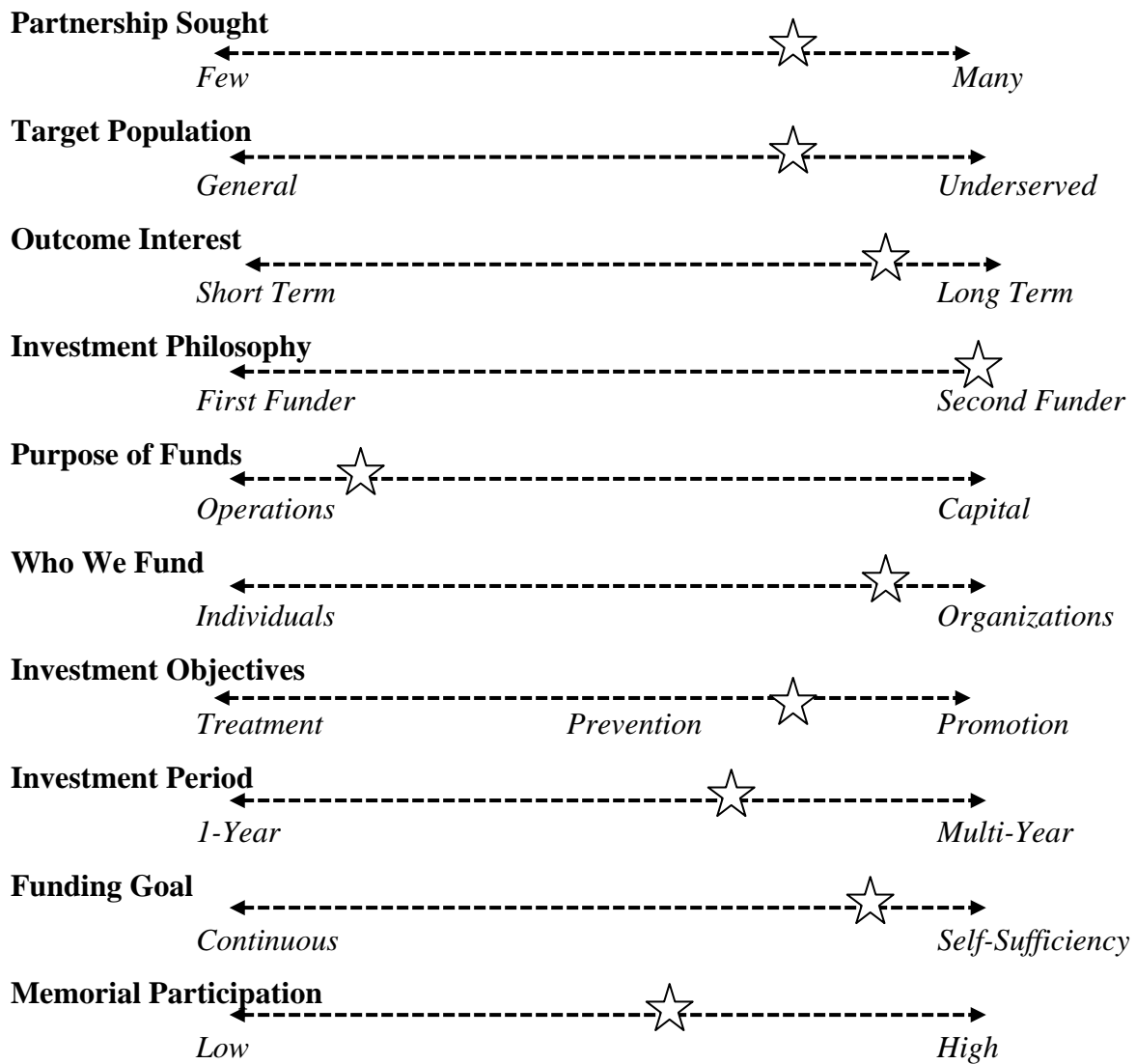
organizations.” Traditional grant-makers tend to fund only rigorously screened organizations for rigidly defined purposes. By contrast, CHAG sought to move away from the check-writing model toward a free-form dialogical approach that would involve them more intimately in the learning process, while giving their partner organizations the rare opportunity to pursue experimental, open-ended projects.

