Lessons from the Field

The Colorado Healthy Communities Initiative

A Report for The Colorado Trust

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THE COLORADO TRUST

NATIONAL CIVIC LEAGUE

Dear Colleague:

The Colorado Trust is pleased to share this report, which documents many of the lessons learned from the Colorado Healthy Communities Initiative (CHCI) over the past six years. During this time, the initiative has involved thousands of Coloradans in working to improve the quality of life in their communities.

Community problem-solving is a primary principle that guides The Trust's grantmaking. Rather than proposing specific solutions to local issues, we focus on empowering local communities by establishing partnerships with our grantees. The healthy communities process allows communities to define their own challenges and implement their own unique solutions. The CHCI, which was the first Trust initiative to use this process, has provided Colorado communities with new ways to address local concerns while also providing insights for our grantmaking.

Although the CHCI has achieved much success, community convening and problem-solving is never easy. As you will see from the lessons described in this document, the initiative struggles with core issues that include community outreach, organizational development, documentation of outcomes and ensuring that local initiatives are sustainable. The CHCI continues to address these challenges, and The Trust continues to incorporate the lessons learned into our grantmaking strategies as we design new initiatives.

The Colorado Trust applauds the determination of the citizens of Colorado who are transforming the health of their communities throughout the state.

Sincerely,

John R. Moran, Jr., President
The Colorado Trust

Dear Colleague:

It has been a privilege to work with and serve the 28 communities involved in the Colorado Healthy Communities Initiative (CHCI). I do not believe that anyone could have imagined the impact and learning that this initiative would produce for the participating communities and all of us interested in building healthier communities.

I believe that communities around the nation will continue to look to the CHCI experience as they commit themselves to becoming healthier. The experience of these communities are both inspirational and instructive. Because of the CHCI communities, other communities around the state and around the nation considering undergoing a profound change process will have a sense of "what's possible," "what works" and "what doesn't work." Taken as a whole, these CHCI communities of different shapes and sizes, with unique aspirations, varied priorities and actions, are a tremendous expression of the depth and breadth of the healthy communities movement.

Although the CHCI was and will continue to be driven by local communities, the support and encouragement of The Colorado Trust was instrumental. It has been an honor to work with The Trust on this initiative over the last six years. The Trust is an organization that is true to its mission and is a model to other foundations that want to leverage their resources in ways that build the capacity of communities and the institutions they serve.

I want to congratulate the courageous 28 communities whose relentless efforts are sure to make a real difference across the state for generations to come. We will continue to follow their remarkable stories as they unfold.

Again, we are thankful to be able to share in this extraordinary endeavor.

Sincerely,

Christopher T. Gates, President
The National Civic League

Dear Colleague:

The U.S. Coalition for Healthier Cities and Communities congratulates the Colorado Healthy Communities Initiative on its results and ongoing learning. With modest seed funds and limited coaching, the CHCI community partnerships have begun to make a significant impact on the way in which the health and quality of life of communities is addressed in Colorado. The most successful are keenly aware that building healthy communities is lifelong work, not simply a multi-year initiative.

Healthy communities is an approach for how we align civic decision-making and resource allocation with our shared values. It is about mobilizing creativity and diverse resources for positive change. Its power does not reside solely in the projects moved forward, but in how the thinking and practices of citizens and leaders have been impacted. Healthy communities is not about planning processes and meetings. It is about choices we make at home, work, play and worship, and in the arena of our local governance. It is how we build community and how we invest our resources.

The Colorado Healthy Communities Initiative is part of a dynamic and fast-growing national movement. Across America, more than 1,000 multi-sector, comprehensive, community-based health and quality-of-life improvement initiatives are seeking local solutions to address the nation's challenges. This movement has its roots in communities, not in a national agenda. At its core is a local phenomenon that mobilizes local creativity and local resources.

The work has just begun. The most powerful asset the CHCI communities possess is credibility built through producing and tracking measurable results and publicizing community progress. Citizens yearn for accountability and accurate information they can use to make informed decisions. Communities must get the word out about the role of each person and institution. They must encourage their leadership to be bold, flexible and open to new voices. There will always be turf issues, short-sightedness, resources bat-

tles and reductionist thinking. There will always be work to do.

At the state level, the CHCI looks forward to expanded involvement of the associations, agencies, philanthropies and companies whose missions are aligned with healthy, economically vibrant, safe and sustainable Colorado communities. These entities need the CHCI network, perspectives and diverse reach. The CHCI communities are not just groups looking for grants. The communities are the investment advisors for the future of Colorado.

It was a pleasure to serve the CHCI in the early years of this initiative at the National Civic League, and now as a volunteer in my own community. As this report shows, we can be proud of the CHCI's early accomplishments, and must work hard to harvest the fields long tended.

Sincerely,

Tyler Norris, Executive Director
U.S. Coalition for Healthier Cities and Communities

TYLER NORRIS SERVED AS THE FIRST DIRECTOR OF THE CHCI FROM 1992 TO 1995.

"WE CONVENED A SERIES OF MEETINGS ON CIVILITY THAT HAS HAD, AND CONTINUES TO HAVE, SIGNIFICANT POSITIVE REVERBERATIONS IN THE COMMUNITY. For example, during a heated community meeting attended by more than 120 people, we proposed that before moving forward on the 'what' (projects and complaints about the Town) the community should discuss and develop agreements on the 'how' (how we work together as a community). Several follow-up community meetings were held and led with the help of an outside facilitator. The meetings result-ed in a set of working agreements for making meetings more respectful and effective. The Town later formally adopted the working agreements and now utilizes them in their meetings.

"As a result of the community's work on civility, we believe four distinct events transpired. First, voters overwhelmingly rejected a recall election of two members of the Town Board of Trustees because it was not the 'civil' way to address the problem. Second, consistent with one of the working agreements that the community developed, the Town agreed to utilize mediation in a highly charged case involving a former elected official. Third, voters approved, by a huge majority, a sales tax increase to fund the pur-chase and upkeep of the old elementary school for use as a community center. Similar measures had pre-viously failed at the ballot box. And finally, the Town approved their 1998 budget with the inclusion of $2,000 for our healthy-communities project. This is the first time the Town has funded our work."

PEAK TO PEAK HEALTHY COMMUNITIES PROJECT, GARRY SANFAÇON, COORDINATOR

In 1990, The Colorado Trust initiated a compre-hensive study to examine the social, economic, politi-cal and technical trends likely to shape the future of Colorado in the coming decade. *Choices for Colorado's Future* found that citizens want to be more involved in the decisions that affect their lives. It also found that several key elements needed to facilitate this involve-ment were missing; these included a clear vision of the collective good, ways to formulate this vision and effective ways to encourage local participation.

Acting on the findings of the study, in 1992 The Colorado Trust initiated the Colorado Healthy Communities Initiative (CHCI). From 1992 to 1998, a total of 28 Colorado communities participated in the initiative. The communities were funded in three cycles. Each cycle had a one-year planning phase fol-lowed by a two-year implementation phase.

In the planning phase, citizens came together to determine ways to improve their communities' health status. Members of each community developed their vision of a healthy community and created action plans for moving toward that vision. The CHCI com-munities defined their own jurisdictional boundaries, created their own definitions of health and identified

health improvement strategies that fit their unique situation. While some communities focused on creating forums to improve community decision-making, others concentrated on specific health-promotion activities, such as offering opportunities for residents to improve their physical fitness. By encouraging a wide variety of definitions and approaches, the CHCI helped ensure that the varying needs and strengths of each community were respected.

This publication presents the most meaningful lessons learned by The Colorado Trust, the National Civic League and the communities involved in the CHCI. The purpose is to share an overview of the CHCI experience during the planning and early implementation phases of the initiative in hopes that others who are contemplating or involved in a similar process may learn from our endeavors. It is our hope that by sharing these lessons we are able to add knowledge to the healthy communities movement in a useful and meaningful way.

This is certainly not the end of the process, for we expect to learn much more as the CHCI communities continue to implement their action plans. We are engaged in a process of long-term learning and we have only taken the first steps in understanding how best to assist communities as they work to improve the quality of life for all their citizens.
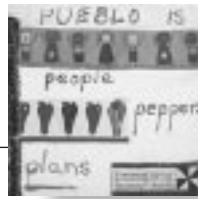
In 1990, The Colorado Trust initiated a comprehensive study of the trends likely to shape the future of the state. *Choices for Colorado's Future* revealed a new resolve among the people of Colorado to widen participation. Citizens, who said they want to be more involved in the decisions that affect their lives, also reported that key elements needed to facilitate this involvement were missing. These key elements, they said, included a clear vision of the collective good, ways to formulate this vision and effective methods to encourage local participation.

In response to the study, in 1992 The Colorado Trust initiated The Colorado Healthy Communities Initiative. The initiative is an eight-year, $8.8-million project to establish community-based approaches to health and quality-of-life issues in Colorado. The number of participating communities and the amount of money invested by The Trust make the CHCI the largest statewide healthy communities initiative in the country.

From 1992 to 1998, a total of 28 Colorado communities in three cycles participated in a strategic-planning, capacity-building and implementation process developed by the National Civic League. Each community selected to participate in the CHCI received:

■ Professional assistance during the planning and implementation phases from the National Civic League,

■ Funds to support local operations ($7,500),

■ Support to engage specific technical expertise ($8,000),

■ Access to a $100,000 implementation grant, and

■ Access to a statewide network of healthy community initiatives.

