

HEALTH IMPACT ASSESSMENT

Taos Community Foundation &
iZi Institute

2015

TAOS



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Staying strong, staying healthy,
is part of who we are.

INTRODUCTION

Collectively, more than 30,000 people call the Town of Taos or Taos County home. We span a range of income brackets, represent multiple walks of life, ethnic backgrounds, birthplaces and belief systems, and yet—diverse as we are—we stand united by place, sharing a resource-rich and storied land base and a commitment to caring for one another. During feasts and fiestas, at family gatherings, at school presentations and local events, we celebrate who we are and honor the strength and health of our communities.

Staying strong, staying healthy, is part of who we are. It's not always easy. A high percentage of our children live in poverty. We struggle with chronic diseases like diabetes and depression and with health risks like obesity and substance abuse.

“Our suicide rate is twice the state average, and homicide and accidental death claim disproportionate numbers of our residents.”

Many of us can't find suitable employment or adequate, affordable housing. Our children do not graduate from high school or college at rates equal to their peers elsewhere. Some elders are housebound; others cannot afford basic necessities. The societal problems that contribute to our health inequities are deep rooted and can seem insurmountable.

They are not. But these are complex problems, and they require complex, coordinated solutions, solutions that call for careful attention at every scale. Within the family, neighbor-to-neighbor, and community-wide, Taoseños are taking aim at health hazards and working to assure a safe, healthy, and opportunity-rich way of life for ourselves and our children. We have more than 100 nonprofits working in our midst, addressing needs as diverse (and interconnected) as school readiness, domestic violence, access to food, environmental health, and the preservation of cultural heritage. Without those efforts—and the efforts of the private sector and of our elected officials who set policies and encourage programs that support a healthy populace, too—our people would be much more vulnerable to the challenges that threaten health and well-being.

These efforts cost money, and money for human services is in perennially short supply. Plenty of worthy efforts go unrealized for lack of funding. But the amount of money available, in real terms, is not the only concern.

Communities across the country have recognized that sporadic funding, awarded through competitive processes and integrating little monitoring or evaluation, stands little chance of creating sustained and equitable change. If we want to make serious headway against these problems, if we want to “move the needle” toward healthier, stronger communities, we need to rethink the funding process and our expectations around how change happens.

WE HAVE TO GET SMART ABOUT FUNDING.

Research suggests that the funding infrastructure that determines how public health and human services are supported has a lot to do with whether or not the changes we are able to effect are lasting and desired.¹ An isolated and competitive funding infrastructure will, however inadvertently, yield programming that reflects those qualities and has limited reach and effectiveness. The policies and practices of a strategic and collaborative funding approach can, conversely, encourage programming with a higher rate of long-term, sustainable success.

In fall 2014, the Taos Town Council announced a new source of funding for local community services, and issued a Request for Proposals from local community groups seeking support for Local Community Services. The current allocation of \$100,000 for 2015 is expected to grow by 50% in 2016, and to form a dependable source of revenue for which local nonprofits may compete.²

We applaud the Council's decision to make additional funding available for public health and human services, and support their thoughtful and equitable approach in establishing selection criteria for funding. This forward-thinking gesture indicates a climate at the Town Council of increased transparency and increased commitment to improving community health and well-being.

The time is ripe to think harder about how to fund for real change. Although the dollar amount itself cannot (and shouldn't be expected to) fully fund mature projects, the Town is in a pivotal position to encourage more effective philanthropy and to leverage its stature in support of additional, outside funding for local community efforts. By developing a framework for strategic funding and helping to

establish the structures and practices of a coordinated, comprehensive approach to community health, we believe the Town of Taos can greatly amplify the results of its investment.

The Taos County Local Community Services Funding Task Force, a local consortium of nonprofits and concerned individuals, proposes that the Town of Taos and Taos County adopt a place-based, strategic approach to funding local community services. The elements of that strategy are informed by the collective impact theory of change, and include a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. As the Health Impact Assessment will show, this strategy would result in investments that have the potential to measurably improve public health, decrease health inequities, and create sustainable patterns of community engagement that lead to a healthier, more empowered populace.

Change doesn't happen in a vacuum. Individuals, communities, organizations need one another to thrive. Recognizing the complex social environment in which most problems exist is a first step toward finding solutions. Learning to harness the power of local relationships, to work collectively and synergistically toward a common goal of well-being for all Taoseños, is to do justice to this place. It is a way to give thanks for everything the place gives us.

"Change doesn't happen in a vacuum. Individuals, communities, organizations need one another to thrive."

THE HEALTH IMPACT ASSESSMENT PROCESS

We knew other communities had been successful implementing place-based, collective impact precepts to address seemingly intractable public health and human services issues. Would a similar strategy work in Taos? How would local conditions affect the implementation? The Health Impact Assessment (HIA) offered an ideal way to anticipate the potential health impacts of such a funding policy, and to generate recommendations to inform decision-makers at both town and county level.

An HIA is a structured but flexible assessment tool, designed to evaluate and assess the potential health effects of a plan, project, or policy, prior to its implementation. HIAs help communities and stakeholders make informed decisions about plans, policies, and projects from a public health perspective, no matter what arena the project itself may fall into.³

In the initial screening process, stakeholders decide if the policy in question would benefit from a health impact assessment. (*For a complete list of stakeholders consulted, please see Figure 1.*) Through initial research into funding mechanisms, conversations with town agencies and nonprofits, and in informal discussions, stakeholders recognized that efforts to improve community health are frequently hampered by the lack of a sustained and strategic funding stream. Money is available in sporadic and disconnected increments. Evaluation outcomes (when they are present at all) are nearly always linked to specific project performance measures. This funding process, by its nature, restricts the vision necessary for larger, community-scale health impact to happen over time. Stakeholders hypothesized that a different funding process—one that provides sustained and reliable funding agreed

upon by diverse constituencies in our community—could result in more successful long-term health initiatives with a greater potential for change.

The HIA provided the ideal tool to test that hypothesis. Health Impact Assessments are able to forecast the health, quality of life, and equitable distribution of impacts from a pending policy decision. The potential for funding from Town of Taos and Taos County Community Development Block Grants—in previous years dedicated solely to street repair—provided real-time impetus to determine, as accurately as possible, the likely outcomes. Community stakeholders selected three urgent public health concerns as the case study projects with which to explore a comparison of the current funding process with a new consensus based funding process. These include:

RECREATIONAL TRAIL CONSTRUCTION,

an articulated goal of the Taos Vision 2020 Master Plan, has been brought to a standstill for lack of funds.

STRUCTURED OUT-OF-SCHOOL TIME NETWORKS AND PROGRAMMING,

long recognized as a vital need for Taos youth, remains beyond the financial reach of most families.

SUBSTANCE ABUSE PREVENTION AND INTERVENTION

A vigorous approach to substance abuse prevention and intervention for young people in Taos cannot be mounted with the current level of funding. Existing programs are insufficient to address the increasing health risk substance abuse poses our communities.

When word came that the Town was indeed freeing funds for local community health services, the HIA acquired an increased sense of urgency. Advocating for sustained funding for three potential projects, while laudable, seemed to sidestep the fundamental problems at the heart of the funding scenario. More funding for individual projects alone, we recognized, would not bring about the community-level health impacts Taos needs. We would need to be more ambitious and more precise in our HIA. We decided to focus on what a truly strategic funding process might look like, implemented in Taos, and to explore the potential health impact this change in process could provide.

Changing funding strategy alone is not sufficient. Other parts of the equation are equally critical: changing the norms and practices of public officials to embrace openness and equity; engaging the community as an authentic and integral partner in improving public health; assuring that political change and organizational restructuring, sure to happen over time, do not threaten the overall aims and processes of change. Communities are complex bodies governed by underlying paradigms and guiding principles—often unarticulated—that shape the actions of people across multiple systems and throughout decades. Supporting health and well-being in a group of people, even those united by place, is an active practice that must constantly undergo assessment, fine-tuning strategy to address issues of focus and process.

Still, the potential gains of introducing a place-based, collective impact strategy for funding are profound, and can foster the development and maintenance of other elements necessary for long-term change. Our screening process pointed out issues around organizational siloing, duplication of services, political favoritism, limited monitoring and evaluation, and other barriers to success that arise with the

current policy. This HIA has helped us to identify the elements of a more effective funding strategy, to clarify the necessary conditions for implementation, and to demonstrate the funding strategy's potential impact on health.

PARTNERS AND CONTRIBUTORS

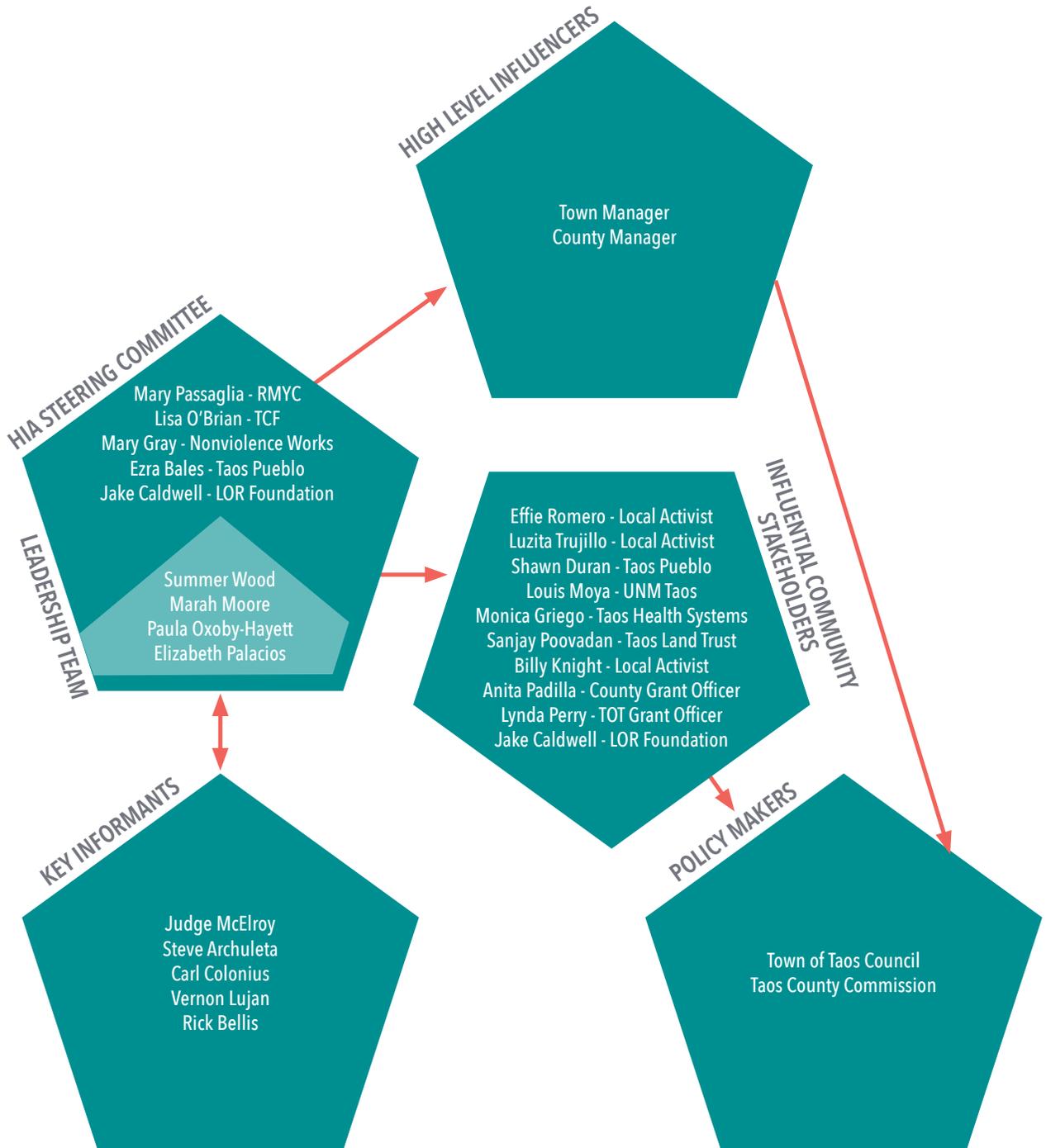
More partners in the Health Impact Assessment process draw from three overlapping circles: some work in the nonprofit sector, others in the foundation sector, still others are local leaders from the community-at-large working toward improved community health and social justice. Additionally, “community influencers” have been consulted and involved from the start—leaders in government, business and other fields who have expressed interest in addressing health disparities in Taos and have proven open to alternate ways to fund for change. *(Please see Figure 1.)*

The Steering Committee played an active advisory role, particularly throughout screening and scoping, while the Leadership Team conducted most of the day-to-day activities of the HIA. At various times in the process, a meeting of the Influential Community Stakeholders was convened to present the current status and seek input and feedback. The experience of the latter members in community initiatives has been instrumental in informing the analysis and recommendations. Additionally, community experts in each of the three case study topics contributed valuable information and advice.

