



Reflections on the Start-Up of the Urban Health Initiative

What could have been done differently to get the
UHI campaigns up and running more effectively?

What can potential sponsors of community change
efforts learn from the UHI start up?

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About the Urban Health Initiative

The Robert Wood Johnson Foundation (RWJF) established the Urban Health Initiative (UHI) in 1995 to determine whether a concerted, collaborative effort can bring about region-wide improvements in multiple measures of youth health and safety. Five campaigns comprise the UHI:

- Baltimore's Safe and Sound Campaign
- Mayor's Time (Detroit)
- Safe Passages (Oakland)
- Philadelphia Safe and Sound
- Youth Matters (Richmond)

UHI campaigns work to implement proven strategies at such a large scale that citywide statistics will improve significantly. To do that, UHI campaigns must be change agents to secure systemic policy and fiscal changes necessary to get strategies to that scale. The UHI was designed to be non-prescriptive, allowing communities to craft implementation plans based on local conditions without assumptions, mandates or imperatives set forward by RWJF, which made a ten-year funding commitment.

The National Program Office (NPO) based in Seattle provides guidance, technical assistance and oversight to the local UHI campaigns in a number of areas including research, management, systems change and communications. The NPO also helps campaigns attract and develop the local leaders essential to bring about and sustain change in their cities. Former Seattle Mayor Charles Royer is national program director.

About the UHI's Lessons Learned Project

The UHI campaigns and NPO have learned many lessons with regard to developing change agent organizations, and securing and sustaining change in large cities. The NPO is working to catalogue these lessons so they can be put to use by the campaigns in the final years of the UHI, and so they can benefit future change agent organizations and their funders. Several topics have been covered. All papers can be found on the UHI's website, www.urbanhealth.org. More topics will be covered in the coming months.

All papers should be considered works in progress. The UHI is not yet complete, and many individuals who have been heavily involved with the UHI have yet to be interviewed. As new or different insights are gathered on a topic, the papers will be redrafted and reprinted.

Anyone who has comments, suggestions or questions about the UHI Lessons Learned Project or individual topics, can contact Jerry VanderWood, UHI Director of Communications, at 206-616-3692 or jerryvw@u.washington.edu.

Reflections on the Start-Up of the Urban Health Initiative: If We Had It To Do Over, What Would We Do Differently?

By Paul S. Jellinek¹

The Urban Health Initiative (UHI) is an active 10-year \$65-million initiative funded by the Robert Wood Johnson Foundation to improve the health and safety of children in five American cities. The Foundation's funding for the UHI began in 1995.

Designed in the aftermath of the 1992 Los Angeles riot, the purpose of the UHI is to demonstrate that significant gains can be made in addressing some of the urgent needs facing the nation's cities through a collaborative data-driven approach that optimizes the use of existing human and financial resources.

What most distinguishes the UHI from past urban grant programs is its emphasis on scale. Specifically, in each of the participating cities, the goal of the initiative is to improve the health and safety of enough children to make a measurable difference in the child health statistics for the city as a whole.

In order to achieve this ambitious goal, the grantees have had to systematically analyze what it would take to bring about change on this scale in their city and to mobilize resources well beyond those available through the UHI grants themselves. This includes efforts to reallocate existing local, state, federal and private dollars already being expended on children's services so that proven health interventions can be made available to the tens of thousands of children in need in each city.

Resource reallocation on this scale—characterized by the UHI as “systems change”—requires broad-based public and political support, not only within the cities themselves but also at the regional and state levels. Generating this kind of support in turn requires a sophisticated communications strategy.

Program structure

The UHI is structured in three stages. Beginning in 1995, organizations in eight cities² were awarded two-year planning grants following a limited competition of 20 American cities. At the end of the planning period, five of the eight cities³ received four-year implementation grants on a competitive basis; these grants were renewed in all five cities for another four years, with funding levels tapering off during this final four-year period. There is some variation in funding levels across the five cities, reflecting differences in the scope of effort required.

The UHI did not prescribe which child health problems the cities should address, or how they should be addressed. However, the problems selected were to be of sufficient magnitude and severity that progress in ameliorating them would be reflected by improvements in the cities' overall child health status.

Similarly, the UHI did not specify which organizations should be involved in each city, nor which organization should be designated as the grant recipient.⁴ However, the initiative

was to be collaborative in nature, involving a broad cross-section of those most directly affected by the problems (including youth) as well as those in a position to address them. The importance of regional participation was given particular emphasis, since this was considered key to generating the political will necessary to bring about large-scale systems change.

Management of the initiative, including technical assistance and direction, is provided by the National Program Office (NPO) at the University of Washington in Seattle, under the direction of Charles Royer, the former mayor of Seattle.