In practice, this less-structured operating procedure means that members must be willing to take on a serious time commitment. Significant commitments of time were necessary to scouting and testing all kinds of new relationships. CHAG members attend bi-weekly two-hour meetings to discuss resource allocation, to review new and previously funded proposals, and to share information about other community health initiatives. In many cases, members themselves bring partnership proposals to the group on behalf of organizations with which they are already personally or professionally familiar. Alternatively, some organizations send a simple letter outlining their ideas, while others generate detailed proposals. Though there is no formal procedure in place for submitting and approving applications, The Community Benefit Policy has established some helpful criteria to aid prospective applicants in determining their suitability for participation. In keeping with these criteria, CHAG has supported:

1. projects and training activities that nurture ongoing partnerships (we are particularly interested in partnerships that work to prevent health problems and involve schools, congregations, neighborhoods and health and social service organizations);
2. partnerships that promote health improvement for underserved populations;
3. activities that produce long-term benefits;
4. projects in which the sponsor has made (and/or obtained) an investment of money, volunteers or other in-kind resources;
5. projects that usually seek only operating funds for new programmatic experiments (we do not fund capital projects, overhead or rent);
6. activities that incorporate familiar tools of continuous quality improvement;
7. first and foremost, we seek learning from every initiative;

8. approaches to community health problems that represent “never-been-tried-before” innovations.

In 1997, after four years of tithing, CHE and CHAG re-evaluated the efficiency of their funding procedures. As a part of this process, CHAG developed a set of investment value scales that laid out the group’s funding objectives more clearly than ever before. These value scales (see below) are adjusted regularly in accordance with changing investment objectives and evolving community health issues, as overseen by CHE.



Choosing Friends Wisely: The Challenge of Sustainability

Though CHAG's free-form structure has been genuinely successful both in providing a forum for creative exchange and in laying the groundwork for relationships of lasting significance in the community, few would deny that the format has been a mixed blessing. CHAG affiliate and former Executive Director of the South Bend Center for the Homeless Lou Nanni concisely summed up the consensus in observing that "on the upside, the process is non-compartmentalized, non-bureaucratic, and relationship-conducive; on the downside, however, it is often too drawn out, and too diffuse to be maintained consistently." As the number of funded projects has increased over the years, concern has surfaced among group members about a growing need to build more structure and accountability into both the pre-funding and post-funding evaluative processes. Though many of the projects CHAG has funded have been successful, others have proved difficult to sustain after the funding stage or have failed outright for lack of adequate administrative support. Former Memorial Health Foundation Board Member Rose Meissner has been particularly vigilant about this concern: "CHAG could be more effective, I think, if it structured its evaluative procedures so as to better ensure that the money we're investing makes a meaningful and sustainable difference."

This increasing need for a more structured approach to gauging project sustainability is all the more urgent in view of the threat posed to available resources by current financial pressures in the healthcare industry. In short, as resources decrease, the need to have concrete standards for evaluating project viability increases. CHAG member Carl Ellison explains: "If resources are shrinking, there will have to be more emphasis on the demonstrated benefit of activities. Right now we're still in the mode of funding as many new and interesting ideas as we can, and we don't have an exact learning template for every project we fund. Down the road when resources are tighter, the learning criteria for getting funded are likely to be more tightly defined."

In summary, the challenge facing CHAG has been to minimize the risks of project failure without compromising the freedom of participating organizations to experiment. In addressing this challenge, CHAG has discovered that developing a limited number of "strategic alliances" with larger, more experienced organizations increases the probability both of program survival after funding, and of the development of an equal and reciprocal relationship between the participating organizations.

Fostering Friendships that Last: CHAG's Strategic Alliances

The process through which CHAG came to discover the potential of strategic alliances is a story in itself. Rose Meissner had been stressing the issue of project sustainability to a sympathetic CHAG audience for quite some time. Simultaneously, Carl Ellison and South Bend Heritage Foundation Executive Director Jeff Gibney had been informally discussing the benefits of moving toward a more formalized partnership. Thus, when several CHAG members encountered National Council for Responsible Philanthropy President Pablo Eisenberg speaking on the topic at a conference in Washington, D.C., they were all ears. The Memorial representatives returned home inspired about the possibility of implementing some of Eisenberg's suggestions. What they didn't know, however, was that Eisenberg had for years been a good friend of the South Bend Heritage Foundation, an organization to which Memorial also has close ties.

Phil Newbold and Mark Chambers discovered this fact quite by accident during a meeting at the Heritage Foundation with Jeff Gibney; the phone rang for Gibney and it was Eisenberg! Delighted to learn that an advisor as valuable as Eisenberg was so close at hand, Newbold and Chambers conferred with Gibney about the possibility of arranging a meeting. The Heritage Foundation promptly set up a get-together at which Eisenberg's advice to CHAG was unambiguous: (1) invest long-term in a few strategic partners; (2) be explicit in defining the complementary work that each party will perform ("you don't do their work and they don't do yours"); and (3) make sure that the partner organizations are equals, so as to facilitate a smooth, reciprocal and ongoing learning experience in which neither party will be understimulated or overwhelmed.

