

***Report of the  
Urban Edge Housing Corporation  
and Dimock Community Health Center  
Merger Planning Project***

**Spring 2001**

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## **Introduction**

The purpose of this report is to provide a chronicle of the major activities and accomplishments, and lessons learned, of the Dimock-Urban Edge Merger Planning Project that was initiated and completed during the 1999-2000 period. This planning project was designed and started as a way of exploring the possibility of new collaborative models or strategic alliances between Dimock Community Health Center and Urban Edge Housing Corporation. The former is a community-based health organization located in the pre-dominantly Black, but racially and ethnically diverse neighborhood of Roxbury. Urban Edge is a community-based organization in the same neighborhood, but its mission and work is aimed at building and maintaining affordable housing.

The planning project initiated by Urban Edge Housing Corporation and Dimock Community Health Center is one of the most important and timely community-based planning efforts in Boston today because it provides some answers, and new questions, about how community-based organizations can pursue collaborative possibilities. A review of the literature shows that similar efforts are being explored in other cities. There are at least four major themes in this literature: 1) calls and support for collaborative initiatives on the part of community organizations are increasing; 2) collaborative strategies represent a key mechanism for enhancing the quality of investments in neighborhood institutions; 3) collaborative strategies help to build social capital; and, 4) collaborative strategies and activities may be necessary for holistic responses to social and economic problems at the neighborhood level.

This is a planning project primarily initiated by the two community-based organizations seeking to realize these kinds of benefits for the community that they serve. No particular collaborative structure was specified at the outset of planning discussions in order to allow consideration of a wide range of

possibilities in developing new collaborative relationships between the two organizations. This effort was aimed at producing two general outcomes:

- a) initiation and clarification of a process that helps to expand an understanding of how community organizations can partner to become more effective in what they do, and that helps to solve some of the social and economic problems facing a neighborhood; and,
- b) generation of creative and innovative projects that reflect collaboration.

While planning activities and related tasks were funded by several foundations, the idea of collaboration was essentially a response to numerous discussions and activities organized by the two organizations and initiated by its leadership.

An Advisory Committee composed of public officials, foundation and corporate representatives was appointed to help the working team plan the initiative. This Advisory Committee (see Appendix A) included individuals with expertise in, and experience with public health and housing issues and also generally knowledgeable about community affairs and the work of both organizations. The Advisory Committee was headed by two co-chairs: Dr. Phil Clay, an expert on housing issues and Dr. Judith Kurland, an expert on public health. Dimock and Urban Edge retained James Jennings and the Trotter Institute to document the planning initiative, and provide some technical assistance to various facets of the project. The Trotter Institute was responsible for raising issues and questions that would be helpful for maintaining a momentum for dialogue. Dr. Jennings has been involved in several major community planning initiatives in Boston. These include the development of a strategic plan under the auspices of the United Way of Massachusetts Bay for the Mattapan neighborhood in 1999. He is also a senior researcher in the design of a master plan sponsored by the Boston Redevelopment Authority for the Roxbury neighborhood. Ms. Gathuo assisted Dr. Jennings with various research and writing tasks. She is a doctoral candidate in public policy at the University of Massachusetts Boston with extensive



research experience in the areas of economic and community development.

Members of the Planning Committee retained Mr. Boyce Slayman to assist the planning effort as project manager. Mr. Mark Levine provided consulting services to the project in the areas of strategic planning and facilitation of meetings. Both individuals have long and impressive backgrounds in organizational development and strategic planning. They are also familiar with many of the political, economic, and social issues facing the neighborhood. Members of the the Working Committee are listed in Appendix B. There were several individuals from this Working Committee who met regularly to participate and help plan a strategic framework for future collaborative projects between the two organizations. These individuals included the two directors of each organization in addition to Jennifer Holme, Leroy Stoddard from Urban Edge, and Latifa Hassan and Janet Miner from Dimock Community Health Center. In addition, Boyce Slayman, Mark Levine, James Jennings and Anne Gathuo were part of this smaller group.

The methodology for developing a chronicle of this effort included review and analysis of documents provided by both organizations; review of successful and failed strategic alliances and mergers on the part of other similar organizations; identification of basic queries for purposes of synthesizing discussions at various levels; review of germane organizational development literature; and participation in some meetings, as well as select interviews. The working group outlined the proposed service catchment area for collaborative activity and collected a range of social, demographic, and economic characteristics pertaining to the area. Appendix B provides a map of this area, and Appendix C includes select social and economic characteristics of the proposed service area.