The Robert Wood Johnson Foundation has also funded New York University to conduct an independent evaluation of the UHI, under the direction of Professor Beth Weitzman, and has funded Professor William Julius Wilson at Harvard University to conduct a series of seminars bringing together some of the nation's leading urban scholars with the local and national leadership of the UHI.

Start-up challenges and lessons

The UHI is still ongoing at this time, and thus the independent evaluation is still under way. Consequently, it is premature to discuss the extent to which the UHI has achieved its goals.

It is not too early, however, to reflect on some of the challenges that have arisen in the course of the program's early implementation, and what, in hindsight, might have been done differently with respect to early implementation if we had it to do over again.

1. Clarify expectations and the “theory of change” up front

In the early years, there was considerable confusion among the grantees (and others) about the Foundation's intent and its expectations for the UHI—confusion that in some cases continued well into the implementation years.

In part, this had to do with the fact that the UHI was different from many of the urban initiatives of the past, including those funded by the Robert Wood Johnson Foundation itself. In particular, its focus on scale was not understood. Instead, people saw the UHI as a more traditional service program in which the grant funds would be distributed to a “collaborative” of agencies to provide direct services to a (necessarily) limited number of children.

Viewed in this way, the need for sophisticated leadership, reliable epidemiological and financial data, regional participation, and a sustained communications campaign—elements repeatedly emphasized by the Foundation and the NPO—was not obvious to the grantees, or was misinterpreted.

In retrospect, we should have:

- Provided a more extensive written description of the program, clarifying the Foundation's expectations and underscoring the difference between the UHI and more traditional service delivery programs.
- Provided a written “theory of change” spelling out the logic behind the program and specifying how each of the key program elements (i.e., data, regional involvement, communications) was expected to contribute to the achievement of the program's goals.

In addition, the Denominator Exercise should have been required as part of the planning phase. The Denominator Exercise is a planning tool developed by Cynthia Curreri, the UHI's Deputy Director, to assist the grantees in calculating how many of the children in their city would need to be reached by a particular health intervention in order to bring about a significant improvement in the relevant citywide child health statistics—and what the projected cost would be.

In the UHI, the Denominator Exercise was not introduced until after the planning phase, as it became clear that most of the grantees were still struggling to understand the implications of large-scale change. Although challenging to complete, it proved to be a crucial turning point for the grantees, helping them to understand in very tangible terms what they were up against and what it would take for them to succeed.

Requiring completion of the Denominator Exercise as part of the planning process would have saved valuable time and resources and would have guided the grantees in recruiting the right kind of leadership and local board membership for the job.

2. Begin the independent evaluation as early as possible in the program

A major challenge for the grantees in completing the Denominator Exercise and developing their strategies was the inadequacy of relevant local data. Those data that were available were often outdated, incompatible with other data sets, or not in useable form. Because the UHI is designed to be data driven rather than politically driven, this was a serious problem that became all the more obvious as the grantees tried to complete the Denominator Exercise.

In retrospect, we could have launched the independent evaluation of the UHI earlier and begun baseline data collection as soon as the grantee cities were identified. Baseline data collection could have been fast-tracked and these data could have been shared with the grantees as soon as they became available and used for planning purposes, including the Denominator Exercise.

In addition, starting the evaluation earlier would have forced greater clarity about the program's theory of change at the outset, which also would have greatly facilitated the planning process.

An alternative approach would have been to support the sites in collecting their own baseline data by enabling them to subcontract with local researchers (e.g., at local universities). While this would perhaps be less efficient than a single data-collection effort centralized in the evaluation, it could help to develop a permanent independent child health data resource within each city.

3. Be directive about process and staffing issues

As noted, the UHI was designed to be non-prescriptive regarding the specific priorities and interventions. Not only were the grantees themselves in a better position to know their cities' needs and priorities than those of us at the Foundation or the NPO, but we also wanted to encourage the kind of local buy-in and commitment that would be needed to sustain momentum for the long haul.

However, in our effort to avoid being prescriptive about priorities, we probably did not provide sufficient guidance about the processes and the criteria that the grantees used to make their decisions. We also did not provide as much technical assistance as we might have during the planning phase regarding “best practice” interventions once the grantees had

identified their priorities. As a result, the grantees were left floundering, trying to guess what the Foundation and the NPO “really wanted.”

The problem was especially acute in the selection of the project directors, where it was exacerbated by the fact that the Foundation and the NPO were legally precluded from directly intervening in the grantees’ personnel decisions. As a result, a number of the project directors initially selected by the grantees proved to be inappropriate for the task at hand and had to be replaced. Specifically, a number of the original project directors came out of a community organizing and/or direct service background rather than a policy or political background of the kind needed to understand and lead a large-scale systems change initiative.

