



Small But Mighty Communities Final Report for NJHI and RWJF

Prepared by the Dawn Chorus Group

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Executive Summary

Convened by the New Jersey Health Initiatives to address health equity in underserved communities through the use of data, the *Small But Mighty Communities* initiative was uniquely impacted by external factors. The biggest public health crisis in 100 years, followed by the reevaluation and sunseting of the funding organization (NJHI) added a level of dynamism and uncertainty to the overall initiative.

Through the collaborative grantmaking with NJHI, communities were able to implement several initiatives that were responsive to the COVID pandemic, such as meal delivery and infrastructure development.

During the turmoil, we found that communities were able to use data in several ways. Data were used 1) to decide on priorities, 2) to assess process outputs, but not outcomes, 3) to justify their programming, 4) to fill in information gaps, and 5) to make programming improvements. Data was not just numbers from dashboards, but also conversations with community members.

We also saw how NJHI's support contributed to these outcomes. Through their relationships and deep understanding that NJHI developed with these communities over time, and through the deep coaching provided by NNPHI, communities were able to grow their capacities.

We recommend continuing the emphasis on capacity building, incorporating a similar coaching model in future initiatives, as well as maintaining connections with NJHI alumni who bring extensive institutional knowledge to any new ventures. Overall, the data suggests that *Small But Mighty Communities* has created positive changes in health equity among underserved communities in South Jersey.

By investing in data collection, relationship building, and capacity building, communities are more resilient in the face of external challenges. NJHI's efforts have had a lasting impact on South Jersey and will hopefully be replicated by the next iteration of NJHI to further health equity in other areas that need it most.

Introduction and Background

The story of the New Jersey Health Initiative's Small Communities Forging Hyperlocal Data Collaborations is one in which external and unpredictable forces shaped the selection and implementation of the project. Later renamed the *Small But Mighty Communities* (SBMC) initiative, the initial purpose was to engage with low-capacity communities around the use of data so that they could more effectively design and implement community health improvement strategies.

These communities were specifically selected because they were in areas of low health equity. The previous director of NJHI, Dr. Bob Atkins, with collaborators from the Walter Rand Institute, demonstrated that areas with low resources were less likely to reach out to obtain philanthropic support. This could potentially set up a paradox where only the resources and well-off organizations are sufficiently able to apply for funding¹. SBMC was originally conceived to counter this problem.

The initiative included ten different community coalitions, some of which had more experience with NJHI than others. The funding concept was that they would work with NJHI, supported by the Michigan Public Health Institute (MPHI), and City Health Dashboard, to craft their proposals and work plans collaboratively, and then continue to receive funding and coaching on best practices in implementation and data use.

Each team was eligible to receive up to \$50,000 across two years to support their projects. The communities and their approximate locations can be found in Figure 1.

This project period covered January 2020 through October 2022. This period ended up being incredibly tumultuous, both societally and organizationally.

During this time, the COVID-19 pandemic redefined the nature of public health activities and the social setting in which many activities occur. This point cannot be understated.

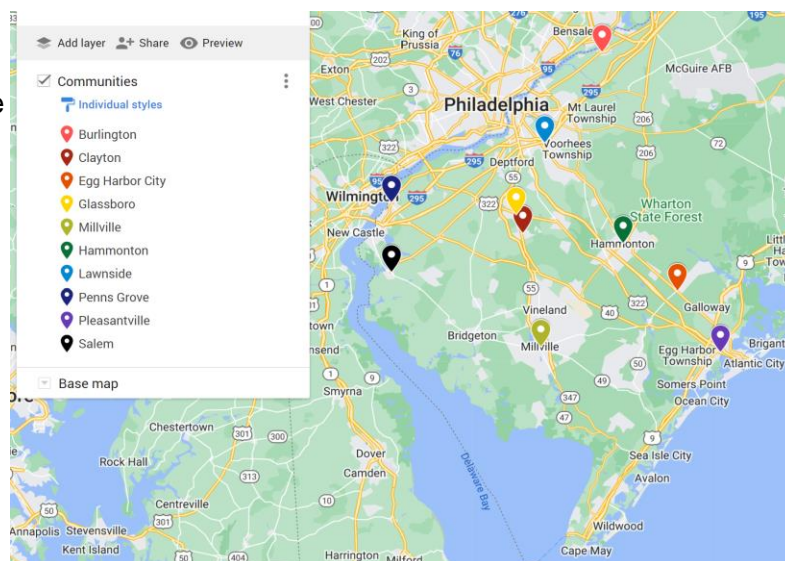


Figure 1: Locations of Community Coalitions

Second, NJHI in its current form began the process of sunseting, with an interim period in a place where no funds will be

¹ Atkins, R., Allred, S., and Hart, D. (2021). Philanthropy's Rural Blind Spot. Stanford Social Innovation Review. This article does an exemplary job of proving that these blind spots exist, but also goes the extra step in suggesting methods to solve this problem.

dispersed. Consequently, 90% of NJHI staff left the organization to seek other positions, leaving the remaining members to focus on the sustainability of the grantees.²

This report is not about NJHI. However, the story of NJHI as an organization is critically important to understanding how the communities responded to technical assistance (TA), the original intent of the initiative, and planned under uncertain circumstances.

Evaluation Design.

Our team made a set of evaluation questions in December 2019 to help direct the research methods we would use. This assessment was meant to cover both formative and summative elements. What that means is, we wanted to give Forging Team (NJHI leadership, MPHI, and the evaluation team) updates on what was happening regularly, while also monitoring if communities were making improvements or not.

Formative Evaluation.

SBMC was about support for data use. Our team initially planned to look at how communities used data to plan and implement their activities.

1. Is there a logical connection between the theory of change and the proposed intervention?
2. How well is the dashboard being implemented in communities?
3. Are communities receiving adequate support?
4. Is the formative evaluation meeting the needs of the communities?

We also wanted to focus on how support would be provided to communities. These questions included:

1. Are TA providers using a theoretically guided and empirically informed approach to TA?
2. What is the quality of TA?
3. Do TA providers have capacities & motivation to provide high-quality support?
4. Is the evaluation data meaningful and useful to TAs?

Although we thought there would be a formal curriculum where teams receive didactic content once per month, the disruptions necessitated a more fluid model of support that relied mostly on coaching from NNPHI.

Outcome evaluation

Our outcomes questions were:

1. Did community capacity to address population health improve?
2. Were any long-term impacts on community capacity observable?
3. What changes in community capacity are attributable to the program (and what elements were particularly effective)?
4. Were there any negative or unintended consequences related to the health dashboard?

² Also relevant, but incidental, the PI on this project, Dr. Jon Scaccia, left the original organization that this contract was awarded to (The Wandersman Center), and worked with the Finger Lakes Law and Social Policy Center around the administrative requirements. This transition occurred during the initial COVID lull and did not negatively impact the overall project.