There were four initial questions that guided the methodology and activities of the Trotter Institute.

- *What are the basic organizational issues germane to planning effectively for collaborative and strategic alliances between Dimock and Urban Edge?*
- *What are the strengths and experiences of earlier collaborative efforts involving these two organizations with each other, and with other organizations?*
- *What kinds of systemic changes are encouraging both organizations to consider different service delivery models?*
- *What are the expected outcomes or impacts of new collaborative and strategic alliances or structures?*

These questions also guided many of the planning discussions held throughout 1999 and 2000.

The chronicle begins with a discussion of how the idea of collaboration emerged and reasons why the partnership appeared potentially viable to the leadership of both organizations. This is followed by discussion of the “big picture” context, including a brief review of some systemic factors that are molding the work and capacity of community-based organizations in the Roxbury neighborhood. The next section is a summary of the work of the Trotter Institute in documenting the planning project. This section includes a description of the activities carried out during the planning process. The next section describes the outcomes from the planning project, including the mission, vision and goals that were adopted to guide the collaboration. The conclusion of this report focuses on lessons learned that might be helpful for future planning efforts between these two organizations, and other community-based organizations, as well. There are four appendices to this report and a bibliography. Appendix A is the Dimock-Urban Edge Alliance Mission Statement; Appendix B is the membership of the Advisory Committee appointed for this planning project; Appendix C shows the proposed target catchment area of both organizations; and Appendix D provides select descriptive social and economic characteristics pertaining to the proposed target area.



## Emergence of the Idea of Collaboration

The genesis for the idea of this kind of planning project is partially based on a history of collaborative activities pursued by both organizations. Dimock has a successful history of earlier alliances and mergers with other organizations including mergers with *Dorchester Counseling Center*, and *Project Star*; formal affiliations with *Community Care Alliance*, *Beth Israel Deaconess Medical Center*, and *Children's Hospital*; formal partnerships with *Boston Career Link*, *Early Childhood Collaboration*, *Boston Pediatric AIDS Project*, and the *African-American Federation*. Urban Edge also has a successful history of initiating and participating in earlier collaborative projects, coalitions, and partnerships with other organizations, including: *ABC Collaborative*; *Academy / Bromley / Hyde* *Egleston Safety Task Force*; *Boston Homeowner Services Collaborative*; *Boston Workforce Development Coalition*; *CDC Tax Credit Collaborative*; *Egleston Square Coalition*; *Egleston Square Main Street Program*; *Hyde / Jackson Square Main Street Program*; and the *Latino Housing Task Force*. Dimock and Urban Edge have also worked collaboratively with each other in the past including membership in the Jackson Square Development Collaborative in the late 1980s to early 1990s, and as founding members of the Egleston Square Healthy Boston Coalition through the 1990s.

There are several reasons that make Urban Edge and Dimock Community Health Center especially compatible partners in this kind of planning effort:

- 1) Both organizations are long-time and major service providers in this neighborhood;
- 2) Dimock and Urban Edge are among the largest employers in this part of Boston. Within a half-mile radius of both organizations, together these organizations employ close to ten (10.0) percent of all employed persons in this neighborhood;
- 3) Both organizations have a history of institutional stability, and the leadership of both organizations is highly respected in the city; and
- 4) Dimock and Urban Edge, as indicated above, have a proven track record of collaborative activities with many other organizations.

According to an article by Gregory P. Peck and Carla E. Hague that analyzes organizational turf issues, conflict between organizations can emerge on the basis of conflicting goals, competition for resources, control of geography, public perceptions, different ways of approaching problems, or leadership personalities. (1) But these issues have not presented obstacles to Dimock and Urban Edge in considering the possibility of collaboration or a strategic alliance. While the goals of both organizations are different in terms of their mission, they are not in conflict, but actually are complementary.

The goals of the organizations, one in the area of housing and the other in public health are very much related given the nature of problems in these areas in the neighborhood. The two organizations pursue different funding streams and therefore there is relatively little competitiveness in terms of pursuing and obtaining external resources. Both organizations share a geographic and service catchment area, but since one organization concentrates on housing, and the other on public health, the issue of urban space is not divisive. And, the individual and collective leadership of both organizations reflect many years of involvement with a range of community issues, as well as long history of commitment to the well-being and interests of the neighborhood and its residents.



