Creating Culture through Health Leadership
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Table of Contents

Chapter 1

Leading from Within:

Creating a culture of health through leadership and community grown solutions

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Introduction

The stories recounted in the chapters of this book are profound illustrations and reflections on the intersectionality of health, wealth and disparity as well as community generated solutions to these conditions.

The chapters discuss health statuses, symptoms and consequences in communities, in both urban and rural environments. They talk about the impacts of structural deficits and inequality and structural violence and structural racism. They talk about what that looks like, how it takes expression in families, in schools, across communities and neighborhoods, in small towns and across mountain regions. They talk about the lack of access to needed and significant health care. They talk about the need for hope, skill building, leadership and examples of how to get out of poverty and violence. They talk about the need for leadership, action, commitment and attention to detail to teach young people, community members and families to take action to improve their condition, to ask for what they need, to build for themselves and to share with others.

The authors talk about the need to be living examples of community action, organizing and educating in order to reduce disparities in health, increase access and community resources, and how they did that. They share their experiences of community organizing, building and resourcing. They show us how they have built networks; groups that take action and create public goods to improve their own lives, circumstances and that of the community they live in.

This volume is part of a larger series of books on interdisciplinary community engaged research for health and this book represents a practitioner's view on community engagement and how we can build a culture of health through community grown solutions.

Culture of Health Leaders' Program

The Robert Wood Johnson Foundation has been committed to improving health and healthcare for over forty years. The Foundation provides County Health Rankings with resources to for evidence-based strategies for improving health behaviors to the social determinants of health (County Health Rankings & Roadmaps program, 2019a) on its webpage. Beyond the County Health Rankings full report, there is another report called "What Works? Social and Economic Opportunities to Improve Health" (County Health Rankings & Roadmaps program, 2019b). It goes step-by-step into bona fide methods for improving education, social supports, health, and equity across the entire United States. The commitment by the Foundation led to the establishment of four national programs to build a culture of health in America.

The Robert Wood Johnson Foundation's Culture of Health program (Culture of Health Leaders, 2019) may be the most comprehensive and multifaceted method for tackling inequity in health outcomes to date. The focus on equity and working in and through communities is pivotal. The practicality of leading for health is clear with resources such as "What Works for Health Disparity Rankings" and "What Works for Health" shortcut strategy adoption guides that the Culture of Health Leaders provide. These practice oriented resources help policymakers (and other persons interested in adopting suggested strategies) make decisions that, at the very least, will decrease health disparities between ethnic, racial, socioeconomic, and geographic groups.

As recipients of the Robert Wood Johnson Foundation's Culture of Health Leaders' fellowships the chapter authors have received training, mentoring and support. This program is an "opportunity for people working in every field and profession who want to use their influence to advance health and equity" to develop leadership skills. These practitioners have been trained "to collaborate and provide transformative leadership to address health equity in their

communities" (Culture of Health Leaders, 2019). The Culture of Health Leaders program has purposefully directed their support to include "representation from fields as diverse as business, technology, architecture, education, urban farming, the arts and many others" (Ibid.) and they seek to be ever-more inclusive in terms of representation "from fields and professions across the private, public, nonprofit and social sectors to build a truly diverse group of leaders" (Ibid.). As Culture of Health Leaders the chapter authors are engaging in a three year learning experience "including individual and team-based projects that encourage innovation, discovery, and hands-on application" (Ibid.). They work with nontraditional partners to produce "health initiatives, engage authentically with communities to change systems and institutions, and share their professional and life experiences in support of other leaders and the field" (National Collaborative for Health Equity, 2019). They have, through interaction with and guidance by "nationally recognized subject matter experts, mentors, and coaches", started to "lead change within and among systems and institutions" (Ibid.).

Practitioners and Community Leaders Sharing to Pave the Way

The challenges to health, wellness and health equity in the United State are massive. We face the long-term health impacts of structural racism, unequal access to education, safe housing and neighborhoods, income inequality, lack of mental health care and resources, multiple and repeated adverse childhood experiences, substance use disorders, high maternal and infant mortality rates, and actual declining years of life expectancy for women. We know, for instance, that "[a]s income increases or decreases, so does health. Employment provides income that shapes choices about housing, education, child care, food, medical care, and more. Employment also often includes benefits that can support healthy lifestyle choices, such as health insurance.

Unemployment and under employment limit these choices and the ability to accumulate savings and assets that can help cushion in times of economic distress" (County Health Rankings & Roadmaps program, 2019e).