The bottom line for these questions is whether data helped them to implement their projects better. However, we could not get a complete answer because of the broad definition of data. The dashboard might show change, but there is often a time lag between when an event occurs and when it is reported in the statistics. Additionally, many communities were engaged in activities (like vaccine clinics) that would only be reflected much later in CDC numbers. As such, the dashboards functioned more as general guides rather than giving hard evidence on current conditions.

Section II: Program Activities

DASH conducted a readiness assessment of the communities using RWJF's Alignment Theory domains in early 2020. We then used two questions from this assessment to establish a baseline around data usage and collaboration in multisectoral domains. The figure below displays that there is generally familiarity with data, aside from Egg Harbor City which has a more bimodal distribution.

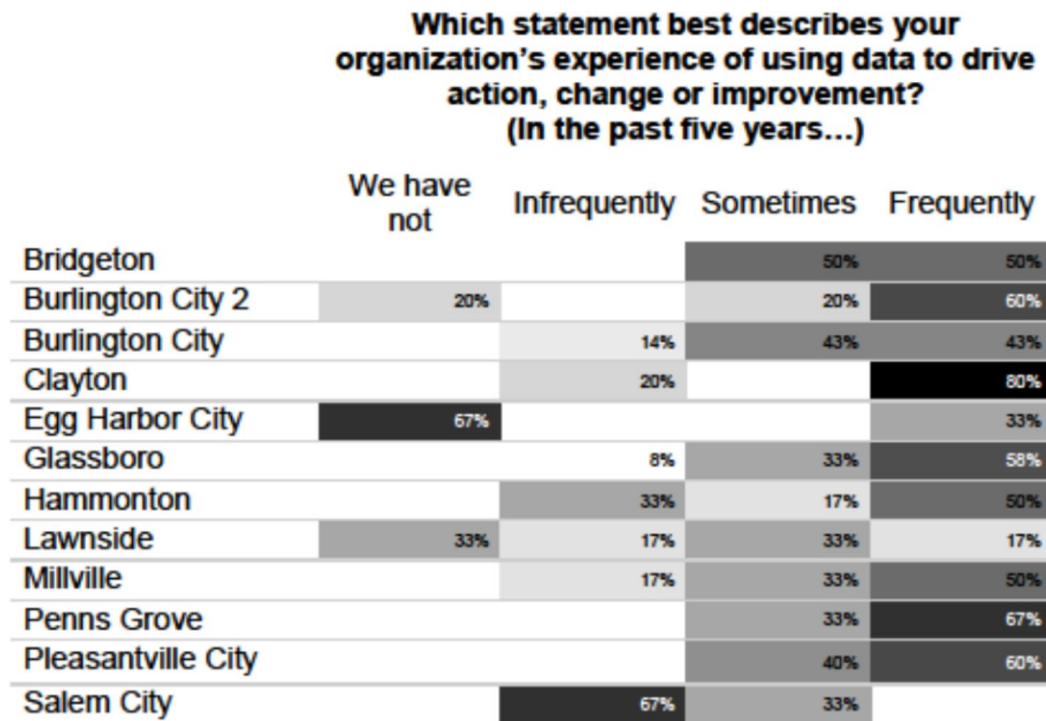


Figure 2: Past experience with data

Despite their low capacity, all communities except Egg Harbor reported having good previous experiences working with other partners.

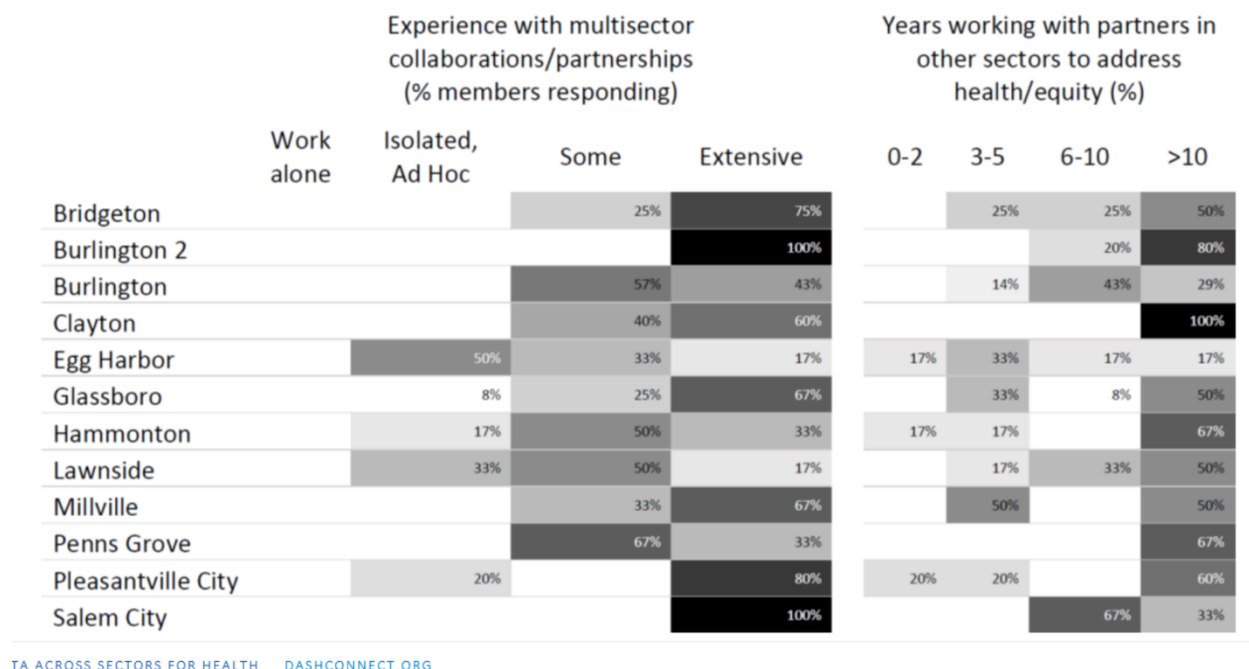


Figure 3: Past experience with collaborations

Kickoff Meeting

The kickoff meeting was held on or around March 12, 2020, at the Rutgers-Camden Campus. All ten teams sent representatives to participate in a project overview, hosted by then-directors Bob Atkins and Diane Hagerman. There were also several, individual design sessions facilitated by members of DASH, MPHI, and NNPHI. The goal was to have communities begin to craft their proposal for funding *WITH* the funders. The teams seem engaged and motivated to engage in this new model of funder-grantee interactions.



Figure 4: Attendees at kickoff meeting



Figure 5: Peter Eckert of DASH a) explains the program model, and b) works through an asset mapping activity with a community.

