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The Pros and Cons of Comprehensive Community Initiatives at the City Level: The Case of the Urban Health Initiative

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Key Points
- This article describes the trade-offs between the city-level and neighborhood-based approaches in examining the Robert Wood Johnson Foundation’s (RWJF’s) Urban Health Initiative (UHI), an $80 million, 10-year effort to improve the health and safety of young people.
- Eight cities engaged in a two-year planning process; five received funding for an eight-year implementation phase. Plans that engaged in bottom-up activities, but left power and control in the hands of civic, business, social service, and political leaders, were favored. Those who had focused exclusively on neighborhood-based approaches were not funded for implementation.
- RWJF chose a city-level focus because they believed neighborhood-level initiatives lacked the political clout to make sustainable changes in programs, institutions, systems, and policies. Furthermore, poor outcomes for children were not concentrated in a few neighborhoods, but were found in a substantial portion of the city’s communities.
- The UHI sites were successful in bringing existing efforts quickly under their umbrella, strengthening them by bringing added resources, data, technical expertise, and visibility. With citywide focus and leadership, the power between the initiative and local philanthropy was made more balanced. However, the fragmented nature of government service delivery systems at the city level created new obstacles to change in some cases.
- The UHI’s citywide focus meant that some of the important roles that neighborhood comprehensive community initiatives have assumed went unfilled. For instance, attention devoted during planning to cultural norms and values that might influence health and safety outcomes quickly ebbed during implementation.

Introduction
The definition of a comprehensive community initiative (CCI) is, depending on one’s viewpoint, maddeningly imprecise or wonderfully flexible. CCIs are described as an approach to addressing social problems, generally described in terms of a set of common characteristics (Kubisch, Weiss, Schorr, & Connell, 1995; Rich, Emrey, & West, 1999; Austin & Lemon, 2005). Sharing several key tenets, CCIs are

- collaborative in their governance and strategies;
- holistic, encompassing a broad range of policy concerns, even as they may initially focus on a single problem;
- engaged in long-term, strategic community-building efforts;
- focused on building social capital, leadership, and community capacity (Fulbright-Anderson & Auspos, 2006; Kubisch et al., 1997).

CCIs have addressed mental health concerns (Emshoff et al., 2007; Holden, Friedman, & Santiago, 2001), employment for low-income people (Silver, 2004), neighborhood improvement (Foster-Fishman et al., 2006), and coordina-
tion of social services (Procello & Nelson, 2002; Meister and De Zapien, 2005; Kreger, Brindis, Manuel, & Sassoubre, 2007). The emphasis of CCIs has been largely at a subjurisdictional, typically neighborhood, level. Fewer have intervened citywide.

Yet, in 1996, for its Urban Health Initiative (UHI), the Robert Wood Johnson Foundation (RWJF) funded collaborative efforts in distressed US cities to improve the health and safety of their young people citywide. Well over 1 million children and youth stood to benefit. Eight cities were funded for two years of planning; five cities — Baltimore, Md.; Detroit, Mich.; Philadelphia, Pa.; Oakland, Calif.; and Richmond, Va. — received funds for eight years of implementation. UHI embraced the core tenets of CCIs, involving political, philanthropic, business, and nonprofit leadership (e.g., the civic elite) in the participating cities to create changes in systems affecting children and youth citywide.

To realize their vision, the RWJF invested approximately $80 million in UHI. These monies were directed to the sites but were also used to fund the National Program Office (NPO), the national evaluation of the initiative, a National Advisory Committee, and a seminar series on relevant research. The NPO brought the site leadership together several times a year during the planning process, then once a year thereafter. They oversaw and monitored the progress of each of the sites through regular visits and phone calls and hired a variety of experts to provide technical assistance to the sites over the course of the initiative. In addition, they organized an annual visit to a non-UHI city and brought as many as 20 staff members and city leaders from each site. Many of these city leaders were invited to become UHI fellows and began attending annual UHI meetings. UHI fellows were enlisted to contribute their expertise and leadership to site activities.