## **The “Big Picture” Context**

Community-based organizations are operating in a constantly changing urban and civic environment. In order to survive and thrive in this environment organizations seek new and innovative ways of providing services. Joining forces with other organizations is one way being pursued by nonprofit organizations to adapt to a dynamic environment. There are two other major reasons why the formation of the strategic alliances occurs in some situations. One is that the nonprofit arena is characterized by increased competition from other nonprofit organizations and governmental organizations. Motivated by the need to survive, therefore, organizations form alliances to temper this competition. Another reason is that nonprofit organizations may be driven by the desire to improve the quality and range of their services through pro-active planning and forecasting. This minimizes the crisis management that is so common in decision-making by community-based organizations with fiscal vulnerabilities.

These imperatives, along with the changing role of government, are emphasized in a neighborhood with relatively few economic resources. Relatively high level of poverty and wealth inequality are conditions that characterize this neighborhood vis-a-vis some other neighborhoods in Boston, and which impacts organizations and residents in major ways. Approximately twenty-three (23.0) percent of all persons in this neighborhood were classified as officially poverty-stricken by the U.S. Bureau of the Census in 1990. This neighborhood registered one of the lowest per capita income in the city, and in the Greater Boston area based on figures reported for 1998. Nearly forty (39.0) percent of the population in the service area is 24 years and younger, suggesting the need for an effective network of services to respond to a youthful constituency. This is also a neighborhood that has experienced major changes in its racial and ethnic composition, thereby creating new constituencies that add pressure on organizations that traditionally served African-Americans. Appendix C, “Select Social and Economic Characteristics of Proposed Service Area, 1999” provides other indicators of neighborhood characteristics.

The changing role of federal and state government is a key factor emerging and molding discussions related to strategic re-organization on the part of community-based organizations. A report issued by the Chandler Center for Community Leadership summarized the kinds of responses that are emerging as a result of these developments into “nine forces shaping community collaboration.” They include, *shift to community* in terms of greater responsibility for “designing solutions to problems and issues;” *redefining private and public roles*; *policy development* that emphasizes cross-system approaches; understanding the emergence of *new issues*; *citizen participation*; emphasis on *quality of life-wellness* issues; challenging the *fragmentation of services*; *focus on root causes*; and increasing calls for *shared decisions*. (2) Another observer notes that initiatives based on community organizations developing coalitions and alliances are increasing due to the kind of context briefly described here. Professor Myrna P. Mandell writes that “Network structures are being used in the area of community development to empower communities and to try to solve problems previously reserved for government intervention...They are vehicles for tapping into dominant community resources and creating synergy and trust among otherwise independent actors. They encourage building community involvement and innovative solutions to complex problems.” (3) The Dimock and Urban Edge planning initiative is an attempt to respond to challenges emerging from these kinds of developments. This planning effort does involve certain kinds of risks, however, as will be explained later. Nevertheless, this effort represents a pro-active initiative that provides a model for other community-based organizations.

## **The Planning Framework**

The framework for this planning effort included data collection and analysis, interaction with an Advisory Committee, meetings with staff at both organizations, visits to other cities, and a review of germane literature. The planning project included meetings with a working team composed of representatives of both organizations, the project manager, and the academic partner. The project manager was responsible for organizing and planning meetings, interviewing a wide range of individuals, and providing leadership in developing specific tasks for helping to guide this planning project.

There were several questions that emerged immediately regarding the possibility of a collaborative relationship. The first set of questions facing the working group and others was, why a new structure, or strategic alliance? In that both organizations had prior experiences in collaborative efforts both at the community and city level, discussion about this kind of possibility was not completely new or unfamiliar. The leadership of both organizations also believed that together, “economies of scale” could be generated to respond to economic and social issues facing the community. Both organizations also considered the possibility of attracting greater amounts of resources into the community through collaborative efforts or some kind of strategic alliance. And the leadership of both organizations agreed that there were traditional weaknesses of service delivery models that did not exploit the potential of community-based organizations working together on a range of issues.

In order to assess whether or not the two organizations could logically consider a comprehensive collaboration, the working committee reviewed the missions and work of both organizations. A review of the missions of both organizations could help to answer whether or not a degree of compatibility is reflected in both missions. The working committee considered if there were facets of the mission



statement, on the other hand, that might indicate potential conflict, or discourage the collaboration?