Section II. COVID's Impact

This was the last in-person event before the pandemic overwhelmed the system three to four days after the kickoff meeting. As policymakers tried to make sense of COVID and how it was spreading, all grant activity put on hold. We administered a survey in mid-April 2020 looking at how communities were responding to the COVID pandemic. We had 35 respondents, which ended up being the survey that had the most responses. We asked four open-ended questions. To get a sense of the high-level themes, we created word clouds for each of these questions.

How has your team responded?



What is the current impact of COVID?

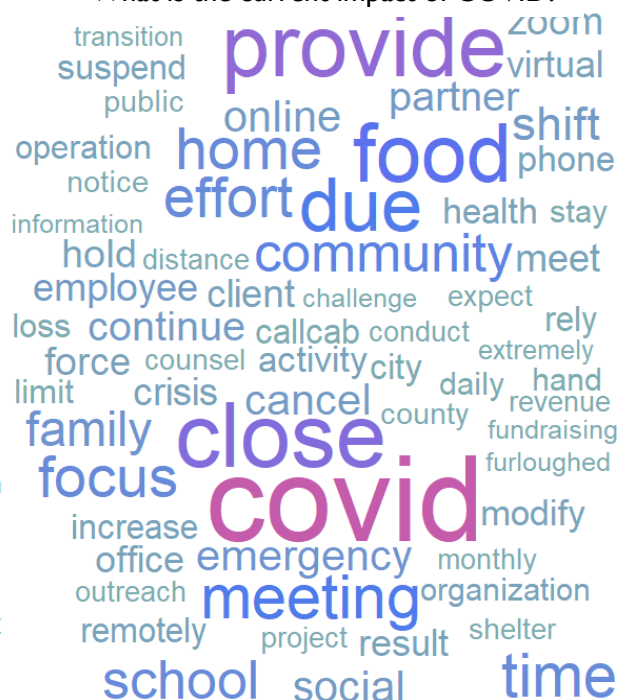


Figure 6: Impacts of COVID

We sent out a survey in June 2022 to understand where communities might need help in formulating their proposals, since the proposal development period had been effectively put on hold. This indicated that initial help with data and team building would be needed.

Where do communities need more assistance?

There were deficits reported in all areas. The top three areas were:

1. *Integrating community initiatives with the work of the dream team/momentum building*
2. *Data analytics and sense-making*
3. *Engaging community residents, youth, and people with lived experience*

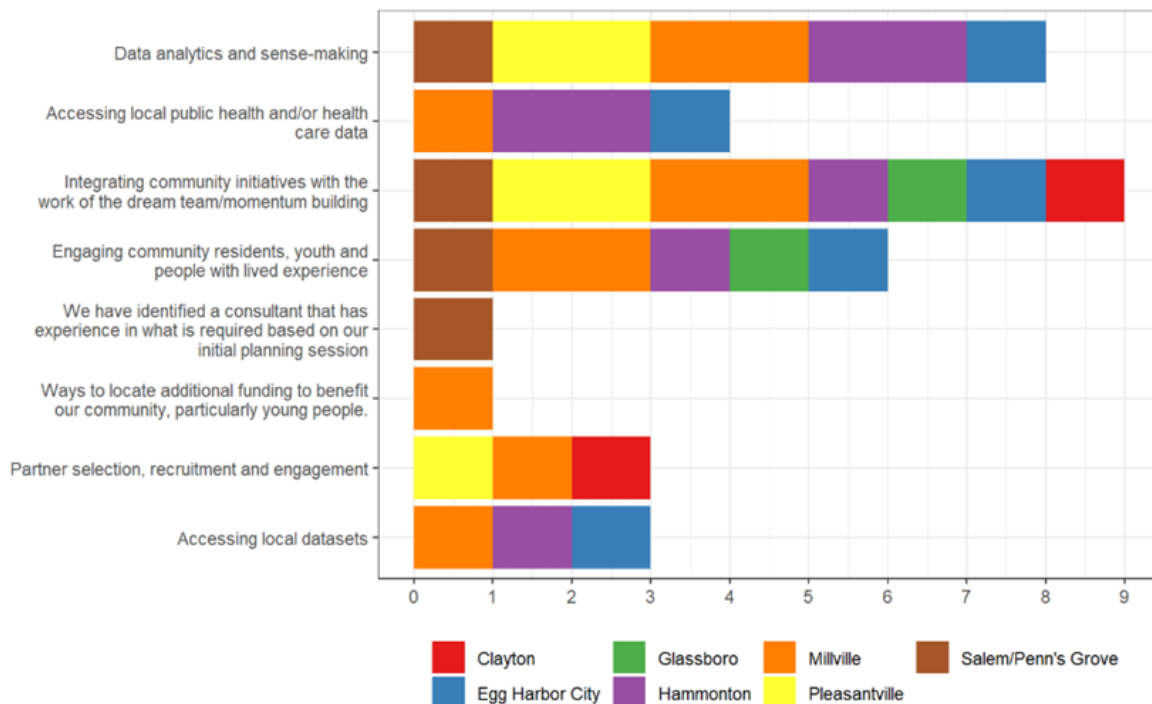


Figure 7: Predicted areas of need

Communities would not end up submitting the first draft of their project proposal until mid-August 2020. These were reviewed by all NJHI staff (leadership, financial, and communications), who provided constructive feedback to help these teams develop viable work plans.

Restart

Webinar: Use of Data kickoff. Activities began again in the Fall 2020. One of the first activities was a webinar to introduce people to data tools and how data can be used to further their goals. City Health Dashboard and the Dawn Chorus Group both presented on this webinar to help norm people around the different types of data that they could feasibly collect, and how these

data sources could be used for program improvement. The Dawn Chorus Group's one-pager, which was distributed virtually, is displayed below.

Progress Interviews

As both implementation and social activities began to settle into a new normal, we resumed more intensive evaluation activities in April 2021. This was also in response to an NJHI request for more stories and narrative-type reports.

We reached out to teams to schedule short-form, semi-structured interviews. We approached these after extensive consultation with a social innovation designer. Although the questions may seem self-evident, we spent a long time thinking about how data can enable change and how we gathered information that supports those goals. Interviews were normally scheduled for 30 minutes and were all transcribed for further analysis.