The impact of current social determinants of health are significant and cumulative. However, as this volume will showcase, we also have a growing number of hands-on ways to address the impact of these negative trends. "People with greater social support, less isolation, and greater interpersonal trust live longer and healthier lives than those who are socially isolated. Neighborhoods richer in social connections provide residents with greater access to support and resources than those that are less tightly knit" (County Health Rankings & Roadmaps program, 2019c). We also know now from a dearth of US data that "[i]ndividuals with more education live longer, healthier lives than those with less education, and their children are more likely to thrive" and that "[t]his is true even when factors like income are taken into account" (County Health Rankings & Roadmaps program, 2019d) . We have a growing set of community fostered solutions to disparities on the ground and community led efforts to buck the trend of worsening population health trends and address the conditions that allow inequality to fester.

Among the organizations and persons doing this work, a select group of individuals have been given the resources and training to grow as Culture of Health Leaders. Most of the authors of the chapters in this book are deeply embedded in the communities they talk about; they are *of* the communities and *for* the communities they live and work in. Many of them have faced the adversities that they are now working to address. As practitioners, community leaders and culture of health pioneers they lead from within.

The work they exemplify and talk about is hard. That is, it is not easy to do but it is frequently simple and it can be done, and it is always, always community centered. The

community based solutions and innovations they talk about are powerful and they show us how they did it so we can do it. They share their experience as leaders doing important culture of health work to empower others to try this in their own communities. Their stories convey what sometimes seem like insurmountable challenges of intricate and complex situations that affect people's health and make them come alive for those of us who want to change these circumstances They show us how we can take steps to do that, to avoid some pitfalls they have explored and how we can utilize what they have found helpful and effective.

Methods for Community Engaged Work

The definition of community-engaged research in the series that this volume is a part of, "refers to collaborations between researchers and community members for the 'mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity'" (cross ref. Vol. 1, chpt 1). While the core goals "of community-engaged research are action, impact, and community benefit" (cross ref. Vol. 1, chpt 1) the results are not always forthcoming. Many researchers avoid community engaged work because it is messy and emotionally challenging. It frequently flies in the face of a clean, easily controlled, clearly measurable work process. It commonly veers away from the outlined research plan and protocol, making it far less likely to yield clear cut results and neat stacks of statistics to be analyzed in a well-lit sterile environment. The strengths of controlled clinical trials, however, is what they add to things like precision medicine. There is absolutely a need for this type of clinical science (cross reference Vol. 1, chpt 1) but it is not easily adapted to a community environment and open to community input.

People are doing community-engaged research in almost every academic field but the terms assigned to describe this work vary. Some call it "action research or participatory action research" others call it "civic engagement" or "community-engaged scholarship." Others still discuss it in terms of "consumer engagement" or "community based participatory research" (CBPR) as they try to improve healthcare and health outcomes by partnering with those affected. What these efforts have in common is the determination to match the knowledge and methodology expertise of researchers with the local expertise and lived experiences of community members and to foster this cross-disciplinary collaboration in support of change. Community-academic partnerships may vary in their degree of collaboration; ranging from cooperation to coordination to collaboration to partnership. Each gradient of collaboration suggests more equity in leading and making decisions about the nature of the partnership and the range of activities it practices (Winer & Ray, 2000).

One of the advantages of community-engaged research is that we get "the benefits of shared leadership between community and academic partners" (cross ref. Vol. 1, chpt 1), which is essential to owning the understanding of the challenges themselves as well as empowering communities to address those challenges moving forward. Even the National Institutes of Health, institutions that normally favor hard science, have underlined "the amplified impact, flow, and communication that comes with enhancing collaboration" (cross ref. Vol. 1, chpt 1) throughout the research process. Specifically, they posit that shared leadership increases the potential for broader benefits in health outcomes, larger community impact, and stronger bidirectional trust built as a foundation for future collaboration.

Community-engaged research is customary in disciplines targeting a diverse set of outcomes, particularly with regards to health, but the emergence of community engagement as a

key to research and impact has really taken off over the last decade. Several leading international

organizations, such as the World Health Organization, now emphasize the necessity of

community participation in order to accomplish population health improvements and eventually

reaching health equity (World Health Organization Regional Office for Europe, 2012; World

Health Organization, 2016). A number of research funding organizations and mechanisms now

also seem to be following this lead by requiring community-engaged research in successful grant

proposals (for example the National Institutes of Health's Clinical and Translational Science

Award (CTSA) program and the Patient-Centered Outcomes Research Institute (PCORI)).

Working toward Change in Communities

Many people, inside and outside of visible communities, are working toward change. In

this sense, we are not alone in our passion for community-engaged leadership for health. The

astonishing prevalence and persistence of health inequities resulting from structural inequality in

America "have motivated many researchers and research funding institutions to seek new ways

to move the needle toward social equity across a number of sectors" (cross reference Vol. 1, chpt

1).