For the past 3 years, CHAG has been pursuing these directives with three principal organizations: South Bend Heritage Foundation, South Bend Center for the Homeless, and Home Management Resources. Not surprisingly, the benefits of partnering with such experienced service organizations have been plentiful, while the risks have diminished. As Mark Chambers puts it, "These organizations understand and promote capacity-building, and their successful track record in the community is already established." In this respect, working with long-term partners has helped CHAG to bring trust and accountability into better balance throughout the investment process. The result, Carl Ellison explains, is a freedom in giving and receiving that empowers both organizations: "What is truly unique about our process is that there isn't an absolutely clear vision on the outset of what we expect the relationship to look like at the end of

the investment. The freedom is empowering; we are helping to build capacity without dictating what the capacity ought to be, and that is extraordinarily unusual in healthcare. We don't need to control the outcome to know that we've made a good investment. Rather, the true benefit of the partnership is the potential we see in the partner to carry out its own important work while complementing ours in the process."

Memorial's partner organizations are equally excited about this unique approach to reciprocity in that it frees them from many of the most taxing and inefficient aspects of fundraising, e.g. tailoring their aims to those of a controlling benefactor, writing and submitting endless grant proposals, etc. As partners with Memorial, these organizations can stick to doing what they do best while receiving support to help them do it even better. South Bend Heritage Foundation Executive Director Jeff Gibney explains: "It is frustrating when funding organizations expect us to use their money to do something completely different from what we've been doing. Memorial, by contrast, funds us for what we do. They agree that our objectives of reducing crime centers, increasing affordable housing, and fostering opportunities for dialogue between the black and white communities are directly pertinent to their concerns as a healthcare provider."

In addition to freedom, partnerships provide organizations with the opportunity to build unprecedented levels of trust and intimacy with one another, a benefit that reduces the stress of grant-making and fundraising for both parties. For example, CHAG members and partners have often worked together at community events and on-site visits, as well as retreated together to brainstorm about and evaluate the success of their joint endeavors. Former Director of the Center for the Homeless Lou Nanni experienced firsthand the trust that develops between partners: "I never felt like I was going in to campaign for a grant; I felt like I was talking to family. We were genuinely interested in discovering how we could help each other." Phil Newbold also emphasizes the metaphor of family intimacy in describing the relationship that develops between partner organizations: "Like a marriage, these relationships provide an opportunity for a deeper, more valuable learning experience; it's not just about increased efficiency, it's also about the fulfillment of learning from one another in the process."

And the partners aren't the only ones who benefit from the relationship. The ultimate goal of the partnerships, after all, has always been a stronger, healthier community that everyone can enjoy. Recent community improvements resulting from the partnerships include a state-of-the-art

medical clinic at the South Bend Center for the Homeless, physical development along major South Bend thoroughfares such as LincolnWay and Western Avenue, an initiative to establish Neighborhood Justice Centers in strategic locations throughout the area, and the development of a program in targeted job-training for our community's underemployed.

Experiencing Growth in Friendship: Evaluating Partnership Progress

As is the case with any healthy relationship, nurturing a strategic partnership involves a commitment to evaluating the progress of the relationship as well as the effectiveness of each partner in sustaining it. Accordingly, CHAG has developed the following six partnership objectives to aid Memorial and its partner organizations in evaluating their progress together:

1. **INTERNAL LINKAGES:** Have we established successful working relationships within our organization to link our partner with key staff and resources?
2. **EXTERNAL LINKAGES:** Have we introduced our partner to appropriate external resources/people who can contribute to the achievement of our partner's goals?
3. **PROJECT INNOVATION:** How successful have we been in creating new and different collaborative initiatives together?
4. **CAPACITY BUILDING:** Have we enhanced our own ability to provide support and services to our customers as a result of this partnership?
5. **SHARED LEARNING:** Have the staff, volunteers, board members and clients/customers of each organization benefited from what we are learning together?
6. **PARTNER TRANSFORMATION:** To what extent has our own organization changed as a result of participation in this relationship?

Guided by these objectives, partners participate in a three-step evaluation process. First, each organization separately convenes key participants to dialogue about the primary objectives of the partnership. Second, each organization rates its own effectiveness (both in terms of present satisfaction and future potential) with respect to each individual partnership objective. Finally, both groups meet in a joint session to share and discuss the results and to envision future progress. The following diagram represents the partnership evaluation results reported by Home Management Resources and Memorial in May of 2001.

The Process:

- Each organization separately convened key participants in the partnership to conduct their own dialogues about the primary objectives of our partnership,
- Then rated their own organization on how well they contributed to that objective of the partnership,
- A joint meeting of both groups drove further sharing and dialogue and led to preliminary planning for enhancing our partnership in the future.