Core Premises, Guiding Principles

The CHCI had two core premises: a broad definition of health and broad-based community involvement. A set of principles and values also was central to the initiative. These principles and values, which have been articulated by the Colorado Healthy Communities Council (an association of healthy communities across the state), are as follows.

Healthy community initiatives utilize:

A broad definition of health that goes beyond the absence of disease to address underlying factors that create a high quality of life.

A healthy community, according to the World Health Organization, includes characteristics such as a clean, safe, high-quality physical environment and a sustainable ecosystem; the provision of basic needs; an optimum level of appropriate, high-quality, accessible public health and sick care services; quality educational opportunity; and a diverse, vital and innovative economy.

Collaborative approaches to problem-solving.

Collaboration means citizens, elected officials and individuals from public agencies, private enterprise, nonprofits and voluntary associations coming together to think collectively and act cooperatively to identify issues and to find solutions to them. More people can win and win more often when we work with each other.

An asset approach to improving quality of life.

Rather than a deficit or needs-based approach to improving quality of life, healthy community initiatives focus on the community's assets. What is working? What resources are in place now? How can we build on our strengths?

A local definition of community borders.

Critical to healthy community initiatives is a description of "community" whose boundaries make sense to the involved stakeholders. In some cases, that

means a neighborhood, in others it refers to a city, a county or a region comprised of multiple jurisdictions, defined by geographic rather than political boundaries.

Commitment to a locally defined vision of what it means to be a healthy community.

The community's vision states where a community wants to go and what ideal state it desires.

Healthy community initiatives are also characterized by:

A focus on understanding and acting on the systemic connections and underlying causes that make communities healthy.

The complex issues facing communities are not solved by narrowly focused programs. Any effective approach must account for the weblike character of our existence and offer holistic approaches, linking human, environmental, economic, physical and design factors.

Community-based approaches to planning and implementation.

Tapping the wealth of information, skills and perspectives of citizens at the community level and engaging them in finding solutions to the problems that affect their everyday lives are critical steps in creating healthy and sustainable solutions.

Seeking out the voices and participation of individuals that reflect the diversity of the community.

Healthy community initiatives seek to include the entire community in community conversations and action plans. This means incorporating youth, minorities and different socioeconomic classes into community-building efforts. There is a recognition that this approach strengthens the dialogue and the community.

Functioning as a learning organization.

A learning organization means that assumptions are questioned, risks are taken and mistakes are made. A high value is placed on creating an atmosphere conducive to learning and open communication.

Outcomes of healthy community initiatives:

Community-building.

Community-building is a result of the very process of bringing our communities together, strengthening our ties, creating new relationships and creating new ways of talking to one another. It involves nurturing new leaders, developing neutral forums for dialogue and building civic pride. Building a healthy community is an ongoing process, not one specific outcome. How communities work, play and learn together supports the attainment of more tangible community goals.

Capacity-building.

Healthy community initiatives often offer services, programs and training to increase skills relating to working together. Initiatives also often create mechanisms for linking simultaneous community efforts, improving communication and information-sharing between groups in the community. There is a recognition that increasing citizen and institutional ability to communicate with one another will further our ability to determine how we can effectively address complex community issues.

Action projects.

Results often entail very tangible and specific outcomes such as the creation of a bike trail, a youth facility, a recycling program, a community foundation, a mobile health van, etc. These tangible projects find various institutional homes — staying with the initiative, spinning off into an independent organization or becoming a program of a public or other non-profit entity.
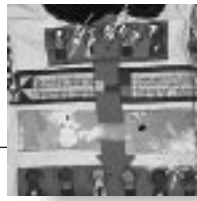
Lessons Learned from the Colorado Healthy Communities Initiative

Lesson 1: Allowing communities to define their borders without regard to "traditional" jurisdictional boundaries encourages the establishment of boundaries as community members experience them, which in turn leads to improved deliberation and more effective solutions.

Lesson 2: The involvement of a neutral facilitator is central to success.

Lesson 3: Having a model to follow is very useful, but being flexible is a must.

Lesson 4: To involve representatives from the entire community, a significant focus on outreach must be built into the process.

Lesson 5: In the transition from planning to implementation, establishing the initiative's governing structure is as important as implementing the action plans.

Lesson 6: Collaborative leaders are essential to a successful project.

Lesson 7: Offering implementation funding inevitably impacts the planning process.

Lesson 8: It is possible to feel and see tangible outcomes, but sometimes the actual effects on a community's health status are difficult to document.

Lesson 9: Establishing strong networks among local initiatives plays an important role in supporting them.

Lesson 10: Significant change takes time.

Lesson 1

Allowing communities to define their borders without regard to "traditional" jurisdictional boundaries encourages the establishment of boundaries as community members experience them, which in turn leads to improved deliberation and more effective solutions.

The boundaries of a "community" must be meaningful

Defining a "Community"

Several realities guided the way that "communities" were defined under the CHCI. For example:

■ In Colorado, one county may have more than 10 mountain passes. Even in today's world of four-wheel-drive vehicles, a mountain pass can pose a significant barrier to collaboration.

■ Communities in the same county but on opposite sides of a mountain may be confronted by extremely different issues.

■ Conversely, several communities may have common issues but find that artificial jurisdictional boundaries keep them from working together to solve problems.

■ Few communities have the resources or the ability to address complex problems.

In the CHCI, we found that being flexible about the boundaries that defined "communities" allowed for innovative collaborative efforts. Community initiative boundaries ranged from multi-county regions to single counties to several neighborhoods within a city. In many parts of the state, citizens saw the CHCI as an opportunity to come together to solve complex regional problems. Counties, cities and municipalities that had little history of working together (or even those with a less-than-friendly history of working together) joined forces to develop regional solutions to shared problems. Alternately, communities in the Denver area defined themselves more narrowly to create their own identity, separate from the greater metropolitan area. The communities in the CHCI took their first steps toward solving community problems by defining their "community" boundaries according to their particular needs.

Real Boundaries, Real Deliberation, Real Solutions

Healthy Mountain Communities

Colorado's Roaring Fork Valley, nestled in the heart of the Rocky Mountains, consists of three counties and numerous special districts whose boundaries have little to do with geography. As a result, regional collaboration is a practical necessity. No community in the region has the resources or the ability to address complex quality-of-life issues without help from its neighbors.

Two communities in this region — Aspen and Glenwood Springs — are very different, yet they are becoming more interconnected year by year. Aspen, an upscale resort town, lies 40 miles up the Roaring Fork River valley from Glenwood Springs, a more modest tourist destination that is home to a large portion of Aspen's workforce. These commuters create regional transportation issues that cannot be addressed by one jurisdiction alone.

The local CHCI effort, Healthy Mountain Communities, convened a Transportation Roundtable in August 1996 to address regional transportation issues. At the Roundtable, local officials and citizens learned that they had common quality-of-life concerns and that they had no legal authority to create solutions or raise revenues at the regional level. In Colorado, the creation of a regional transportation district for raising revenues was allowed by law in only the Denver metropolitan area. Roundtable participants encouraged their state legislator to co-sponsor a bill to allow the creation of rural transportation districts. Although this type of measure had failed in the past, the collaborative efforts of the 12 governments represented at the Roundtable helped enact the Rural Transportation Authority Law in May of 1997. The thoughtful deliberation of residents and elected officials in the Roaring Fork Valley contributed to the creation of a real solution to a real problem that will positively impact communities in the valley and across the state.

High Five Plains Vision for 2015

Along the Interstate-70 corridor just east of Denver, the CHCI initiative called High Five Plains Vision for 2015 represents five rural towns in four counties. This region has a lack of higher education opportunities, forcing residents to either take correspondence courses or travel up to 40 miles to attend the nearest college. In November of 1996, High Five Plains initiated the High Five Plains Higher Education Council and facilitated a series of meetings with the superintendents of the local school districts, the local chamber of commerce, representatives from two institutes of higher education and agents from a local County Extension office.

In these monthly meetings, participants determined to hold focus groups to gather information about the communities' current and future higher education needs. The information from these focus groups, one of which was a teleconference with students from four high schools, is being used by the Council to determine strategies to serve the higher education needs of the region.

Some changes have already occurred. One college that was represented in the area only by an office in a private home now has a storefront office that is more visible and accessible to the public. In addition, the two colleges in the area have developed a collaborative relationship and plan to offer courses in the I-70 corridor. By identifying a need and bringing the key decision-makers together, High Five Plains Vision for 2015 is improving vocational and community college opportunities for its residents.

Lesson 2

*That guy with the
flipcharts and markers
is OK!*

Neutrality and Commitment are Key

In a collaborative, community-based planning process like the one pursued by the CHCI, establishing credibility is key. To successfully involve people from all income and ethnic groups, walks of life and political persuasions, convenors must be viewed as completely neutral, committed to the process and committed to the community. Regardless of how sincere the local convenors are about being neutral and inclusive, the perceptions of community members can make or break an initiative. In order to attain a high level of credibility, the CHCI used professional facilitators from outside the communities during both the planning and implementation phases of the initiative.

The CHCI taught us that the potential for community success can be affected by the relationship that community members have with their professional facilitator. In most instances, the communities were satisfied with their facilitators and felt that trusting relationships were developed. These trusting relationships allowed the facilitators to push communities to ask difficult questions and raise the uncomfortable issues that must be addressed when dealing with complex problems. When there was tension or conflict, the communities that had solid relationships with their facilitators were more inclined to ask for and benefit from guidance from their facilitator.