Traditionally, health promotion and health improvement interventions have been

institution-led, "expert"-driven, and addressing one specific aspect of health and wellbeing.

However, in order to really make a dent in persistent health inequity many different kinds of

stakeholders need to come to the table, contribute their experience and resources. This includes,

but is in no way limited to, researchers from different fields joining forces and forging their skills

together for translational science. Whatever research is going to happen also needs to happen in a

true partnership with community collaborators. This partnership cannot just be a connection at

the top, with team leaders and directors agreeing to work together, it has to be an immersive

process where those who are experiencing the inequity are respected experts and integral to the

design of any research project, intervention or possible solution.

Working in communities and across stakeholder groups and interests though

collaborative processes may sound ideal, but reality too frequently places obstacles in the way of

real change. Well-intentioned efforts can be derailed by a lack of funding, legislative support,

organizing capacity or compassion fatigue. Sometimes even those who work closely toward a

common goal do not use the same terms to describe who they serve, what they are working

toward or what the needs of the community are. At a deeper level, stakeholders and the

communities they represent can have very different goals, beliefs and values, making their

understanding of the challenges facing the community and what needs to change very different.

"In order to work together toward health equity, there is a need not only to recognize the

importance of collaboration but also to have the tools and vision to understand how to carry it

out" (cross reference Vol. 1, chpt 1).

Like those scholars from a wide range of disciplines who would like to engage in

community-engaged research (cross reference Vol 1.), passionate but resource constrained

practitioners have relatively few high-quality sources to turn for methodological advice and best

practices when it comes to leading and succeeding for health in communities.

The Outline of the Book

The chapters that make up the body of this book cover the work of embedded health

leaders and the communities they are working within. In Chapter 2 *Cultivating Health in*

Appalachia Emily Jackson explores how, as a school teacher, she stumbled across a startling

disconnect between the children in her school and the rural land around them that grew the food they ate. This disconnect spurred Emily to start an evolving and expanding set of programs that connected schools, teachers, students, parents and neighbors to growing and cooking fresh food. Through innovative programming Emily showcases how she has been able to engage multiple communities in Appalachia with healthy foods and a respect for the land and people that grow the food.

Chapter 3 outlines Michael Howard's vision for saving rural America. Using anecdotes and examples from rural Kentucky he guides and illuminates our understanding of how social determinants of health intersect with a healthcare system in a small mining town. Far from being pessimistic, Michael uses the causal linkages between poverty, poor health outcomes and high cost health care to envision a different way of addressing health care needs; though community strengths, compassion and the removal of social determinants of poor health.

Chapter 4 takes us to rural Hawaii and communities facing scarcity of affordable fresh fruit and vegetables. Tina Tamai explains how building a network of networks has increased access to fresh food and has spread education about healthy cooking and eating while honoring and preserving ethnic food culture. The work of Hawaii's Good Food Alliance has been pioneering and is increasing in size and scope across the Island communities.

Shannon McGuire and Jean Mutchie account for the development of cross-sector collaboration in order to create a culture of health in a fast growing city in Idaho in Chapter 5. Their story showcases how pockets of poverty in what is named Treasure Valley has led to significant inequality in community health status. Working with data down the census tract, Nampa, Idaho identified areas of real impoverishment and lack of access to healthcare and transportation and have built a local stakeholder network to reduce childhood obesity. Through

collaboration, innovation and community engagement Nampa has managed to increase access to healthy foods and healthcare and increase mobility in an area with disproportionate rates of childhood obesity and poor health.

Chapter 6 recounts Monique McKenny and Riana Anderson's work with black families aimed to reduce racial stress and trauma and increase resilience among African American kids. Using a positive psychological framework focused on coping skills, cultural affirmation and strengthening parent-child relationships, the authors work to help kids meet the stress of negative cultural stereotypes, discrimination and racism that is still pervasive in America. By running EMBrace as a mental health and wellness intervention for African American families in West Philadelphia, McKenny and Anderson attempt to reduce the impact of racial stress and trauma on families today and tomorrow.

Chapter 7 features DeWayne Barton's work to rebuild Affrilachia, restore Black Ashville, and particularly the Barton Street neighborhood where he lives, to a healthy thriving community. Starting by picking up picking up trash, engaging youth and building a Peace Garden together with his wife, DeWayne has moved the community to action, rallied for space to be restored and preserved, and has pulled sustainability into this community's culture. From repairing the neighborhood community center, to rallying community members young and old to fight divisive city projects, to convincing businesses to support Green Opportunities for youth, DeWayne exemplifies the extraordinary things that are possible when passionate people start doing a few simple things.

