

**More Than The Sum of Its Parts: Working with Few to Affect
Many in Visitacion Valley**

*Final Evaluation Report of the
Visitacion Valley Community Resiliency Project (VVCRP)
2004*

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EXECUTIVE SUMMARY

The Visitacion Valley Community Resiliency Project (VVCRP) offers training, coaching, support groups, and a variety of other neighborhood-based activities that educate Visitacion Valley residents in the philosophy and practices of a mental health improvement approach called Health Realization (HR). Health Realization was created by Dr. Roger Mills and colleagues, and is an approach to reclaiming and maintaining one's mental health through an understanding of the "principles of mind, thought, and consciousness." Dr. Mills and his colleagues have worked successfully implementing HR in low-income, at-risk communities, especially housing projects, in various parts of the United States. In other areas, HR has led residents to increase their employment and education levels, and decrease stress and levels of violence in the community. The Pottruck Family Foundation supported the launch of the VVCRP in Vis Valley, one of the poorest and most violent neighborhoods in San Francisco, in 1999.

Early program evaluation was conducted to determine the individual outcomes of program participants who had been trained in HR. This research found that the VVCRP was successful in reducing individuals' feelings of depression and isolation, and increasing their sense of happiness and self-control. The cumulative evaluation research conducted on the VVCRP and the HR model in general concludes that HR is a powerful tool for changing individuals' beliefs and behaviors. A central goal of the Pottruck Family Foundation in supporting the VVCRP was to extend the benefits of HR beyond a few individuals to the community as a whole. The belief was that as more people in a geographic community are exposed to and adopt the principles and practices of HR, the more overall community well-being will improve. Subsequent evaluation activities sought to document possible links between individual changes brought about by the VVCRP, and broader changes in the neighborhood, such as increased employment, decreased violence, or improved health status.

The February 2004 evaluation interim report concluded that while the VVCRP model might have the *potential* to lead to community-wide improvements in residents' well-being, there was little evidence of these types of sweeping changes available for documentation. The interim report laid out a theory of change for the program and highlighted that the "weakest link" in this chain of proposed causality appeared to be the "investment of social capital" by Vis Valley residents who had been affected positively by the VVCRP. Data collected from highly involved members of the VVCRP Training of Trainers program indicated that even individuals with a high level of exposure to the Health Realization (HR) model were applying the lessons of HR within a small radius of their personal experiences. The last year of research has focused on whether or not these few highly trained and motivated individuals have had a significant influence on the community as a whole.

To examine the influence of the VVCRP on neighborhood organizations that affect thousands of residents, three public institutions – an elementary school, a middle school,

and a public health clinic – were selected for the development of case studies of the VVCRP’s influence. To examine the influence of the VVCRP on building social networks, the VVCRP staff participated in a social capital mapping activity, the findings from which are also presented in this report.

Summary of Findings from Case Studies

The VVCRP was effective over a period of five years of sustained involvement in two major neighborhood institutions, Visitacion Valley Middle School, and the Silver Avenue Family Health Center, at influencing not just individuals, but also organizational policies, practices, and culture. This level of organizational influence is impressive when the relatively modest level of VVCRP staff time and resources invested into making these changes is taken into account. The pivotal levers of change at each organization were individual leaders who were moved by the HR principles to make major changes in their own beliefs, attitudes, and behaviors, and then took the initiative to inspire, enable, and mandate similar changes within their organizations. This method of reaching “critical mass” of HR awareness within these organizations appears to be both efficient and effective when the leadership conditions are right. However, this pathway to change is vulnerable to the loss of the key individual leader.

Social Network Analysis: The VVCRP Builds Strong Networks

The shortcomings of the “individual-to-organization” pathway of change can be compensated for by distributing the commitment to a HR approach throughout the leadership or membership of an organization or community. In this way, HR becomes part of the community fabric – a way of “doing business” that is independent of, and lasts beyond the tenure of individual leaders. The distribution of awareness and commitment to HR is accomplished by the VVCRP through the building of social networks among residents and community providers. The idea that the building of social networks can lead to sustainable community development is supported by recent research and demonstration projects in fields such as network science, economic development, and public health.

Strong Social Networks Lead to Positive Community-Wide Outcomes

Over time and primarily through the Training of Trainers program, the VVCRP has encouraged independent connections between organizations in the community, leading to the emergence of a “multi-hub small-world network.” For example, because of the ties forged in the VVCRP trainings, the 75 key leaders involved in the program will continue to have connections to each other through their social network, whether the VVCRP exists or not. Those 75 nodes are always primed for innovation, because the groundwork of trust, mutual reciprocity, and empowerment is already complete. These key “movers and shakers” know each other, like each other, and are willing to help each other, and ask for help when needed. Even Health Realization as the core message becomes irrelevant in the face of the open-ended social connection that is ready for *any* innovation or community improvement, such as a new Girl Scout troop in the neighborhood. In this way, the VVCRP has had a tremendously positive effect on Visitacion Valley’s capacity to make positive changes on its own behalf, even after the program is no longer present.

INTRODUCTION

Organizational Changes and Project Conclusion

The Visitacion Valley Community Resiliency Project (VVCRP) has undergone significant organizational changes in the last year, and ends this evaluation period in the midst of a major transition to a different fiscal sponsor, a different governance process, and a different set of operational goals. The Pottruck Family Foundation's five years of support have concluded, and the VVCRP is actively seeking other sources of funding. The VVCRP will be subsumed as a project of the Visitacion Valley Community Development Corporation (VVCDC), but that move is somewhat in question at the time of this writing due to the resignation of the VVCDC's executive director. With one exception, the VVCRP's staff have all found other positions at the VVCDC, or other organizations.