"The objective perspective [of the facilitators] helped bring our group together."

STAKEHOLDER

BEST PART OF THE PROCESS
"Learning consensus-building and decision-making."

STAKEHOLDER

In a few instances, community stakeholders felt the facilitators came with predetermined agendas, and in these instances, trusting relationships were not firmly established. When this occurred, community stakeholders became frustrated and less committed to the process. Maintaining high-quality assistance to communities is challenging, yet essential.

The Facilitator as Coach and Colleague

Most of the facilitators provided more than the facilitation of meetings. Because the facilitators had extensive experience with community problem-solving processes, they also played the role of coach and colleague to local leaders. The extensive use of the facilitators as coaches was encouraged, and local staff found one-on-one consultation with the facilitators extremely useful. Local leaders were frequently faced with difficult issues and report that they often benefited greatly from discussions with the outside, neutral facilitators whose advice they trusted.

Developing Local Leadership

For the healthy communities process to work — and for communities to develop leaders who can carry on into the future — facilitators and the process must focus on developing local leadership. In the CHCI, training was accomplished through workshops held for community residents and through one-on-one mentoring between the facilitators and the staff of local initiatives. This helped local participants develop their skills so that when the outside facilitators were gone, the communities were prepared to conduct community-based decision-making on their own. Training of local leaders helps to ensure that the new, effective methods of community problem-solving will be continued.

Having a model to follow is very useful, but being flexible is a must.

There is no room for rigidity

The Healthy Communities Process

The Colorado Healthy Communities Initiative process has three goals. These are to assist each community to define its desired healthy future, create strategies to attain that vision, and implement the strategies.

The planning process integrates David Chrislip and Carl Larson's[1] collaborative premise:

"If you bring the appropriate people together in constructive ways with good information, they will create authentic visions and strategies for addressing the shared concerns of the community."

Bringing the appropriate people together in constructive ways

The planning model (see sidebar) utilized by the CHCI was developed by the National Civic League and incorporated lessons from the private, public and nonprofit sectors. The model involved assembling a group of community members who became an Initiating Committee and performed preplanning activities. These committees each conducted a stakeholder analysis, which consisted of identifying the interests, perspectives and viewpoints that existed within the community; identifying a broad list of persons and organizations who held those interests, perspectives and viewpoints; and developing a representative subset of stakeholders to come together and work collaboratively. The stakeholder analyses conducted by the Initiating Committees led in turn to establishment of a Stakeholder Group in each community.

Gathering good information

With assistance from a professional facilitator, the Stakeholder Group in each CHCI community met every three to four weeks over a 12- to 18-month period to accomplish specific tasks. These tasks included gathering information about trends and forces affecting the community in three areas: citizens' perceptions about community health; data on the community's health status; and the community's problem-solving capacity. The Stakeholder Groups analyzed the health data and used it to develop a Healthy Community Profile for their community. They also utilized the National Civic League's Civic Index to measure the community's planning and problem-solving capacity.

Creating authentic visions and strategies

On the basis of the information gathered and the Civic Index assessment, the stakeholder groups created a community vision statement, identified Key Performance Areas and developed strategies to address those key areas. The vision statements reflected the collective values, dreams, hopes and desires of the community and were used to frame the projects and set priorities. The Key Performance Areas were gleaned from the vision as the areas that would have the greatest

THE CHCI PLANNING MODEL

Stakeholder Analysis
Identifying stakeholders who reflect the community

Project Kickoff
Celebrating the beginning of the Planning Phase

Environmental Scan
Identifying the current trends and forces affecting the community

SWOT Analysis
Looking at the community's current realities (Strengths, Weaknesses, Opportunities and Threats)

Healthy Community Profile
Collecting local data

Civic Index
Assessing the community's capacity to solve community problems

Vision Statement
Creating a healthy community vision

Key Performance Areas
Identifying high-priority issues

Action Plan
Developing strategies for moving toward the vision

1. *Collaborative Leadership: How Citiznes and Civic Leaders Can Make a Difference.* Chrislip, D. D. & Larson, C. E., Jossey-Bass, 1994, p.14.

impact on community health and therefore would be given initial priority under the initiative. The culmination of the process was the creation of action plans to move the community closer to its vision of a healthy community.

Communities were encouraged to develop both short-term and long-term strategies. The short-term strategies, such as developing a resource directory of community services, enabled communities to have successes early in the project. The long-term strategies, such as developing principles of sustainability upon which a county government would assess all decisions impacting the environment, promoted systems change. By pursuing both short-term and long-term strategies, communities were able to celebrate incremental success while also addressing more difficult issues that required complex solutions.

COMPONENTS OF THE CIVIC INDEX

Citizen participation
Community leadership
Government performance
Volunteerism and philanthropy
Intergroup relations
Civic education
Community information-sharing
Capacity for cooperation and consensus-building
Community vision and pride
Inter-community cooperation

"I felt the bringing together of a cross-section of the community to do a visioning was the most enlightening part of the process."

STAKEHOLDER

What the Communities Said

Start where the community is

One clear message from the communities was to improve the way that previous and current planning activities were incorporated into the CHCI planning process. Many of the communities had conducted strategic planning of some sort prior to becoming involved with the CHCI. Some communities had spent time building their skills and were familiar with collaborative problem-solving, while others were still in the early learning stages. In addition, many communities had existing planning efforts or projects on particular issues, such as violence-prevention.

Ensuring that related efforts are included is challenging yet beneficial in community-based initiatives. Those planning a healthy communities initiative must recognize that each community starts with differing experiences and skill levels, and the process must be flexible to accommodate those differences.

Shorten the planning process

The resounding message from Cycle I communities was that the planning process was too long. Thus in Cycles II and III, the facilitators and communities were encouraged to move through the process at a pace suitable to them.

There are advantages and disadvantages of a long planning process. On the positive side, people get to know one another and develop the relationships necessary to solve difficult community problems. However, a long process may lead to a lack of continuity because some people drop out, leaving only those who have the time to participate. In addition, in a long process, plans sometimes suffer from the "last one standing" syndrome, in which the final plans selected for implementation are chosen by those who have persevered to the end. Because some people have been worn out by the process and are no longer involved, these plans may not represent the views of the entire stakeholder group. If the plans are not truly representative, there is little energy or passion for them, and the move from planning to implementation becomes more difficult. All of these factors, as well as the needs and desires of the community involved, should be taken into account when determining the appropriate length of a community-wide planning process.

Provide more time for creating action plans

Although communities wanted a shorter planning process, some participants felt rushed when it came time to put action plans on paper. Regardless of the amount of groundwork completed in the planning phase, development of concrete and realistic action plans was extremely difficult for participants. The challenge is to spend adequate time on the information-gathering components while preserving enough energy and enthusiasm for the development of detailed action plans. Without action plans that clearly define roles

"I thought I'd be dead by the time our plan was implemented."

78-YEAR-OLD STAKEHOLDER

and responsibilities, implementation becomes difficult and critical momentum is lost.

Be proactive in how technical assistance is provided

The CHCI taught us that it is important to be proactive in offering technical assistance and that the process by which communities gain access to technical assistance affects the degree to which they utilize the assistance. Some communities felt they needed more technical assistance in the implementation phase as they grappled with difficult issues such as establishing a new nonprofit organization or creating a community foundation. Even though technical assistance was within reach, Colin Laird, executive director of Healthy Mountain Communities, noted, "Communities were just so busy trying to keep their heads above water that they had difficulty stepping back, identifying the type of assistance needed and then asking for it."

Implications for Funders and Project Administrators

Models must be flexible

With the benefit of experience in 28 communities, the National Civic League and The Colorado Trust believe that the planning process design used in the CHCI was effective. Having a model is important and provides a framework that helps participants understand each component as a vital piece of the whole. However, the model must be adaptable to communities' differing strengths and needs. For example, some communities had never participated in a visioning process and needed time to create a vision statement that truly reflected the hopes and dreams of the residents. Other communities had already completed a vision statement and could move more quickly through this step by simply modifying their existing statement. If the individuality of the community is not appreciated, the integrity of the process is weakened.

A flexible model needs flexible funding

The need for flexibility in the model implies a need for flexibility in the way funding is distributed as well. Communities do not always finish steps of the process along the projected time lines. Hence, communities may be ready for the next phase of funding either earlier or later than anticipated. It is essential that funders are prepared for this reality and plan to distribute funds when the communities are ready for the next level of support.

"The stories [about other communities] shared by the facilitators helped us see that success was possible."

STAKEHOLDER

Lesson 4

To involve representatives of the entire community, a significant focus on outreach must be built into the process.

Include people from all walks of life

Difficulties Attaining Broad Stakeholder Representation

From the beginning, the CHCI emphasized the importance of involving stakeholders who reflected the entire community. This is an essential component of any planning process. It is important to bring together as many different perspectives from the community as possible at the beginning of the community's initiative and to incorporate outreach throughout the process. Some groups in the communities were more difficult to reach than others, and multiple attempts were necessary before relationships and trust had been established and individuals were willing to be involved. Anyone planning a healthy communities initiative must be prepared to spend significant time and energy reaching out to the entire community.