In Chapter 8, we learn how supportive affordable housing in Boston has developed its efforts to improve health and self-sustainability among its residents. The work that Robert Torres relays reflects genuine commitment to building individual and community stability and

sustainability. However, even with the best intentions well-laid plans do not always work out. Learning the importance of listening, clarifying assumptions and working *with* community members to build solutions to problems they experience shaped Urban Edge's success story.

The concluding chapter, Chapter 9, Lina Svedin pulls together a set of key themes uncovered in the preceding chapters. Some of these are lessons learned and ways to forward that work. Others are reminders of issues to take be taken seriously and problems that may lead to reassessment as individuals and communities work toward change. Drawing out tools and techniques that the authors and health leaders in this book have used successfully in their communities, the concluding chapter places stepping stones on the road to community-led change.

We hope that you will be inspired and informed by the accounts of leading for health collected in this book. We bring these examples to light to serve as roadmaps for how to create a culture of health from within communities. We know that it is possible and we hope that by reading though the authors' stories you too will be convinced that it is possible.

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Chapter 4

Network Strategies & Cross-Collaboration to Strengthen Community Food Systems

Tamai, Tina

Hawaii Good Food Alliance

Introduction

From the start, we knew making healthy eating a social norm in the low-income communities of Hawaii would be an enormous undertaking. We understood that eating behavior was influenced by a host of social and cultural norms and issues. However, we hadn't fully comprehended how much it was also affected by the economic, political and social complexities related to food systems and mechanisms of accessibility, availability, and affordability. And as we delved deeper into our work, we quickly learned that all of these issues need to be addressed simultaneously to achieve even small movements toward change. The issues and complexities presented were so overwhelming that identifying where and how to begin posed a challenge.

We decided to simply follow our instincts. Given that our basic tenet was that all project development should be community-informed and community-driven, we turned to our community leaders to lead the way. They began by designing culturally sensitive programs and strategies that engaged community members to vest and take interest in healthy eating, partnering with multiple organizations and sectors to make existing food hubs and systems more effective and efficient in making produce more accessible and affordable in their communities.   We found communities designing and developing unique networks, shaping their community food systems to address the concerns particular to them. Eventually, what ensued was the development of the Hawaii Good Food Alliance, a "network of networks" approach to connect and strengthen food systems across our local communities. Our mission evolved into a strategy of supporting local leaders to transform and establish effective food systems at the grass-roots level, then intersecting the leaders and their networks into a united effort to share best practices, provide support to one another, and cross-collaborate to generate change at a broader level.

Ultimately, we developed an approach that coincidentally aligned with Networking and Leadership strategies documented by Meehan and Holley for facilitating social movement. In this chapter,

we will describe how our Hawaii Good Food Alliance evolved, how we arrived at this strategy, and the lessons learned along the way.

Our Journey toward a Network Strategy

Our story begins around 2007, as obesity emerged as a major public health issue in the United States. Thee Hawaii Department of Health (DOH) was charged with changing eating behavior and addressing obesity among Supplemental Nutrition Assistance Program (SNAP)-eligible populations through the United States Department of Agriculture (USDA) SNAP-Education (Ed) Program (formally known as the Food Stamp Nutrition Education- FSNE Program). At that time little was known about effective strategies for changing eating behavior and public health strategies for preventing obesity were uncharted. Increasing fruit and vegetable consumption was indicated as a promising approach The USDA focused on targeting individuals through one-on-one direct nutrition information delivery while the Centers for Disease Control and Prevention (CDC) Recommended Community Strategies for obesity prevention were yet to be developed.

The Initial Pilot (in Kalihi)

Initially we were searching for any clues that might help us have an impact on a person's eating behavior. Falling back on basic public health principles, the DOH decided to design our own "comprehensive integrated multi-prong community approach", basically a plan to mass disseminate "eat more fruits and vegetables" messages in communities through multiple channels using a combination of direct education programs through individual community organizations; cross-organization community projects and initiatives, and an overarching social marketing campaign to reinforce the message in hopes this would somehow influence our target population to change eating habits.

We reached out to three community organizations, Kalihi Palama Health Center (Kalihi Palama), Kokua Kalihi Valley Comprehensive Family Services (KKV) and the YMCA and funded them to

implement USDA direct education programs in their organizations. We piloted this approach in the

generally low-income community of Kalihi (a three-mile radius area adjacent to downtown Honolulu)

which consists of over 15 different immigrant Pacific Islander ethnic groups, many newly immigrated and

difficult to reach. The organizations were also asked to work in committee to collaborate and develop

joint community initiatives that would be culturally appropriate and effective in reaching diverse ethnic

immigrant populations.