In addition, the national evaluation team, based at New York University, provided technical assistance to help the sites use data and manage their local evaluation efforts. RWJF also funded a semi-annual two-day seminar convened by William Julius Wilson at Harvard University; the seminar brought together site directors with prominent scholars in the fields of economics, sociology, psychology, education, and health to feed research into practice in the field.

In this paper, we analyze the impact of choosing a citywide focus over a neighborhood one. We begin with RWJF’s rationale for choosing to intervene at the city level. Next, we examine how that decision influenced the planning process in the UHI cities. We discuss how the citywide focus shaped the roles assumed by the sites in implementing their plans, and the activities undertaken. We demonstrate that the decision to intervene at the city level provided increased opportunity to build political power and create meaningful changes in public and private systems. However, it also impeded the kind of community building more typically associated with CCIs.

Data and Methods
This paper makes use of data collected for UHI’s national evaluation, which has been described elsewhere (Weitzman, Silver, & Dillman, 2002). We reviewed information collected during annual site visits and key informant interviews (conducted every 18 months) and analyzed site documents. We also drew on our work in producing and revising the UHI Theory of Change (abbrevi-
What Was the Rationale for Using a Citywide Approach?

A growing body of literature examines the ways in which low-income neighborhoods further impoverish low-income people residing in them (e.g., Wilson, 1987; Brooks-Gunn, Duncan, Klebanov, & Sealand, 1993). Such research has led policymakers, practitioners, and researchers to renew efforts to improve neighborhood conditions. Some have argued that the neighborhood may be a more manageable unit for intervention and focus (Fishman & Phillips, 1993) than city systems, which had been the focus of earlier antipoverty efforts such as Model Cities.

New Futures, funded by the Annie E. Casey Foundation in 1988 to reform the funding and delivery of services to high-risk youth in midsize cities, illustrated some of the dilemmas of working at a city level. According to the foundation’s own reflective report, The Path of Most Resistance, numerous obstacles blocked the reforming of city services, especially the lure for local participants of “expanding good programs rather than challenging fundamental arrangements and attitudes and seeking basic reforms” (Annie E. Casey Foundation, 1995, p. 15). The foundation’s experience with New Futures and several other initiatives led them back to the neighborhood, where they focused on building the capacities of local residents and neighborhoods to more readily participate in systems reform in subsequent initiatives such as Rebuilding Communities and Making Connections.

RWJF went in a different direction, rejecting the neighborhood focus in favor of a citywide one. This was based both on their own interpretation of the problems that were faced by New Futures and their experience with their own community-based substance-abuse initiative, Fighting Back (Lindholm, Ryan, Kadushin, Saxe, & Brodsky, 2004). RWJF believed that neighborhood efforts, even those that worked with city government, such as the Hewlett Foundation’s Neighborhood Improvement Initiative (Brown & Fiester, 2007) or the Edna McConnell Clark Foundation’s Neighborhood Partners Initiative (Chaskin, 2000), lacked the political clout to make sustainable changes in programs, institutions, systems, and policies that affect the lives of low-income communities (Jellinek, 2008). Further, RWJF was interested in working in economically distressed cities, where poor outcomes for children were not concentrated in a few neighborhoods but were found in a substantial portion of the city’s communities. For RWJF, improving the life of distressed urban communities required the investment of the political and civic leadership of a city, alongside that of local residents.

To reach such a scale, RWJF designed UHI to make it as attractive to citywide leaders as possible. The foundation chose its target population with the belief that children and youth had the best chance of garnering the widest breadth of support (Robert Wood Johnson Foundation, 1994). Charles Royer, Seattle’s former mayor, was selected to head the NPO, with the expectation that his political experience and knowledge of city government would benefit the initiative. Like other CCIs, each site was allowed to choose their own outcomes and strategies. However, RWJF’s rationale for embracing this nonprescriptive tenet was different. A prescriptive program, they reasoned, would not attract senior policymakers or civic leaders, dooming the effort to get “to scale” (Robert Wood Johnson Foundation, 1994). Allowing city leaders to shape the character of the effort would broaden its appeal.