Although 50 percent of the stakeholders surveyed by the CHCI evaluation team considered themselves "new faces," most communities did not attain the kind of broad, community-wide representation for which they had hoped. Throughout the planning phase, communities attempted to decrease barriers to participation by holding meetings in different locations and at different times. Participants expressed frustration with the amount of time and energy they were able to devote on outreach, saying the pressure they felt to move through the process and complete the planning steps left little energy for ongoing outreach. Even now, with communities in the implementation phase, attaining broad community participation continues to be a challenge.

"I was there to learn and hopefully bring other Hispanic men or women into the group — but I was lost, so I was afraid to involve others."

S TAKEHOLDER

Reaching out to the people

In 27 of the 28 communities, most stakeholders were middle- and upper-class Anglos with post-high school education. The one initiative that differed had primarily African-American participants, who reflected the urban area of Denver that they represented. Across the sites, the most underrepresented groups in the CHCI were youth and young adults, ethnic and racial minorities, people with low socioeconomic status and people lacking post-secondary education. The similarity of participant characteristics across 27 communities with varying demographics suggests that additional means of outreach must be put in place to ensure broader representation and participation.

Reaching out to the community sectors

The CHCI communities had varied success attaining broad representation across the private, public and nonprofit sectors. For example, while some communities successfully involved representatives from the business community, others had more representatives from education and human services. The religious community was underrepresented in all initiatives. Across the entire CHCI, most sectors were represented, albeit some were represented more strongly in certain communities than in others. However, representation from all community sectors within one initiative was uncommon. The experience of the CHCI communities taught us that, as with obtaining representation from citizens, obtaining broad representation from the various sectors of the community will require more planning and ongoing outreach.

Two Success Stories

Shaping Our Summit

When the Board of Directors of the CHCI initiative called Shaping Our Summit (SOS) placed a newspaper ad to solicit applications for a coordinator, they didn't expect to receive a response from the Summit County Chamber of Commerce. The Chamber offered to coordinate SOS from its office because of shared focus and goals: both organizations had a countywide focus and both had a desire to inform the public about the community and the ways that residents could become involved in their community.

SOS gladly accepted the Chamber's invitation, which has led to collaborative projects such as jointly developed "Welcome Kits." The contents of these canvas bags introduce newcomers to businesses belonging to the Chamber through gifts and coupons, and they introduce new residents to Summit County's norms and values through SOS's "Local's List" and "Environmental Best Practices" brochure. In addition, the Chamber and SOS plan to co-host a networking breakfast to educate business owners about cost-effective strategies for operating their companies in environmentally friendly ways. Through this innovative partnership, the residents of Summit County have created economic development strategies that also value the community's desire for environmental sustainability.

The Piñon Project

In Montezuma County in southwest Colorado, the Piñon Project has successfully involved the local Native American population in their healthy community initiative. Dennis Prather, executive director of the project, says, "Treating Native Americans without prejudice and exploitation has been the key to having them represented in the initiative." Tribal members, treated with respect and dignity, accepted invitations to participate in the Piñon Project. Members of the Native American community currently serve on the project's board of directors, task forces and committees, lead after-school youth programs and act as family advocates at the Piñon Project's family center.

Implications for Healthy Communities Efforts

Everyone is busy — but people get involved in issues that matter to them. For example, while few people might attend a roundtable on "economic development," many people might come to meetings to voice their opinion about bringing casinos to town as an economic development strategy. People get involved when they feel they have a stake in the issues being addressed.

Redefining "involvement"

For a healthy communities initiative to be successful, the convenors must provide a variety of meaningful ways for people from all walks of life to become involved, and funders and organizers must be willing to define involvement broadly. Residents of a community have differing amounts of time available, and there are issues about which they feel passionately. For this reason, opportunities for involvement must vary in the time commitment required and the issues that are addressed.

Attending planning meetings is only one of the ways community members can be involved. The necessary combination of short-term projects and long-term systems change provides a variety of opportunity for involvement. For example, a local business leader might not attend monthly planning meetings, but may immediately respond to a specific request for sponsorship and volunteers for a communitywide cleanup day. Successful initiatives welcome and help community members to become involved on their own terms.

Placing emphasis on outreach

The way an initiative defines involvement will affect the way outreach is conducted. Outreach should not be just one more item on an already long "to-do" list of a healthy communities initiative. Significant time and energy should be spent on the initial outreach to involve all of the community perspectives in the planning process.

No less important is the ongoing outreach to continue the dialogue with the entire community throughout the process. This ongoing outreach must truly be a "reaching out" to the community. It is not enough to invite people to meetings. Healthy community efforts must tap into existing networks, build relationships and find meaningful ways to involve people in the issues that matter to them.

Lesson 5

In the transition from planning to implementation, establishing the initiative's governing structure is as important as implementing the action plans.

Moving from
planning to action
creates new challenges

The Dual Challenge

The CHCI communities found that making the transition from planning to implementation was a challenge. Participants were simultaneously establishing the governing structure of the initiative and starting to turn their plans into action. Many communities chose to create a nonprofit organization. Others chose to operate under the umbrella of another organization. Regardless of the type of organization that evolved, all of the initiatives had to establish some type of governing group and deal with the issues that face any new organization. In addition to completing the application for nonprofit tax status (for the initiatives that incorporated), governing structures and decision-making protocols had to be put in place.

The communities were doing more than establishing governing structures — they were attempting to create structures that embodied the healthy communities principles and values. To gain and maintain credibility, the communities had to incorporate community-wide, consensus-based decision-making every step along the way. Like the planning process itself, setting up a governing structure in this manner takes time, creativity and commitment.

Implementing the type of systems change proposed by the CHCI is a difficult and complex process. When coupled with establishing and planning for the future of a new organization that embodies the healthy communities principles and values, the task becomes even greater. The CHCI showed us that communities need technical assistance to help them create governing structures and that the sooner governing structures are in place, the sooner communities are able to focus energies on implementing their action plans.

Collaborative leaders are essential to a successful project.

*Find
servants,
not heroes*

The Dedicated People Who Are Needed

Champions of the process

The leadership of a local initiative must be champions of the collaborative, consensus-based decision-making process that is the central premise of the healthy communities movement. The skills and capacities needed are different from traditional leadership characteristics. As Chrislip and Larson[2] state, "This is a profound shift in our conception about how change is created and requires an equally profound shift in our conception of leadership. Rather than heroes who tell us what to do, we need servants to help us do the work ourselves."

A strong governing group

A committed and active governing group is also a key component of a successful community initiative. Most CHCI initiatives decided to incorporate into nonprofit organizations, which meant they created new boards of directors. Even those initiatives that did not incorporate established some type of governing body composed of volunteers. The membership of this governing body serves as the link to the community and affects the character and credibility of the initiative. To ensure continuity and momentum, many members of the governing group should come from the initial stakeholder group.

2. Chrislip & Larson, 1994.

A paid staff person

When it came time to implement their action plans, most CHCI communities found that it was extremely helpful to have a paid staff person. The $100,000 implementation grants that were awarded by The Trust required a level of financial accountability difficult to attain with only a volunteer governing body. The paid staff person was also able to provide the accountability needed for ensuring the implementation of the action plans and reporting back to The Colorado Trust. It must be noted that having a paid staff does not diminish the need for and value of strong volunteers in a healthy communities effort. However, the ambitious action plans require coordination, and a paid staff person can devote the significant time and energy needed to keep the entire process going.

"We underestimated the difficulty of keeping good books to account for the $100,000 implementation grant."

STAKEHOLDER

Lesson 7
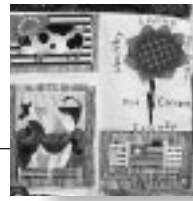
Offering implementation funding inevitably impacts the planning process.

*Money can be
a double-edged
sword*

"If money is involved, look out!"

STAKEHOLDER

Money as a "Carrot"

Communities that participated in the CHCI were informed from the beginning of the planning phase that there was the very real possibility for their project to receive an implementation grant of $100,000. By offering a significant amount of money for implementation, The Colorado Trust hoped to encourage broad-based, enthusiastic community involvement. The Trust's belief was that citizens would want to participate in the development of action plans if they knew there was a good chance for funding to help turn the plans into reality.

The possibility of implementation funding did get people involved as The Trust had hoped. However, some communities found that participants representing health and social services were posturing to get the money for their programs rather than engaging in genuine discussions about new strategies to improve the health of their community. Fortunately, most initiatives that suffered from this dynamic were able to overcome it and establish constructive dialogue leading to implementation activities that reflected the healthy communities principles and values. Unfortunately, several initiatives continue to feel the effects of the initial "money grab" mentality and have had difficulty developing and implementing community-driven, consensus-based change.

It is possible to feel and see tangible outcomes, but sometimes the actual effects on the community's health status are difficult to document.

Define success locally

Defining Success

When community members talk of success, they share stories. When institutions talk of success, they report data. Both measures of success are important, and both must be defined locally. Each incremental success in a healthy communities initiative must be recognized and celebrated as a valuable outcome. More than 200 residents from the small town of Trinidad came to a community meeting dealing with the extremely controversial topic of introducing legalized gambling into their community. The meeting, which was initiated by participants in the local healthy communities project, gave citizens both for and against this issue an opportunity to voice their opinions and share their concerns. After the meeting, several participants expressed satisfaction at being able to come together to share opinions in a constructive way on such a heated topic and said the meeting provided a model for future gatherings on other difficult community issues. To the residents of Trinidad, the community meeting was a successful step toward ongoing, community-based decision-making.