HMR / MHS: "How Good A Partner Am I?" (A Partnership Evaluation, NOT A Program Evaluation)

THE "DASHBOARD" (As of May 2001)

Partnership Objectives

INTERNAL LINKAGES

Have we established successful working relationships within our organization to link our partner with key staff and resources?

EXTERNAL LINKAGES

Have we introduced our partner to appropriate external resources / people who can contribute to the achievement of our partner's goals?

PROJECT INNOVATION

How successful have we been in creating new and different collaborative initiatives together?

CAPACITY BUILDING

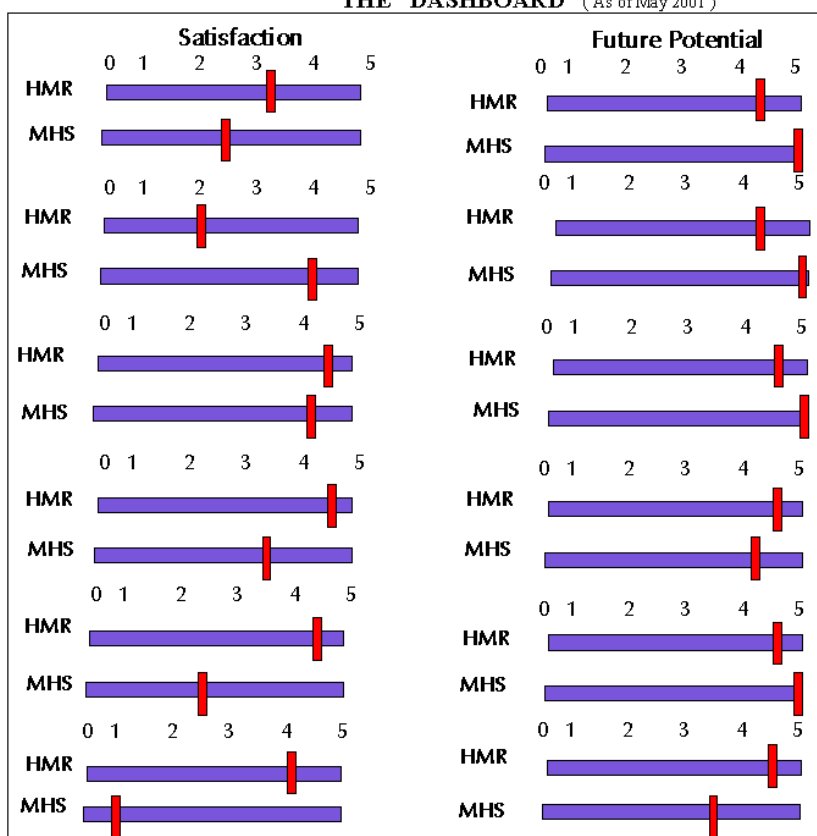
Have we enhanced our own ability to provide support and services to our customers as a result of this partnership?

SHARED LEARNING

Have the staff, volunteers, Board members and clients / customers of each organization benefited from what we are learning together?

PARTNER TRANSFORMATION

To what extent has our own organization changed as a result of participation in this relationship?



Expanding the Circle of Friends: Some Friendly Advice

One of our first concerns in writing learning histories is to share the challenges and victories of our experiences with others who are interested in starting (or who are already engaged in) similar initiatives in their own communities. In this spirit, we will conclude with a brief summary of the values and objectives that we have come to think are among the most important to the success of a group like CHAG.

In theory, the most important element of any successful development endeavor is shared vision; in practice, the crucial element is strong leadership. For CHAG, both elements have played key roles. Our vision has been crucial to keeping our operations focused amidst the excitement of brainstorming and the uncertainty of trial-and-error. And in a group composed mostly of board members and high-level administrators that operates without a supporting staff, the need for strong leadership is impossible to overestimate. Because leadership must be strong

in both visionary and practical capacities, it helps to have a diverse group of people with complementary gifts sharing the burden.

Open communication, finally, is the vital dynamic that has kept our vision and our leadership strong. Without application forms, proposal templates, and deadlines to make our decisions for us, in fact, we have no choice but to communicate openly with one another if we want to move forward. As for relating to partners, we believe that shared learning and project sustainability are the most important objectives. In our experience, investing in strategic capacity-building has been the most effective means of accomplishing these objectives.

In conclusion, we hope that the story of our experience with CHAG will be helpful to you as you strive to make the most of the resources available in your own organizations and neighborhoods. Though the challenges facing a group like CHAG are significant, the rewards have been tangible and lasting. We encourage you to envision the possibilities for reaping similar rewards in your community!