This transition marks the "end" of the VVCRP as it has been constituted. However, the end of the organizational structure does not necessarily indicate the end of the VVCRP's core work, as the staff and founders of the program all plan to continue to disseminate the Health Realization model in Visitacion Valley and beyond.

The VVCRP's Potential to Improve Visitacion Valley

The February 2004 evaluation interim report concluded that while the VVCRP model might have the *potential* to lead to community-wide improvements in residents' well-being, there was little evidence of these types of sweeping changes available for documentation. The interim report laid out a theory of change for the program and highlighted that the "weakest link" in this chain of proposed causality appeared to be the "investment of social capital" by Vis Valley residents who had been affected positively by the VVCRP. In other words, it has been clear all along that the VVCRP can have and has had a profound effect on improving the lives of individuals. In many cases, this improvement has included increased social connections and improved relationships with other residents or community service providers (dubbed "social capital"). But the question has remained: do these increased and improved relationships within the community add up to tangible changes in the well-being of those individuals and the community as a whole? Are people "investing" their social capital to obtain employment, advocate for new resources for their families and community, or work together to eradicate violence in their neighborhoods? Data collected from highly involved members of the VVCRP Training of Trainers program indicated that even individuals with a high level of exposure to the Health Realization (HR) model were applying the lessons of HR within a small radius of their personal experiences.

However, there were some important exceptions to this trend, and the last six months of evaluation focused on the collection of data that would explore in a more systematic way (1) the influence of trained individuals on the institutions they are a part of, and (2) the extent to which individuals "invested" their newfound social capital in endeavors that led to important positive outcomes for themselves, their families, and the Vis Valley community as a whole.

To examine the influence of the VVCPR on neighborhood organizations that, in turn, affect hundreds of residents, three organizations were chosen for the development of case studies, which are presented in the present report. To examine the extent to which individuals invested their social capital to produce benefit for themselves and others, the VVCPR staff participated in a social capital mapping activity, the findings from which are also presented herein.

CASE STUDIES

Three public institutions – an elementary school, a middle school, and a public health clinic – were selected for the development of case studies of the VVCPR’s influence. Both the middle school and the health clinic had at least one staff member in a leadership position who had participated in HR trainings sponsored by the VVCPR. At the elementary school, HR staff and VVCPR staff had conducted trainings for faculty, and offered ongoing classroom presentations and individual student and parent support using the principles of HR. At each institution, the goal of VVCPR’s intervention was to broadly disseminate awareness and practice of the HR principles throughout the organizational culture, based on the “critical mass” theory of change. This critical mass theory of change, espoused by Roger Mills, founder of the HR approach, posits that there is a point in time when enough individuals have been affected by HR principles that sweeping changes begin to occur in individuals, organizations, and even entire neighborhoods, even if they have not been directly trained in or exposed to HR. This theory of change has been the primary driver of the VVCPR’s activities over the last five years.

The guiding questions for each case study included an examination of the pathways of VVCPR’s influence within the organization, the likelihood that the VVCPR had affected a significant number of individuals within that organization in a lasting way, and the stability and permanence of the VVCPR’s influence. Each case study is presented in detail below.

Summary of Findings from Case Studies

In general, it is possible to conclude from an analysis of the case studies that the VVCPR had a significant influence beyond the individual level in two of the three settings: Visitacion Valley Middle School, and the Silver Avenue Family Health Center. The staff at Vis Valley Middle School went on to use HR principles with students and parents broadly, achieving what they believe is a “critical mass” effect on the overall quality of life at the school (i.e. reduced violence, increased feelings of safety and support among students). At El Dorado Elementary, the broad influence of HR was less apparent, but this may be due to the fact that the VVCPR had only worked with the school staff for less than one year, and had used a different model for educating and exposing the school population to HR principles than was used at the other two sites. Differences between the leadership styles and access to decision-making power of the key “gatekeepers” at each organization also came into play. For example, it was easier for the principal of Vis Valley Middle School to create and implement new policies inclusive of HR principles

than it was for the Director of the Silver Avenue Family Health Center, whose organization was structured in a more bureaucratic manner.

The findings from the case studies suggest that the VVCRP was effective over a period of five years of sustained involvement in two major neighborhood institutions at influencing not just individuals, but also organizational policies, practices, and culture. This level of organizational influence is impressive when the relatively modest level of VVCRP staff time and resources invested into making these changes is taken into account. The pivotal levers of change at each organization were individual leaders who were moved by the HR principles to make major changes in their own beliefs, attitudes, and behaviors, and then took the initiative to inspire, enable, and mandate similar changes within their organizations. This method of reaching “critical mass” of HR awareness within these organizations appears to be both efficient and effective when the leadership conditions are right.

Case Study 1: Changing From Within: An Internal Champion at the Silver Avenue Family Health Center

The Silver Avenue Family Health Center sits on the eastern border of Visitacion Valley. It is a large medical building dwarfing the shops and houses on either side, and in turn dwarfed by the freeway that passes overhead. The Center is a clean, plain, and welcoming space, with friendly front office staff, and informative bilingual displays on preventing diabetes, the value of exercise, and good nutrition lining the waiting room walls. For hundreds of residents of Vis Valley, the Silver Avenue Center is the main or only source of primary health care. Senior citizens wait on the rows of plastic chairs alongside young mothers with several children in tow, and other soon-to-be-mothers. Some clients have been coming to Silver Avenue their entire lives, from childhood through the birth of their own children. Many of the staff have also worked at the facility for that long, creating a feeling of community within the otherwise spare space. This facility has avoided the stark and anonymous quality that often goes hand-in-hand with a public health facility.