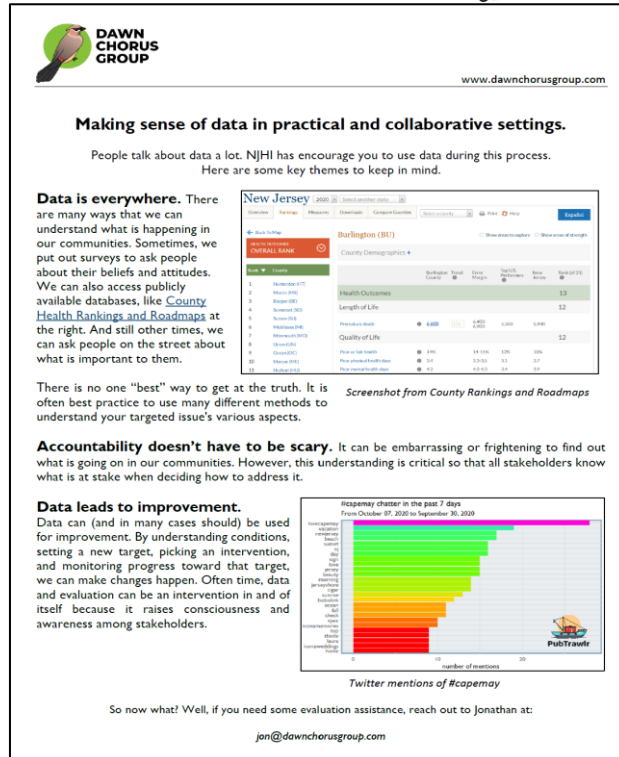


Figure 8: Use of Data Handout

The purpose was to gain insight into how teams were progressing, how they were partnering, but also how they were using data to support their decision-making. We used the following questions, but in a very open manner with as many digressions as needed:

1. What have you been working on?
2. Who have you been working with?
3. What progress have you seen?
4. How have you been incorporating the broader community into your work?
5. How have you been using your data?

This last question proved to be the most important and relevant to the bottom-line of this work. In the Spring of 2022, RWJF specifically asked for a special report on how data was being used in the communities. In addition to this to the data from these interviews, we incorporated blogs submitted to NJHI for publication that specifically mention "data," and a brief survey administered on February 7, 2022. Eight of ten communities responded to this survey.

We first looked at what specific data sources people were using. The figure below shows that communities report using qualitative methods and freestanding dashboards.

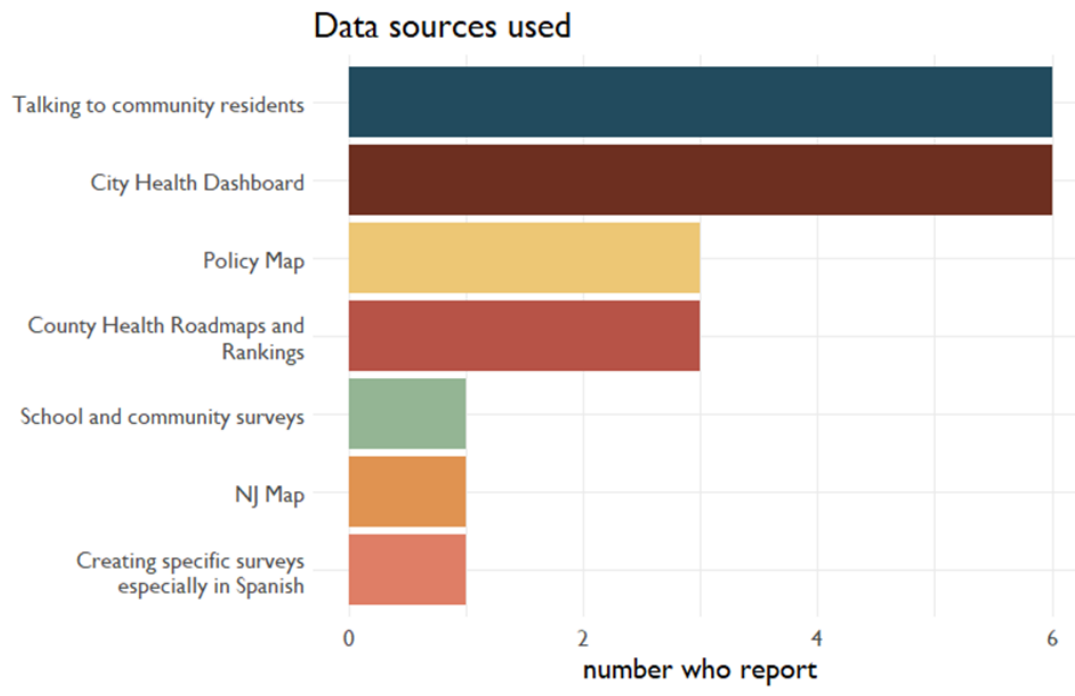


Figure 9: Data sources most commonly used.

We also asked how often communities used data for two primary program tasks: planning and decision-making. The graph below illustrates that all communities report using data *sometimes* in their work.

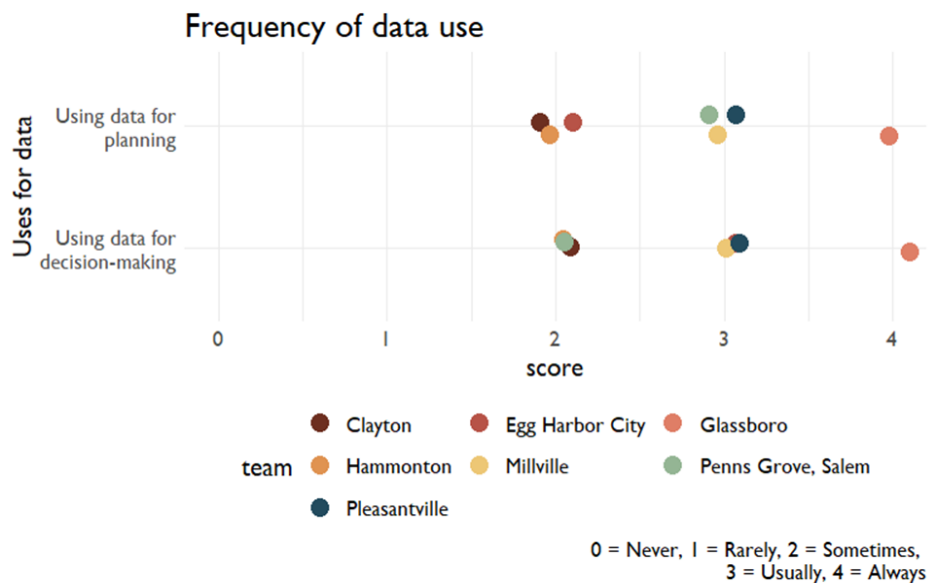


Figure 10: How data is used.

Because the blog sample size was somewhat small, we used a bag-of-words approach to brief textual analysis of these documents. This word cloud shows the terms that most frequently occurred across these entries. We can see that *data* figures prominently, along with *health*, *improve[ment]* *community*, and *teams*.



Figure 11: How communities talked about data usage in blogs.

We did two deeper analyses. First, we used topic modeling to see what clusters of words emerged from the data. Two of the topics, as seen below, indicate how *data* was associated with terms associated with their programming.