When CHCI stakeholders were asked what had been the most significant result of undertaking the initiative in their community, few answers related to traditional health data and statistics. Most responses focused on the process of coming together and working with new people. Other significant results mentioned by stakeholders could not readily be tied to a direct cause-and-effect relationship with health. These included the creation of a community foundation, the opening of five resource centers and new cooperation between two counties with a history of 100 years of competition. The community members involved in the CHCI realized that success must be defined broadly.

In healthy communities initiatives, success must also be defined locally. Funders and implementers must be willing to accept the short-term successes, to wait for the long-term impact on health and to utilize new definitions of success.

> *"Health is the byproduct of strong communities."*
>
> JOHN GARDNER
>
> FOUNDER OF COMMON CAUSE AND CHAIRMAN OF THE BOARD OF DIRECTORS, NATIONAL CIVIC LEAGUE (1994–96)

Creating Change "One Person at a Time"

Healthy communities are born of healthy people. As CHCI stakeholders discussed their own involvement in local initiatives, they shared many stories of individual growth. Most stories focused on the themes of learning new ways of solving community problems, gaining a new understanding of the importance of individual involvement, and enjoying learning about the community and meeting new people. Individual success stories are an important part of a healthy communities initiative and should be celebrated and recognized.

> THE MOST IMPORTANT OUTCOME
> *"We have learned to work together and respect each other."*
>
> STAKEHOLDER

Evaluation of the CHCI

Evaluation of the CHCI is being conducted in two ways. An evaluation conducted by Dr. Ross Conner at the University of California at Irvine has been under way since 1992. In addition, in 1995 a community-based approach to monitoring quality of life was initiated in many of the participating communities.

Evaluating the initiative's processes

The research goal of Dr. Conner's work is to assess the impact of the collaborative planning process on communities' abilities to carry out effective health-promotion and disease-prevention programs. The primary objectives of the research team are to assess processes and outcomes of the planning phase and to examine changes in community decision-making processes.

Through in-depth interviews and surveys with CHCI stakeholders, we are learning what did and did not work in the planning and implementation phases. The results of these inquiries formed the basis for many of the lessons discussed in this report. The preliminary findings of Dr. Conner's work are expected to be available late in 1998.

THE INDICATORS SELECTED BY YAMPA VALLEY PARTNERS

Social Indicators
Arts and Culture
   Buildings on Local/State/National Historic Registers
Education
   Ranking on American College Test
Governance
   Registered Voters who Vote
Health
   Disease/Mortality Rates
Health Care
   Children Immunized by Age Two
Human Services
   Poverty Levels and Available Licensed Child Care Slots *
Public Safety
   Crime Rate

Economy Indicators
Attainable Housing
   Ratio of Wages to Housing Costs
Economic Diversity
   Employment by Industry
Economic Vitality
   Wage by Industry
Recreation
   Number of Visitors
Transportation
   Traffic Counts

Environmental Indicators
Air Quality
   Annual and 24-Hour Maximum PM-10 Standards
Energy Efficiency
   Kilowatts Per Household and E-Star Rated Homes
Land Preservation
   Acres in Conservation Easements
Solid Waste
   Amount of Recycled Materials
Water Quality
   Acid Snow Levels
Water Quantity
   Minimum Stream Flows in Yampa River
Wildlife
   Number of Elk

AN EXAMPLE OF A COMMUNITY INDICATOR PRESENTED IN YAMPA VALLEY PARTNERS CIP REPORT, 1997

Indicator
*Licensed Child Care Slots

Target
Twenty-five licensed child care slots per 100 children under age 13

Accessible child care is a dilemma faced by many parents within Yampa Valley. The cost of living often requires both parents to work or single parents to work two jobs. Children of working parents need a safe, educational and nurturing environment. With limited capacity in too few licensed child care homes or centers, quality child care is simply not available to all parents. Options for infant care are especially limited, with many parents getting placed on a waiting list before a child is born. Since 1993, slots available in licensed family child care homes have fluctuated, while capacity in licensed child care centers has actually declined.

Improving our capacity to care for our infants, toddlers and school age children will reap the long-term benefit of well-educated, emotionally and intellectually healthy children. Based on nation-wide experience, strategies to provide adequate child care capacity should focus on achieving a target of 25 slots per 100 children under age 13.

Fifteen of the CHCI communities have been funded to initiate a process to identify locally relevant indicators of health and quality of life (see example, page 22). The Community Index Project (CIP) was designed to enable participating communities to expand on the Healthy Community Profiles they had developed during their planning phases.

The Profiles, which were initially developed to help community members make informed decisions in the development of the action plans, also provided an important first step in a community indicator process. The distinguishing feature of community indicators is that these measures of quality of life are tracked on an ongoing basis, and thus provide a means of assessing progress toward a healthy community. The power of community indicators comes through development of indicators that are appropriate to meet the unique needs of the community. An emphasis on community-based choice of indicators is a key defining principle of the CIP.

As of March of 1998, seven communities had produced community indicator reports and distributed them back to their communities. While the physical report serves as the primary "product" of the effort, the presentations are designed to prompt action by targeting each group with data that speak directly to their own interests and that suggest activities that are within the group's span of control.

In all cases, the CIP projects are motivated by a desire for community change. Very few communities came into the effort with a high degree of familiarity with data analysis and measurement; local volunteers and staff members have learned research skills in order to develop indicators that can serve as valid and compelling points of departure for effective action. Beginning with the process of selecting indicators and extending through the task of engaging local residents in conversations about the implications of data, the CIP is an exercise in community development. By exploring and measuring the aspirations that residents hold for their community, the CIP projects have fostered a clearer sense of purpose and a stronger recognition of what residents can do to build a healthy community. In addition, the data the communities are collecting is useful to the overall evaluation of the initiative.

The Ripple Effect

Bob Anderson is the executive director of the CHCI effort in Weld County, called Weld Citizen Action Network (WeCAN). He also serves as the town planner for the small rural community of Severance. Because of his involvement in WeCAN, Anderson has incorporated healthy communities principles into practically every policy guide and manual for the town of Severance, from the town's Comprehensive Plan for Growth and Development to its subdivision regulations. He says, "Healthy community principles have become both a measure and a tool for the town's Board of Trustees in evaluating practically every decision that comes before them."

> *"[The CHCI process] gave me the sense that I could make change."*
> S TAKEHOLDER

> *"[I realized that] if I don't take action, nothing will change."*
> S TAKEHOLDER

> *"Once we published data about the community and were seen as a source of information, we gained credibility in the eyes of the community residents."*
> S TAKEHOLDER

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Lesson 9

Establishing strong networks among local initiatives plays an important role in supporting them.

Lean on me

The CHCI as a Movement

The CHCI is not a series of projects; it is a movement. It is a movement that is sweeping the nation as communities grapple with complex quality-of-life issues that require new methods of problem-solving. To provide the intense support needed by the CHCI, The Colorado Trust established and funded the Colorado Healthy Communities Council.

The Colorado Healthy Communities Council

In December of 1993, for the first time, representatives of the Cycle I CHCI communities came together at the International Healthy Cities and Communities Conference in San Francisco to talk about their experiences. Participants were so excited to meet and talk with others who were struggling with similar issues that they stayed up well into the night sharing stories and learning from one another.

This meeting confirmed the need for a formal mechanism for networking, and in October of 1994, the Colorado Healthy Communities Council (CHCC) was established. The board, composed of members of different CHCI communities, was selected in 1995, and a coordinator was hired in January of 1996. Shortly thereafter, the Council incorporated as a nonprofit organization. As a new organization, the Council is still in the process of defining itself, but it is clearly an organization of and by the communities it represents.

"The Council has been an incredible resource for me. It provides an invaluable forum for information exchange and learning."

JENNIFER PRATT MILES,
COORDINATOR, SHAPING OUR SUMMIT

Supporting its members

The Council attempts to operate in a fashion that supports and reinforces the principles and values of the healthy communities movement. It is a statewide organization committed to defining itself according to the needs and desires of its membership, which includes the CHCI communities and other interested communities and organizations. Initially, the Council primarily provided networking opportunities through an annual conference, quarterly Council meetings, a newsletter and a computer "listserv" (where Council members can communicate via e-mail). This very important function allowed for a high level of interaction among members spread across approximately 120,000 square miles.

As the Council has matured, its role is changing, and today the activities of the Council go beyond networking to provide support to develop the capacity of its members. The current areas of focus for the Council are providing products and services to create and enhance more effective members; developing funding streams that members cannot develop by themselves; and inspiring, convening, networking and collaborating with members.

New challenges for the Council

The value and integrity of the Council have been clearly evident to The Colorado Trust. Because of the communities' success in supporting each other through the Council, The Trust decided to try a vanguard fund-distribution method. After approving additional funding for the CHCI, The Trust entrusted more than $900,000 to the Council with the charge to disburse the funds to its members through a challenge

grant program. The Council was faced with deciding how to give grants to its members in a fair and equitable way.

In January of 1998, the Council began managing the Challenge Grant Program. The challenge grants match funds raised by CHCI projects from other sources. Through this program, the Council attempts to provide funds in a non-threatening atmosphere that promotes learning by the Council and by recipient communities.