Michael Pile is the Health Center Director, and a seminar he attended led by Roger Mills in January of 2003 was “a turning point” for him both professionally and personally. Michael had already been exposed to the HR principles because the director of a partner organization, the Southeast Family Mental Health Center, had been holding HR trainings for her staff at the Silver Avenue clinic for some time.

“We used to think what they were doing was too ‘touchy-feely,’” laughs Michael, describing his initial impression of these trainings. “But then I started seeing the results they were getting with their patients, and the way they themselves seemed to really believe in this stuff. And I thought, well, maybe I should find out more.”

Discovering the Value of Health Realization for the Organization

He attended the January '03 seminar at the invitation of his supervisor, Barbara Garcia, Director of the San Francisco Department of Health, and following this experience, he invited Roger Mills to give a presentation to his leadership staff at Silver Avenue.

Michael remembers, “I didn’t think my staff would ‘get it,’ but they really got into it.” The turning point for staff was when Roger showed a videotape about the VVCRP’s work in the Valley that featured LaThena Clay, the then-executive director of the program. Many of the Silver Ave. staff recognized LaThena from up to fifteen years prior, when she had sought services at the clinic. They were amazed that the poised and confident woman on the screen was the same woman they remembered. The staff requested a full-scale training, including the nursing and other medical staff. The plan was to change the way health care services were delivered at Silver Avenue to better meet the needs of the clientele. Michael explains,

“Many maladies (that patients report) are not necessarily physical. A knowledge of Health Realization we thought could help doctors and other medical staff get patients to this realization sooner. We wanted the medical staff to be able to talk to the clients in a different way, to help them realize that a healthy approach to thinking can change physical health outcomes.”

After attending that first seminar, and having Dr. Mills present to his staff, Michael signed up for the VVCRP’s Training of Trainers. Through monthly meetings with the group, consisting of other local service providers and VVCRP staff, Michael’s appreciation of HR deepened. In addition, some staff who had attended the training with Dr. Mills, including one of the attending physicians at Silver Ave., continued to receive coaching from Dr. Mills. Plans were designed and implemented to train the entire staff of the off-shoot Hawkins Clinic, a teen clinic housed in the same building as the VVCRP. In fact, the staff’s goal was to use the HR principles as a foundation for all the work of the clinic, which is primarily teenage pregnancy prevention, violence prevention and reduction, and substance abuse prevention. Staff saw value in the HR approach that went beyond their own personal experience with the principles, or their success using the principles with individual clients. Health Realization was robust enough to serve as an organizing framework for areas of institution-wide policies and practices, such as doctor-patient relations, and treatment planning. By early 2004, Michael Pile was seeking funding and approval from his supervisors within the Health Department to expand HR’s reach and influence on the Silver Avenue clinic.

Barriers to Organizational Change: The Internal Champion vs. Institutional Inertia

Late in 2004, the process of organizational change at the Silver Avenue Clinic has not been completely smooth, nor has it yet reached fruition. Michael describes the resistance to the model from the central administration of the Health Department,

“The San Francisco Health Department regards (HR) skeptically. There is a strong bias towards solutions like methadone maintenance to combat heroin addiction, for example. Health Realization would suggest another way to deal with addiction. Travel back to yourself before you were addicted, or the idea that mental health is more enduring than disease. Or, alternatively, there is not a good understanding of how HR can help with pregnancy prevention, so they are reluctant to help fund it.”

Despite the involvement and enthusiasm of nursing, administrative, and medical staff in HR trainings, Michael reports that staff are, so far, only putting the HR principles into practice “to a degree.”

“People are still trying to understand it. It’s not a habit yet. We need to figure out how to make it more a part of routine practice.”

Barbara Garcia, the supervisor who first invited Michael to a HR training, is “supportive, but quietly.” I asked Michael if HR would continue to be implemented at Silver Avenue if he were laid off (which was a very real possibility at the time). He was concerned that HR has not yet developed “a life of its own” that would be sustained in the face of a new director who did not actively promote it. While some trained individuals might carry on with their own particular use of the principles, there wouldn’t likely be further institution-wide trainings or policy changes to promote HR. One of Michael’s ideas is to “make HR a referral that medical staff can make to a patient – a class that they can follow up on.” Indeed, this practice would go a long way towards increasing and deepening the “dosage” of HR to some of the patients who could use it the most. This type of internal policy change, however, is unlikely to be championed and implemented by a new director unfamiliar with, or uncommitted to HR.

Michael Pile was laid off due to citywide budget cuts in the summer of 2004. There is no question that his own enthusiasm for HR, and the leadership he demonstrated at the Silver Avenue Clinic was extremely influential on other staff and the overall policies and practices of the organization. However, it remains to be seen whether this influence will be sustainable and lasting. For his part, Michael believes that HR has an important contribution to make to the Health Department,

“I don’t jump on every single bandwagon,” he says, “But there are so many problems out there, we need a more practical approach than everybody sitting in a therapist’s office.”