The mission statements indicate that the two organizations are quite compatible within the context of the kind of strategic alliance described here. The mission of Urban Edge is “To contribute to the building and development of Jamaica Plain and the Eagleston Square and Jackson Square sections of Roxbury as a stable, healthy, economically-mixed, multi-cultural community.” The mission of Dimock is stated as follows: “Dimock Community Health Center enhances the health, well-being and potential of the people it serves by using its historic campus to provide comprehensive, high quality, and accessible health care, human services and training.” This issue was raised at the first Advisory Committee meeting and discussed with the Co-chairs of the Advisory Committee. The executive directors of both organizations also discussed the compatibility of their missions with each of their boards and staff. This basic query then led to others reflecting thoughts about what a new structure or mutual understanding might entail. These included, what is the organization, or nature, or scope, of any proposed strategic alliance or structures? And, how does the proposed alliance or structure respond to the issues raised in meetings and discussions on the part of both organizations?

Both organizations experienced some planning tensions at various levels as they sought to explore the range of collaborative possibilities. These tensions reflected a number of questions along several dimensions. For example, should strategies be designed as holistic, rather than interventionist? If the former, then perhaps the expertise available with both organizations might not be organized and tapped in the most efficient and effective manner. Related to this query, would expertise drive the collaboration, or would there be an attempt to enhance a sense and practice of community ownership? How would two different organizational cultures be melded in order to produce and implement coherent and coordinated strategies and actions? And, how would the outcomes of the collaboration be



conceptualized so that they could be measurable? A fundamental issue, and challenge, facing both organizations was that collaboration was perceived by the leadership as a way to overcome over-specialization (and inefficiencies) in favor of a strategy or set of actions that reflected a cross-systems approach. This represented a significant challenge because as noted in one of the Advisory Committee meetings, community organizations are not encouraged or rewarded for stepping outside the confines of its specialized service delivery system.

An early question confronted by the working committee was the type or form that the new initiative might adopt. Some attention was devoted to the kinds of structures that are possible. Collaboration could merely target the sharing of services and developing programmatic linkages. On the other hand, it could point to a new prototype structure, or even a traditional merger. One structure might be a straightforward merger, where organization A joins with organization B, to form a totally new organization C. Or, the two organizations could maintain their own identities but still give birth to a third organization. Or, the two organizations might share resources to produce a higher quality of services.

Other questions confronting the working committee included, What would be the mission, or goals, and objectives, of any proposed new alliance or structure? How should this reflect the mission of the two organizations? How should its mission or goals be different from the mission of the two organizations? How would governance for the new strategic alliance or structures be determined? How would the new alliance or structure change staff and client roles, and expectations? How would the roles of key players change? What would be the impact of proposed new strategic alliances on clients and staff? What would be the significance for other community-based organizations in the neighborhood, of ongoing discussions and possible future decisions about new strategic alliances or structures? (4)

## Products and Outcomes

There were several products produced by this planning project. One important outcome or product was the identification of a vision and mission, as well as specific goals, that would guide collaborative planning in the future. After many meetings of the working group for the Planning project, the team developed a vision and mission statement that would help guide future discussions and planning activities. The vision and mission statements were based on the belief that both organizations, working together, could take better advantage of neighborhood assets and resources, and respond to problems more effectively.

The Vision for any collaborative project or structure would be as follows:

*Dimock and Urban Edge will work with the neighborhood and other sectors to plan, sponsor, and organize model strategies and activities aimed at improving social and economic living conditions for all residents. Neighborhood strategies are based on the appreciation and utilization of a range of assets and resources, including the community's racial and ethnic diversity, its housing stock, its rich network of organizations, and its youth. This effort is aimed at ensuring that residents and families are housed in decent and affordable settings; that residents have access to living wage employment; that the quality of learning and education is enhanced for all people, but especially children and youth living in the neighborhood; and, that the neighborhood reflects the highest standards of public safety in terms of the environment and drastically-reduced crime.*

The mission of the project reflects the vision, by seeking to accomplish the following:

*To develop holistic strategies in responding to community challenges and problems, and for the benefit of residents;*

*To identify and utilize cross-organizational resources efficiently and effectively;*

*To enhance civic participation;*

*To strengthen the institutional and social bonds in the neighborhood across geographic, racial/ethnic, gender, and generational situations;*

*To enhance the quality of service delivery in the areas of human services, economic development, housing, and education, in the neighborhood.*

The vision and mission would be utilized to plan any future collaborative initiatives.