A personnel change occurred midway through the project when health issues prevented the former HIA Coordinator from continuing in her position. Taos Community Foundation invited i2i Institute of Taos to join the project in a coordinating capacity. i2i participated in the scoping, research, and analysis elements, drafted this report, and developed auxiliary materials.

FIGURE 1:

HIA ENGAGEMENT PLAN



SCREENING

The screening process began with a gathering of concerned community stakeholders, most of whom had long experience working in the nonprofit sector in Taos. In this meeting and in subsequent discussions, most of them held at Taos Community Foundation, participants identified urgent community health needs and reflected on obstacles that slowed progress in addressing them. With adequate and sustainable funding, most felt, Taos could make real headway on the issues the group identified. The case for the health benefits of out-of-school time programming, recreational trails, and youth substance abuse prevention and intervention had been made numerous times. Lacking proper funding, however, little could be done.

In time, the group recognized that, rather than look at the effects of sustainable funding on a particular policy issue, it would be more useful to examine the funding structure currently in place and compare its health impact to that of a more strategic, more sustainable structure.

In this way, the focus of the Health Impact Assessment became clear. We didn't need an HIA to predict the health effects of individual actions; we needed an HIA to examine how funding is distributed in our community. This helped us to refine the proposal that we wished to address.



SCOPING

The purpose of scoping was to clarify and prioritize the issues we planned to focus on in the HIA, to lay out methods for analysis, and to establish a work plan with defined tasks and assigned responsibilities. The attention devoted to this planning stage needed to be as rigorous as the assessment that followed. Many HIAs address issues in the built environment, but our question was broader—and ran the risk of being more nebulous. Policy questions, especially when they go beyond specific initiatives to consider the nature of the enterprise itself, are notoriously difficult to answer. Too many variables can confuse the mix.

To counteract that challenge, the steering committee narrowed the scope of research to examine the potential effect of five elements of funding strategy on three case study items that are vital to our community's health. We

“We decided to focus on what a truly strategic funding process might look like, and to explore the potential health impact this change in process could provide.”

selected these five elements based on the necessary conditions for collective impact, and our scoping process provided a grid to guide the assessment process. For recreational trail construction, structured out-of-school time programs, and substance abuse prevention/intervention efforts, we asked the following questions.

1. GOALS

What effect would the presence or absence of a **common agenda** have on this topic?

2. MEASUREMENT

What effect would the presence or absence of **shared measurement** have on this topic?

3. COLLABORATION

What effect would the presence or absence of **mutually reinforcing activities** have on this topic?

4. COMMUNICATION

What effect would the presence or absence of **continuous communication** have on with this topic?

5. INFRASTRUCTURE

What effect would the presence or absence of **backbone support** have on this topic?

In this way, we hoped to be able to answer the broader question: **How would a change to a place-based, collective impact funding strategy impact the health of the Taos community?** We hypothesized that the change would result in improved community health with fewer health inequities, but we welcomed the rigor and structure of the HIA process as a way to test our assumptions and confirm, revise or reject our hypothesis.

ELEMENTS OF A FUNDING STRATEGY



GOALS



MEASUREMENT



COLLABORATION



COMMUNICATION



INFRASTRUCTURE

| TOWN OF TAOS LOCAL COMMUNITY SERVICES BLOCK GRANT (LCSBG) FUNDING POLICY: IMPACTS ON HEALTH | | | | |
|---|---|--|--|--|
| | ELEMENTS OF FUNDING STRATEGY | IMMEDIATE CHANGES: | INTERMEDIATE CHANGES: | HEALTH/SYSTEM OUTCOMES |
| CONVENTIONAL FUNDING FOR ISOLATED IMPACT | <p>A. GOALS: Restricted to project aims</p> <p>B. MEASUREMENT: Program-specific</p> <p>C. LEVEL OF COLLABORATION: Competitive process funds standalone activities</p> <p>D. COMMUNICATION: Defined by reporting obligations</p> <p>E. INFRASTRUCTURE: Grantee provides all</p> | <p>A. More programming for health & human services</p> <p>B. Performance measures tend to track service delivery</p> <p>C. Little or no collaboration with other organizations</p> <p>D. Funders and grantees have structured communication</p> <p>E. Service duplication; varying levels of competence</p> | <p>A. Programming ends when funding cycle ends</p> <p>B. Minimal post-program evaluation; data often lost</p> <p>C. Tendency to silo</p> <p>D. Learning seldom shared</p> <p>E. Systems don't interface</p> | <p>A. Outcomes specific to project and often limited to funding cycle; short-term, limited-reach results for self-selecting participants</p> |
| STRATEGIC FUNDING FOR COLLECTIVE IMPACT | <p>A. GOALS: Common agenda</p> <p>B. MEASUREMENT: Shared; comprehensive</p> <p>C. LEVEL OF COLLABORATION: Mutually reinforcing activities</p> <p>D. COMMUNICATION: Continuous</p> <p>E. INFRASTRUCTURE: Paid staff provide backbone support</p> | <p>A. More programming for health & human services</p> <p>B. Performance measures track service delivery & collective outcomes</p> <p>C. Organizations share ideas, resources, common goals</p> <p>D. Community engaged via transparent communication; funders, grantees, clients, community are equal partners</p> <p>E. Shared resources (training, grant-writing, data collection, etc) saves money, limits duplication, establishes standards; extends reach</p> | <p>A. Sustained agenda attracts funds from other sources for greater reach; more community buy-in</p> <p>B. Population indicators measure broader change</p> <p>C. Collaboration and networking maximize impact on wider scale</p> <p>D. Community a vital stakeholder in change; learning shared among organizations and across sectors</p> <p>E. Increase in core capacity of organizations; consistent standards; leveraged funding opportunities</p> | <p>A. Long-term, sustainable health improvement; community health goals respond to changing needs</p> <p>B. Improvement measured by common indicators; more accountability across multiple sectors</p> <p>C. Synergy among organizations & sectors fosters emergent benefits</p> <p>D. Community cohesiveness increases as comprehensive services are seen to address needs of diverse sectors</p> <p>E. "Culture of excellence" fosters professional development and higher achievement</p> |

RESEARCH: LITERATURE SEARCH

Once we had established our scope and methods, we conducted a literature search to familiarize ourselves with the framework of place-based, collective impact approaches to community health challenges. We also sought comparison data from projects conducted in other communities, recognizing that we could learn as much from other places' mistakes as from their successes. Although most projects that employ a collective impact framework for funding are more comprehensive and serve greater populations, we decided to focus on two Massachusetts projects that address similar health disparities: Shape Up Somerville (SUS), a health and nutrition project; and Franklin County Communities that Care (FCCTC), addressing youth substance abuse.



We considered both projects using the same lens we applied to our three Taos case study items. In addition, we paid close attention to the funding framework exercised by the United Way of Central Iowa, which used very broad goals and a results-based accountability plan to measure progress.

RESEARCH: LOCAL CONDITIONS

To answer these questions, it was necessary first to determine the existing conditions and related health determinants for each topic (recreational trail construction, structured out-of-school time programs, and substance abuse prevention/intervention efforts). We generated a set of key questions and used a variety of methods to gather information. We interviewed local informants, from policy makers and community leaders to those directly affected by the topics under consideration; reviewed relevant literature; and performed secondary analysis using multiple data sources. Whenever possible we sought the most recent data specific to Taos. This process alone—surveying the available information and recognizing gaps in data collection and existing analysis—was a sobering process that helped us begin to generate a “data wish list,” an inventory of helpful information not currently available.

In addition, in order to recognize relationships between health disparities and specific demographic patterns in Taos, we took a close look at a current snapshot of relevant demographic data. Our analysis allowed us to consider ways in which Taos's particular needs might influence specific details of a strategic funding framework and assure equity for all sectors of the population. These data are included in the findings specific to each case study.

“We interviewed local informants, from policy makers and community leaders to those directly affected by the topics under consideration.”

ANALYSIS AND REPORTING

After assembling the data, the HIA team developed an evaluative matrix designed to compare the two variant funding approaches (isolated impact and collective impact). The team examined evidence collected from multiple sources vis-a-vis each case study item, and assessed the anticipated health outcomes of each variant of the five funding elements. In some cases historical data guided this assessment; in others, the experience of other communities formed the basis for predictions. These predicted health outcomes are concisely displayed in Table 1 (page 34). The comparison table is annotated to indicate the data sources that support each individual prediction/assessment by case study, funding element, and strategy variant.

The next step in analysis required that we consider the various individual predictions/assessments to generate a more global prediction and recommendation for funding strategy applicable not just to these, but to all local community services. These draft recommendations were brought before a group of committed community stakeholders, who then shared their personal experience with each element. They are formalized in this report, which will be made widely available and will, as the steering committee meets again with community stakeholders, inform next steps in the advocacy process.

THESE NEXT STEPS INCLUDE:

- Adopting plausible, actionable recommendations specific to local conditions and responsive to stakeholder concerns;
- designing and distributing effective communication vehicles to share the HIA results and recommendations with decision-makers and community stakeholders; and
- developing and implementing a timeline and a monitoring and evaluation plan to guide next steps and to assess the results of any policy changes that occur.



LITERATURE SEARCH AND COMPARISON COMMUNITIES COLLECTIVE IMPACT AND A PLACE-BASED APPROACH

For years, funders for social change have taken a piecemeal approach to addressing intractable challenges. They've focused on individual grantees, single sectors, and isolated solutions, aiming for short-term, visible success that they hope will scale into long-term lasting change.

For some problems, that approach works. For others—particularly larger-scale issues, with deep roots and extensive reach—the frustration that arises with limited impact can lead to community despair. We've seen some of that in Taos, where long-standing health, economic, and educational inequities show little sign of budging and, in spite of dozens of nonprofit organizations dedicating to improving community well-being, lasting change is seldom seen.

The ideas of collective impact, while independently in general circulation for some time, have come most prominently into view via a 2011 article called "Collective Impact," authored by John Kania and Mark Kramer.⁴ By carefully examining numerous wide-scale collaborative efforts to address difficult social problems, Kania and Cramer recognized and codified a set of five conditions necessary for lasting change.

FIVE CONDITIONS FOR LASTING CHANGE

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Support



These conditions allow organizations, agencies and individuals to collaborate cross-sector in a structured and supported way. Through this effort, communities can focus on the overall issue and think about long-term process and gradual—and sustainable—impact.