Analysis: The Potential Influence of Health Realization in a Bureaucratic Context

Identifying and training high-level decision makers and managers within public institutions is an excellent method for VVCRP to reach a “critical mass” of awareness of HR. Within Visitacion Valley, many of the VVCRP’s targeted residents interact with public agencies frequently, and rely on them for their basic needs: housing, health care, education, and even food. Theoretically, if all the major public institutions in a neighborhood like Vis Valley were “speaking with one voice,” and that voice was Health Realization, residents who themselves had never been to an HR training would nevertheless receive multiple exposures to the principles just by going through their daily lives: paying their rent, picking their children up from school, going to the doctor. Such a dissemination strategy is efficient (potentially exposing thousands of neighborhood residents to the model), and overcomes the barriers inherent in trying to get residents at large to sign up for and actually attend HR trainings. It is a less direct approach than training, but may nevertheless be highly effective, especially if the HR message is delivered repeatedly by multiple influential organizations. Future incarnations of the VVCRP should prioritize this dissemination approach.

The barriers to implementing this type of dissemination strategy lie in the typical intransigence of bureaucracy. For example, most public health departments are bureaucratic institutions, and the San Francisco Health Department is no exception. Staff carry out their roles within a clear and fairly rigid hierarchy, and in many cases regulations, legislation, and established policies dictate the organizational practices. There is a tremendous inertia in such contexts that can discourage and even counteract creativity and innovation. Change is, of course, possible even in a bureaucratic institution, and in the case of the Silver Avenue Family Health Center, the VVCRP was able to inspire important innovation. As predicted in the VVCRP's theory of change, the mechanism for this innovation was one individual who was inspired by the model, and then took action to disseminate it. It just so happens that the individual in question held a powerful, influential position within the organization; it is likely that policies and practices would not be so easily influenced without such direct access to decision making power.

Even with his decision making authority, Michael Pile was able to go only so far to institutionalize HR at the Silver Avenue Center. His immediate supervisor may have been supportive of the approach in principle, but she provided little tangible support or advocacy on behalf of Michael's innovations. Other divisions within the Health Department were even less supportive, such as the grants and fundraising division, making it difficult for Michael to establish a funding stream to support further training and staff development in HR. Internally, he was able to get his staff trained and enthusiastic about the innovation, but was not able to ensure the translation of this enthusiasm into concrete, consistent practices, changed norms, and lasting organizational policies. He was a strong champion of HR, with significant decision making authority, but on his own, he was unable to fundamentally change the operations of a major city bureaucracy. Even creating a small pool of like-minded staff around him was not enough of a "critical mass" within the organization to confront and change the existing Health Department system. Ultimately, Michael was also vulnerable to city budget cuts far beyond his control.

Case Study 2: Total Alignment: A Leader, a Team, and a Tool at Big Vis

Visitacion Valley Middle School is known affectionately in the neighborhood as "Big Vis," the grown-up version of "Little Vis," the elementary school down the hill. Big Vis is a comprehensive middle school perched high on a hill overlooking the whole Valley. It is a setting that could be picturesque and a respite from the violence of the surrounding community. But the reality of neighborhood turmoil intrudes even here: last spring students encountered a slain body on the slope leading to the school.

Jim Dierke has been the principal at Big Vis for a long time now, and he is committed to staying for a long time into the future. He understands the importance of consistency and follow-through to building trust with parents and students alike. As a white man from outside the neighborhood serving as principal of a school that is almost 100% children of color (predominantly Chinese and African American), Jim Dierke has experienced first-hand the mistrust that can come from assumptions and negative expectations. Parents

have called him a racist, accused him of singling out their child for punishment, and generally opposed and resisted his best efforts to run the school in a way he feels is fair, democratic, and authoritative. However, several years into his tenure as principal, Mr. Dierke has had a tremendous influence on the school, creating a school climate and culture that is welcoming of parents and students, safe and secure from the violence of the neighborhood, and that dispels the parents' fears about his prejudices. Vis Valley Middle School is a school that works, despite tremendous obstacles to smooth functioning.

A Clear Vision for the School: A Team Coming Together to Nurture the Whole Child

Mr. Dierke is the first to tell you that he had not achieved his success alone. In fact, he is reluctant to be interviewed alone, preferring instead to have his student services staff describe the work they are doing to create harmony and improve student academic and social outcomes. Dierke has been aggressive about pursuing grants and district opportunities to obtain a variety of support staff positions to focus specifically on the mental health issues of the student population.

Jim Dierke met Roger Mills over 4 years ago when he conducted a HR training for the Big Vis staff. Since then, Roger and Mr. Dierke have developed a strong collaborative relationship, meeting together for strategy sessions, and co-writing grants for the school. "Roger has been a catalyst," he says. "If we had not had a 'Roger,' we could never have put the wagons in a circle the way we have been able to in the last few years." Dierke is referring to the way in which the teachers and staff at Big Vis have come together around the idea that the school needs to serve the whole child, but that this "full-service" approach can be divvied up among different types of professionals at the school.

"The teachers are overloaded," he says. "They can't keep it all in their heads – grief counseling, cycles of poverty, absent parents, incarcerated parents, emergency drills. I want them to focus on teaching, and have a support staff to work with the kids on the other stuff."