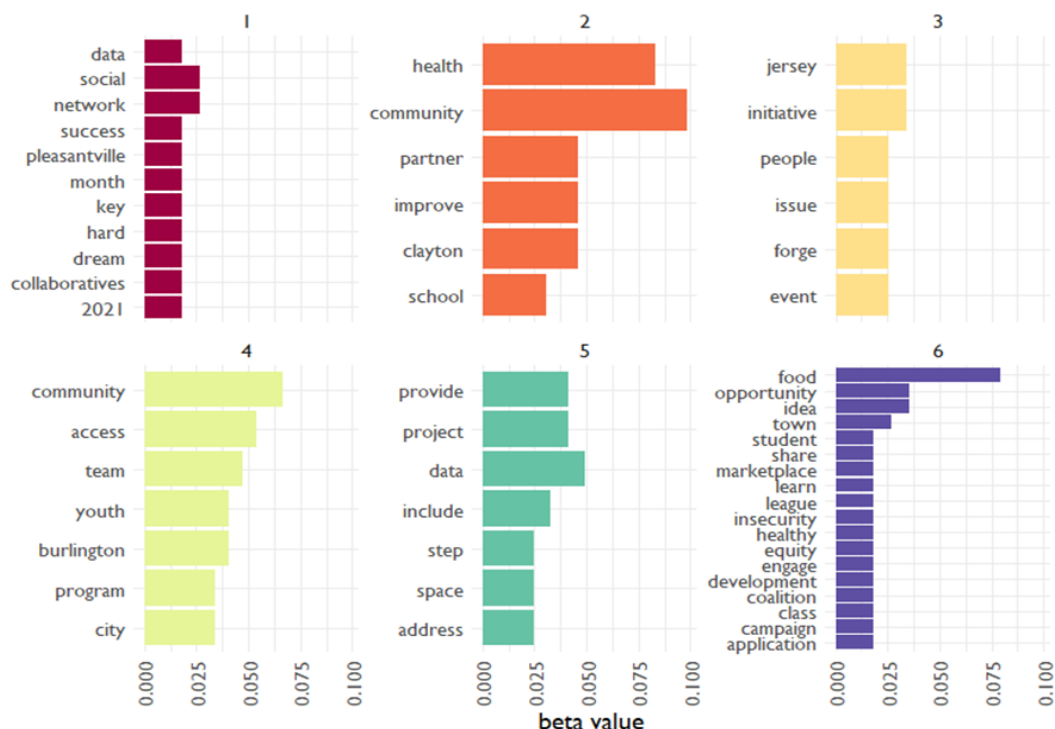


Figure 12: Topic Model on how data was used.

Finally, we used a thematic analysis of the excerpts of the qualitative interviews that discussed data use. These are clustered into five themes. Data were used 1) to decide on priorities, 2) to assess process outputs, but not outcomes, 3) To justify their programming, 4) to fill in information gaps, and 5) to make programming improvements. On the following pages, we provide illustrative quotes for each of these themes. We also show the graphic charts prepared by the graphic notetaker following conversation with them around their projects.

To Decide on Priorities

Initially our focus was going to be an obesity and recreation and now we decided to focus now on covid. So, our work has been to increase access for Latinos to the COVID vaccine and educate them about, or the precautions that they still need to take. So, I'm sure you have seen in the news how the rate of Hispanics who are willing to get the vaccines is, in comparison to other communities, is lower. So, we have been doing a lot of education, also in social media and personal calls, just saying questions. And regardless to some misinformation that is out there, we have created some campaigns to persuade people, just get their vaccine. – Hammonton



Figure 13: English and Spanish versions of Hammonton's story

We made our decision based on obesity issues in our town and that the parks and recs information was very low. We kind of put the two things together, figuring this creates something that we can open up to more activity for kids and open up things to make it more inviting so that people can get out and about and start moving. – Clayton

We're going to call the residents that we deliver food to, to kind of see what's the next step for them. Did they lose their job? Do they want to go back to school? Do they want to buy a house? Like, how has their life changed in this past year? What are some of the things that they would like to accomplish or what their



goals are, or some of the things that they need to get themselves off the delivery service that we're doing? And honestly, it'll give us an idea of whether we are serving more people that just don't have access to get to the food pantry because of where it's located. And this was a way they heard about it, and this is a way that they now have access or it's just analyzing that data. – Millville



Figure 14: Millville's story

The school district during the pandemic, they changed the rules that said anybody, any family could get this because even if they weren't already on free and reduced lunch, many, many parents lost their job in the pandemic. And that wouldn't be known immediately, because I think they apply at the beginning of the year for free and reduced lunch. 73% of our, of our kids are on free and reduced lunch anyway. Most of our kids are in need, so anybody could get meals. They developed sites at different times last year it wasn't every school. And when the schools were partially in session, (we would have a cohort of kids go Monday, Tuesday, a cohort of kids go Thursday, Friday) and then the other three days of the week when they physically weren't the building, they were remote. We had food available outside tented areas or just at the door where parents would pick up these pre-made meals, including dinner. So, it turned out for several months last year. They were delivering 14,000 meals a month, which is astounding number – Millville

When we looked at that [data], we decided that this is a better route to go as compared to what we initially submitted – Penns Grove

To Assess Process, but not outcomes

The whole data problem, you know, measurement is something funders always want, and I don't know how to do it for the work we do. You know, it's almost impossible for the kind of nonprofit work. You can tell people how many people participated in different kinds of programs, how many communications you send out, how many people watch the video through a link on Facebook or Instagram. In some cases, you can say, how many people answered the call to action, but measuring your impact on a community. We don't have the money to do it. And that's expensive and probably inaccurate anyway, and especially, you know, looking at health data, you know, there's all sorts of reasons why you can't really get very good health data, as just being people like us - Hamonton

To Justify Programs

I mean we used census data and other different types of data when we were recruiting people so that it was targeted, like when we're trying to reach up to some specific census tracks or something. -Glassboro



Figure 14: Glassboro's story

I'd already made it aware that they weren't going to fund it anymore and that they were sunsetting there...And I started talking to people and we did about the program much of the data that was provided by Rutgers by The Walter Rand Institute was very obviously useful and effective. They

were a big role in this because they compiled the data that proved that this was an effective program. And we took the show on the road. I met with the county superintendent. Eventually we went to the Department of ED and had a big meeting up there with several people in the department of ed, hoping that they would be willing to somehow fund us or give us money... Eventually we came back, and I reached out to Senator Sweeney, really what happened, our Senator Sweeney came, we set up a little day forum and he instantly didn't take long, took him five minutes to figure out the program was fantastic. And then that was the key thing. We had Walter Rand Institute make a presentation on the data, he toured the building. He listened to us talk a little bit about what we've seen even a parent there to talks about the impact that she had that the program had on her as in her child and he right away recognized it and kind of, did the heavy lifting in the Senate obviously to start getting in this going. And when he left there, I remember him saying, this needs to be in every school, we need to figure out a way to do it. And that's how it started. And between, Ourselves and the Walter Rand institute, Senator Sweeney, we've got a whole kind of all just work. That's kind of taken on a life of its own. – Clayton

One of our goals is to persuade people to take advantage of the data – Pleasantville