In retrospect, we should have provided greater guidance to the grantees on process issues, and especially in developing the job descriptions and setting salary levels for the project director positions. While the NPO could not be given actual sign-off authority (since the project directors would be employees of the grantee organization—not the NPO or the Foundation), it could interview potential candidates and provide constructive feedback to the grantees.

4. Avoid structured competition among the grantees

While there was clear value in inviting multiple cities to compete for UHI funding initially, it was probably a mistake to structure the planning phase of the UHI as a competition among the eight planning grantees for the five implementation grants.

On the plus side, the competition may have spurred stronger performance during the planning phase than if each grantee had been assured that they would receive implementation funding. It also gave the Foundation a chance to “weed out” the weaker sites.

On the other hand, however, the fact that they were in competition may have made the grantees reluctant to share information with one another and—more important—kept them from asking the NPO for help, fearing that such requests might be taken as a sign of weakness.

In addition, the fact that the grantees were still in competition with one another prompted the NPO to be overly cautious about providing technical assistance that might appear to give a competitive edge to any one grantee over the others.

In retrospect, rather than structuring the planning phase as a competition, we should have established a set of threshold criteria that each grantee would need to meet during the planning phase in order to qualify for implementation funding—with enough money in the program budget to provide implementation funding to all of the planning grantees in the event that they all satisfied those criteria (this might have meant funding five or six planning grants at the outset rather than eight). The core threshold questions would focus on effectiveness and feasibility:

- If you do what you say you’re going to do, how much of an impact will it have on the child health statistics for your city?
- How likely is that you will be able to do what you say you’re going to do?

An added advantage of this approach is that decisions about implementation funding would not need to have been made all at once. Instead, the timing of each implementation grant could have been tied to each site’s state of readiness.

5. Keep the site selection process flexible

Site selection is an aspect of the start-up process that I believe went quite well, in choosing both the eight planning sites and the five implementation sites. Although specific criteria were used—such as severity of the city’s child health problems, the city’s past track record of collaboration internally and regionally, the city leadership’s apparent commitment to the health and safety of children and its readiness to take on an initiative of this kind—how well each city met these criteria was largely a judgment call, not subject to a precise quantitative measure. The review panel was made up of experienced senior consultants who, together with National Program Office and Foundation staff, had visited at least some of the applicant sites.

In addition to the site-specific criteria, we considered the overall mix of sites to ensure that there was some diversity within the program in terms of geography, local sponsorship, and size.

6. Tailor the amount of funding more closely to each site’s needs

Originally, we had intended that the level of implementation funding should vary across the sites, depending on the size of the city and the scale of the problem to be addressed—something that the Robert Wood Johnson Foundation had rarely done in the past, thus putting the nation’s largest cities at a consistent disadvantage for funding under its competitive national programs.

In the first round of implementation funding of the UHI, however, the only real variation was based on cost-of-living differences across the five cities—not differences in the scale and complexity of the problems to be tackled. This failure to adjust for the scale and complexity was a long-standing problem in many of the Foundation’s competitive national programs: the nation’s biggest cities were often at a competitive disadvantage because they simply could not achieve as much change within their bigger, more complex environments as smaller cities could for the same amount of money. With the UHI, the Foundation was particularly interested in helping the nation’s largest cities, yet during the first four years of implementation funding, the only real differences between, say, Oakland’s approved budget and Philadelphia’s—a city with almost four times as many people as Oakland—were for cost of living adjustments.

To some extent, this was corrected in the second round of implementation funding, but by this time the grantees were already six years into the program.

In retrospect, of course, these adjustments should have been made from the outset. However, our failure to do so despite our initial intent signals another problem: we weren’t paying attention as closely as we should have to ensure that the Foundation’s intentions for the UHI were in fact implemented. This particular problem seems to have fallen between the cracks. We didn’t catch it at the Foundation, and neither did the NPO.

7. Because of variation in personnel attending meetings, any agreements reached should be in writing so that everyone is on the same page

This is particularly true for a program like the UHI, which involves large numbers of individuals in each city—mayors, community leaders, police chiefs, school superintendents, human service commissioners, etc.—and is certain to experience turnover in personnel over the ten-year duration of the program.

For instance, during the start-up of the UHI, it appeared that representatives from the applicant cities who attended the early “reverse site visits” in Chicago in some cases had made commitments that others in their cities who were charged with implementing the initiative had not been made aware of. This created misunderstandings and frustrations among all parties—the sites, the NPO, and the Foundation—that probably could have been avoided.