The support staff he has built consists of at least two counselors and a school resource police officer, permanently placed on campus during school hours. Jim Schaldach, a social worker by training, who is one of the counselors, was originally hired to work with the "angry kids," those young people who were chronically truant, violent, or otherwise not functioning in the school environment. His class was a "mandatory elective" for certain youth, and it was here that the VVCRP began to be closely involved in the life of the school. Barbara Glaspie joined this class twice a week, providing training to these students, and Mr. Schaldach, in HR. As time went on, Barbara became another type of counseling resource for the students – especially the girls – in this class. As she gained their trust, she was able to play an important support role for many of these young people as they worked to improve their attendance, grades, and basic attitudes toward school.

The school resource officer, Lucy Clemons, also played an important role in these classes, meeting at least once a week with them, often at the same time that Barbara also addressed the class. In this way, Officer Lucy was also exposed to the HR principles,

albeit informally. HR definitely helped her relate to the young people, making her less defensive around them, and more open to the idea that just getting to know them was a more effective deterrent to violence than her presence as a strong-arm.

Organizational Readiness for Change: A System that Works

Over about two years, a solid, well-functioning system has emerged at Vis Valley Middle School. Teachers, who have been trained in HR, are responsible for teaching. When they encounter a student who is having problems that a HR approach might effectively address, they can refer that student to any number of professionals on site, including Mr. Schaldach, Officer Clemons, or the School Health Programs staff person, Katherine McGuigan, all of whom are familiar with the HR principles. These professionals might, in turn, refer the young person to any of approximately 30 support groups that are regularly offered at the school. These groups, according to Jim Dierke, were all started by either teachers or students, and were directly inspired by HR. “Now teachers and students know that they *can* start things. They can take action to solve problems, not just react to them.” Dierke estimates that 25% of the students at Big Vis are members of at least one support group.

If a student needs more structure and guidance than a group setting allows for, he or she might be referred to one-on-one sessions with Mr. Schaldach, Barbara Glaspie, or other adult support staff at the school. There is a strong sense of “the village” at Big Vis; there is a feeling of an abundance of supportive adults working together with young people *and their families* to help students succeed. As the community within the school has come together into a functioning whole, it is beginning to take a leadership position within the larger neighborhood of Visitacion Valley, hosting a community planning meeting to combat violence, and “effectively address the grief and trauma youth and families face” in the community. Jim Dierke and others at the school have become important fixtures in the community, where they were once seen as interlopers.

When asked if the VVCRP and HR approach are responsible for all of the positive changes at his school, Jim Dierke is quick to point out that “no program works in isolation.” He doesn’t see HR as solely responsible for the changes, but rather as a catalyst that enabled the community to come together and develop its own best thinking about how to address its challenges in a positive, systematic way. It seems that at Vis Valley Middle School, HR has been an important tool, among many, that has helped Mr. Dierke and his staff build and work towards their vision of a healthy, nurturing school community.

Analysis: Health Realization is a Strong Catalyst When the System is Primed

Like any effective school administrator, Mr. Dierke is highly skilled at pursuing opportunities and attracting resources to his school. He also has very clear goals and objectives for school improvement, which are driven by his own passion as an educator. Jim Dierke is a powerful leader who has inspired those who work with him to depart from “business as usual,” and build a better system for educating some of the most at-risk youth in San Francisco. Dierke clearly views HR as a valuable resource that is totally aligned with his vision of an effective school community, but it is also clear that he works

with other approaches to violence prevention, parent involvement, and student achievement as well. He has not put all of his “eggs” in the HR “basket.” Dierke’s success can as much be attributed to his own strong leadership of the faculty, and the competence and commitment of the student services team he has assembled, as it can be to the work of the VVCRRP. However, the VVCRRP has played an important role, and HR has been an important tool in the continuing improvement of the school community. HR was an excellent “fit” for Vis Valley Middle School under Jim Dierke’s leadership, enabling hundreds of students and parents to be exposed to the HR principles (mostly indirectly) over the last two to three years.

At the end of the 2003-2004 school year, Big Vis was hit with budget cuts and layoffs, as were most schools in San Francisco. All electives, including Schaldach’s class, have been cut. He now runs one of the weekly support groups for the same young people, taking them out of P.E. or reading one time a week. Katherine McGuigan’s position (school health programs staff person) has been eliminated entirely. As with the Silver Avenue clinic, it remains to be seen whether Mr. Dierke can maintain and build on the positive school climate created at Big Vis without the support staff and built-in class time for teaching and reinforcing Health Realization.

Case Study 3: No “Hook” at El Dorado Elementary

The 2003-2004 school year was the first year that HR was introduced at El Dorado Elementary, a small, neat school on the top of a hill in Visitacion Valley. The brand new principal, Maria Manuel, was approached by Roger Mills about having a training for her whole staff, and she agreed to give the approach a try. Roger and his daughter, Amy, conducted a retreat for the faculty before school started, and another training was held shortly after school began in the fall. After the initial trainings, VVCRRP staff began to conduct presentations in classrooms for students, with the goal of building the awareness and day-to-day use of the HR principles among both the teachers and the students, thereby creating a more peaceful and productive school community.

There was great excitement among the staff of the VVCRRP and Health Realization Institute about the potential of the whole-school training approach implemented at El Dorado. It seemed that such a comprehensive approach to training, beginning before the school year had even started, would yield very positive results. In the first few months of the school year, the VVCRRP staff were welcomed into classrooms to make presentations to students. However, by year’s end, the faculty had voted to make the VVCRRP staffs’ interactions with students one-on-one, and students were seen on a pull-out basis. Faculty felt that this would be a more “effective” way of reaching the students most in need of counseling. DeJuan stayed involved with certain students at El Dorado for the whole school year.