And so that's how we want to use this platform of using health and nutrition to then create more opportunities that are sustainable. Which contribute to employment, right? –Burlington

We have been trying to promote using data to support things. You know, we're trying to get an opportunity to present before a city council. We can invite people here for a data presentation then everybody goes to sleep, sorry, no offense, but you know, that's what it is. And so, we're trying to make it relevant and interesting, and to show people how these tools can be helpful. – Pleasantville

To fill in information gaps

If you're not doing well in school, if you don't have a good understanding of what's going on in your community, then you're more likely to, and we see it in our data, the policy map itself. Just to understand, like there's not a lot of people in this community with a college degree, let alone has have even attempted to go to college. And so, the high school graduation numbers are kind of interesting where there's a high graduation rate in the last few years, but then there's no direct career path, where there's no pathway thereafter and then unemployment in that same age range is exploded. So, we have a huge unemployment gap. So, I think we're one of the hotspots, one of the three hot spots in like in the South Southern Jersey area or the Burlington County area Roland, and kind of specifically the city Pemberton and Willingboro have major issues within that, in that regards. –Burlington

We wanted to really understand health equity and public health in a way that was tangible. We figured if we could design a minimum viable app that would help us just to kind get some basic information, some user interactions, understanding what their shopping habits were. Then we could probably understand better the health implications of the community. So, we explored, if anything was out there that was like that. And it happens to be that there is something very much so



Figure 15: Burlington's Story



exactly like that... but it's in like Massachusetts. Right. And so, me being me just being crazy, I've asked our team, what would it take to develop something like that? And one thing led to another we're on the phone with the state WIC and snap department. They love our idea. They're telling us that if we can get us our idea up and running, that they might run it as a national pilot. – Burlington

That data is collected by the food pantry. So, they know numbers of household, how many children they served, how many adults they served like it is it a senior, our, that they kind of have the age ranges and they're used to have to have the, like an income eligibility and that they haven't had to do that. – Millville

[Local Police] use that as a code in their reporting and then the Sergeant will review that and say, and they're trying they're so they're just starting to track that. So, a year from now, we'll have all kinds of information on that – Millville

So, we know exactly how many people come to the food pantries and looking at that data to see exactly how can we build on that? How can we pivot, how can we really engage the community at large to let them know, like, for instance, we're in the newsletter, the days where food is given all that, the specific pantries and stuff, people will be able to have that information? So, I think, you know, the data that we already have from the dashboard and all the needs assessment that we have utilized, we just need to know, see exactly what the needs specifically are in those two towns and by extension, the other towns in Salem County will know about what we're doing and then to be able to engage in that way, and then the churches as well. – Penns Grove/Salem

To Make Program Improvements

We are also going to be working in a summer to collect data and assess as much as we possibly can regarding looking at some tools and we might tweak them or make our own tool to assess emotional learning and where students are at. I'm also thinking I'd like to try to assess and see how we would be able to provide teachers with an hour of PD on social, emotional learning per month. So that's 10 hours over the course of a year. And we also run a learning meeting daily. So, working to really try to coordinate our efforts to help when it comes to loneliness. – Egg Harbor

There were several things that indicated to us that perhaps another electronic database of food resources, wasn't going to bridge the technology gap and the food insecurity gap. And I can rattle those off to you really quick. The live healthy Salem County coalition did say that in their listening sessions a year prior that the flyers in windows and word of mouth are the primary way that residents receive their news or find out what's going on. Also, Salem community college was paying for like online marketing to Salem city at the time. And Maura had said that they have really low return rates on like all from their Google analytics or whatever of, of market online marketing working. Also at that time, the electronic registrations for COVID vaccines had to be made in person because they weren't getting enough registrations, especially from elder populations. So, they had to make them in person. Also personally, I experienced such an influx of flyers between agencies and government agencies whatnot being sent through these, these email lists. And I said to myself, are these flyers getting out to people? No, one's coming into our offices currently. Are these flyers getting out to people, are they just circulating internally in this remote network of providers? Right. And so, I just imagined what if we had this a booklet of all the resources that are available mailed out to every door every month, like we would need to circulate these flyers this way. I mean, we would for our own information, but like, just thinking about how this information is reaching people. And so, I think those are the, the top things on my, oh, and then also there are electronic databases of food pantry resources, for example, the food bank of south Jersey. You can search by zip code for a food pantry near you. And every day they post on Facebook, what food pantries are distributing. You can search for farmer's markets by zip code off the snap website. There's the, it was the former Ask Aunt Bertha.com, which is a service provider search by zip code for any needed resource. And so just knowing that these things existed it didn't seem it just seemed redundant to create another database like that. –Penns Grove



You know, we have about 5,500 kids in our school district, so it would be like two days a week. So, hope and help's volunteers might pick up 20 meals for a family for three days, you know, from Wednesday to Thursday or Wednesday to Friday. And it was like a Monday and Tuesday and Wednesday through Friday. So, all this amount of food we'd get to the families, many without transportation again, public transportation is close to not existent. There is a bus that does some local drop-off points. And, a couple of our poorest population are there's about three apartment complexes that are way on the edge of town and not near the supermarket in town where the two supermarkets are, so that those families to get to any of the schools is not close. And even to get food delivered to a couple of those complexes, their food places won't deliver there it's dangerous. So that I know we're bringing tons of meals out to the one apartment complex, but the meals served through another partnership in this project, not one of our direct members -- Millville



Figure 16: Lawnside's Story

Progress reported in blogs

We also looked at the blogs that communities submitted (n = 18) to see what teams were discussing the most.