The Council has developed a document entitled *Healthy Communities Principles and Values* (page 7), which is used to assess how well an initiative is grounded in healthy community principles and which guides grantmaking. As of April of 1998, 10 proposals had been reviewed, and eight had been approved for funding. The review team is working with the two communities that were not initially approved to strengthen their projects and help them meet the Council's funding criteria.

Supporting the Healthy Communities Movement in Colorado

The Colorado Healthy Communities Council plays an important role in supporting the healthy communities movement in Colorado. In addition to the networking and development activities described previously, the Council also serves as a central point where anyone can gain a quick overview of healthy community activities in the state.

The Council also helps new staff people at the local level become quickly immersed in the healthy communities movement. Because most initiatives have only one staff person, it can be quite a blow if that person leaves. Thanks to the assistance provided by the Council, today local initiatives lose less time and energy when they must train a new staff person. This benefits everyone — the local initiative, the Council and the healthy communities movement.

KEY COMPONENTS OF
THE CHALLENGE GRANT PROGRAM

Grants are offered as a dollar-for-dollar match of funds raised through other sources.
Proposals are reviewed by teams composed of Council members.
Criteria for funding is based on demonstrated commitment to healthy community principles and values.
Review teams provide extensive feedback on organizational and program strengths and weaknesses.
Communities have access to technical assistance.

COLORADO HEALTHY COMMUNITIES COUNCIL

The Colorado Healthy Communities Council (CHCC) is a self-governing body comprising representatives from the original CHCI communities, other healthy community efforts and other interested organizations.

VISION STATEMENT:

In the year 2000, communities across Colorado are beginning to embrace healthy community principles, and local and regional forums across the state have rekindled citizen participation in a variety of issues. These forums are characterized by their inclusiveness, level playing field, collaborative approach and decision-making based on consensus or consent. Communities are also using locally defined (that is, meaningful) indicators to measure their progress toward creating a healthy community.
More individuals are making long-term commitments to the place in which they live and living in community with their neighbors. Many people throughout the state are realizing the interconnectedness of all issues in their communities and sense the need for holistic solutions to community problems.
CHCC has a higher profile in the state and across the country and is busy trying to meet demands for its services. Many member initiatives have created successful models of what works in a variety of areas (access to health care, welfare reform, indicators, transportation, growth, community problem-solving) and the Council is working on how to take these successes to the state level.

Lesson 10

Significant change takes time.

You've got to be in it for the long haul

> *"We have started by taking the first step in a long journey."*
>
> STAKEHOLDER

REGARDING THE COSTS IN TIME AND MONEY OF DOING A CHCI-TYPE PROCESS:

> *"What would be the cost if you didn't do it?"*
>
> STAKEHOLDER

Using community-based processes to identify and address complex quality-of-life issues takes time and commitment from local participants, funders and project administrators. From the beginning, The Colorado Trust explained to CHCI communities that the foundation would provide financial support for the planning phase and some of the funding for the implementation phase. The Trust emphasized throughout the CHCI that the communities would need to seek multiple sources of funding to ensure the full implementation of their action plans.

Many of the communities found it difficult to find alternative sources of financial assistance. The Trust's Board of Trustees and staff evaluated the most appropriate method of providing additional resources while encouraging communities to move toward independence from the foundation. The result was the establishment of the Challenge Grant Program and the Community Index Project.

The willingness to make a substantial commitment of time and resources is necessary for any effort such as the CHCI. To be successful, both funders and community members must recognize that effects on health statistics may not occur quickly and that bringing about significant change requires a long-term effort.

Appendix A

Communities Participating in the Colorado Healthy Communities Initiative

The Aurora Project
2350 B South Chambers Road
Aurora, CO 80013
  Founded: 1992
Geographic area: City of Aurora, population 222,000
Contact: Christine A. Berkowitz
  Phone: 303-671-9088
  Fax: 303-671-9223;
  E-mail: us4@ix.netcom
Mission Statement: To bring the people of Aurora together to build a safer and healthier community. To accomplish this, The Aurora Project (TAP) serves as a conduit of information, ideas, resources and collaborative efforts for groups and individuals working in the areas of health care, youth and family issues, environmental concerns, education and the development of a sense of community.

Boulder County Healthy Communities Initiative
c/o The Walter Orr Roberts Institute at UCAR
P.O. Box 3000
Boulder, CO 80307
  Founded: 1995
Geographic area: Boulder County, population 240,000
Contact: Susan Q. Foster
  Phone: 303-497-2108
  Fax: 303-497-2100
  E-mail: susanf@ucar.edu
  Website: http://www.ucar.edu/bchci.html
Mission Statement: To develop and implement an inclusive action plan that, by integrating common evolving values, honoring diversity and creating a shared vision of a healthy and vital community, sustains such a regional community for generations to come.

The Center for Self-Help and Development
c/o Full Circle Intergenerational Project
3050 Richard Allen Court
Denver, CO 80205
  Founded: 1994
Geographic area: Northeast Denver (Whittier, Five Points, North Capitol Hill, City Park West, City Park and Cole neighborhoods)
Contact: Anita West-Ware
  Phone: 303-333-7595
  Fax: 303-377-4631
Mission Statement: The Center for Self Help and Development is a Northeast Denver community-wide coalition. The Center's vision is of a healthy community with a strong spiritual foundation that strengthens parent/child relations and brings families and communities together. Its vision ensures community members the availability of jobs, healthcare, home ownership and a sense of respectable stability. As an empowered people, Northeast Denver residents realize that changing the community starts and ends with each valuable and precious individual.

Citizens for Lakewood's Future
7575 W. Colfax Avenue
Lakewood, CO 80215
  Founded: 1994
Geographic area: City of Lakewood, population 130,000
Contact: Mary Vodneck
  Phone: 303-231-2654
  Fax: 303-231-2655
  E-mail: vodneck@worldnet.att.net
Mission Statement: To promote a Lakewood community that can continually create and improve its physical, economic and social environment, as well as increase resources that enable people to help each other to meet life's needs and develop to their full potential.

Commerce City: Mission Possible!
4675 East 69th Avenue
Commerce City, CO 80022
   Founded: 1993
Geographic area: Commerce City, population 18,000
Contact: Scott Turner
   Phone: 303-853-3296
   Fax: 303-853-3222
   E-mail: jagjst@concentric.net
Mission: To bring together a diverse group of people
   representative of the Commerce City community,
   thereby creating a unified body of energy shaping
   a safe, healthy and improved quality of life of
   which we can all be proud.

Community Health and New Growth for Everyone
429 West Baca Street
Trinidad, CO 81082
   Founded: 1994
Geographic area: Las Animas County, population
   14,000
Contact: Dwight Roxburg
   Phone: 719-846-8668
   Fax: 719-846-0799
Mission Statement (Fisher's Peak YMCA of Trinidad):
   To help persons develop healthy personalities and
   build a community based on Christian ideals of
   love and respect through programs designed to
   improve the mental, physical, social and moral
   state of being of the residents and the communi-
   ties served by this Association.

Custer 2020
P.O. Box 326
Westcliffe, CO 81252
   Founded: 1994
Geographic area: Custer County, population 2,000
Contact: Sara Ballard
   Phone: 719-783-2888
   Fax: 719-783-2516
   E-mail: custer2020@ris.net
Mission Statement: To enhance the lives of the resi-
   dents and visitors of Custer County by: profession-
   ally planning, designing and building an intergen-
   erational recreation facility; and coordinating build-
   ing phases into the community's most requested
   activities and the most compatible multi-use
   spaces.
   To insure credible management of community,
   foundation and other funds by: financial accounta-
   bility; cost-effective strategic planning; and funding
   for future sustainability.

Globeville Community Connection
4962 Broadway
Denver, CO 80216
   Geographic area: Globeville Neighborhood, popu-
   lation 25,000
Contact: Rosemarie (Toni) Riley
   Phone: 303-295-0171
   Fax: 303-295-1143
Mission Statement: To promote and create health and
   education initiatives, and economic, housing and
   job development resources identified by the com-
   munity residents. Past surveys will guide the pro-
   grams created.

Healthy Living Systems, Inc.
286 16th Street
Burlington, CO 80807
   Founded: 1996
Geographic area: Kit Carson County, population 11,000
Contact: Marilyn Cranmer
   Phone: 719-346-5311 or 970-664-2202
   Fax: 719-346-5282
   E-mail: mcranmer@ria.net
Mission Statement: Our vision for Kit Carson County
   in the year 2010 would be to have all people in the
   county residing in housing that is above-average
   quality and reasonably affordable. Appropriate and
   adequate housing alternatives will be available for
   elderly members of every community, and an ade-
   quate housing supply will exist to enable people to
   move to the area.

Healthy Mountain Communities
P.O. Box 451
Basalt, CO 81621
   Founded: 1992
Geographic area: The Roaring Fork Region from Aspen
   to Parachute, population 47,000
Contact: Colin Laird
   Phone: 970-963-5502
   Fax: 970-963-5502 (call first)
   E-mail: claird@rof.net
Mission Statement: Healthy Mountain Communities
   (HMC) is a nonprofit organization pursuing region-
   al connections to enhance the quality of life in the
   Parachute-to-Aspen region. HMC acts as a catalyst
   to develop the regional community and encourage
   regional collaboration, foster a diverse, environ-
   mentally balanced and sustainable economy and
   strengthen families.