As with any beginning, establishing this group required a great deal of concentrated energy and

effort, and constant study and examination of the problems confronting them. The committee met

monthly. The first few meetings were somewhat awkward and forced because the organizations had never

worked together and didn't know what to expect. Underlying relationships and territories needed to be

respected. We constantly worked at building relations between organizations, building trust and loyalty

among members, nudging people to attend meetings, finding projects that had common value and benefit

to the organizations, carefully planning and executing meeting agendas that were meaningful and did not

waste people's time, and even providing food to attract members to attend meetings. Much effort was put

into orchestrating gatherings and attending to members' needs and expectations to achieve buy-in. The

task was difficult in that this responsibility fell on one person, the SNAP-Ed program manager, because

of limited DOH staffing.

However, pursuing this path proved valuable. Working with community helped us find more

effective approaches to effect change. Kalihi Palama engaged small groups using "hands-on" cooking

activities and printed recipe cards with attractive photos of food and step-by-step instructions using

pictures and illustrations rather than words. In using this approach, people actually took interest in trying

new recipes on their own. We were able to compare this result with similar results observed in a separate

project in which elementary students participated in gardening activities and engaged in cooking potluck

dinners for their parents using produce from their harvest. The students not only eagerly ate fruits and

vegetables but even asked for them as snacks during the school day. More amazingly, the parents and

neighbors living around the school garden soon started to partake in the produce and began guarding and protecting the garden from vandalism. We learned from these community strategies was that it wasn't messaging but hands-on participatory activities that influenced and moved people to try new foods and engage in changing behavior.

We learned from KKV the value of partnering with the State Department of Human Services (DHS) to provide SNAP Electronic Benefit Transfer (EBT) benefit access at the nearby City and County farmers market. This led to the passage of a resolution by the Honolulu City Council to provide EBT access at more of its farmers market sites. Meanwhile, we also learned the importance of developing adjunct support programs through the YMCA as it developed a comprehensive grades K through 6 nutrition education and hands-on skills curriculum for its after-school program. Their need to train staff led us to contract our community college culinary arts department to develop a 6-week train-the-trainer healthy cooking skills program for the YMCA, which was subsequently used to train staff in other community organizations.

Through insisting the three organizations support and participate in each other's activities and programs, a camaraderie developed that resulted in sharing and expansion of activities across all of the organizations and into the community. They investigated EBT benefit access and double bucks incentive programs for all of the nearby farmers markets; provided cooking skills training in their organizations while the YMCA organized a Junior Chef competition program that attracted involvement from additional organizations across the community. Their collaboration culminated in a joint 12-week community-wide social marketing campaign involving radio ad messaging with the organizations working together to provide associated cooking demonstrations and tasting samples, and packaging fresh produce giveaways for large groups of people at local grocery retailer sites located throughout the community.

Looking back at these simplistic interventions, the learning was not only about strategies for addressing individual behavior but also influencing organizations to recognize and appreciate the value of collaboration and mutual support. Collaboration enabled them to freely reach out and ask for help and resources from one another and create interaction that produced amplified impact in the community. Following these events, the group developed a logo and adopted the name Live Better Together Collaborative (LBT Collaborative) to reflect their synergy and the culture and values of their community.

With success in Kalihi, momentum accelerated, and partnership opportunities opened. In keeping with Collective Impact Theory to be inclusive and collaborate collectively, we invited influencers from a multitude of sectors (from DHS, City Council representatives, major health insurers, the Parks and Recreation Department, the community college culinary arts department to farmers markets as well as grocery retailers providing venues for activities - even catching the attention of the Governor and Lieutenant Governor's Offices) in order to garner additional resources and attention to meet the needs of the Kalihi community.

The Collective Impact Theory was effective in guiding us to gather partners to collaborate and generate synergy when we thought our work was around one or a few specific issues such as educating the public to eat healthy. When we realized the issue was much more involved and complex, that we needed to address the influences of food supply chains and issues of availability and affordability, we had to formulate an expanded theory of change.

Beginnings of Networks

Fortunately, as we were busily occupied with gathering bits of information regarding strategies for influencing eating behavior, KKV was slowly assembling the elements of a community cultural food hub. As it conducted gardening and cooking programs in nearby schools and public housing projects as directed by DOH funding, it obtained grant funding from the Wholesome Wave organization to add a double bucks incentive program to the EBT benefit access program it initiated at the local city and county

farmers market. KKV also built green houses and expanded its community garden project to provide

produce for its staff and patients, built a café within its community health center, and reached out to

community members to develop activities and events which celebrated cultural and indigenous foods.

From an outside view, these activities appeared to be a random set of projects. When KKV was

ready and finally linked them all into a cultural food hub, we realized they had created a unique

framework for supporting and strengthening healthy culturally informed eating across its community.