Most Frequent Words in blogs

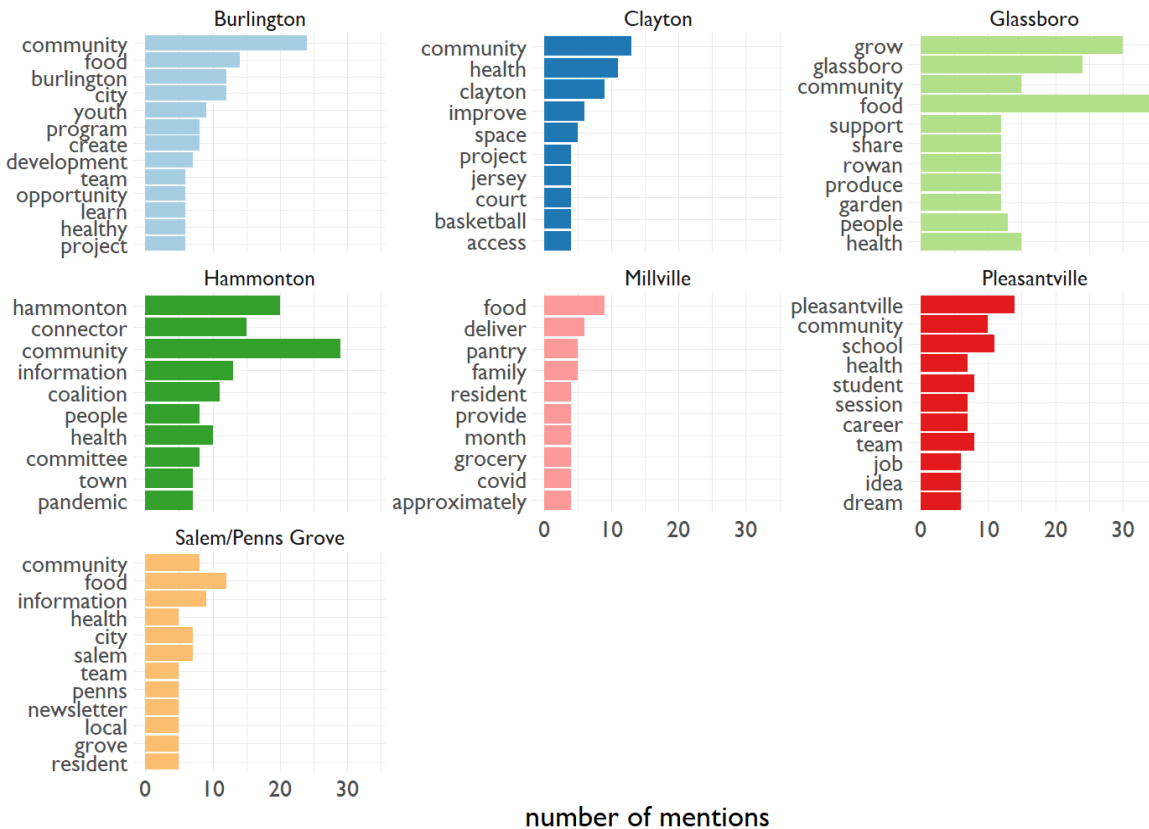


Figure 16: Common words used in blogs, by community.

The Use of Design Thinking

As part of our storytelling support, we began to explore more how design thinking could support qualitative methods. We worked with an industrial designer to consider the intersection of community-based participatory research and design thinking more thoroughly. On the following page is a poster that we developed and submitted to the 2021 Community Psychology biennial conferences.



Linn Vizard (she/her) / Jon Scaccia (he/him)

Community-based participatory research has benefited from a plurality of perspectives and methods. Design thinking, a set of processes derived from industry, architecture, and consumer science, can benefit community-based inquiry, despite being prima facie distinct from social services. However, design thinking also derives from a primarily homogenous, Euro-centric model with its own core assumptions.

The Paradox of Design Thinking in Community-Based Research

If we, as community practitioners, **want to uproot white supremacy**, can we utilize such methods to further community-based goals?

Yes.

Provided we recognize our biases and proceed accordingly.

Design thinking and white supremacy

Being aware of the inherent biases in design thinking

- **Eurocentricity** reflects those values to begin with
- **Industrial aspect: agglomeration of power.** Serves built environment, physical stuff, industry
- Design professionals being pretty **homogenous** — in the HEADS data summaries (2014–15):



10%

Latinx graduates

6%

African American graduates at design school

11%

women in design leadership positions

People who are **pushing beyond this lens**:



ANTONETTE CARROLL
Equity Centred Community Design



KELLY ANN MCKERCHER
Co-design



LIZ JACKSON
Disabled List



DR. DORI TUNSTALL
Decolonise Design, OCADUCO

Effectively incorporate design methods in inquiry

There is lots that community-based research can learn from design thinking approaches

- Structuring qualitative interviews with a **design mindset**



Being curious (e.g. curiosity, open-ness, appreciative inquiry)



Creating spaciousness for emergence



Valuing lived experiences of participants



Research in context, both observational and situated



Designing and researching **with, not for** (ie. power-sharing)

- Leveraging **participatory, co-design methods** to go deeper by understanding through making (see **Liz Sanders** et al.)
- There is a long history of attempted power sharing through **participatory design** movement in **Scandinavian countries**



Construct the output of the process to bring change

Understand the 'users' of our outputs and design for their needs, and we need to be more creative about how engage people

- The current **R2P paradigm** can be improved. There can be up to a 17 year dissemination gap.
- Design is a form of **praxis** - theory and practice - we can learn from ideas of prototyping and testing our ideas in the real world to understand their efficacy.
- Citations from academic articles **are not always good measure** of outcomes (article with 0 citations - 5 community members, 50 hours)
- We can **get creative** about the formats that will be compelling and useful. For example:



Sharing research insights through instagram stories

Patti Carlson's talk about marketing your insights: "Level up the influence and impact of research insights with an internal marketing plan."

But ultimately, we should dialogue with end users to determine what types of outputs help them to enable change!

Section III: The Impact of the NJHI Redesign

When it became clear that NJHI was going to be redesigned, which would impact grantmaking and staffing, we focused on how we could support sustainability and relationship building within the current portfolio. Together with NJHI, we held a series of listening sessions where past and present NJHI grantees were invited to provide feedback on what they need now and in the future. A thematic evaluation of these notes yielded the following themes:

THEMES	DESCRIPTION OF THEMES
The people and relationships (including responsiveness)	The NJHI team members have a wealth of resources and knowledge at their disposal due to their skill sets and pre-existing relationships with the grantees. Consequently, it might be difficult to find substitutes for them. Additionally, because NJHI has been working closely with these community leaders for many years, they have come to trust one another. This level of trust could prove challenging (if not impossible) to replicate. Lastly, NJHI has served as a bridge between its grantees/coalitions and other organizations that pledge support, consequently connecting entities such as state DOH or PolicyMap.
Coaching	The coaching provided by Toni Lewis specifically was universally praised.
Convening/ matchmaking	Before COVID, NJHI was renowned for their in-person connections throughout New Jersey that provided a personal touch and direct learning experiences to grantees (e.g., site visits to communities, workshops.)
Eval and data support	While some of our grantees have made progress in measuring their Evaluation Capacity, others are still struggling. Additionally, many have requested ways to determine whether they are making headway in addressing health equity within their work and neighborhoods.
Webinars	Although some grantees only see webinars as useful for receiving information, others find them interactive and helpful in learning new tools and strategies. For example, the monthly NJHI Learning Collaborative sessions and weekly COVID affinity group meetings are designed to be more engaging than traditional didactic webinars. They incorporate sharing strategies and stories from NJHI communities, peer-to-peer sharing, problem-solving time, etc.
Network	Grantees have found the connections they've made with one another to be valuable. It would be helpful to explore which specific methods grantees have found most effective and efficient for building networks - e.g., Learning Collaborative sessions, affinity meetings or matchmaking.
Responsive funding opportunities and learning opportunities	To make their project last and continue to receive funding, NJHI grantees have asked about sustainability methods. So that they can strengthen their abilities within the next year, we should start promoting the Community Collaborative Learning Funds to more NJHI grantees/coalition partners.
Communication	Collect and present case studies of the grantees, specifically how NJHI helped to accelerate progress through funding. These reports should include a break-down of any financial or non-financial aid received.
Learning	Offer both formal and informal opportunities for grantees to get together and learn from each other about emerging topics and best practices.