The change is not easy. "Shifting from isolated impact to collective impact is not merely a matter of encouraging more collaboration or public-private partnerships," warn Kania and Kramer. "It requires a systemic approach to social impact that focuses on the relationships between organizations and the progress toward shared objectives. And it requires the creation of a new set of nonprofit management organizations that have the skills and resources to assemble and coordinate the specific elements necessary for collective action to succeed."⁵

SHAPE UP SOMERVILLE

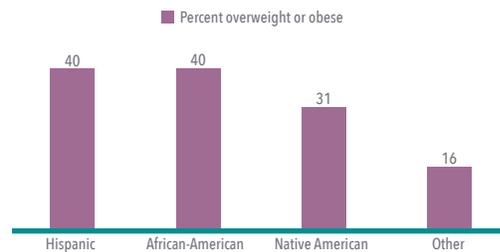
The benefits, when realized, can be profound. The community effort known as Shape Up Somerville (SUS) addressed the entrenched and worsening problem of youth obesity via a coordinated strategy that included increased daily physical activity, healthy eating, infrastructure improvements, and policy work. Working across sectors, multiple organizations and agencies came together over the course of a decade to improve overall health and reduce health inequities among youth in their community. Collectively, they saw measurable reductions in obesity rates and body mass index and increases in physical activity in the community. The broader health benefits of this engaged effort are likely to last well into the future. "Since obesity tracks from childhood into adulthood, small positive changes in children's weight status at the community level may translate to big cumulative impact over time on the social consequences of obesity and the incidence and seriousness of diabetes and chronic disease," the evaluation noted.⁶

We looked to the SUS project, in particular, because of the challenge of increased obesity, reduced physical activity, and related health consequences present in our own community. We know that childhood obesity can

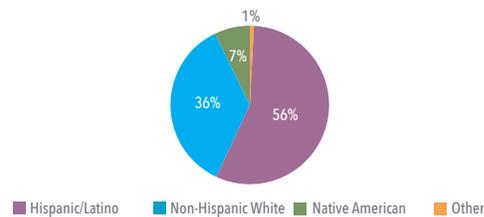
"We looked to the SUS project, in particular, because of the challenge of increased obesity, reduced physical activity, and related health consequences present in our own community."

lead to chronic illness like diabetes and heart disease,⁷ with resultant increases in health spending and reduced quality of life associated with this. Getting a handle on the various causes of weight gain and sedentary life patterns, though, is a complex task. SUS shows that, by structured collaboration and sustained funding, a community can make measurable headway against an entrenched social problem.

PERCENT CHILDREN OVERWEIGHT OR OBESE, BY RACE/ETHNICITY



PERCENT OF TAOS POPULATION, 2013



Nationwide, Hispanic and African American children have the highest rates of overweight and obesity – 40% respectively; with 31% of Native American children close behind, compared with white children at 16% and Asian children at 13%.⁸ Our Taos population, per 2013 census numbers, is 56.1% Hispanic or Latino, 36.1% non-Hispanic White, and 7.4% Native American.⁹ 27.1% of Taos County adolescents in grades 9 – 12 are obese or overweight, just barely under the state average of 27.6%, and only 28.3% report daily physical activity (compared to 31.3% at the state level).¹⁰

“SUS shows that, by structured collaboration and sustained funding, a community can make measurable headway against an entrenched social problem.”

As the accomplishments of the SUS program are well known, we were especially interested to learn from their process. “Key ingredients for early and sustained success include: funding support, political will, community participation and partnership, and leadership,” report the organizers.¹¹ SUS makes use of a dedicated city government infrastructure for backbone support, emphasizes data-driven decision making and the importance of shared measurement and rigorous evaluation (“continuously monitoring health outcomes and using robust evaluation designs”),¹² and engages all participants in structured collaboration, continuous communication, and a common agenda.

Perhaps most pertinent to Taos is the role of Somerville’s city government in funding and supporting the project and its initiatives. While numerous outside funding sources participate, contributing the lion’s share of the initial budget, it took the commitment of government money and political will to anchor the effort. A four person team (two full-time, two part-time dedicated positions) housed at Somerville’s city government serves as the backbone organization for the initiative. These positions were initially funded by Tufts University through a \$1.5 million CDC grant and the Robert Wood Johnson Foundation; currently, most backbone staff and activities are funded through the health department of the City of Somerville, via funding reapproved every year in the city’s annual budget.¹³

FRANKLIN COUNTY COMMUNITIES THAT CARE

A second successful Massachusetts program, Franklin County Communities that Care, addresses the complex issue of youth substance abuse. Like SUS, FCCTC takes a multi-pronged approach that braids various funding streams to finance coordinated cross-sector initiatives. By reducing risk factors and enhancing protective factors for youth, they’ve shown considerable success at improving health in their community. Youth alcohol and drug use has declined considerably as the whole community participates in creating norms, values, policies, and activities that support the well-being of young residents.¹⁴

“Taos has long faced serious challenges with respect to youth substance abuse.”

Taos youth (grades 9 – 12) report having their first drink before age 13 at a rate significantly higher than their peers in the state and nation; although this number was decreasing over the last decade, recent years have seen it begin to climb incrementally. Taos high school age students also report higher rates of current drinking and drug use than their state-wide peers in almost every surveyed category.

FCCTC takes a different approach to providing backbone support to the complex coalition. Rather than housing dedicated staff at the city government, two independent agencies—one a local nonprofit, the other a program of the regional council of governments—each dedicate staff time to support FCCTC. The organizations offer administrative help, convene meetings and workgroups,

“Taos high school age students also report higher rates of current drinking and drug use than their statewide peers in almost every surveyed category.”

facilitate the coordinating council and coalition meetings, mobilize community resources, and otherwise advocate for the initiative.

One broad common agenda guides the entire coalition. FCCTC’s aim is to “be a place where young people are able to reach their full potential and thrive with ongoing and coordinated support from schools, parents and the community.” It’s deceptively simple, and yet the positive message is unrelenting: regardless of the limited success or failure of individual programs, the community remains committed to the health of its young people.



That Franklin County be a place where young people are supported “to reach their full potential and thrive” is a much more ambitious agenda than one focused exclusively on reducing substance abuse. It redirects community energy; erases stigma; unites rather than divides people. When supported by shared measurement standards, active collaboration, continuous communication, and backbone services, all members of the coalition are able to contribute effectively to the common goal.¹⁵

OTHER COMMUNITIES & RESOURCES

United Way of Central Iowa has a similarly broad common agenda. They’ve adopted three essential goals in a single statement: “United Way envisions a community where all individuals and families achieve their potential through education, income stability and healthy lives.”¹⁶ As reported in a 2012 US Dept. of Education white paper, “UWCI selected three results to guide nearly all its investments and direct services work: 1) All youths are ready for college, work, and life; 2) All families are economically self-sufficient; and 3) All children and adults are healthy and avoid risky behaviors.” Shared measurement is directly tied to this agenda. “For each result,” the report continues, “UWCI gathered indicator data to establish a history and baseline for how well central Iowans fared.” Using a Results-Based Accountability framework, participating programs “enter their data into a common platform, report on their activities, set up projects, and show progress to UWCI, other partners, and the public. The dashboard allows UWCI leaders to determine whether their collective efforts are making a difference by looking at individual program performance, aggregating program performance, and mapping the outcomes against their population results.”¹⁷

The focus on clear results and development of shared data tools is a key element of a place-based theory of action, as well. There is considerable overlap between the precepts of a place-based approach and the necessary conditions for collective impact. The steering committee explored both theoretical frameworks before selecting collective impact as the most relevant to Town and County purposes, but a thorough understanding of both will aid policy makers and program visionaries as we move forward. Funders, in particular, will find useful perspectives from the Grantmakers for Effective Organizations; specifically from their publication *Evaluating for Community Change: A Framework for Grantmakers*,¹⁸ but also from their resource library in general.¹⁹

Additional resources for communities engaging in cross-sector approaches to social

are plentiful. One step-to-step toolkit to guide the process is available at intersector.com/toolkit. Other useful material can be found through the Bridgespan Group's Community Collaborative Life Stages model.²⁰

Although all community change projects are unique, research indicates that three fundamental initial conditions seem essential to success: the presence of "an *influential champion*, *adequate financial resources*, and a sense of *urgency for change*. Together, these preconditions create the opportunity and motivation necessary to bring people who have never before worked together into a collective impact initiative and hold them in place until the initiative's own momentum takes over."²¹ Assessing these essential components should be a vital next step as Taos considers adopting a collective impact approach.



Geraint Smith

TAOS CASE STUDY TOPICS

Guided by the questions and methods identified in the scoping process, we explored the three topics and report here on their community priority (evidence of community concern), health connection (determinants, conditions and indicators of community health), current status (what exists now), and funding history. The most concrete topic of the three is recreational trail construction. We've described this in the greatest detail to best illuminate the differences between current and proposed funding frameworks. Time and resources demand a less comprehensive description for the other two topics, but the findings reveal similarities in the effect of funding framework—and some significant differences.

RECREATIONAL TRAILS

The theory of change associated with this topic involves fewer variables and can be more directly described.

COMMUNITY PRIORITY

The Taos community has consistently expressed support for the construction of new walking trails and bicycle paths. The Town's Vision 2020 Master Plan²² identified new trail construction as a community priority, and repeatedly affirmed a commitment to the development of a linked system of trails. Policy followed suit, with the approval by Taos Planning and Zoning

"Recreational trails provide transportation alternatives and recreational opportunities, which lead to greater safety and physical fitness, which lead to decreased premature mortality and chronic disease..."

of a 2002 "Taos Trails" resolution a 2009 "Bicycle Master Plan." Strong grassroots support for trail construction is evident in the ongoing activities of volunteer organizations, from the Taos Trails Alliance in former years to the Taos Cycle Club to the current Del Norte Coalition and other advocacy efforts.

HEALTH CONNECTIONS

Trails provide multiple benefits. If they parallel roads and connect residents to vital services or destinations, trails offer an important **transportation alternative, increasing road safety** by protecting cyclists and pedestrians from vehicular traffic and **increasing access to social and cultural activities** for those Taos residents (especially youth) who don't drive and are not served by Taos's limited mass transit system. Equally valuable are the recreational opportunities trails provide, **encouraging exercise** and promoting a healthy lifestyle. In addition, the presence of pedestrian corridors, hiking trails, and bike-friendly streets results in **increased community "liveability,"** an index that can promote responsible economic development as well as enhanced experience of place for current residents.



If I don't feel safe,
I won't choose to bike.

The data demonstrate the need. Regarding safety, pedestrians and cyclists are two of the most vulnerable types of road users. Collisions with motor vehicles yield a disproportionate number of fatalities, and injuries sustained tend to be more severe. Nationwide in 2010, pedestrians and bicyclists accounted for 14% of motor vehicle collision fatalities.²³

Trails can provide a safer built environment for users to separate them from traffic. Evidence confirms what common sense predicts: off-road paths present a significantly reduced risk of injury in comparison to roadways. But perceived safety also contributes to the role that trails play in a community. Studies reflect a higher perception of safety for bicyclists and walkers who travel on paths than on roads, with those walking and biking in areas without bike paths or trails twice as likely to feel endangered compared to those using bike paths or trails.²⁴

If residents feel safe walking and bicycling, they're more apt to engage in these activities—and to experience the multiple health benefits they provide. Taos obesity levels, particularly among youth, reflect a lower-than-recommended level of physical activity.²⁵ Studies done elsewhere have shown that increased density of recreational facilities and parks is associated with higher physical activity levels and lower Body Mass Indices (BMIs) for adults, and that, in communities that are considered highly walkable, individuals walk an average of 15 to 30 minutes more per week than those who live in neighborhoods with low walkability.²⁶ Convenience has a lot to do with it; trails that are close to residential areas are more heavily used than trails that must be accessed by car.

The increases in physical activity recreational trails encourage can make inroads on chronic diseases such as diabetes, hypertension, and depression, and address health risks like obesity.

According to the Centers for Disease Control (CDC), regular physical activity is one of the most important things to do to improve health, especially in area of weight control, reduced risk of cardiovascular disease and reduced risk of Type 2 diabetes.