Healthy Plains Initiative, Inc.
c/o Northeast Colorado Health Department
700 Columbine
Sterling, CO 80751
Founded: 1994
Geographic area: Northeast Colorado: Logan,
Morgan, Phillips, Sedgwick, Washington and Yuma
counties
Contact: Rick Schulte
Phone: 970-522-3741, Ext. 125
Fax: 970-522-1412
E-mail: rschulte@hpdc.com
Mission Statement: To promote waste diversion and
reduce toxicity of materials going to landfills
through recycling, composting, and education and
promotion of household hazardous waste collection.

Healthy Pueblo Communities 2010
c/o Tina Orr
151 Central Main
Pueblo, CO 81003
Founded: 1992
Geographic area: Pueblo County, population 130,000
Contact: Tina Orr
Phone: 719-547-4514
Fax: 719-547-4787
E-mail: torr@usa.net
Mission Statement: To foster, enhance and promote
collaborative community awareness, knowledge and
action through education, research and advocacy.

High Five Plains Vision for 2015
155 N. County Road 157
Strasburg, CO 80136-9417
Geographic area: The I-70 corridor communities of
Watkins, Bennett, Strasburg, Byers and Deer Trail
Contact: Frank Doyle
Phone: 303-622-9588
Fax: 303-971-1907 or 303-971-0142
E-mail: Frank.I.Doyle@lmco.com

Lafayette Healthy Communities Initiative
574 South Bermont Drive
Lafayette, CO 80026
Founded: 1995
Geographic area: City of Lafayette, population 17,000
Contact: Sharon Stetson
Phone: 303-665-5181
Fax: 303-665-4229
Mission Statement: To develop a park in Old Town
and to raise the awareness and perception of
health issues to foster the health, safety and well-
being of the community.

Linc-Up
P.O. Box 571
Hugo, CO 80821
Founded: 1995
Geographic area: Lincoln County Service Area (this
includes but is not limited to the communities
around the towns of Agate, Arriba, Flagler, Genoa,
Hugo, Karval, Kit Carson, Limon, Matheson, Rush,
Siebert and Simla), population 5,700
Contact: Letha Clark
Phone: 719-743-2146
Fax: 719-743-2879
E-mail: lincup@iguana.ruralnet.net
Mission Statement: The Lincoln County Region,
founded with a pioneer spirit, cultivates this her-
itage through the nurturing of the person, place
and tradition.

The Mesa County Civic Forum
P.O. Box 2731
Grand Junction, CO 81502
Founded: 1994
Geographic area: Mesa County, population 93,000
Contact: Pat Landrum
Phone: 970-241-1064
Fax: 970-241-1912
E-mail: PkLandrum@aol.com
Mission Statement: The Civic Forum promotes the
public interest in Mesa County by involving citizens
in identifying and framing critical public policy
choices, forging recommendations and advocating
their adoption.

Operation Healthy Communities
P.O. Box 3040
Durango, CO 81302
   Founded: 1994
Geographic area: Archuleta, Dolores, La Plata and
   San Juan counties, population 38,500
Contact: Marsha Porter-Norton
   Phone: 970-382-0585
   Fax: 970-385-4170
   E-mail: ohc@frontier.net
Mission Statement: It is the mission of Operation
   Healthy Communities (OHC) to act as a neutral
   convener and to facilitate a collaborative communi-
   ty development and education process that will:
build and sustain a healthy community, and
   enhance the holistic (social, physical, spiritual) well-
   being of community members through:
   empowering citizen involvement,
   engaging community and business leaders and
   organizations,
and promoting a greater sense of responsibility for
   community wellness, based on values of:
   cultural diversity,
   human potential and
   economic inclusion,
and recognizing the strategic importance of:
   strong families,
   caring neighborhoods,
   a sustainable environment,
   quality education and health care, and
   a balanced economy.

Park County Vision 2020
P.O. Box 1314
Fairplay, CO 80440
   Founded: 1995
Geographic area: Park County, population 7,000
Contact: Alan Swartz
   Phone: 719-836-4289
   Fax: 303-836-4290
   E-mail: park@coop.ext.colostate.edu
Mission Statement: The purpose of Park County Vision
   2020 is to preserve and enhance our quality of life
   by taking a pro-active direction in the following
   areas: maintaining the quality of our natural
   resources, providing adequate health and educa-
   tion services, increasing local employment and
   entrepreneurial opportunities, improving inter-
   county communications and infrastructure, plan-
   ning for sustainable growth and having a sense of
   community pride and involvement for all.

Peak to Peak Healthy Communities Project
P.O. Box 668
Nederland, CO 80466
   Founded: 1994
Geographic area: Gilpin County and western Boulder
   County, population 13,000
Contact: Garry Sanfaçon
   Phone: 303-258-7119
   Fax: 303-258-0124 (*51)
   E-mail: saf@indra.com;
   Website: http://www.peaknet.org
Mission Statement: To build a sense of community by
   sharing access to resources and facilitating collabo-
   rative community efforts and thereby promoting
   responsible citizenship and leadership. Slogan:
   Building Our Community.

The Piñon Project
P.O. Box 518
34 East Main Street
Cortez, CO 81321-0518
   Founded: 1994
Geographic area: Montezuma County and the Ute
   Mountain Ute Tribe, population 19,000
Contact: Dennis Prather
Phone: 970-564-1195
   Fax: 970-564-9011
   E-mail: pinon@frontier.net
Mission Statement: The Piñon Project is a nonprofit
   organization dedicated to implementing collabora-
   tive community-inspired initiatives, goals and pro-
   grams that empower and create quality opportuni-
   ties for all people and families of Montezuma
   County and the Ute Mountain Ute Tribe to live
   healthy, productive and meaningful lives.

Prowers Progress
401 Kendall Drive
Lamar, CO 81052-3993
   Founded: 1995
Geographic area: Prowers County
Contact: Kris Stokke
   Phone: 719-336-4343 x207
   Fax: 719-336-3805
   E-mail: kstok@iguana.ruralnet.net
Mission Statement: Health Resources assists people
   wanting to make more knowledgeable health
   choices by offering free information on any health
   topic, including surgeries, tests, prevention, alter-
   natives, wellness and disease. We promote profes-
   sional medical education to area physicians and
   medical staff, as well as our community via
   telemedicine, books, videos and forums and self-
   help groups.

San Luis Valley Community Connections
204 Carson Avenue
Alamosa, CO 81101
   Founded: 1994
Geographic area: San Luis Valley, including Alamosa,
   Conejos, Costilla, Mineral, Rio Grande and
   Saguache counties, population 41,000
Contact: Kandiss Bartlett
   Phone: 719-589-9691
   Fax: 719-589-5722
   E-mail: kbart@amigo.net
   Website: http:www.slv.org/slvcc
Mission Statement: San Luis Valley Community
   Connections creates a responsible, safe, healthy,
   self-reliant and harmonious community.

Shaping Our Summit
P.O. Box 130
Frisco, CO 80443-0130
   Founded: 1994
Geographic area: Summit County, population 16,000
Contact: Jennifer Pratt Miles
   Phone: 970-668-2766
   Fax: 970-668-1515
   E-mail: sos@colo.com
Mission: To guide the growth and development in
   Summit County to preserve its wonder for our chil-
   dren's children through increased citizen involve-
   ment in the decision processes.

Uncompahgre Healthy Community Project
P.O. Box 1261
Cedaredge, CO 81413
   Founded: 1992
Geographic area: Delta, Ouray and eastern Montrose
   counties, and the Somerset area of Gunnison
   County
Contact: Jim Hudson
   Phone: 970-874-7845
   Fax: 970-434-9212
Mission: Providing a forum for change through com-
   munity collaboration.

Weld Citizen Action Network
812 8th Street Plaza
Greeley, CO 80631
   Founded: 1994
Geographic area: Weld County, population 134,000
   (plus 10,000 to 20,000 migrant population)
Contact: Bob Anderson
   Phone: 970-304-0373
   Fax: 970-352-011
   E-mail: wecan@info2000.net
   Website: http://www.info.net/~wecan/
Mission Statement: Promoting a healthy community
   by encouraging citizen participation and responsi-
   bility and enhancing community relationships.

Yampa Valley Partners
745 Russell Street
Craig, CO 81625
   Founded: 1995
Geographic area: Northwest Colorado, Routt and
   Moffat counties, population 40,500
Contact: Audrey Danner
   Phone: 970-824-8233
   Fax: 970-824-2548
   E-mail: infoctr@yampa.com
   Website: http://www.yampa.com/community/yvp
Mission Statement: The Yampa Valley Partners will fos-
   ter communications, cooperation and collaboration
   among individuals and service systems, public and
   private agencies and organizations, and govern-
   ments. Designed to promote the health, education
   and quality of life of families throughout Routt and
   Moffat counties; match appropriate resources with
   changing needs, assuring cost-effectiveness and
   avoiding duplication. To create opportunities for
   residents to impact community-based policy and
   programming in diverse areas, including but not
   limited to health and human services, housing,
   transportation, the environment, education, the
   economy and cultural traditions.