Section IV: What do Community Still Need?

On July 27th, representative from the communities met to discuss what was still needed for them to continue their work, both in the short term and the long term. These sessions were facilitated by individuals from MPHI and NNPHI.

There were two main categories of support and asks. First, the communities identified major areas of capacity that was still need for sustainability. These can be found in the green circle below. These consisted of general non-profit management skills. This is consistent with the overall themes of SBMC. These were smaller coalitions without much experience managing large awards or large staff.

Second, they had several asks of prospective funders, such as the need to focus on smaller organizations, adopting a common application, flexibility in funding, support for grant writing, and allow for multiple years so that sufficient capacity could be built.

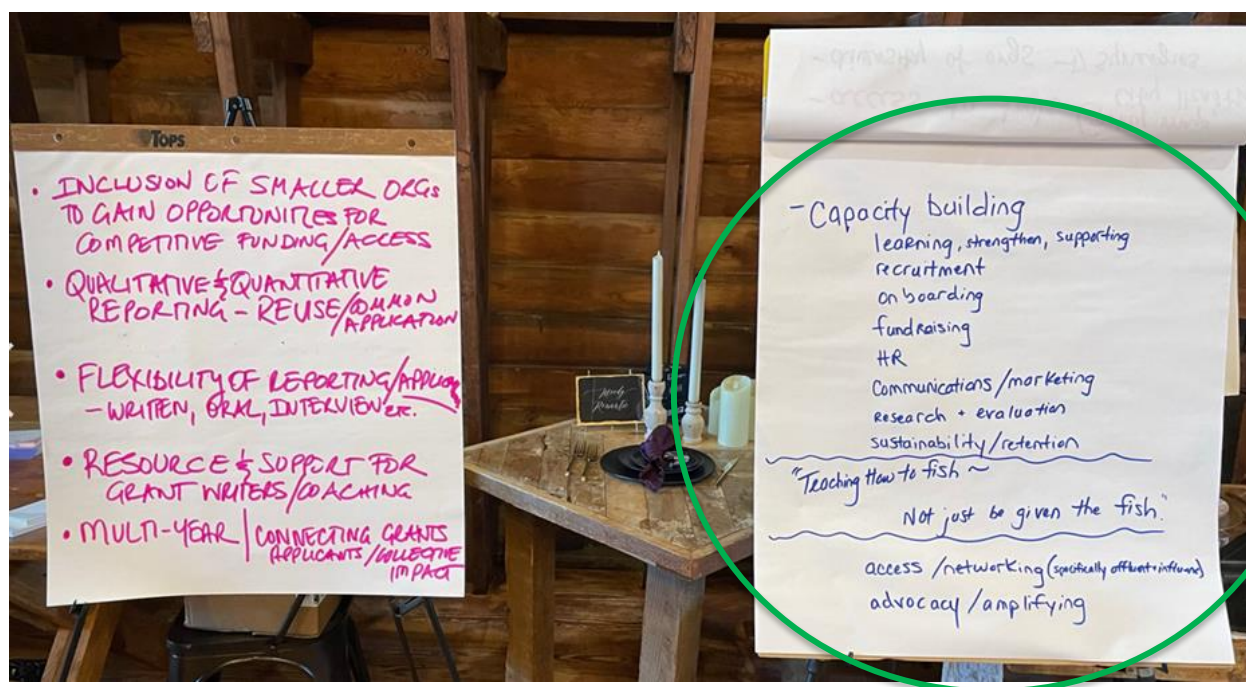


Figure 17: Needs reported by Communities

Section V: Conclusions and Recommendations.

The *Small But Mighty Communities* initiative was terminally unique for three reasons: 1) the proactive inclusion of community coalitions, working together with the funder to achieve goals, 2) the COVID pandemic which redefined public health and priorities on a local to national level, and 3) the sunseting of a version of NJHI, which added uncertainty and reduced staff.

Conclusions:

Did community capacity to address population health improve?

Yes, we observed better relationships between communities and their ability to collaborate to achieve short-term goals. This is critical considering the restricted resources accessible to each community.

Were any long-term impacts on community capacity observable?

Some impacts on community capacity were long-term and observable, such as the facilities built in Clayton's project through community partnership, and the leadership growth in Hammonton coalition. However, communities indicated needing improvement in several areas to sustain general community health work, which was discussed during the session held on July 27th.

Community feedback suggested that they preferred a more holistic view of data, as opposed to the limited information provided in the dashboards. This is reflected in webinars which encouraged both engaging with other community members *and* using the dashboards.

What changes in community capacity are attributable to the program (and what elements were particularly effective)?

The first category that directly contributed to building capacity was the people and relationships of NHJI. The directors, communications specialists, and financial managers were all noted for being responsive and engaged with the grantees. They had extensive institutional knowledge, participated in the evaluation process, and accepted feedback from both the evaluation team and community members.

Secondly, the coaching provided by Toni Lewis (as opposed to TA) was received well by all. Ms. Lewis' transfer of information involved more than just basic techniques; she went above and beyond to ensure that each grantee had the potential to succeed. There is a white paper on these coaching methods at the link below³, primarily authored by Ms. Lewis. However, because there was only one coach, it's difficult to tell how much personal contribution from Ms. Lewis (rather than her methods) factored into communities' responses across the board.

Lastly, NJHI was excellent in bringing people together and facilitating relationships. The director and acting director were able to connect individuals based on location, interests, and past experiences.

³ <https://dawnchorusgroup.com/wp-content/uploads/2022/11/Coaching-Practice-in-Public-Health-Partnership.pdf>

Were there any negative or unintended consequences related to the health dashboard?

We did not observe any negative consequences that came from using the health dashboard. As the use of data survey showed, it was used for baseline purposes, but did not figure prominently in communities' decision making.

Recommendations:

Because of how unique the conditions around the grant were, it is difficult to say how much should be incorporated into the future. However, we have some recommendations based on the data.

- 1) *Capacity building should continue to be emphasized.* These are small organizations that often require the basics of non-profit management. Accessible resources should be provided so that the communities can continue to grow and evolve.
- 2) *Coaching is highly beneficial.* The use of coaching model for support was highly valued, and should be considered as a ongoing method to build capacity.
- 3) *The people of the previous version of NJHI were highly valued.* As of this writing, nearly all of them have moved on to new positions. However, we are heartened to see that Bob Atkins was recently named to the board of directors of Community Foundations South Jersey. That experience will prove highly valuable in the next version of NJHI and how they served the communities of South Jersey.