Getting at least 150 minutes per week of moderate aerobic activity reduces the risk for heart disease as well as lowering blood pressure, improving cholesterol levels and controlling glucose levels.²⁷

In Taos County, a recent age-adjusted analysis of NM-IBIS data by New Mexico Department of Health (NM DOH), reveals the percentage of overweight and obese adults at a rate of 20.2%,²⁸ while the proportion receiving regular physical activity is slightly more than half.²⁹ Physical inactivity and prevalence of obesity in children and adolescents is also of great concern. 28.3% of Taos County adolescents report being physically active, less than the New Mexico rate of 31.1%.³⁰ The national average of overweight/obese school-age youth is 21%;³¹ in the 2013 Youth Risk and Resiliency Survey (YRRS), the prevalence of overweight/obese youth in the Taos school district reached a high of 27.1%.³²



1 IN 5 TAOS COUNTY ADULTS ARE OVERWEIGHT OR OBESE



1 IN 4 TAOS COUNTY YOUTH ARE OVERWEIGHT OR OBESE

Less immediately obvious is the equity issue and its resultant impact on health disparities. When residents lack access to other forms of transportation, they are unable to participate fully in social, cultural, and educational activities. **This equity issue is especially relevant when prioritizing potential trail location and access points to the trail.** Identifying which populations would be best served by the addition of safe recreational trails, and coordinating efficient linkages between residential areas, schools, cultural and commercial districts and other destinations, are important steps in the planning process. Student participation in enrichment activities often depends on reliable transportation, and enhancing the opportunity for young people to travel safely under their own power is both empowering and health-inducing.

NORMS AND VALUES

The physical presence of trails alone, however, is only part of the equation. To achieve the desired outcomes, the community must participate in changing norms and values around the use of these facilities.

The League of American Bicyclists has identified five “E’s” that contribute to the success of bike lanes and, by extension, recreational trails: engineering, education, encouragement, enforcement, and evaluation and planning.³³

Achieving these requires the participation of multiple agencies, sectors and organizations. Some policies are already in place; Matt Foster, former Long Range Planner for the Town of Taos, mentioned state mandates for the safe accommodation of cyclists when any road improvements are implemented.³⁴ Public safety officials, too,

must be on board, as a coordinated effort to improve bicycle and pedestrian safety will include a shift in norms among drivers as well as instituting infrastructural changes. Schools, sports advocacy groups, and parent organizations must be engaged to educate young people on safe bicycling practices and to encourage them—and model how—to integrate fun and regular physical exercise into their daily routines.

CURRENT STATUS

New Mexico ranks in the bottom fifth of U.S. states with respect to “bike friendliness,” with only three towns—Taos not among them—receiving a passing grade from the League of American Bicyclists.³⁵ According to a recent map, the Town of Taos currently has 3.82 miles of existing bike lanes on public routes (see figure 2). An additional 2.25 miles of paved off-road paths are presently in use in the Weimer area, with the 1.55 mile-long Weimer-Maestas Trail—linking medical facilities, schools, subsidized senior housing and an affordable housing complex—connecting to the .75-mile Dos Arroyos Trail. The Outward Link Trail initiates at the Taos Youth and Family Center and connects to Carson National Forest and Bureau of Land Management properties located towards the east foothills above Taos. The latter is part of a larger multi-use trail system on the south end of town that encompasses nearly 10 miles of recreational trails.

Rocky Mountain Youth Corps constructed the Weimer-Maestas Trail (2004) and the Dos Arroyos Trail (2006) with funding provided by the New Mexico Recreational Trails Program (RTP) of the NM-Energy, Minerals, and Natural Resources Department (NM-EMNRD). The 2010 – 2014 State Comprehensive Outdoor Recreation Plan (SCORP), released in 2009 by the NM-EMNRD, identified the “Development of a Statewide Trail Network that Facilitates Recreation,

Transportation, and Health Lifestyles” as Priority 4 of four actionable priorities.³⁶

Regrettably, funding that has been committed to the effort is not reliably allocated. The SCORP frankly reports that “connecting children to nature and addressing the obesity epidemic are critical issues facing New Mexicans,” and that a “connected trail system was the number one mentioned amenity to expand and improve,” but acknowledges that the NM RTP program is drastically underfunded. The Land and Water Conservation Fund (LWCF), the means by which federal funds are made available for outdoor recreation, has been fully funded only twice in its 44-year history. The LWCF Coalition reports that, “meanwhile, demand for these funds to protect our nation’s most treasured natural, cultural, and recreation areas has skyrocketed. In the face of often intense development pressures, an ever-increasing number of key resource properties will be lost if they are not purchased and conserved by the public. Today, LWCF can meet only a small fraction of that urgent need. And each year, more and more of America’s irreplaceable wild lands, fish and wildlife habitats, scenic areas, historic sites, and neighborhood parks are developed, fragmented, and otherwise sacrificed because there is simply not enough LWCF money to go around.”³⁷

Not only is funding in short supply, but Matt Foster describes the lack of political will to execute this element of the town’s master plan. “There’s been a healthy dose of planning,” Foster says,³⁸ pointing to extensive collaboration between governmental agencies, local nonprofits, bicycle shops, volunteer-run advocacy groups, and others. The landscape for the latter has changed over the years, as the Taos Trails Alliance evolved into the Del Norte Coalition, the Taos Cycle Club disbanded and Team Spin Taos arose, and new collaborations have developed to

promote recreational trail construction and to heighten local awareness of bicycle safety, the health rewards of walking and cycling, and the enhanced livability of communities with thoughtfully-planned networks of pedestrian and bicycle trails. Collaborative efforts continue, but without sustained funding and collective political will, trail projects fail to come to fruition.

Not all funding streams have focused on trail construction. The Safe Routes to School initiative was funded by a federal program and focused on encouraging children to walk and bicycle to and from school. Other local, small-scale programs have focused on bicycle inspections, bike safety instruction, and similar topics.

Still, the most prominent project on the horizon—and the one identified as highest priority by local stakeholders—is the construction of the potential Del Norte Trail to parallel Hwy 150 from Arroyo Seco to the intersection with Hwy 522, a distance of 4.6 miles. The trail is engineered to be separate from vehicular traffic and to provide a safe path for pedestrians and bicyclists. Advocates have pursued various funding streams, including a potential 15% set-aside from the Taos County Community Development Block Grant, to move this project forward, but so far no firm commitment has been achieved. A report commissioned by RMYC in 2013 estimated design, engineering and construction costs at \$727,000.³⁹

The level of collaboration regarding this topic is high, with community members engaging from multiple sectors and agencies, including nonprofit groups, the Taos Pueblo War Chief, local businesses, and the Taos County Manager. Still, the primary emotion expressed by residents involved in these efforts is frustration. Many blame local politics for what they see as a reluctance to “walk the talk,”

in spite of a firm plan and adopted resolutions favoring recreational trails, parks, and trail linkages. “Funding is for sure a barrier,” Matt Foster remarked, pointing to a few disparate sources that have contributed to small projects. “Funding would help things go a long way toward getting trails on the ground.”⁴⁰ In the absence of a significant local commitment to planning, constructing, and maintaining trails, and the necessary corollaries in education, encouragement, enforcement, and evaluation, though, the considerable energy and effort devoted proceeds piecemeal and with limited effectiveness.

SUBSTANCE ABUSE PREVENTION & INTERVENTION PROGRAMMING

COMMUNITY PRIORITY

Nationwide, substance abuse by people of all ages has reached extreme proportions. The situation in Taos is no exception. While millions of dollars have been spent here on prevention and intervention programming, Taos youth continue to record higher rates of drug and alcohol use than their nation- and state-wide peers with respect to nearly every substance and behavior. Binge-drinking rates, drinking before age 11, prescription drug usage, and drug and alcohol availability for youth in Taos all exceed state averages. Although numbers have trended downward in recent years, some experts suggest the data may simply reflect a change in usage habits not adequately captured by the survey questions. A local health care professional put it bluntly: “We don’t have a problem, we have an epidemic—and we’re turning a blind eye to it.”⁴¹

Addressing substance abuse and mental health issues was identified by local expert advisors as the second-most pressing public health issue for the area in Holy Cross Hospital’s 2013 Community Health Needs Assessment.⁴² Stakeholders engaged early in the HIA confirmed the negative impact substance abuse has on the health of Taos youth, and identified it as a persistent and intractable problem. The complex problem is exacerbated by a perceived acceptance of alcohol and drug use among much of the community.

HEALTH CONNECTIONS

The negative health, academic, and social implications of youth substance abuse are myriad, ranging from accident-related injury or death, to school absenteeism and drop outs, to teenage pregnancy. Taos County currently sees twice the state average of alcohol-related deaths; the county high school graduation rate is 71%, 10% lower than the national rate; and the teen birth rate in Taos County is more than twice the national goal.⁴³

The indirect impacts of substance abuse on a community are equally wide-ranging, from increase in violent crime to death by drunk driving accidents. The current rate of motor vehicle accidents in Taos is three times the national goal.⁴⁴ The third and fourth most-common causes of death in Taos County are by accident and suicide, respectively, both which can be strongly correlated to substance abuse.

NORMS AND VALUES

Underage drinking and drug abuse has been a generational concern in Taos County and indeed the state, as New Mexico’s alcohol-related death rate has ranked first, second, or third in the nation for the past 30 years.⁴⁵ The community’s tendency is to keep the magnitude of substance abuse hidden and undiscussed, due to a longtime culture of acceptance.



"We don't have a problem, we have an epidemic-and we're turning a blind eye to it."⁴¹

24% of students who currently drink report that it is “very easy” or “sort of easy” to obtain alcohol.⁴⁶

Additionally, teens have reported ready access to prescriptions from home medicine cabinets, and report that they believe prescription drugs are much safer than street drugs.⁴⁷

A 2013 Community Assessment conducted by Taos Alive reports that students see substance abuse as an inevitable part of life. “People in Taos County, although often suffering significant tragedies from the effects of substance abuse, are somehow accustomed to this situation. When young adults were asked to describe what Taos County would be like if there were no substance abuse, the discussion quickly veered off topic. They seemed unable to imagine life where substance abuse was not a prevalent condition. The younger group joked and talked about becoming like the Amish, with mustang horses instead of Mustang cars. They then spoke about human tendencies that would always be present that would make current problems persist even in the absence of substance abuse.” The report went on to identify boredom, limited economic opportunity, a feeling of helplessness and

hopelessness, and the rampant availability of alcohol and controlled substances as factors contributing to the persistence of substance abuse in the community.