*Communities that participated in the CHCI planning
and implementation process but are no longer active
CHCI participants are:*
Chaffee County
Telluride

Appendix B
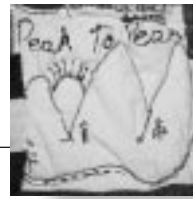
Project Areas Addressed by the CHCI Communities

Access to Public Buildings and Services
Weld Citizen Action Network

Agriculture
Custer 2020
Healthy Mountain Communities

Americorps Placement Site
Operation Healthy Communities

Asset-Based Community Development
Commerce City: Mission Possible!
Peak to Peak Healthy Communities Project

Awards Program
Shaping Our Summit
Weld Citizen Action Network

Citizen/Community Education
The Aurora Project — Community Leadership
   Institute, Board Development
Boulder County Healthy Communities Initiative —
   Healthy Decision Making and Conflict Resolution
Citizens for Lakewood's Future — Community Nights
Community Health and New Growth for Everyone —
   "T-Air Group"
Custer 2020 — Natural Resource Coordination Project
Globeville Community Connection — Globeville
   Recreation Center
Healthy Mountain Communities — "Arts of
   Democracy" Skills Workshop Series
Healthy Plains Initiative — Pollution Prevention and
   Recycling
Operation Healthy Communities
Peak to Peak Healthy Communities Project — Skills
   Building and Leadership, Training Workshops
The Piñon Project — Leadership Montezuma,
   Parenting and Life Skills Classes
San Luis Valley Community Connections — Leadership
   Development Program
Shaping Our Summit — Ballot and Election
   Information, Environmental Best Practices Calendar
Weld Citizen Action Network — Citizenship Project
Communications Research (Radio, Telecommun-
   ications)
Park County Vision 2020
Yampa Valley Partners

Community Networking
The Aurora Project — Electronic Community
   Networking
Boulder County Healthy Communities Initiative —
   Electronic Community Networking,
   Public Forums and Neighborhood Networks
Healthy Plains Initiative — Electronic Community
   Networking
Healthy Pueblo Communities 2010 — Electronic
   Community Networking
Mesa County Civic Forum — Public Forums
Park County Vision 2020 — County-wide Bulletin
   Boards
Peak to Peak Healthy Communities Project —
   Electronic Community Networking
The Piñon Project
San Luis Valley Community Connections
Shaping Our Summit — Public Forums
Weld Citizen Action Network — Public Forums
Yampa Valley Partners — Electronic Community
   Networking

**Community Planning (Growth, Land Use,
Natural Resources, Transportation)**
Boulder County Healthy Communities Initiative —
   Principles of Sustainability
Custer 2020 — Natural Resource Coordination Project
Healthy Mountain Communities — Regional
   Transportation Partnerships
Mesa County Civic Forum
Operation Healthy Communities — Community
   Development Action Plan and Community
   Coalition Project
Uncompahgre Healthy Community Project —
   Geographic Information Mapping for Growth-
   Management Purposes

Conflict Resolution, Mediation Services
Boulder County Healthy Communities Initiative
Globeville Community Connection
Peak to Peak Healthy Communities Project

Creation of a Community Foundation
Commerce City: Mission Possible!
High Five Plains Vision for 2015
Peak to Peak Healthy Communities Project

Ecological Footprint Analysis
Boulder County Healthy Communities Initiative

Economic Development
Operation Healthy Communities

Festivals
Lafayette Healthy Communities Initiative
San Luis Valley Community Connections

Fiscal Sponsorship for Nonprofits
Peak to Peak Healthy Communities Project

Health and/or Human Service Program Coordination
The Aurora Project
Healthy Living Systems, Inc.
Healthy Mountain Communities
Healthy Pueblo Communities 2010
Linc-Up
Operation Healthy Communities
San Luis Valley Community Connections
Weld Citizen Action Network

Health Profile of Community
All communities have completed this activity

Health Programs
The Aurora Project — Access to Healthcare, Mobile
    Health Van
The Center for Self-Help and Development — Personal
    Health
Healthy Pueblo Communities 2010 — Family Services
    and Health Centers
Lafayette Healthy Communities Initiative — Education
    and Outreach, Personal Health
Operation Healthy Communities — Family Services
    and Health Centers
Park County Vision 2020 — X-ray Training
Prowers Progress — Education and Outreach
The Piñon Project — Family Services and Health
    Centers
Uncompahgre Healthy Community Project — Family
    Services and Health Centers
Weld Citizen Action Network — Personal Health

Housing
Healthy Living Systems, Inc.
Linc-Up

Index (Indicators) Project
The Aurora Project
Boulder County Healthy Communities Initiative
Citizens for Lakewood's Future
Commerce City: Mission Possible!
Custer 2020
Healthy Mountain Communities
Healthy Pueblo Communities 2010
Mesa County Civic Forum
Operation Healthy Communities
The Piñon Project
San Luis Valley Community Connections
Uncompahgre Healthy Community Project
Weld Citizen Action Network
Yampa Valley Partners

Neighborhood Organizing
Boulder County Healthy Communities Initiative
Citizens for Lakewood's Future

New Resident Information, Welcome
Shaping Our Summit
Linc-Up

Personal Development Programs
The Center for Self-Help and Development

Recreational Opportunities
Community Health and New Growth for Everyone
Custer 2020
Lafayette Healthy Communities Initiative
Linc-Up

**Resource Guides, Information Directories
(Community, Environment, Services,
Volunteers, Etc.)**
Commerce City: Mission Possible!
Globeville Community Connection
Healthy Living Systems, Inc.
Healthy Mountain Communities
Healthy Pueblo Communities 2010
Linc-Up
Park County Vision 2020
Peak to Peak Healthy Communities Project
San Luis Valley Community Connections
Shaping Our Summit
Yampa Valley Partners

Respite Care
The Piñon Project

Senior Services
Healthy Living Systems, Inc.
Healthy Mountain Communities

Telecommunications Planning
Yampa Valley Partners

Video Projects
Community Health and New Growth for Everyone
Shaping Our Summit

Violence-Prevention
The Aurora Project
Linc-Up
Operation Healthy Communities
The Piñon Project

Vista Volunteers
Linc-Up
Mesa County Civic Forum
The Piñon Project

Volunteerism — Connecting and Promoting
The Piñon Project
Shaping Our Summit
Yampa Valley Project

Waste
Healthy Plains Initiative — Composting Program, Mercury Collection
Park County Vision 2020 — Litter Cleanup Project, Recycling

Welfare Reform
The Aurora Project
The Piñon Project

Youth and Children
The Aurora Project — Asset Development
Boulder County Healthy Communities Initiative — Asset Development
Globeville Community Connection — Leadership Development
Healthy Mountain Communities — Asset Development
Mesa County Civic Forum — Asset Development
Operation Healthy Communities — Asset Development
Peak to Peak Healthy Communities Project — Leadership Development
San Luis Valley Community Connections — Asset Development
Uncompahgre Healthy Community Project — Drop Out Prevention Project

Youth and Teen Opportunities, Family Services
Citizens for Lakewood's Future — After-School Arts Project
Commerce City: Mission Possible! — Enviro Teens, Intergenerational Learning Center
Globeville Community Connection — Summer and After-School Programs
Linc-Up — Activities and Opportunities for Youth
Operation Healthy Communities — Youth-Planned Activities
Peak to Peak Healthy Communities Project — Networking People to People, Creating a Youth Center
The Piñon Project — Youth Speak, Summer Wilderness Camp
Weld Citizen Action Network — Kids Voting

FOR ADDITIONAL INFORMATION ABOUT THE INITIATIVE AND THE COMMUNITY PROJECTS AND THEIR ACTIVITIES, CONTACT:

Michelle Sturm
Executive Director
Colorado Healthy Communities Council
1127 Pennsylvania Street
Denver, CO 80203

Phone: 303-813-1000
Fax: 303-813-1005
E-mail: msturm@rmi.net

■ Organizational Contact Information

Note: The Websites listed provide connections to many additional healthy communities resources.

Colorado Healthy Communities Council
1127 Pennsylvania St.
Denver, CO 80203
    Phone: 303-813-1000
    Fax: 303-813-1005
    Website: www.kaycee.net/chcc/chcc.html
Michelle Sturm, Executive Director
Genevieve Wozniak, Administrative Director

The Colorado Trust
1600 Sherman St.
Denver, CO 80203
    Phone: 303-837-1200
    Toll-free: 888-847-9140
    Fax: 303-839-9034
    Website: www.coltrust.org
Doug Easterling, Director of Research and Evaluation
Sharon Mentzer, Senior Program Officer
Susan Downs-Karkos, Program Officer

National Civic League
1445 Market St., Suite 300
Denver, CO 80202
    Phone: 303-571-4343
    Toll-free: 800-223-6004
    Fax: 303-571-4404
    Website: www.ncl.org/ncl
Christopher Gates, President
Derek Okubo, Director, Community Assistance Team

Available through the National Civic League:

The Civic Index: The New Approach to Improving Community Life. National Civic League, 1993, 24 pp. $7.00.
Collaborative Leadership. Chrislip, D.D. & Larson, C.E., National Civic League, 1994, 192 pp. $20.00.
The Community Visioning and Strategic Planning Handbook. National Civic League, 1997, 53 pp. $23.00.
National Civic Review. Spring 1997, Vol. 86, No. 1 (Healthy Communities edition). $12.00.

U.S. Coalition for Healthier Cities and Communities
c/o Health Research and Educational Trust
One North Franklin
Chicago, IL 60606
    Phone: 312-422-2635
    Fax: 312-422-4568
    Website: www.healthycommunities.org
Tyler Norris, Executive Director