How Did UHI’s Planning at the City Level Differ From Planning at the Community Level?

RWJF embraced a top-down and bottom-up approach to planning (Silver, Weitzman, & Brecher, 2002). They aimed to use the planning process to identify community priorities and to mobilize political will among both the political elite and the citizenry to address them. As noted, many CCIs, though working with city leaders, have placed greater emphasis on building the capacities of residents (generally from poorer communities) to participate in reform efforts. UHI placed
greater emphasis on cultivating engagement among policymakers and civic leaders and far less time than other CCIs working with residents. RWJF encouraged the sites to create structures to bring the civic elite to the table where decisions about resources and direction would be made. As expected by RWJF, mayors and other key leaders participated in foundation site visits and related activities.

The emphasis on city leadership was reflected in the stewardship of the UHI sites throughout the planning phase. In Oakland, responsibilities were shared by the mayor’s office, the county executive, and a large community foundation. In Richmond the Chamber of Commerce, suburban county officials, and several citywide nonprofit institutions convened the effort. In Philadelphia, commissioners from youth-serving agencies oversaw the development of the plan.

CCIs use the experience of neighborhood residents — in their interactions with one another and with community institutions — to develop an agenda for change (Chaskin, 2000; Brown, Butler, & Hamilton, 2001). They have engaged community leaders, neighborhood service providers, local religious groups, funders, and government representatives in assessing community assets, inventorying problems, and investigating relevant community norms and values (Foster-Fishman et al., 2006). “Hard” data has been used less frequently in CCIs because they are less available at the neighborhood level and require substantial expertise to manipulate (Coulton & Hollister, 1998). UHI’s city-level approach required the sites to emphasize such data to persuade and educate city political and civic leaders, as well as gather additional data from community residents.

Using data, the UHI sites identified which neighborhoods had the greatest concentration of problems for children and youth. But they were cautioned that they should not focus attention on just one or two neighborhoods, unless the magnitude of the problems in these neighborhoods was large enough to affect citywide outcomes. Further, RWJF advised the sites that while problems might be concentrated within neighborhoods, solutions were likely found at the city level. As a result, while the UHI sites engaged in bottom-up planning activities that echoed the work of more traditional CCIs, community “voice” played a relatively small role in this initiative. As one city commissioner noted, “In truth, we had a professional planning process, with a little community input.”

Only in Baltimore did the community organizing activities result in the “community” having direct power over the final agenda; 7,000 community residents gathered at a children’s summit to vote on the priorities for the UHI effort. For the site director and her staff, turning the final decision over to community residents was a political strategy, aimed at ensuring a constituent base that was visible, powerful, organized, and citywide.

Grasping the Meaning of “Scale”

In the end, plans that engaged in bottom-up activities but left power and control in the hands of civic, business, social service, and political leaders were favored. Those who had focused exclusively on neighborhood-based approaches were not funded for implementation. Even the five cities funded to go forward were asked for substantial revisions to their plans, which were deemed too unfocused and too bottom-up to make change at a citywide scale (Silver et al, 2002).

Prior to CCIs, efforts to involve neighborhoods in city decision making generally did not change how decisions were ultimately made (Chaskin & Abunimah, 1999). Some CCIs have envisioned a reorientation of decision making through partnerships between city government and community residents to restructure how local government services are delivered. (Hess, 1999; Chaskin & Abunimah, 1999). In practice, and with few exceptions (notably the Youth Futures Authority in Savannah, Ga.), many of the policy changes sought by CCIs have been of a relatively small scale, requiring little fundamental change in government’s relationship with communities (Chaskin & Abunimah, 1999; Kaufman et al., 2006). Though CCIs have sought to improve social and health service delivery within the target
neighborhoods, transforming such systems for better delivery in other communities has generally not been their goal. RWJF envisioned citywide systems change as UHI’s role.