CURRENT STATUS

Excessive drinking in Taos County is at the New Mexico average, but more than double the national goal. Heavy alcohol consumption is above both the NM and the national average, and the alcohol-related death rate in Taos County is 64.5 (per 100,000) in the northwest part of the county, and 69.8 in the area around downtown Taos and the High Road. (NMCDC).⁴⁸ Taos County’s drug overdose rate is more than twice the US rate; across the northern New Mexico region, opioid sales have more than quadrupled over the past ten years.⁴⁹

The high rates of substance abuse in Taos County are inclusive of our youth population. 30.5% of Taos youth report having their first drink before age 13, compared to 22.3% at the state level and representing a slight increase from the previous two years. 37.4% of Taos high schoolers report that they are current drinkers, compared to 28.9% statewide; Taos high school students also report higher percentages than the state in use of every drug except cocaine, most notably marijuana (see chart below).⁵⁰

| CURRENT DRUG USE (GRADES 9 – 12) | % TAOS COUNTY | % NEW MEXICO |
|----------------------------------|---------------|--------------|
| Marijuana | 36.9 | 27.8 |
| Synthetic Marijuana | 9.8 | 8.6 |
| Painkillers to get high | 9.0 | 8.5 |
| Inhalants | 6.7 | 5.5 |
| Cocaine | 4.7 | 5.3 |
| Ecstasy | 5.9 | 4.7 |
| Methamphetamine | 3.9 | 3.7 |
| Heroin | 3.9 | 2.9 |

| CAUSE OF DEATH | | | Rank among all counties in NM (#1 rank = worst in State) | Rate of Death per 100,000 age adjusted | | Observations |
|----------------|------------------|---------------|---|--|-------------|----------------------|
| NM Rank | Taos County Rank | Condition | | NM | Taos County | |
| n/a | 1 | Cancer | 25 of 32 | 150.0 | 154.0 | Lower than expected |
| 1 | 2 | Heart Disease | 32 of 32 | 149.5 | 121.4 | Lower than expected |
| n/a | 3 | Accidents | 13 of 32 | 63.7 | 78.2 | Higher than expected |
| 8 | 4 | Suicide | 3 of 32 | 18.5 | 34.9 | Higher than expected |

The 2013 YRRS surveys do reveal encouraging evidence that regular alcohol use and cigarette use among youth are declining. Unfortunately, in recent years in Taos County, we have seen a trend of prescription drug deaths surpassing illicit drug deaths; users report that prescription drugs are easier to obtain and to hide than other illegal substances. Naturally, this means that prescription drug abuse by adolescents has been increasing as an area of concern. Additionally, local providers cite the abrupt rise in “vaping” as a major concern.⁵¹

There is currently no dedicated adolescent treatment facility in Taos. Further, the primary mental and substance abuse treatment services center serving the entire population, Tri-County Community Services (TCCS), is facing an uncertain future after a tumultuous several years financially. TCCS serves more than 1,500 Taos residents; its absence would leave an enormous gap in substance abuse service provision for the region.

There have been some positive substance-abuse-related strides made recently in the community, including a very successful Department of Health-led Naloxone Pilot Project started in 2013. The project provides widespread access to

Naloxone, a life-saving drug that reverses opioid overdose. Provider sites have included Taos Medical Group, Family Practice, Tri-County Community Services, El Centro Family Health Center, and Holy Cross Hospital, an excellent example of a collaborative public health effort which has made a real impact.⁵²

FUNDING HISTORY

Efforts to address substance abuse in Taos County have come and gone over the years, but inconsistent and poorly-targeted funding has resulted in program turnover, siloing, and lack of communication across sectors. Funding has traditionally focused on specific and limited goals, rather than a broader and more comprehensive approach such as the one used by FCCTC.

The largest and most-consistent funding stream to address youth substance abuse has been via the Drug Free Communities grant, a five-year SAMHSA program with the opportunity to secure a second five-year cycle coming up in September 2015. This funding created Taos Alive, the local coalition whose goal is “to reduce substance abuse among Taos County youth through environmental strategies and coalition work.”⁵³

The coalition has made great strides towards effecting change through collaborative action; continued diversification of funding sources to ensure that the coalition's work can continue beyond the SAMHSA grant is critical for sustainability.

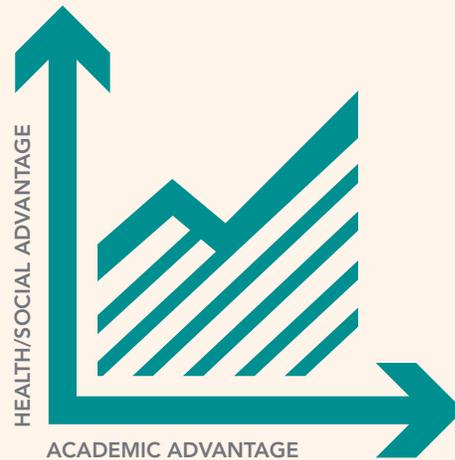
OUT-OF-SCHOOL TIME NETWORKS AND PROGRAMMING

COMMUNITY PRIORITY

In spite of numerous efforts to establish a network of parents, providers, and other advocates to address the issue, Taos still lags behind other communities in developing sustainable, age-appropriate out-of-school time structured programming for children. Stakeholders feel many local issues are exacerbated by this lack, and have pointed to the irregular funding patterns for afterschool programs as a chief example of the way that funding policy contributes to health disparities in our community. In the screening process for this HIA, stakeholders identified the persistent need for out-of-school time programming for all Taos youth—not just those whose parents can pay for it—as the initial focus of this examination of local funding strategies.

HEALTH CONNECTIONS

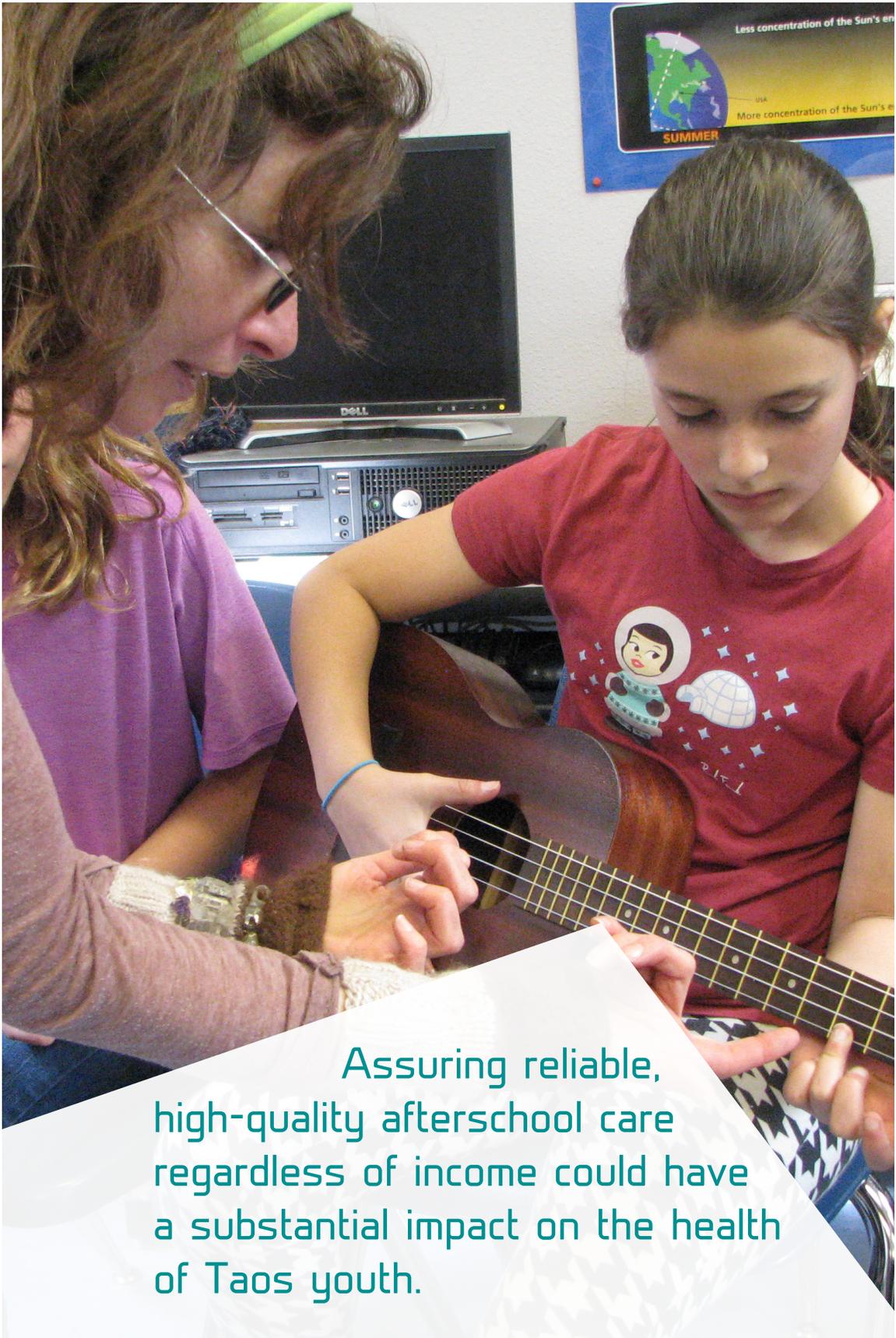
Numerous studies have outlined the academic advantages of attending quality afterschool programming.⁵⁴ Students in various studies have shown improved test scores, better school attendance rates, higher academic aspirations, and a greater tendency to graduate from high school after participating in high quality afterschool programs than peers who did not have similar out-of-school time experiences. Higher academic achievement correlates positively with economic benefits and improved health outcomes.



But out-of-school time structured programming provides much more than academic advantage. Appropriate supervision ensures that safety is a primary benefit. Programs can do much to combat food insecurity and can enhance access to health care and other social services for vulnerable families. Participation can affect student behavior, as well: students in the Promising Afterschool Program Study reported reduced rates of alcohol and drug usage.⁵⁵ In Los Angeles, a study of the BEST program showed that participating students are 30% less likely to engage in criminal activities than their peers.⁵⁶ And positive effects extend far beyond the students themselves, too, as dependable out-of-school time programming can free up parents and caregivers to work or attend school themselves.

NORMS AND VALUES

Parents are vocal about their desire for affordable, dependable, high-quality out-of-school time structured programming for their children. The Afterschool Alliance reported in May 2014 that, of the 113,188 New Mexico students who would participate in afterschool programming were it available to them (40% of the eligible demographic), only 57,138 students,



Assuring reliable, high-quality afterschool care regardless of income could have a substantial impact on the health of Taos youth.

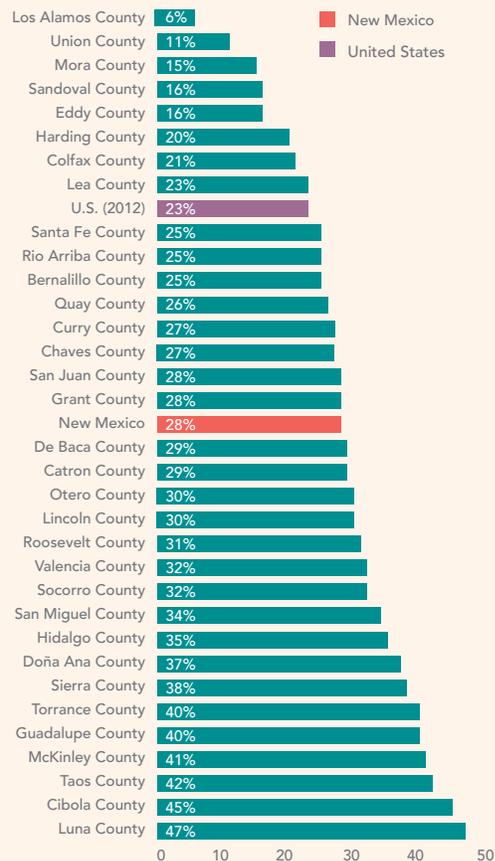
or 17% of those eligible, are currently served. That agency reports that 93% of parents surveyed agree there should be “some type of organized activity or place for children and teens to go after school every day that provides opportunities to learn,” and 91% support public funding to make this possible.⁵⁷

For many parents, though, enrolling their children in available programs is not feasible. Lack of transportation is a major barrier. Often programs do not synch with the school calendar, and parents are left without reliable care when they most need it. Many programs offer enrichment programs that meet for an hour or two a week, and some require tuition or fees that exceed parents’ ability to pay. For programs to be effective, they must address the issue in context, serving not just the students’ needs but responding to the family situation as well.⁵⁸

CURRENT FUNDING PATTERNS

As recently as January 2013, a report commissioned by Taos Community Foundation on behalf of Afterschool Connections, a local advocacy group, found 18 out-of-school time programs operating regularly in the County. These divided into “afterschool or day care” programs, focused on structured supervision and a facilitated transition from school to afterschool, and “enhancement” programs, with a specific activity focus, less frequent meetings, and few or no transportation options. Only six programs operate in the area in the former category. These tend to be open five days a week. Two of these programs serve between 10 and 50 students; the remaining four serve between 50 and 350 students each school year.⁵⁹ In addition to these programs, 340 students at Taos Middle School and 506 students at Taos High School participated in structured afterschool sports activities.