A second product or outcome is the identification of four major goals for future collaborative planning between the two organizations. The goals include one in public health and human services: “to reduce the rate of asthma-severity in the neighborhood.” It includes a goal in the area of economic development: “to ensure that information and access to all construction and service jobs in the neighborhood are available to residents.” Goals in education and housing were also adopted: “to improve MCAS scores of students through collaborative activities between Dimock and Urban Edge,” and “to adequately house everyone on Urban Edge’s waiting list within five years.”

These goals were adopted because they reflect the vision and mission of any future potential collaboration between both organizations. Each goal, furthermore,

- a) represents a potential “cross-system” issue;
- b) has the capacity to enhance civic participation;
- c) focuses on a demonstrated and documented need facing the neighborhood;
- d) can utilize strategies and activities that are measurable;
- e) can have the effect of encouraging partnerships with other organizations; and,
- f) can represent a dramatic and innovative response.

The Planning Committee identified several potential benefits in adopting this planning framework in future collaborative efforts: first, the quality of service delivery would improve considerably along several dimensions; secondly, new knowledge about problems and effective responses will be created by the collective work of both organizations; third, the possibility of generating economies of scale will be enhanced; and, fourth, service delivery will be improved because clients will now have more and different access points for services.



A third product emerging from this planning initiative is a clearer idea by both organizations about how to pursue innovative and creative services in areas outside their respective domains of expertise. This is associated with a better understanding of housing issues, for example, on the part of individuals involved with public health; and the latter sector acquires a greater appreciation of the role of housing in their own work. Although both organizations must still operate and plan services in a policy and grant-making world that discourages the adoption and implementation of collaboration, there is greater sensitivity and understanding about the kinds of problems that prevent the building of 'holistic' service delivery strategies versus 'specialized' service delivery. Another way of stating this, as described by one of the members of the Working Group, is that "organizations and their respective staffs have been able to learn from each other." There is not an expectation that housing experts will become health experts, or vice versa. But certainly professionals in both sectors enhance their own understanding of the complexities reflected in the two areas of expertise.

A forth product is a better understanding of how to overcome current problems with service delivery in the area of human services. These problems include overspecialization, grant-reactive decision-making, lack of civic participation and involvement, and too little collaboration between community-based organizations. Indeed, this planning initiative produced a funding proposal that helps move both organizations towards a posture which shows other organizations how to pursue collaboration in order to overcome these kinds of problems. This represents a key step towards helping to develop a "paradigm shift" in how services are delivered based on the changing community, political, and government context. This kind of shift in service delivery ensures the availability of a wide range of services within the same time and space and the involvement of different types of organizations and institutions in the delivery of services. The paradigm shift necessitates the conceptual integration of



health, housing, and other human services. The integration in turn creates new roles for professionals who must receive training that orients them towards thinking about clients in a holistic manner. Clients too face the challenge of learning how to use the integrated resources effectively. These are new questions facing any collaborative effort along the lines described here. But they are refreshing and necessary questions that will serve to empower both organizations.

Another product associated with this planning effort is a set of lessons learned about pursuing collaborative relationships in some neighborhoods. This information is presented in the conclusion of this report. But it can be noted at this point that lessons learned represent a basis for the replicability of model of collaboration or strategic alliance for other community organizations and neighborhoods; what might be the do's and don'ts for other organizations considering new strategic alliances or structures? And, how can attempts and products related to new alliances and structures be evaluated? Dimock and Urban Edge have taken important and timely leadership in identifying the questions and potential responses for other organizations seeking to become more effective through collaborative strategies.

## **Lessons Learned**

The Dimock and Urban Edge merger planning project is a timely effort in that it begins to provide information and insight about this subject matter in their different areas. This effort produced important lessons for other neighborhoods about collaboration, and ways to strengthen the social and institutional fabric of their communities. The planning process helped to produce clarity about the kinds of factors that can represent obstacles to new collaborative structures, regardless of how much they may be needed to respond to ongoing neighborhood problems. These include dealing with staff insecurities, reconciliation of different organizational cultures, and handling the response of other neighborhood entities.