To be sure, the real meaning of “getting to scale” was as elusive to RWJF and the NPO as it was to the sites. In rewriting their plans, the sites were asked how many children their strategies would need to reach to “move the needle” in citywide indicators of health and safety; this became known as the “denominator exercise” (Jellinek, 2008). If, for instance, a site proposed expanding after-school participation in order to reduce violence and teen pregnancy, the denominator exercise required data regarding existing after-school slots, rates of participation, and expected impact. Yet information and data needed to meaningfully make such calculations were often unavailable. As a thought experiment, the “denominator exercise” focused attention on the idea of scale, but as a planning tool, it produced very crude guess estimates of what it would take to see measurable changes at the city level.

Moving planning from a neighborhood to city-wide focus resulted in the selection of proposed solutions that required policy change at a level beyond the neighborhood. In order to make the needed changes in policy, the sites cultivated their relationships with the civic elite, even at the expense of their relationships with neighborhood groups. In implementation, top-down dominated.

How Did UHI’s Citywide Emphasis Shape the Character and Roles the Sites Took On?
Similar to the experience of some neighborhood-based CCIs, most UHI entities set up independent organizations with larger staffs. Each had a board chaired by a well-recognized city leader. In Richmond, for instance, the incoming vice-chair of the Chamber of Commerce led the board for Youth Matters, the local UHI site. Such leadership reinforced the coalescing of power in these organizations. It also preserved a focus on changing systems at the city level, and further encouraged the UHI sites to assume a different set of roles than typical of neighborhood CCIs.

The Big Tent: Coalescing Existing Efforts
With a citywide focus and involvement of city leadership, the UHI sites were able to gather other existing initiatives into their tent. For example, as federal funding for Healthy Start ended, the UHI sites in Baltimore and Philadelphia absorbed their activities. In Richmond and Baltimore, the United Way’s Success by Six became a key component of the UHI effort. Oakland’s Safe Passages assumed responsibility for the oversight of the city’s designated tax to fund youth-serving organizations. Detroit’s initiative picked up a focus on safe neighborhoods from its lead agency’s previous efforts. The integration of existing efforts into UHI reduced competition for funds and provided the opportunity to “rationalize” existing services. The UHI sites strengthened pre-existing efforts by bringing added resources, data, technical expertise, and visibility. They offered the opportunity to take such programs “to scale,” forcefully tackling city and state systems that regulated and funded many of them. As a senior staffer involved in one such pre-existing effort noted, “We know how to write good grants, and get funding that way. But we have no idea how to get government agencies to make sure that funding for our program will be there – even though it’s a really good program. That’s [UHI’s] job ... and nobody else is doing that.”

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In contrast, evaluations of neighborhood-based initiatives suggest a focus on coordinating activities among neighborhood groups and programs (Chaskin, 2000; Meyer, Blacke, Caine, & Williams Pryor, 2002; Chaskin & Peters, 2000), rather than a reorganization of policy and funding streams that support them. Further, some coordination efforts have been stymied by turf disputes and
historic mistrust among neighborhood groups (Brown et al., 2001; Chaskin, 2000 Sridharan, Go, Zinzow, Gray, Gutierrez Barrett, 2007). Though the UHI sites were not immune from turf battles, their mandate to operate within the citywide power structure allowed them to be seen, by some, as necessary and inescapable allies rather than competitors. One city health commissioner noted, “I think there is a lot of support from the community on children’s issues, but a systems problem has been in getting people to be collaborative instead of competitive. UHI is letting us tell people to put some old business aside.”

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Philanthropy’s Role
With UHI’s citywide focus and leadership, the power between the initiative and local philanthropy was made more balanced. As with community-based efforts, the UHI sites received substantial support from local foundations, which have been urged to “invest” in and “partner” with their communities (Brown & Fiester, 2007). Indeed, in many UHI sites, local community and family foundations structured their giving to support the agenda established through the UHI process. Yet with UHI, local philanthropic financial support was less important than its civic clout. As one UHI senior staffer noted, “In some ways, our foundations were important more as civic leaders, than as funders. We knew the mayor would return their calls.” In turn, local philanthropy saw the UHI as a way to “shake loose” the dollars in public systems. One local foundation president noted, “We know it’s time to draw in leadership from the public sector. We can’t do it on our dollars alone.”