CHILDREN LIVING IN POVERTY* BY COUNTY (2008-2012)



No reliable figures are available regarding the actual number or percentage of students who do not regularly engage in afterschool programs, but anecdotal evidence suggests that, were accessible programming available, many more families would participate. The benefits of this could be profound. New Mexico’s 2014 ranking from Kids Count (the annual Annie E. Casey Foundation report) puts the state at 49th in the nation with respect to each of the four main categories of child well-being: economics, education, health, and family & community.⁶⁰

Assuring reliable, high-quality afterschool care regardless of income could have a substantial impact on the health of Taos youth.

ANALYSIS

Once we had gathered enough data to inform our analysis, we applied the lens of our five research concerns (**goals, measurement, collaboration, communication, and infrastructure**) from our Scope to each of the three case study items, recreational trail construction, structured out-of-school time programs, and substance abuse prevention/intervention efforts. What impact, we asked, would each of the two variant funding patterns – isolated impact and collective impact – likely yield?

Our analysis (see Table 1) showed that, in most cases, we could answer that question for the “isolated impact” funding pattern by describing the current situation. In one case, a “collective impact” approach to collaboration is in current use: the Drug Free Communities grant for substance abuse prevention explicitly supports thoughtful collaboration. We were able to examine the actual effects of this policy, and to compare these to the results of earlier grants in the topic area that did not include collaboration.

Using the analysis provided in the chart, we were able to generate draft recommendations from the evidence.



SUMMARY OF ANALYSIS

Compiling data from key informant interviews, network analyses conducted in former years, local community health needs assessments, publicly available information regarding funded projects, local media reports, and other sources, we analyzed conditions for the three topics around goals, measurement, collaboration, communication, and infrastructure.

1. GOALS

What effect would the presence or absence of a **common agenda** have on this topic?

2. MEASUREMENT

What effect would the presence or absence of **shared measurement** have on this topic?

3. COLLABORATION

What effect would the presence or absence of **mutually reinforcing activities** have on this topic?

4. COMMUNICATION

What effect would the presence or absence of **continuous communication** have on with this topic?

5. INFRASTRUCTURE

What effect would the presence or absence of **backbone support** have on this topic?

The table that follows describes our assessment of both types of funding programs for each case study budget item. Summarizing trends across topics, the data support the following conclusions.

“Regardless of the limited success or failure of individual programs, the community remains committed to the health of its young people.”





Table 1. EFFECTS OF ISOLATED IMPACT VS. COLLECTIVE IMPACT FUNDING PATTERNS

| | | RECREATIONAL TRAILS | SUBSTANCE ABUSE PREVENTION & INTERVENTION | OUT-OF-SCHOOL TIME NETWORKS & PROGRAMMING |
|----------|----------------------------|--|---|--|
| | | GOALS - What effect would the presence or absence of a common agenda have on this topic? | | |
| CURRENT | CONDITION | Local governments have been explicit in their support of linked recreational trails and open space as a common good. Still, each trail project is treated as a separate, standalone construction project. The goal is to build the trail; the rationale (safety; recreational opportunities) supports the funding application, but is assumed complete when the trail is built. (1,2) | Funding has primarily focused on specific and limited goals (e.g., reducing smoking among identified populations; decreasing youth access to controlled substances) through designated programming. Although generally informed by adequate research, the aims have not always matched the (often changing) local conditions, and inflexible requirements have inhibited locally appropriate solutions. (11) | Each program operates independently and has a unique aim. Enrichment programs tend to be skills-focused (e.g., art, music, and sports programs aim to increase students' knowledge and improve their performance levels), while childcare programs offer age-appropriate activities under adult supervision so parents may work. The community benefits of access to structured out-of-school time programming for all children are not explicitly addressed. (21) |
| | RESTRICTED TO PROJECT AIMS | | | |
| PROPOSED | CONDITION | Each project is considered with respect to its ability to fit a common agenda. "All young people are healthy and prepared for success in school and life" (e.g.) requires that rec trails be recognized as part of a comprehensive plan to increase health for all youth through increased exercise and risk reduction. Building the trail is only one part of the project; assuring that each element of its design support its primary function, and integrating its subsequent use into the life of the community, is equally necessary. (2a) | The complexity and long-term intractability of this problem lends itself to a more comprehensive aim. The success of Franklin County Communities that Care reflects the advantage of having a positive common agenda—"young people are able to reach their full potential and thrive"—that can guide specific actions and still respond to evolving conditions. The current Drug Free Communities grant to the Taos HCH-led Coalition takes a step in that direction, aiming to "reduce substance use among youth ... by addressing the factors in a community that increase the risk of substance abuse and promoting the factors that minimize the risk of substance abuse." (12) | Adopting a common agenda (e.g., "All young people are healthy and prepared for success in school and life") informs mid-range goals (student academic achievement rises; children are safer) which define short-range goals (increase in safe, structured, supervised afterschool time). This more inclusive agenda implicitly recognizes differences in parents' ability to pay, and acknowledges the community benefit yielded when young people are appropriately engaged in activities that enhance their quality of life. Conversely, it implies a community responsibility to share in the work (and cost) of comprehensive child care. (22) |
| | COMMON AGENDA | | | |



| | | RECREATIONAL TRAILS & INTERVENTION | SUBSTANCE ABUSE PREVENTION PROGRAMMING | OUT-OF-SCHOOL TIME NETWORKS & |
|--|------------------------------|---|--|--|
| MEASUREMENT - What effect would the presence or absence of shared measurement have on this topic? | | | | |
| CURRENT | CONDITION | Performance measures record the completion status of the trail construction. Project outcome measures, including type and degree of usage, are not generally available. | Single-goal prevention programs in Taos tend to focus exclusively on behavioral indicators tied directly to the goal, but anecdotal evidence may contradict quantitative data. Intervention efforts measure attendance, dosage and reach in programming, but rarely have the resources to consider mid- or long-term health effects. Data from SA crisis intervention is haphazard and difficult to obtain. (13) | Each program tracks its own service delivery and, to varying degrees, its outcomes. This data is often incomplete and (even for federally-funded programs) seldom available to the public. Records from past programs and years are not usually archived. Furthermore, only those students who participate in programs are tracked. The experience of other children goes unrecorded. (23) |
| | PROGRAM SPECIFIC | | | |
| PROPOSED | CONDITION | Shared measurement culminates in the most comprehensive health measures (youth BMI, activity levels, chronic illness), while smaller-scale indicators measure the degree to which the project supports the common agenda. Equity (are all youth represented in the project benefits?), usage (how many youth walk/bike on the trail, how often, and for what purpose?), and trail condition (both physical and environmental aspects) are monitored at appropriate intervals. These results inform planning for new projects and invite reflection (and action) on what could better enhance users' experience of the trail—and, thus, support the larger agenda. (3) | Changing so entrenched a problem involves changing community norms and values as well as youths' specific behaviors, so a comprehensive measurement system should include attitudinal as well as behavioral metrics. The problem merits a multi-pronged approach, with some programs addressing root causes of substance abuse and others offering diverse prevention efforts and, for those in need, appropriate intervention. Gathering and sharing a comprehensive set of measures, analyzing change over time, and actively increasing public awareness of the scope and shape of the situation are all essential elements to address the ultimate question: In what ways do factors that support young people to "reach their full potential and thrive" co-occur with reduced risk of substance abuse ... and how well do we support those? (14) | Tracking comprehensive measures of student health and preparedness over time will allow a broader picture of community progress toward the common agenda, and using shared metrics at the program level can indicate the effect of participation in structured out-of-school time programming on that progress. Additional measures can address the effect of such programming on family economic stability and community safety and liveability. The challenge of having multiple programs with slightly- to greatly-different primary goals almost requires an overarching system of measurement to establish the efficacy of this investment at the community level. (24) |
| | SHARED, COMPREHENSIVE | | | |



| | | RECREATIONAL TRAILS & INTERVENTION | SUBSTANCE ABUSE PREVENTION PROGRAMMING | OUT-OF-SCHOOL TIME NETWORKS & |
|-----------------|--|---|--|--|
| | | COLLABORATION - What effect would the presence or absence of mutually reinforcing activities have on this topic? | | |
| CURRENT | CONDITION | | | |
| | STANDALONE ACTIVITIES | Extensive collaboration is evident in the planning stages, but a single agency is funded and responsible for constructing the trail. This system appears to work well to accomplish the standalone goal. Integrating the trail into public life happens informally, however, and the additional factors essential to successful rec trail use—encouragement, education, enforcement, evaluation—have not been comprehensive and may not be inclusive. Competitive funding structures (passively) discourage shared responsibility, decreasing the incentive to tackle more complex challenges. (4, 5) | Community providers point to extensive siloing in the care of clients already presenting with substance abuse and/or mental health issues. They call for more care-conferencing and coordination of medical services, and social service agencies recognize the need for auxiliary services to aid clients struggling with addictions. In prevention efforts, prior to the DFC grant, most agencies worked independently on their specific project goals. Shared training is more prevalent in this topic area than in others but is more the exception than the rule. (15) | Enrichment programs often require specialized equipment and highly-trained staff, and reaching their specific goals may require little more than they are prepared to offer. For supervisory programs, though, location, activities, and staff training needs may be less intensive—but little evidence exists of collaboration, sharing resources, or distributing responsibility for various tasks. One of the simplest matches, that of physical space with activity providers, often could not be negotiated. Similarly, many families face significant barriers (transportation, scheduling, etc) to participating in what programs do exist, and coordination between resource bases that could effectively mitigate much of that difficulty has not been incentivized. (25) |
| PROPOSED | CONDITION | | | |
| | MUTUALLY REINFORCING ACTIVITIES | Collaborative planning ensures community buy-in with respect to siting and need, but ongoing collaboration, with independent groups responsible for the various elements that contribute to successful trail usage, will increase the health impact of the investment. When their activities are coordinated, schools, youth sports organizations, bicycle advocacy groups, parent groups, public safety agencies, health nonprofits and other interested parties can greatly increase safe trail use and more swiftly reach the maximal health benefit. (6) | The Taos Alive Coalition, funded by a Drug Free Communities grant from US HHS, gathers participants from multiple sectors, agencies, and organizations engaged in addressing substance abuse issues. The group meets regularly to share information, set strategy, review new developments, and join forces in the effort to reduce substance abuse among youth (and others). Each member works independently in his/her own realm (e.g., law enforcement, medical services, media, education) but the efforts are amplified and better-targeted by input from the group. In effect since 2012, this group can point to meaningful change as a result of their efforts. (16) | Providers report multiple examples of situations where appropriate collaboration could, with little effort or expense, have significant positive impact in this field—but without a mechanism to facilitate this, the opportunity was lost. Because of the size of the need, the complexity of implementing diverse programs at multiple locations with various age groups, and the obligation to intersect with complex regulatory conditions, a coordinated approach seems essential to achieving maximal health impact, equity and community benefit. (26) |