It is unclear how much the faculty at El Dorado actually put the HR model into practice throughout the course of the school year. According to Principal Manuel, “there is more calm” at the school now. However, she did not elaborate with any concrete examples of how HR is being put into practice. As at Big Vis, many other school reform and

management approaches are also in use at El Dorado, making the isolation of an effect from HR difficult to determine.

Ironically, it appears that the whole-school training approach employed at El Dorado may *not* have been as effective at institution-wide incorporation of HR principles as the VVCRP's standard training of trainers model. Both Michael Pile and Jim Dierke had either participated in the training of trainers program, or had extensive one-on-one meetings with VVCRP and HR Institute staff. They were both completely sold on the approach, and championed it within their institutions. At El Dorado, by contrast, there was no clear internal champion for HR, no individual with a creative vision for how to best incorporate the HR principles into the life of the school. Maria Manuel was supportive of the approach, but she did not seem to go out of her way to implement it, or keep it flourishing at her school.

The Potential and Vulnerability of the Individual-to-Organizational Pathway to "Critical Mass"

Based on the case studies of the Silver Avenue Family Health Center and Visitacion Valley Middle School, it appears that individuals highly trained in and committed to Health Realization can have a significant, even profound influence on the organizations they lead. This "individual-to-organizational" pathway seems most effective when the individuals in question possess strong leadership skills, *and* enough decision-making power within their organizations to enact policy changes and see them through. Based on this finding, it appears that the VVCRP's primary method of disseminating the HR principles – the training of trainers program – is potentially highly effective, if the participants in those trainings are the key leaders of local institutions. In fact, recruiting these local leaders has been a central strategy of the VVCRP.

The weakness of the individual-to-organizational change model, however, is that changes brought about by one individual's vision and commitment can easily evaporate if that individual is no longer present in the organization, or no longer has the power, or ability to change policies and practices to focus on HR. In the case of the Silver Avenue clinic, Michael Pile, the key proponent of HR, was laid-off. At Big Vis, Jim Dierke's key support staff positions were cut back or cut entirely, making it much more difficult to sustain the changes in school policies and culture that he had begun. Neither institution had really had adequate time, in an organizational development sense, for the reforms initiated by these visionary leaders to take root and grow in the face of serious obstacles. The vulnerability of the individual-to-organizational pathway suggests that training key leaders of key organizations in HR is necessary, but not sufficient for real change – the "critical mass" of awareness and practice – to take place in the community as a whole. Alongside the training of individuals must go deliberate and strategic planning for organizational change, including a consideration of contingencies, such as a key leader leaving the organization, or serious budget cuts. This pattern of vulnerability was repeated recently when the executive director of the VVCDC, the organization that was set to take over the fiscal sponsorship of the VVCRP, left his position abruptly at the end of the summer. His departure left the VVCRP without an internal champion, and, therefore, without certainty about its future within the VVCDC.

The shortcomings of the “individual-to-organization” pathway of change can be compensated for by distributing the commitment to a HR approach throughout the leadership or membership of an organization. This mechanism for ensuring the ongoing influence of HR is discussed more fully in the section of this report on *social capital mapping*.

SOCIAL CAPITAL MAPPING

The case studies above illustrate what happens when an individual leader takes HR to his or her institution and tried to formally change policies, practices, and organizational culture. However, this approach to change is not the most common way that the VVCRP has attempted to spread awareness of the HR principles throughout Visitacion Valley. The “person-to-person” pathway of change has been the more common dissemination method.

The person-to-person pathway assumes that one individual can have strong influence on another by example, as well as by direct communication about the HR principles. Anecdotal evidence collected over the years indicates that the HR approach does indeed spread this way, and that the results of person-to-person influence can be profound in the lives of individuals. Individuals who are “turned on” to HR by others have gone on to obtain employment, improve their relationships with their families, lose weight, decrease their levels of stress, and experience a host of other positive outcomes. However, it has been difficult to determine from an evaluation perspective whether these improvements in people’s lives were lasting, widespread, or had any impact on the larger community. Despite the difficulty of “proving” the power of VVCRP’s influence on the community as a whole in this manner, VVCRP staff and residents at large have maintained in conversations and presentations made at public gatherings (such as during the Mayor’s visit to the neighborhood) that HR and the work of the VVCRP has led to tremendous change in Vis Valley, at least among the African American population.

Robust Social Networks Lead to Positive Community-Wide Outcomes

The VVCRP’s theory of change specifies that the expansion of an individual’s social network is a key stage of personal development for individuals, and a necessary piece of groundwork for the “investment of social capital” that may lead to more long-term, community-wide outcomes. The idea that the building of social networks can lead to sustainable community development is supported by recent research and demonstration projects in fields such as network science, economic development, and public health. For example, evidence emerging from a well-regarded national study highlights the relationship between a community’s level of “collective efficacy” and decreases in violent crime.¹ In a recent New York Times article, Felton Earls, Harvard public health professor, and architect of the Chicago collective-efficacy study, comments, “...cities that sow community gardens may reap a harvest of not only kale and tomatoes, but safer neighborhoods and healthier children.”²

¹ Sampson, R.J., Raudenbush, S.W., and Earls, F. (1997). Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science*, 277, 918-924.

² Hurley, D. (2004). On Crime as Science (a Neighbor at a Time). *New York Times*, January 6, 2004.