KKV had implemented its own version of a comprehensive integrated multi-prong community approach

and had developed a community food systems network by linking and intersecting multiple programs,

strategies, partners and sectors into a dynamic framework. It addressed the cultural uniqueness of their

community and demonstrated respect and support for the community's population which resulted in an

effective approach for influencing eating norms. KKV continued to expand this hub by organizing a small

collective of farmers to increase provision of indigenous produce in Kalihi, integrated youth

empowerment and the Junior Chef programs, and established a comprehensive cultural food system that

has become the hallmark of an indigenous good food movement in Hawaii.

Expansion

Springing from Kalihi's success, we turned to replicating the collaborative model on the Island of

Hawaii (Hawaii Island) (also known as the Big Island). We contracted The Kohala Center, an

independent, community-based center for research, conservation, and education, to establish a LBT

Collaborative on Hawaii Island. While Hawaii Island community leaders readily collaborated, they had a

different strategy in mind for addressing healthy eating. Because the island was large and predominately

rural, access to fresh fruits and vegetables in remote areas was its biggest concern. Initially, the program

emphasis was on assisting farmers markets to accept EBT, a strategy with significant success in food

desert areas. Then Kohala Center formed a partnership with The Food Basket, their local food bank, to

develop a food hub which utilized food bank trucks otherwise empty after delivering canned goods to

food pantry sites to aggregate fruit and vegetables from farmers to create Community Supported

Agriculture (CSA) boxes for distribution to low-income communities at various food pantry sites located

throughout the island. The CSA boxes were sold through EBT benefits or at a discounted price. Nutrition

education with cooking demonstrations, hands-on activities, and social marketing were incorporated to

encourage their recipients to consume more fruits and vegetables. About that time, the Blue Zones project

was introduced into Hawaii Island. DOH's LBT Collaborative merged with the Blue Zones project to

develop the Hawaii Island Food Alliance linking farmers, the local grocery retailer chain, government and

representatives from multiple sectors throughout island to form a food system networking group. The

LBT concept had morphed into a different integrated comprehensive community multi-prong approach

which required DOH to modify its original concept of replicating collaborative models statewide under

the same title. We were forced to recognize that each community needed autonomy and the ability to

network and collaborate in their own way. We learned, in doing so, that the resulting collaboratives were

much more effective in reaching community.

With the addition of the Hawaii Island collaborative, the LBT Collaborative was propelled to a

new level. In an attempt to nudge Kalihi and Hawaii Island to share and work across collaboratives and

islands, monthly meetings which had previously been held as gatherings of local Kalihi partners in a room

at the YMCA suddenly expanded to monthly interisland phone conferences of 15 people. To our surprise,

as difficult as it was for a large group of people to meet over the phone, leaders on the Waianae Coast as

well as in the Waimanalo and Waianae communities of Oahu, and the island of Molokai, all struggling to

help their communities develop healthy food access programs, soon joined in the calls. We had suddenly

expanded into a state-wide collaborative.

Faced now with a wide array of members, issues and concerns, a diverse set of communities, and

limited resources, the quandary was figuring out how to support all of these community efforts. We

thought a solution would be to arm the leaders with community organizing training, providing them with

tools with which they could organize to take charge of developing community food hubs and food

systems on their own. In attending the training, what the leaders found most valuable was face-to-face networking with others dealing with the same issues. It became apparent what the communities really needed was to be connected in order to share resources and ideas with each other. We realized some person or body needed to coordinate and set up meetings to make this possible.

Transition to a Networking Community Networks Framework

Up to this point, the SNAP-Ed program manager was functioning as a one-person backbone, organizing meetings and deciding the direction and agenda for the LBT Collaborative. As the membership multiplied it was clear the leaders were facing much more complex issues than simply nutrition education. Expertise beyond public health and nutrition education was needed in areas such as sustaining agricultural production, increasing overall food supply, stimulating economic development, obtaining financing, farmer education and training, job development, food banking, and food distribution. Moving toward the idea of facilitating self-sustaining community food systems, the SNAP-Ed manager recruited the leaders of the Hawaii Island collaborative to form a backbone team with broader expertise to guide the work of the expanding statewide collective. The team of five was called the Hawaii Good Food Task Force.

Given the complex array of issues, values and beliefs connected to food, the Task Force took an important pause to examine and define its mission. We decided that carving a narrow niche within which to focus would be more effective and would result in greater impact rather than trying to address a diverse array of issues and concerns among a wide audience of partners. We determined that our purpose was to support leaders in building community-based food system networks to improve access and healthy eating among low-income populations. Our mission was to support and foster these networks and connect them into a larger cohesive initiative to effect social transformation on a larger scale.