| | | RECREATIONAL TRAILS & INTERVENTION | SUBSTANCE ABUSE PREVENTION PROGRAMMING | OUT-OF-SCHOOL TIME NETWORKS & |
|----------|----------------------------------|---|--|---|
| | | COMMUNICATION - What effect would the presence or absence of continuous communication have on with this topic? | | |
| CURRENT | CONDITION | For the Weimer-Maestas Trail and the Dos Arroyos Trail, the funded organization (RMYC) reported to the funder (NMEMNR) per obligation. Additional communication with the public, etc., occurred at the discretion of the grantee. Subsequent use of the constructed trails is not reported and public awareness is limited to the neighborhood. (7) | Communication between the various entities addressing SA has historically been haphazard and often fraught in Taos. Inconsistent and poorly-targeted funding has resulted in frequent program turnover, turf disputes and siloing, which discourage communication. Until recently, the group lacked a formal network. Communication with the public has been largely media-driven. (17) | Communication between programs and the parents of participating children is an essential part of this work. For fee-based programs, that communication essentially constitutes reporting obligations between program and funder. For publicly-funded programs, regular reports and occasional structured conferencing characterize the communication. The community is infrequently consulted or informed—except with respect to sports. |
| | DEFINED BY REPORTING OBLIGATIONS | | | |
| PROPOSED | CONDITION | Communication at all stages between the planning collaborative, the funding agency, the primary grantee, and the public increases transparency and expands community interest in the project. Early concerns can be addressed and public input incorporated. Increased public awareness can generate additional resources for auxiliary activities, and when the large aim is articulated, the public is more fully engaged in achieving that outcome. Communication is multi-directional and an integral part of achieving project aims. (8) | The DFC grant-funded collaborative has greatly increased the level and tenor of conversation between participating agencies and sectors. Sharing information and learning with a wider group and with the public can bring more positive change by enlisting potential allies and confronting perceived norms. Taos Alive makes an effort to provide open access to information on its (infrequently maintained) website, but a more regular, widely circulated, and appropriately curated communication vehicle could address the stigma of addiction while sharing vital information and advocating for healthy alternatives. (18) | Franklin County CTC incorporates an important communication element via workgroups: one recognizes and spreads the word regarding youth achievement; a second engages parents; and a third concerns community norms. Although the FCCTC core aim is different, the idea is the same: to get people talking from multiple affected populations. Frequent communication between workgroups (providers could constitute a fourth) shares ideas, generates solutions, and engages the community in discussion of desired pathways and outcomes for youth with respect to out-of-school time. (27) |
| | CONTINUOUS | | | |



| | | RECREATIONAL TRAILS & INTERVENTION | SUBSTANCE ABUSE PREVENTION PROGRAMMING | OUT-OF-SCHOOL TIME NETWORKS & |
|---|--------------------------------------|--|---|--|
| INFRASTRUCTURE - What effect would the presence or absence of backbone support have on this topic? | | | | |
| CURRENT | CONDITION | Competitive funding favors applicants with well-developed organizational infrastructure, and for simple projects, a successful grantee likely has sufficient capacity and resources to meet infrastructural needs. For projects with straightforward and well-defined boundaries, both in scope and duration, this system is effective. (9) | Substance abuse prevention and intervention requires a broad range of services, and some (e.g. medical, law enforcement) have very specific infrastructural requirements and field-specific standards and expectations. Although necessary and unavoidable, these standards, practices and protocols have sometimes served to isolate groups, generate distrust, and make collaboration difficult. (19) | For a large provider like a school system, with appropriate physical facilities, comprehensive administrative support, existing employment protocols, and auxiliary services like cafeterias and libraries, there would seem to be little need for additional infrastructure. Still, data collection and program evaluation evidenced by the Discovery After School program was haphazard at best, community outreach and communication spotty, and program continuity failed upon non-renewal of grant, leaving families with no acceptable alternatives and no source of information. (28) |
| | GRANTEE PROVIDES ALL | | | |
| PROPOSED | CONDITION | Expanding metrics, coordinating activities between organizations, responding to changing conditions, and extending project aims into the future requires resources beyond those a single organization can provide. Additionally, a (backbone) support system can maintain continuity with respect to the common agenda while allowing less established startups to implement fresh approaches with less risk. (10) | Models such as Franklin County CTC show how effectively backbone organizations (in their case, two "co-hosts") can effectively support liaisons, organize meetings, provide administrative help, archive information, involve the community, and in other ways provide continuity to regions seeking to reduce youth substance abuse. Currently, the DFC grants funds a portion of these activities. (20) | Shape Up Somerville demonstrates how effectively the support of a backbone organization can coordinate resources and maintain integrity of purpose while addressing a complex problem. Schools systems, parent groups, medical providers, and exercise promoters were kept on track by the presence of an agenda-specific support system. (29) |
| | PAID STAFF PROVIDES BACKBONE SUPPORT | | | |

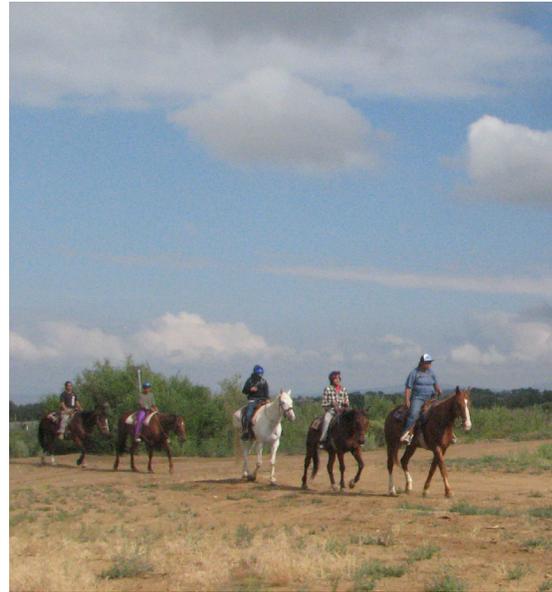
RECOMMENDATIONS

GOALS

Most funded projects in the health and human services domain in Taos take a limited approach to goal-setting, restricting the desired result to the specific project's completion or deliverables. The wider community health impact may be addressed as rationale or projected benefit, but the steps that connect the former to the latter, if provided at all, tend to be hazy and incomplete.

This condition can be directly attributed to a funding climate that favors simple, direct goals with clearly discernible results. The advantages of this are obvious: grantees can be held accountable for the effectiveness of their product or programming. Funders can claim to be making a visible difference. The difficulty arises with respect to large-scale problems with complex causes requiring multiple and diverse solutions. Building a recreational trail is a concrete project; obstacles can be reasonably predicted and responsibly overcome. But, will the presence of a recreational trail impact the health of Taos youth? That depends on multiple other factors—which, if not formalized at this stage, are likely to be left to chance.

Simple, program-specific goals for complex issues also run the risk of limiting effective solutions to local problems because of rigidity. If programs acquire through the course of their program implementation a more nuanced understanding of local conditions—as was the case with the smoking cessation grant in Taos, which found that the targeted population in Taos did not conform to national trends—they may be hampered in their ability to respond ef-



fectively to that change by a mandated protocol or rigid intermediate outcome goals.

Finally, program-specific goals may, by masking the underlying concerns, suggest that a simpler solution may be adequate for a complex problem. If the goal is to increase access to structured out-of-school programming for all children, questions of intent, intermediate aim, and community benefit may not be addressed—and the result could be far from adequate. This is true as well when insufficient consideration is given to the role of community norms and values in approaching an issue. A program might promote abstinence as a preventive solution to substance abuse, without recognizing that the community may be divided with respect to the deeper issues involved. A child who attends an afterschool program, or a child who abstains from drugs or alcohol, may not be thriving; a child who does neither may thrive. This points not to the inefficacy of either approach but to the complexity of the issues, and programs with narrow goals run the risk of exerting oppressive influence over participants.

WE PREDICT:

ISOLATED IMPACT: When funding simple projects of limited scope and duration, program-specific goals are adequate and may, for reasons of clarity and accountability, be advantageous. When funding projects that address aspects of complex problems, program-specific goals alone often miss the mark.

COLLECTIVE IMPACT: Establishing a common agenda helps illuminate connections between parts of a complex solution and assures that the desired end result will guide intermediate decision-making. Alone, however, a common agenda is too broad to identify meaningful intermediate (project-sized) steps.

WE RECOMMEND:

Funding for greatest health impact should employ a mixed goal strategy. Adopting a common agenda focuses community attention and resources on achieving the most important goals, while establishing individual project goals that are explicitly linked to the common agenda and identifying necessary supports keeps projects on track.



COMMIT TO A COMMON AGENDA

Town and County Funders:

Conduct inclusive and transparent process to establish a common agenda by 2016.

Grantees:

Link specific short- and mid-range goals to common agenda.

MEASUREMENT

The most significant issue we observed regarding measurement in Taos was the dearth of attention paid to monitoring and evaluation. Data collection systems, when they exist, are not always linked to meaningful questions, and data analysis is often reserved for the simplest metrics. As one example, a recent study sought to determine the number of clients presenting at the local emergency room with substance abuse or mental health concerns, but the data available could not be queried for that information. Even if data is collected, it is often not stored past the program's end, or is stored in a format that makes it inaccessible to the public. In this and in other assessments the lack of adequate local data made it difficult to get a clear picture of community needs.

There are exceptions to this, and some programs keep careful records and engage in rigorous internal (more occasionally, external) evaluation. Some even make the results publicly available. Many collect data for funders concerning grant-specific performance measures and, to a limited degree, outcomes. Almost without exception, though, program-level data cannot be compared to that from other programs (even within topic area) to look at large-scale issues.

Funding guidelines often prescribe the degree and kind of evaluation grantees will undertake. Beyond this, there is little incentive and often no organizational capacity to inquire further into the results. For programs or projects that address elements of complex issues, there is limited opportunity to examine how the "big picture" changes.

Appropriate evaluation yields obvious benefits: not only can programs recognize their own strengths and weaknesses and use that insight to improve, but with common indicators and regular analysis and reporting, the community as a whole can gauge its shared progress toward a goal.



“Community involvement is essential in determining these shared indicators—some of which may already be publicly available.”

WE PREDICT:

ISOLATED IMPACT: Program-specific performance measures and, when possible, outcome measures provide useful information when a thoughtfully-designed evaluation includes meaningful data collection strategies and appropriate analysis to reflect on program aims. Without significant capacity-building around evaluation or outside resources, though, most local organizations are limited to reporting the simplest metrics, and often these results are not available to the public. Community-level change goes unrecorded.

COLLECTIVE IMPACT: Shared and comprehensive measures that address change at the level of the individual, the family, the community and the system connect the common agenda to the multiple efforts to achieve it, and direct the development of appropriate intermediate measures. Community involvement is essential in determining these shared indicators—some of which may already be publicly available. For others, skilled efforts to establish meaningful data collection, sharing, and analysis protocols will be needed to accurately establish a “scorecard” of results that will be shared publicly.

WE RECOMMEND:

Both program-level performance measures and community-level outcome indicators, *meaningfully linked*, should be set through a process of community consensus and employed by all agencies, organizations, and programs to provide an accurate sense of progress. These measures should be revisited annually to ensure that they properly reflect the goals. Community-wide capacity building with respect to evaluation is essential; without this, funder-designated changes are likely to fail. The experience of the United Way of Central Iowa, which uses a Results-Based Accountability model, may be a helpful guide.



TRACK PROGRESS IN THE SAME WAY

Town and County Funders:

Establish common indicators by 2016.

Grantees:

Link performance and outcome measures for project to community outcomes.

COLLABORATION

The attitude toward collaboration and shared learning varies widely by topic in Taos. Funding requirements play a substantial role in setting the tone with respect to this. Some groups collaborate in name only, agreeing to lend support to grant applications that require partnerships; others have robust networks that share information and resources and coordinate efforts; still others operate in an atmosphere of competition and distrust. Funding streams that recognize the importance of collaboration are becoming more prevalent. Drug Free Communities is one, as is funding for the Paso a Paso Network in the Early Childhood community.

Scale is an important factor in determining the importance of collaboration. For simple projects of limited scope and duration, a single organization may not need to coordinate with others. To address complex challenges, though, collaboration, cooperation, and coordination of activities and resources is essential. When individual projects are funded without regard for the auxiliary activities needed to promote their success (as in recreational trail construction), the ultimate aim is often unmet.



“Funding streams that recognize the importance of collaboration are becoming more prevalent.”

WE PREDICT:

ISOLATED IMPACT: When funders tacitly discourage collaboration by pitting organizations in a competitive process, the potential health impact is lessened through organizational siloing, resource and service duplication, and missed opportunities.