Earles and his colleagues propose that opportunities for residents to come together to complete murals, create a community garden, and perform other neighborhood improvement work might have led to increased trust and mutual reciprocity among neighbors. This trust and mutual reciprocity might have led residents to “look out for each other” more, and pay more attention to preventing crime in their community by reporting suspicious behavior, or confronting public drunks, or juveniles committing vandalism. Potential criminals may have been deterred by this level of “collective efficacy” in the neighborhood.

Another study of a “business ecosystem” in Appalachian Ohio has explored the power of social network ties to create economic opportunities.³ Starting with a “disconnected community,” the authors trace the development of a primitive to a highly developed social network, and document the benefits not only to the network members, but to the communities around them who gain from their innovations and collaborations (in other words, from the investment of their social capital). This research was conducted using the practice of “social network mapping,” an approach that was employed in the last round of research into the effectiveness of the VVCRP.

One Can Make a Difference: Mapping Changes From the Individual to the Neighborhood

In the spring and early summer, the VVCRP staff, Roger Mills, and Nancy Wiltsek gathered to participate in a “social capital mapping” activity designed to graphically illustrate the (1) social connections made through the VVCRP’s work, and (2) the positive outcomes that came about as a result of these social connections. The goal of this research was to determine whether or not the VVCRP did play a role in increasing the social networks of community residents, and whether or not an increased social network led to any positive outcomes for residents and the community as a whole. Participants in the activity were asked to recall all of the most pivotal trainings, community events, retreats, or major activities undertaken by the VVCRP since its inception. For each one of these pivotal events, staff were asked to list the individuals who “joined” the VVCRP “network” at that point. Then, for each individual listed, staff were asked to provide their assessment of the outcomes attained by that individual, and the benefits to the community that derived from that individual’s actions.

In the last round of data collection, one of the Training of Trainers participants had commented, “Have there been any improvements in Vis Valley as a result of the VVCRP? Yes! Look around and talk to anybody.” The mood of the Valley does seem to have improved, with more providers productively collaborating with each other, many residents seeking supportive services, and high levels of community involvement in violence reduction and prevention efforts. But with other interventions and funded programs also present in the neighborhood, it is difficult to attribute all of these positive changes to the work of the VVCRP alone. The social capital mapping exercise was

³ Krebs, V. & Holley, J. (2004). Building Sustainable Communities Through Social Network Development. The Non-Profit Quarterly.

designed to make it possible to trace the origin of a particular community outcome back to the influence of the VVCRRP.

Figure 1 is a table of aggregated results of the social capital mapping activity. VVCRRP staff retrospectively documented the participation and observed outcomes of approximately 75 individuals who had participated in a major VVCRRP activity, such as a resident retreat, provider training, or ongoing support group, over the last 5 years. It is important to note that *many more than 75* people participated in these events and activities. Staff documented only those individuals whose subsequent outcomes they were most familiar with. It is possible that many more individuals than those documented in this data collection exercise experienced positive outcomes as a result of their participation in these activities.

INSERT FIGURE 1 HERE

Staff reported that individuals who participated in VVCRRP activities experienced general psychological outcomes, such as decreased stress, increased coping ability, and decreased depression, and specific behavioral outcomes, such as stopped selling drugs, improved grades, and started working. When asked what types of outcomes these individual changes had led to, staff observed outcomes for the individuals' families and workplaces, such as family reunification, improved classroom climate, more communication and productivity at work, and new skills and training for neighborhood providers. It should be noted that while these outcomes were not self-reported by the individuals in question, they were reported as *observed* by the VVCRRP staff – not just hypothesized as likely outcomes of the individual changes. The VVCRRP staff had long-term relationships with the 75 people they reported on, with amply opportunity to observe their behavior and its effects on others.

After identifying the family and organizational outcomes that occurred as a result of HR trainings by the VVCRRP, the staff went on to document the observed changes in the neighborhood as a whole that had taken place as a natural consequence of the improved families and organizations. These neighborhood-wide outcomes included children's events and holiday celebrations, youth volunteering in the community, activities and supports for seniors, a vibrant food bank, resistance to drug dealers, and increased collaboration among local service providers. Staff were asked to estimate the numbers of residents who had likely been affected by these positive changes. Counting the over 1200 households in four housing projects in Vis Valley (all of which had been targeted by the VVCRRP for resident trainings and other services), plus the residents living outside the housing projects and students in schools who had likely been affected, this number was estimated between 2400-3600 people.

A Theoretical Framework for Social Network Building

Just as in the case studies described above, many of the 75 people highlighted through this exercise are key leaders in their organizations, families, or blocks. They are what network scientists might call "nodes," or pivotal points of connection from one part of a network to another. For example, the president of the resident council at a public housing

project is an important node that connects the residents at large with the organization(s) that manage and provide services to them. When the VVCPR taps “nodal” individuals to be carriers of the HR message, the message will likely travel farther, faster, and be more influential than if the VVCPR involved random individuals in their trainings. The social capital mapping exercise illustrates how, of the hundreds of people exposed to the HR principles over the course of 5 years, approximately 75 of them were the pivotal contacts – individuals in a position in the Vis Valley “network” to spread information, cause change, or give feedback. It appears that the VVCPR did a very good job of finding these “nodes,” and activating this network, at least among the African American community living in the three public housing projects in the neighborhood.