Engaging Political Leaders
To change city policies, the UHI sites became “players” in the cities’ political life. Each of the sites used mayoral races as opportunities to increase the visibility of the problems facing children and youth. In Detroit, UHI’s Youth Connection (later, Mayor’s Time) held forums for mayoral candidates to discuss children’s issues; the winner ran on a platform that publicly adopted the Youth Connection agenda as his own. Baltimore Safe and Sound challenged mayoral candidates to endorse its goals for children and youth; the site’s executive director subsequently advised the incoming administration’s transition team. Sites helped to educate the voters about referenda and other electoral issues. Oakland’s Safe Passages developed materials to educate the public about local and state referenda on funding for services for youth.

With their neighborhood focus, CCIs have rarely had — and have rarely sought — the clout needed to attract mayoral candidates to their agenda. They have established relationships with city government to advocate for specific policies, but have not seen their relationship with city hall as a principal determinant of their success. Top policymakers need not be involved in creating small grant opportunities, revitalizing block associations, gaining access to a local school, or providing programming in a neighborhood playground. The UHI sites made it a priority to gain political access and clout in order to change public systems. In Detroit, for example, the UHI site negotiated a policy change with the school district that allowed community groups access to all school buildings throughout the city.

Filling Holes in City Government
Over time, the sites came to resemble local think tanks, with an emphasis on solving problems of implementation. They analyzed data, investigated problems of service providers, provided technical assistance, dissected budgets, incubated programs, and evaluated and monitored new
models of delivering services. Data and policy analysts were added to their teams. This work, unusual for a CCI, was used by city government officials who, after repeated budget cuts, lacked staff to do it internally (Weitzman, Silver, Brazill, 2006). A deputy city manager in one UHI site explained, “I don’t have anyone on staff who can do these things — look at data, figure out what else is out there, understand the money. There’s no one left with those skills at this level of government.”

The Roles Not Taken

The UHI’s citywide focus meant that some of the important roles that neighborhood CCIs have assumed went unfilled. For instance, attention devoted during planning to cultural norms and values that might influence health and safety outcomes quickly ebbed during implementation. The value placed on engaging city leaders, and looking at public funding and policies, relegated concerns about such norms to the back burner and moved the sites away from the community’s perspective. As one possible consequence, several sites overestimated the number of new after-school slots they could readily fill, because they failed to take into account parental preferences (Weitzman, Mijanovich, Silver, Brazill, 2008).

Many CCIs have mobilized community residents to get involved in improving neighborhood conditions (Hess, 1999). These activities, which CCIs link to building social capital (Kubisch et al., 1997), were rare in UHI’s implementation phase. Mapping community assets, undertaken in three sites during planning, was abandoned as the sites moved to changing public systems from the top. Town meetings and other community forums vanished early in implementation. Religious organizations played little role in the governance and direction of the UHI sites, even as they have been critical to neighborhood CCIs. In contrast to many CCIs, the majority of UHI sites did not regard the building of neighborhood leadership as a goal. After eight years of the UHI, one city policymaker noted regretfully, “Our constituency has really been inside government and service providers. We don’t have any real relationship to the community.”

To a large extent, the UHI sites’ relationships to neighborhoods were a result of a top-down approach, in which neighborhood engagement was limited to specific strategies, only to be abandoned when these strategies were dropped. Efforts in Baltimore and Philadelphia to use community engagement to reduce youth violence are illustrative of this problem. Despite evidence of success in another city (Braga, Kennedy, Waring, Piehl, 2001) and locally, mayors in both cities were wary of the neighborhood activism component of this approach. With their cities’ high-profile crime rates, the mayors chose traditional methods of law enforcement that provided them with more direct control. Given the mayors’ opposition, the strategy of community engagement to address youth violence was abandoned. Without leadership in the neighborhoods to mobilize in favor of such strategies, top-down trumped bottom-up.