COLLECTIVE IMPACT: Funding that encourages and, better still, facilitates collaboration between entities working on similar aims has the potential for the greatest health impact in nearly every field. While brainstorming solutions and sharing learning is important in itself, networking also builds relationships that can result in more effective and equitable use of resources.

WE RECOMMEND:

Funders should acknowledge the value of networks and encourage collaborative solutions as integral to program success. Facilitating collaboration by funding networks is helpful; more simply, establishing periodic opportunities for exchanging information and brainstorming—even across field or focus—builds relationships, engages community, and elicits creative solutions. Funders who recognize that complex challenges can best be solved through mutually reinforcing activities can maximize health impact by valuing coordination and cooperation as part of their funding scope.



CONDUCT MUTUALLY-REINFORCING ACTIVITIES

Town and County Funders:

Expect and facilitate collaboration and networking among grantees.

Grantees:

Identify and act on ways to work cooperatively and collaboratively.

COMMUNICATION

Most organizations profess to value openness and transparency in communication, but actually following through on this tenet—frequently and effectively communicating with clients, with funders, with collaborating agencies, with the community, even internally—does not happen easily for most. Personality differences, turf disputes, demanding schedules, and high turnover can hamper communication, as can a sense that communication is equivalent to reporting, a one-way delivery path for information. Different organizational cultures, philosophies, and technological preferences can get in the way of effective communication. For many, there is the sense that, although communication is an abstract good, there's little time for it in reality.

Funders can deliver the same message through their own actions and through the obligations they require of grantees. A funding agency that makes its processes transparent and maintains an open, two-way channel of communication both with potential grantees and with the community will have increased credibility and be more in touch with community needs and concerns. Similarly, funders that acknowledge the time required for effective communication—and establish protocols that include it—help to create patterns and expectations that will reverberate beyond their own explicit relationships.



“Open and engaged communication with all relevant parties is an act of good faith and, in itself, an effective facilitator of change.”

WE PREDICT:

ISOLATED IMPACT: Even for simple programs or projects, without clear and effective communication with the affected public the credibility of the grantee and the health impact of the programming is severely mitigated. Unless funders encourage more evidence of effective communication than report delivery, grantees are unlikely to value it for themselves.

COLLECTIVE IMPACT: Funders (and grantees) that employ continuous communication—that is, communication that expands beyond mere reporting to involve inquiry, dedicated listening, reflection, action and response at all levels of relationship—will have a much more positive potential health impact in any field.

WE RECOMMEND:

Open and engaged communication with all relevant parties is an act of good faith and, in itself, an effective facilitator of change. Funders should both model and require continuous communication, developing appropriate mechanisms and reducing barriers so the community has enhanced access to information and decision-making processes. Likewise, organizations and programs should build continuous communications with partners, program recipients, and the community.



COMMUNICATE CONSISTENTLY AND CONTINUOUSLY

Town and County Funders:

Create effective and inclusive standards and models for communication.

Grantees:

Demonstrate consistent and continuous communication with funders, other agencies/organizations, and the public.

INFRASTRUCTURE

Competitive funding favors applicants with well-developed organizational infrastructure, and for simple projects, a successful grantee likely has sufficient capacity and resources to meet infrastructural needs. For projects with straightforward and well-defined boundaries, both in scope and duration, this system is effective and likely cost-efficient. Larger, more experienced organizations do their own fundraising, are able to send personnel for training, and have internal accounting and other administrative support departments.

Smaller organizations, though, including small ad-hoc networks devoted to addressing a limited portion of a bigger need, often do not have the same infrastructural capacity of their larger counterparts. With smaller budgets, they often can't hire in-house personnel for grantwriting or other administrative support—and the economies of scale work against them.

Even larger organizations working on complex issues need external coordination and support to organize meetings, identify data resources, analyze shared data, archive findings, provide continuity, conduct trainings, and inform the larger community about the status of progress regarding these issues.



“Expanding metrics, coordinating activities between organizations, responding to changing conditions, and extending project aims into the future can all be achieved when backbone support is provided by paid staff.”

WE PREDICT:

ISOLATED IMPACT: Organizations rely on their internal systems to varying degrees of effectiveness. Capacity building is limited to organizations' individual resources. Systems don't interface well and there is unnecessary duplication of services. For small, defined, well-bounded projects this is adequate, but *all* organizations could benefit (and community health be positively impacted) from limited backbone support.

COLLECTIVE IMPACT: Expanding metrics, coordinating activities between organizations, responding to changing conditions, and extending project aims into the future can all be achieved when backbone support is provided by paid staff. A (backbone) support system can maintain continuity with respect to the common agenda while allowing less established startups to implement fresh approaches with less risk. An increase in community capacity, decrease in health inequities, and increase in public health is likely in this scenario.

WE RECOMMEND:

Backbone support through paid staff to grantees is essential to achieving the other conditions of collective impact, and should be implemented early to assist in the development of the other conditions.



PROVIDE BACKBONE SUPPORT

Town and County Funders:

Establish and fund relationship with local organization to provide backbone services to grantees.

Grantees:

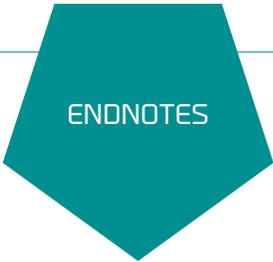
Utilize offered services to magnify positive results.

MONITORING AND CONCLUSION

The next step in this process is to formalize the recommendations through community discussion. With a clear set of actionable recommendations, the Task Force can approach Town and County decision-makers and solicit their support for a change in policy. The process must be documented through the advocacy phase and, should the proposal be adopted, carefully monitored and evaluated through implementation. After adequate time, the results of the policy change should be evaluated by an independent team.

The health disparities that exist in Taos—and the inequities they reflect—did not arise overnight. They are the product of a long history. As any long-time Taos resident can attest, our history has included gross and persistent injustice as well as astonishing examples of trust and generosity. If we are to right the wrongs and work toward health and opportunity for all our residents, we'll need to do it together, and we'll need to do it carefully, through consensus, and with no small amount of courage. Taking a collective impact approach to funding the solutions can mean the difference between success—and status quo.





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TABLE ANNOTATIONS

Recreational Trails

- 1 Taos Vision 2020 is clear in its support for dedicated bike and pedestrian paths. Focusing on the of more paths may lead to hoped-for outcomes of better health, safety, and equity; however, unless that agenda is made explicit, the possibility of new paths serving only a small sector of the population (or, worse, seldom used and poorly maintained) is considerable.
- 2 Internal documents from Rocky Mountain Youth Corps, a Taos nonprofit, reveal how grant applications naturally tailor projects to funder requirements—which may not always mesh well with community needs/goals.
- 2a Shape Up Somerville treats their fitness component, which includes trails, as part of the larger community agenda. Health Impact Assessments such as that addressing the Quequechan River Rail Trail tie in findings around health, safety, and other desired outcomes and include recommendations for monitoring that specifically address agenda items. Funders are growing more alert to the advantages of expanding from narrow, project-oriented goals to more comprehensive community initiatives. [See GEOFunders.org. "Evaluating Community Change: A Framework for Grantmakers."] Even state government agencies reflect the need to link recreation opportunities with wider health and community concerns: "New Mexicans' increasingly sedentary lifestyles and disconnection from nature

are resulting in alarming health declines and a diminished conservation ethic.” [See New Mexico Statewide Comprehensive Outdoor Recreation Plan, 2010 – 2014 (SCORP).]

- 3 Shape Up Somerville and the National Safe Routes to School Program include elements of shared measurement. The SUS program, as well as numerous other collective impact projects and reports, emphasize the importance of communities setting their own measures. This is a fundamental tenet of place-based projects, as well.
- 4 Particularly for the Del Norte trail proposal, collaboration around site selection and trail advocacy has been extensive and ongoing; this is well documented in Ernie Atencio’s report “Trails Del Norte: Report and Recommendations on Proposed Bike Trails.” Successful bicycle and pedestrian path construction and use depends on a number of factors, though—cf. Bike League’s 5 E’s. Public funding for public trails has been severely curtailed in the past several years; when available, it tends to focus narrowly on the trail as a physical asset, not a locus of community health. (See the SCORP for a comprehensive, government-funded indictment of the lack of funds for public recreation opportunities.) Mary Passaglia, formerly of RMYC, reported that “many funders won’t fund new trails,” mentioning the National Forest Foundation and matching grants from Americorps that allow much of RMYC’s trail maintenance and reconstruction work.
- 5 RMYC and other organizations have successfully been funded for and completed individual trails. RMYC internal docs.
- 6 EA reports, (Re)Vision 2020, GEOfundors, the Safe Routes to School Evaluation Report, and Shape Up Somerville all support this assessment. Funders seem to be taking note: even the National Endowment for the Arts has adopted a collective impact approach to grantmaking, extending larger grants to partners working with a common agenda (<http://bit.ly/1DWIQoy>).
- 7 RMYC internal documents. If there is no funding mechanism provided for communication with the public, follow-up evaluation, or other relevant activities, there’s often no way individual agencies/ organizations can provide this.
- 8 See “Putting Community in Collective Impact,” Richard Harwood, for further discussion.
- 9 The Town of Taos LCSBG RFP is forward-thinking in its development of two funding streams: one for established nonprofits with substantial track records, and one for smaller groups with good ideas.
- 10 Shape Up Somerville, Franklin County Communities that Care, and United Way of Central Iowa each offers a different, but successful, way to structure backbone support.

Substance Abuse Prevention and Intervention

- 11 Per Julie Martinez interview.
- 12 Franklin County Communities That Care report. Taos Alive website.
- 13 Interviews with local providers, including Julie Martinez, provide this information. Additional support found in the El Centro report, which revealed the paucity of data regarding substance-abuse-related emergency room admissions and other metrics.
- 14 Franklin County Communities That Care offers a good example of a multi-pronged approach to reducing youth substance abuse.

15 The El Centro report examines survey responses and interview data to consider provider and consumer perception of care continuity and coordination. The history of Taos Alive and previous local attempts to network and collaborate in this field point to the challenges given the current funding structure. A broad body of work addresses the cost efficiencies of coordinated health care; a good introduction to the literature can be found in Atul Gawande's "The Hot Spotters" in The New Yorker [<http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters>].

16 Taos Alive website and interview with Julie Martinez.

17 El Centro report.

18 Taos Alive website and interview with Julie Martinez.

19 El Centro report.

20 Franklin County Communities That Care.

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21 Community providers report.

22 See "The Importance of Afterschool and Summer Learning Programs in African-American and Latino Communities." Afterschool Alliance, Issue Brief no. 59. July 2013.

23 Interview with Lisa O'Brien and other sources. Our search for records from the Discovery Program turned up little accessible information, although anecdotal information can be acquired.

24 The Harvard Family Research Project offers multiple sources for information regarding evaluation and outcomes [Harvard Family Research Project. Out-of-School Time Resource Database available online at <http://www.hfrp.org/out-of-school-time/ost-database-bibliography>].

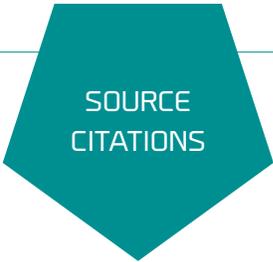
25 Interview with Lisa O'Brien.

26 A good example of a collective impact approach to education is found in the Cincinnati-based STRIVE program. [Bathgate, Kelly, Richard Lee Colvin, and Elena Silva. "Striving for Student Success: A Model of Shared Accountability." Education Sector. 2011. <http://www.educationsector.org/sites/default/files/publications/StrivingForStudentSuccess-RELEASED.pdf>] Also see the Department of Education place-based learning report for discussion of how a place-based approach to education increases community capacity and shares both tasks and responsibilities across sectors and organizations in the community.

27 Franklin County Communities That Care. Also, the interview with Lisa O'Brien addressed Taos County efforts to build network.

28 Interview with Lisa O'Brien.

29 Shape Up Somerville.



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