The VVCPR also built and reinforced the social network in Vis Valley, leaving it stronger than when they found it. In particular, the VVCPR has worked to create stronger ties between local service providers, leading to innovations that serve the general public, such as parenting classes, a Girl Scout troop, and more available health services. But residents at large are also more connected with one another because of the efforts of the VVCPR. Information flows more freely and more quickly through the neighborhood, residents can be mobilized easily and effectively when needed, and residents are more likely to turn to one another for support with challenges, rather than stay isolated.

It is almost certainly the case that the VVCPR did such a good job of activating and building on the local social network in Vis Valley because the staff of the VVCPR were recruited directly from this network. In fact, Barbara, DeJuan, and LaThena are prominent nodes, with access to various corners of the overall neighborhood network. Bringing them together on the staff was in and of itself a powerful means of “knitting the network,” as described by Krebs and Holley (2004).⁴ These researchers suggest that there are four critical phases of building “a vibrant community network,” and these phases seem relevant to the development of the VVCPR’s work in Vis Valley. These stages are:

- *Scattered emergence* – Small groups of individuals connected because of common interests, goals, or family ties. There may be many such groups throughout a community, but they are not connected to each other.
- *Single hub-and-spoke* – An entity, such as a community-based organization, begins to create relationships between itself and many of the small connected groups already present in the environment. By extension, these small groups now have a means of connecting with each other.
- *Multi-hub small-world network* – Small groups begin to have stronger connections to each other, independent of the initial “network weaver” that brought them together. Innovations flourish at this stage of development, as heretofore isolated small groups discover their common interests and goals.

⁴ Krebs, V. & Holley, J. (2004). Building Sustainable Communities Through Social Network Development. The Non-Profit Quarterly.

- *Core/Periphery Network* – The “end goal” of network building, in which all key community members have developed strong ties among themselves (the “core”), and other groups of nodes are actively connected to the core and its productivity and stability.

Although an initial social network mapping was not done at the outset of the VVCPR, it is likely that the community best fit the “scattered emergence” pattern of relationships, especially because the three public housing projects tended to operate in isolation, and even rivalry with one another, with micro-networks in existence to serve highly local needs. Even before the VVCPR came into existence, the Geneva Valley Development Corporation (GVDC) through the creation of “The Village” multi-service center, was playing the role of the “hub” in a “hub-and-spoke” social network model. However, the VVCPR emerged quickly as a powerful “hub,” without rivalry with the GVDC, and sought to connect the various isolated constituencies in the neighborhood. Roger Mills himself played an important “hub” role, as he was able to gain access by virtue of his professional credentials to many major community institutions, such as the schools, the Housing Authority, and the Health Department.

Over time and primarily through the Training of Trainers program, the VVCPR has encouraged independent connections between organizations in the community, leading to the emergence of a “multi-hub small-world network.” For example, because of the ties forged in the VVCPR trainings, the 75 key “nodes” described above will continue to have connections to each other through their social network, whether the VVCPR exists or not. Those 75 nodes are always primed for innovation, because the groundwork of trust, mutual reciprocity, and empowerment is already complete. These key “movers and shakers” know each other, they like each other, and are willing to help each other, and ask for help. Even Health Realization as the core message becomes irrelevant in the face of the open-ended social connection that is ready for *any* innovation or community improvement, such as the new Girl Scout troop in the neighborhood. In this way, the VVCPR has had a tremendously positive effect on Visitacion Valley’s capacity to make positive changes on its own behalf, even after the program is no longer present.

CONCLUSION: THE VVCPR LAYS THE ESSENTIAL GROUNDWORK FOR COMMUNITY-WIDE IMPROVEMENT

A central initial goal of the Pottruck Family Foundation in supporting the creation and development of the VVCPR was to “move the dial on poverty” in Visitacion Valley. Previous evaluation reports, and the theory of change developed for the VVCPR have indicated that the VVCPR’s core intervention – the dissemination of the HR philosophy – is not enough on its own to alleviate poverty in a geographic area the size and composition of Vis Valley. Many factors come into play in determining the economic viability of a neighborhood, ranging from the overall economic climate of the city, state, and country, to the traffic patterns, availability of public transportation, crime levels, and skills and education of the population. The VVCPR addressed the mental health and general well-being of a particular demographic group in Vis Valley, and, as such, it is not realistic to hold it accountable as a program for an overall decrease in the neighborhood poverty rate. However, it is possible to identify concrete ways in which the VVCPR has

laid the groundwork for future anti-poverty interventions in Vis Valley. Without the kind of contributions made by the VVCRP to community stability, cohesiveness, positive outlook, and capacity for collaboration and advocacy, it is very unlikely that other types of economic development approaches would be successful.

Robert Friedman, the Founder and Chairman of the Corporation for Enterprise Development, a leading economic development organization, has written that “Communities emerge from poverty when they collectively develop confidence, competence, connections, and capital. The VVCRP has gone a long way to developing the confidence and connections needed for the community’s forward momentum. Residents feel positive, empowered, and hopeful about their abilities to build a stronger, safer, thriving neighborhood. They also are no longer working in the same kind of isolation from each other that was present before the existence of the VVCRP. Residents and community-based providers are connected in lasting relationships that have already led to important collaborations and positive community-wide outcomes. Building community “competence” and “capital” are outside the purview of the VVCRP, but there are other community-based organizations and public and private entities that are seeking to accomplish these goals as well. Taken together, the efforts of these actors and those of the VVCRP may well launch Visitacion Valley into the economic mainstream of San Francisco. Such an ultimate outcome would not have been possible without the contributions of the Visitacion Valley Community Resiliency Project.