The UHI experience suggests that a city-level focus is not incompatible with a focus on neighborhoods. The relationship to participating neighborhoods is, however, different from the partnerships typical of neighborhood-based CCIs, in part because there are too many distressed neighborhoods in distressed cities. Building so many neighborhood CCIs wasn’t feasible. Instead, the UHI sites typically focused on policy interventions at the city level, while improving the implementation of programs at the neighborhood level.

With this orientation, they sought out citywide nonprofit providers, such as the Boys and Girls Club, which had multiple sites throughout the city. Still, the reach of such organizations was limited: some did not work within the neighborhoods most in need, while others had followed, at least in part, their constituencies out to the suburbs. These citywide providers sometimes sought to pull resources to other of their locations, even as they were outside areas of greatest need. The UHI sites found that they needed to negotiate relationships with community-based organizations (CBOs) and providers serving single neighborhoods. As these groups were inevitably battling against each other for resources, working with neighborhood groups was difficult as well.
How Did the Citywide Focus Shape the Strategies and Activities Within the Sites?

Despite the nonprescriptive nature of the initiative, the sites selected similar strategies: expanding and improving the quality of after-school opportunities, reducing violence affecting youth, providing services to high-risk families with young children, and ensuring early reading achievement. While neighborhood CCIs have undertaken similar strategies (Local Investment Commission, 2002; Meyer et al., 2002; Chaskin, 2000), UHI’s citywide focus led them into the guts of city and state government and away from the neighborhoods.

Improving Service Delivery in the City

Like other CCIs, the UHI sites embraced coordination of public systems at the neighborhood level, but pursued it in a more traditional top-down approach to devolution by co-locating services and helping them function better (Chaskin & Abunimah, 1999; Silver, 2004). For instance, rather than working with neighborhood caseworkers to develop referral systems, Philadelphia Safe and Sound supported the development and implementation of an electronic records system to provide caseworkers across agencies immediate access to documentation about the services families were receiving.

Coordinating public services proved more important to some arenas than others, since the sites were wading into areas, such as after-school services, where systems do not exist. CCIs can circumvent this problem within a single neighborhood by connecting a CBO and a school, finding philanthropic and city funding, and cobbling together a new program or two. However, at the city level, linking agencies was more cumbersome, funding streams were more fragmented and confusing, and issues of facilities and capacity were daunting. Rather than coordinate services, the UHI sites found themselves trying to create a system, or at least citywide policies, to rationalize activities. For example, Oakland’s Safe Passages blended TANF monies, school truancy funds, and behavioral health dollars to fund school coordinators to link young people to an array of services inside and outside the school building.

With UHI’s emphasis on public systems and city-wide services, improving government efficiency, rarely a goal of CCIs, became central. In Philadelphia, an annual Children’s Report Card charted the city’s performance in regard to multiple health and safety outcomes and government services. In Baltimore, Safe and Sound worked with the local human services coordinating body to build their capacity to target funding and improve the quality of services delivered. Despite the slow pace of incremental reform, the UHI sites saw no way around changing public systems from within if they were to achieve their goals.

Working With State Government

The sites’ work at the city level gave them access and visibility at the state level as well; the necessity of such access had been originally underestimated by RWJF. State government has a great deal of control over the human service and educational systems affecting citywide outcomes for children and youth (Brecher, Searcy, Silver, Weitzman, 2004). Thus, the UHI sites needed to work with state government and agencies, further pulling it away from neighborhood engagement. The site director for Richmond’s Youth Matters was asked to chair the statewide task force on educational reform. The site director for Detroit’s Mayor’s Time was asked to chair the statewide task force on expanding after-school opportunities. Most significantly, the Baltimore site convinced the governor’s office to sign a “compact” allowing the city to keep and reinvest monies saved through effective prevention strategies.

What Are the Challenges Created by Working at the City Level?