The greatest transition for the Collaborative occurred at this juncture, when the SNAP-Ed manager retired from DOH, which meant the Collaborative would no longer have access to funding or

resources from the initial government channel. Because the Task Force was comprised of members who were extremely committed to community well-being and making a difference, they decided to find other avenues of support. In other words, the Collaborative was continuing with an unpaid volunteer at the helm with no idea how to fund or continue the initiative.

To complete a contract held by The Kohala Center, the Task Force assisted Ken Meter (Crossroads Resource Center) to conduct and publish a baseline study on the status of food in low-income communities in Hawaii entitled "Hawaii Food for All." In doing so, the Task Force stayed in touch with the community leaders who had been involved in the LBT Collaborative. When asked if they were interested in continuing as a network group, the Collaborative leaders overwhelmingly assented. KKV donated their café as the meeting venue, neighbor island leaders funded their own flights to Honolulu, and attendees paid for their own lunches. And so, the community leaders network reunited under the temporary name of the Hawaii Good Food Network (the Network).

Shortly after this point the Network was able to gain support through the retired SNAP-Ed manager's participation in the Robert Wood Johnson Foundation (RWJF) Culture of Health Leaders Program (CoHL). This provided validation and recognition for the Network and our approach to food systems change. Through the RWJF Fellowship and opportunities for the SNAP-Ed manager, KKV, and the Hawaii Island leaders to present the "Hawaii Food for All" study at the New Entry Community Food Systems Conference in Boston 2017 and again at the Wallace National Good Food Network in Albuquerque in 2018, the Network gained recognition and attention for its "Network of Networks" model. What followed were opportunities for coordination funding.

Re-structuring the Network of Networks framework (Hawaii Good Food Alliance)

Fortunately, during this formative period, the Task Force connected with Islander Institute, a highly regarded facilitation team, to conduct a Network meeting. Looking at the variety and diversity of members into which the Network had grown, the facilitators suggested we re-examine our membership to

align with our purpose and goals. It was a difficult process to pare down membership and partners who had started with the Collaborative from the beginning. With the guidance of Islander Institute and after a great deal of discussion, the membership was narrowed to community leaders who were developing food distribution systems that connected production to the community and served low-income populations. This was a turning point in the framework of the Network. The membership became more coherent and aligned in purpose and goals and consisted of members focused solely on building food networks in their communities. Former members were asked to allow us time to re-configure our base and strategies before re-expanding. The facilitators became vested partners in the Network.

The Network managed to continue without dedicated resources, cobbling bits of extra funding to meet. It was fortuitous at this juncture that the Louie Family Foundation, a private family foundation on the Mainland, took an interest in our work and provided a small, but critical, sum of gap funding to enable a retreat in January 2018. At that retreat, the Network members bonded, became highly committed, and began working on a charter of agreed values and goals, resulting in a focused and well-articulated purpose statement. The lesson at this juncture was that aligning membership and staying targeted on a specific mission and agreed-upon strategies is an imperative. We ended up with a strongly committed group of 27 leaders from 18 distinct organizations, representing eight (8) communities throughout the State who were determined to mobilize a good food movement in Hawaii. The group renamed itself the Hawaii Good Food Alliance (Alliance) and chose the word "alliance" to signify their commitment to taking an activist-advocate role rather than being just an information-sharing network. Because of group commitment, the Alliance came out a stronger and more unified organization.

Vision for the Future

As our community-based members continue to expand their work, we envision they will increase and extend their linkages, intersect with other sectors and networks in Hawaii. As more and more organizations interconnect, we hope to create a culture of health in Hawaii where people value the norm

that good food is important and should be affordable and available to everyone in the State, regardless of socioeconomic status.

Through the statewide Alliance communities, we have developed a framework and a platform for improving food systems and support for a social movement toward healthy eating for everyone.

Lessons

What led the Alliance to develop and engage in network strategy was the realization that food and food systems were highly complex and that the issues presented by them could not be solved with conventional linear intervention models. We decided that there were issues and problems so large and complex that it required approaches involving multiple leaders working collectively and collaboratively at multiple foci to meet challenges such as those presented by interconnected, dynamic complex food systems.

We found our way by listening to and following communities and by allowing for experimentation and learning. We didn't have a name for it – but saw that by networking and collaborating, we were able to work across organizations, geography, and sector barriers. Our "network of networks" framework allowed us to reach downstream to address community needs, influence interpersonal relationships and individual change at the grassroots level while effecting change upstream on a larger scale at the state and societal level. Although this framework is still in development and evolving, we have indications that this model has potential to effect significant impact. The following are the lessons learned as we developed this framework:

Lesson #1 – Involve those Who are Affected

The most effective solutions came from the people on the ground-level. Whether identifying issues or developing solutions, it is essential to involve and trust people on the ground and in the community. People who experience the situation understand best what the issues are and what solutions

work. Honoring and following community guidance exhibits respect and sensitivity to the situation which ultimately leads to appropriate solutions and community vesting in the cause. Moreover, these are key elements for establishing trust and engaging people in the collaboration needed to create synergy for social change.