8. Assist the grantees in managing their relationships with local political leaders

In order to bring about systems change on the scale envisioned in the UHI, grantees have found it necessary—to varying degrees—to cultivate the support of local political leaders, including mayors, county commissioners, school superintendents and others.

While strong relationships with local leaders have proven to be beneficial in most of the UHI sites, there is a risk that if the initiative is too closely identified with a particular leader, his or her successor may be reluctant to embrace it. Given the ten-year duration of the initiative, this can present a serious problem.

Helping grantees find the right balance in their relationships with local leaders and assisting them in building a broad base of permanent support for the initiative is vital if they are to maintain their momentum and survive the inevitable turnover in their cities’ political leadership.

9. Assist the grantees in translating goals and strategies into viable work plans

In order to achieve the goals and implement the strategies developed by the grantees, the strategies must be broken down into a detailed set of tasks, specifying exactly what is to be done, by whom, and by what date.

For the UHI grantees, this task is made all the more complicated by the scope and scale of the initiative and by the fact that ultimately many of the tasks must be carried out by individuals in other organizations over whom the grantee organization has no direct authority.

This is an area where the grantees may need extensive technical assistance.

10. Consultant expertise should be matched to the grantees’ needs

Although some of the consultants originally recruited to assist the UHI were able to provide useful insights and advice, our roster was probably too heavily weighted toward expertise in various areas of child health (e.g., violence prevention, substance abuse treatment) rather than in the areas of systems change, regionalism and communications that lay at the heart of the initiative.

Also, some of the consultants themselves did not seem to understand the goals of the UHI and its theory of change, causing considerable confusion among the grantees.

In retrospect, we should have assembled a more balanced group of consultants and made sure that they were on the same page with us about the intent and logic of the program.

11. What’s in a name?

The original name for the Urban Health Initiative was “America’s Promise”. We dropped it in order to avoid confusion after Ray Chambers and Colin Powell adopted it for their nationwide youth program.

However, in the process we lost an opportunity to create a common national identity. Our original thought had been that each city could localize the name as “Baltimore’s Promise”, “Richmond’s Promise”, etc., thus giving each program both a local and a common national identity. But this obviously hasn’t worked since we renamed the program.

While this doesn’t matter all that much within each city, at the national level the program is probably less visible than it would be if it were understood that each of these five local initiatives is part of a larger national initiative.

Conclusion

Although the Urban Health Initiative itself, with its focus on improving the health and safety of children, may or may not be replicated in other cities at some future date, the program represents a particular approach to bringing about large-scale social change at the local level.

As increasing responsibility for addressing local needs is thrust on local leaders and institutions, some of the lessons we have learned from the implementation of the Urban Health Initiative may be interest.

Understanding what it means—and what it takes—to “go to scale” has proven to be the most fundamental challenge of all. Once the concept of scale and its strategic implications are truly understood, then there appears to be at least a fighting chance of success.

Summary points

1. Clarify expectations and theory of change up front. In doing so, the need for sophisticated leadership, reliable epidemiological and financial data, regional participation, a sustained communications campaign and other necessary elements of a change agent strategy become obvious.
2. The denominator exercise or similar tool to determine the level of scale should be employed as part of the planning process.
3. Launching the independent evaluation as soon as possible would provide useful baseline data to the grantees and force clarity about the theory of change.
4. Non-prescriptiveness with regard to determining priorities and interventions was beneficial. However, greater guidance should be given with regard to process, job descriptions and salary levels of key leaders.
5. Establishing threshold criteria for grantees to meet in order to receive implementation funding is preferable to structuring the planning phase as a competition among grantees.
6. A flexible site selection process – specific criteria as well as subjective expert judgment – worked.
7. Tailoring the amount of funding more closely to each site’s needs is preferable to providing roughly equivalent amounts to each grantee, which tends to be of detriment to those in very large cities.

8. Any agreements, even those made by top municipal leaders, should be received in writing.
9. During such a long-term effort, grantees may need specific, sustained assistance with regard to establishing relationships with political leaders.
10. Grantees may need extensive technical assistance in translating goals and strategies into viable work plans.
11. Consultants with expertise in systems change, communications and regionalism should be used in addition to those with programmatic expertise.
12. A common national identity would likely increase visibility for the effort.

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¹ Paul Jellinek is a former program vice president of the Robert Wood Johnson Foundation, and, together with Ruby Hearn and Rush Russell, was one of the architects of the Urban Health Initiative.

² Baltimore, Chicago, Detroit, Miami, Oakland, Philadelphia, Richmond and Sacramento.

³ Baltimore, Detroit, Oakland, Philadelphia and Richmond.

⁴ Grantee organizations included various community organizations, a community foundation, a former health planning agency, a chamber of commerce and a city government.



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