Dancing With Elected Officials

UHI’s experience in fielding a citywide CCI offers some cautionary lessons, especially in regard to leadership. First, from its earliest stages, UHI forged strong relations to mayors, helping the sites gain access to other civic leaders. Yet close relations with a current mayor meant the sites had to struggle to navigate mayoral change. Being too closely identified with an outgoing mayor is problematic, while being too outside the mayor’s priorities could make the site irrelevant. Strong
and lasting buy-in from philanthropic and business leaders helped to ease mayoral transitions in some sites, since every mayor needed such support. Greater emphasis on developing citizen constituents, e.g., troops on the ground, helped one site through a mayoral transition; it might have benefitted the others.

Negotiating Levels of Government

Second, the public sector is far more fragmented than was initially acknowledged in the UHI approach. With an emphasis on citywide outcomes, the UHI sites quickly came to focus on city government. Yet, the sites also contended with independent school boards, county government, and state government in their efforts. The governmental systems that touch the lives of children and youth are complex and involve multiple jurisdictions and funding streams. More attention to the role of state government as funders and regulators of services and greater appreciation for the independence of school districts might have enabled the UHI sites to move their strategies along more quickly.

Third, some public systems are more amenable to multisector approaches than others. The public health and social service systems, accustomed to contracting with community providers, proved easier to engage in reform efforts than did criminal justice or school systems. One county supervisor remarked, “Our schools are mired in a defensive posture and I don’t see that changing soon.” High crime and dropout rates placed both of these systems under intense scrutiny; this may have deterred them from engaging in what they viewed as experimental approaches. Furthermore, leadership in these scrutinized systems changed frequently — school superintendents and police chiefs came and went — making meaningful engagement even more difficult.

Getting to Scale Isn’t Program Replication Writ Large

The UHI sites learned that there is no formula for turning promising programs into citywide practice. Some CCIs have succeeded in implementing innovative programs in after-school services, interventions with high-risk families, or alternatives to incarceration. But the literature is thin when it comes to the question of scale. Addressing problems “at scale” went beyond program replication; the sites had to deliver technical assistance, reform funding mechanisms, improve program monitoring, develop a trained workforce, build or revitalize infrastructure, and create demand for such reforms. Accomplishing each step requires myriad skills and knowledge, and support for them was insufficient. Further, scale required rationalizing services across the city; it sometimes required the closing of underused facilities and institutions in some of the city’s poorest and most depopulated areas. Given the long-held and intense racial divides that continue to plague these cities, such decisions were particularly fraught.

Greater emphasis on developing citizen constituents, e.g., troops on the ground, helped one site through a mayoral transition; it might have benefitted the others.

Engaging Civic Leadership in Declining Cities

Neighborhood CCIs have viewed the building of local leadership as integral to their approach. In some sense, UHI presumed a deep bench of civic elite that could be mobilized to steer the reform. In these declining cities, that bench turned out to be thinner than expected. Many large businesses and nonprofits had decamped along with affluent residents. Further, even once civic leaders were engaged, UHI sites had to work to retain their interest. The NPO’s Fellows Program nurtured this leadership, and site directors uniformly praised this work.

Conclusion

UHI demonstrated that multisector collaboration at the city level can garner sufficient political clout to make meaningful changes in policies, programs, and institutions serving children and youth. While borrowing from and building on the neighborhood CCI model, UHI evolved into an initiative that was far more political, focusing on citywide
policies and systems, and much less that of community perspective and voice. Neighborhoods, or communities, exist at the subjurisdictional level; they do not have control over public policies or budgets, nor are they governed by elected leaders. By choosing a larger, geo-political jurisdiction as the focus of the UHL, RWJF encouraged the sites to take on a somewhat different set of roles than those of community CCIs and also enabled them to make inroads that are typically impossible at the community level. At the same time, a citywide focus left the sites scrambling with unforeseen issues, such as the role of the state and a diminished civic elite, and grappling with the not-yet-resolved question of getting to scale.

References


**Chaskin, R. J.** (2000). *Lessons learned from the implementation of the Neighborhood and Family Initiative: A summary of findings.* Chicago: Chapin Hall Center for Children.


**Jellinek, P. S.** (2008). *The Urban Health Initiative.* In Stephen L. Isaacs & David C. Colby (Eds.), *To improve health and health care volume XI: The Robert


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