Lesson #2 – Community Must Always be Front and Center

Above all else, the greater community good must be in the front and center as the guiding principle and North Star of the group and its work. All decisions and activities must be dictated by what is good for community. Each member of a collaborative change team must have genuine sincerity and commitment to the work of community over self-interest. Beliefs and values held by individual members eventually permeate and influence every relationship and ultimately every aspect of an organization. Thus, it is important all members hold the same core values.

Lesson #3 – Maintain High Standards of Values

Maintaining a high standard of values sustains morale and the sense of integrity needed to promote commitment and sustainability. Over time, whether members stay committed, relationships are kept, and the organization/cause is sustained, depends on complete authenticity and sincerity.

Lesson #4 – Having a Clear Vision and Purpose is Vital

Having a consistent clear vision and purpose is key for the existence and sustainability of the group. Without a clear idea of the end goal and purpose of the group, the group will flounder and eventually fall apart. It also helps maintain trust and respect among members because each person understands their role and the end goal better. Trust in relationships must be continuously nurtured and guarded

Lesson #5 – Have a Coordinator

Whether it's one person or a team, a coordinating entity should exist to keep network members working together, more specifically: organized, coordinated, meeting regularly, communicating with one another, and on track with respect to core values. The backbone must be tenacious and committed to keeping the group together and moving forward. In the initial phases this backbone was critical in setting the culture of the network. They also must be capable of making difficult decisions while differentiating relationships and issues to protect the startup of the organization.

Our coordinator worked behind the scenes constantly to facilitate and build relationships, check in, and get feedback from members one-on-one. They also ensured misunderstandings were resolved and that concerns were addressed. The coordinator must be forward looking; constantly watching for opportunities, challenges, and barriers and be willing to confront the group with preparations.

Lesson #6 – Unbiased Facilitator was Helpful

The facilitator ensures leadership biases doesn't go unchecked. Furthermore, they offer an outsider's perspective for reflection to reduce chances of misreading of circumstances.

Lesson #7 - Leaders Conscientiously Monitor and Align the Vision, Mission, and Goals of the Collaborative

In order to move forward effectively, someone or some steering group must have a clear idea about the group's purpose, what needs to be accomplished, and how to accomplish it. Complex systems constantly change. Therefore, leadership must diligently monitor changes in opportunities, the environment, and the group itself. In our case, we developed a "network of networks" theory of change. When we observed networks making a difference as they created relationships and partnerships to form local food hubs and food systems that successfully engaged the community, we linked those networks into a larger community of networks.

Lesson #8 – Developing a Collaborative Requires Intentional Relationship-Building

Building cohesion is not a willy-nilly process. Instead, it is the result of deliberate and thoughtful assessment of members for common goals, values, purpose, and capacity to work collaboratively. Intentionally building relationships and trust further cements clear visions and goals. Carefully vetting members ensured they were aligned with regards to values, mission, level of commitment, as well as style of working is critical. This helps foster a *group* mindset, which leads to a far greater impact.

Lesson #9 – Constant, Clear, and Transparent Communication is Paramount

Constant, clear and transparent communication among all members is fundamental and essential to building trusting relationships as well as keeping everyone informed and involved. The backbone, or coordinator, needs to communicate with members constantly. Likewise, members should be able to initiate communication with others in the group freely and with transparency.

Lesson #10 – Creating Change is Not Easy

The journey of developing a collaborative is long, arduous, and requires tenacity. The process is not linear, predictable, or controllable. Your group must have foresight, flexibility, stamina, and vision to navigate and sustain the challenges of change-making.

Challenges

Networking is an emerging theory of change to address monumental, complex problems where conventional, linear strategies and interventions are ineffective. Networking organizations often take time to develop and often need to change course and adapt to changing dynamic environments. Current conventional funder strategies need to be adjusted to accommodate this different paradigm. Coordination and formation of coordinating infrastructure must be supported to enable networks to survive long enough to begin implementing change strategies.

Burnout is inevitable. Networking takes commitment over a long period of time, often with

inadequate or no funding. Sustaining the momentum without support is a challenge and requires grit.

Networking is dynamic and requires a different method of accountability and evaluation (Developmental

Evaluation). In our experience, we found networks to be valuable as they enable intersection, cross-

pollination of ideas and resources, as well as cross-organizational collaboration which can transcend

geographical and sector boundaries and mobilize synergy with greater magnitude to create social change.

The challenge lies in developing new ways of thinking and funding to accommodate this different

paradigm.

Suggested Readings

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