Several lessons emerged from the planning project during the 1999-2000 period. First, it was realized that certain kinds of organizational tensions arise in seeking to change how services have been traditionally organized and delivered in urban neighborhoods. The uncertainties that come with any type of change always create tensions and sometimes resistance to the change within an organization. The novelty of the idea of collaboration between two organizations involved in delivery of totally different services may have further increased tensions within Dimock and Urban Edge. This is a natural development in that the two organizations, a) focus on different problems; b) traditionally have been encouraged to pursue strategies and activities solely within their service area; and c) are governed by Boards seeking to maintain the integrity of their respective organizations.

Another lesson is that issues related to organizational culture are key to understanding how to move forward with these kinds of initiatives. For instance, governance policies and practices might be different with various organizations. This means that decision-making may include different kinds of participants and time frames that may obstruct collaborative planning and implementation of initiatives.

All organizations have their own rituals and forms of formal and informal communication. Work styles and worker-management relationships can be qualitatively different in organizations, as well. The accountability structures of organizations, including constituents and Boards of Directors can also be very different. These and other factors have to be considered in potential and long-range collaborative initiatives.

Related to this is the fact that each organization have different “policy partners,” who operate in arenas that are quite specialized. In other words, Dimock Community Health Center, as a health organization has to work and respond to the world of public health which is very different and separate from the world of those involved with the building and maintenance of affordable housing. The “technologies” of decision-making for both organizations, furthermore, are distinctive. This means that in attempts to build bridges, both Dimock and Urban Edge have an added pressure of operating in professional and policy worlds that are not built on collaborative strategies or actions.

A third lesson is that an effort like this one involves several kinds of major risks. First, rising expectations about the timing and implementation of collaborative projects can easily be dashed if innovative planning does not succeed. Second, organizations are taking a risk in these kinds of situations because the sharing of information may expose strengths and weaknesses of the respective organizations. Third, the planning and trust building involved in collaborative initiatives requires a lot of time, energy, and commitment that may come to naught if the collaboration is not highly successful and with meaningful returns. And, very significant, the professional reputation of leadership of organizations is at stake if the effort is not successful.

A fourth lesson is that foundation and government partnerships are critical due to the risks involved;



this finding must be emphasized. These two organizations have embarked upon a road called collaboration and strategic alliance based on the many messages and encouragement received by representatives of government, corporations, and foundations. In a timely article germane to this planning initiative, "Pre-Conditions for the Emergence of Multicommunity Collaborative Organizations," Beverly A. Cigler argues that collaborative alliances and activities are not encouraged by public opinion, but rather depend on the entrepreneurial spirit of the leadership of organizations. She concludes, based on this observation, that incentives are therefore absolutely critical and necessary for collaborative initiatives among community-based organizations. Further: "Since there is often no push by public opinion to maintain them, there is a need for public incentives to support capacity building. These incentives are instrumental in the formation and maintenance of these collaborative actions. Organizational formation is also tied to an identifiable policy entrepreneur or several entrepreneurs." (5) Dimock and Urban Edge have proffered the entrepreneurship part of this equation.

An implication of this possible development is that evaluation and assessment has to be re-considered in light of the implications of endorsing collaboration, as pointed out in a report issued by the Harvard Family Research Project: "Collaboration is widely heralded as a mechanism for leveraging resources, dealing with scarcities, eliminating duplication, capitalizing on individual strengths, and building capacities. It offers the possibility for increasing participation and ownership, strengthened by the potential for synergy and greater impact. Yet, for all of us working in and with collaboratives, the challenges are numerous. Several, in particular, are stretching us to think about evaluation in new ways." (6) Some implications of this may be that evaluations and assessments should focus on long range developments and take place over a period of time since it takes several years for organizations to move from planning collaboration across arenas of specialization and expertise. It may mean that evaluations have to be comprehensive in design in ways that include not only measurement of specific



objectives and actions directed at improving living conditions for clients, but also how such collaborations impact the growth and development of organizations, and the neighborhood.

Yet another lesson and realization that emerged during the planning project is that there are different forms of collaboration; initial planning has to be devoted to the type of collaboration that is appropriate or desired by the two organizations. Several formats were described in a report by the Chandler Center for Community Leadership in their publication, "Community Based Collaboration: Community Wellness Multiplied." Collaboration can take the form of networking, where the purpose is "dialogue and common understanding," and a "clearinghouse for information." It can also take the form of cooperation or alliance, where there is a greater formal approach to matching "needs...and coordination," and attempts at limiting "duplication of services" and, ensuring that "tasks are done." Two organizations can also pursue coordination or partnership involving greater degree of sharing resources aimed at a problem or issue, and even merging a "resource base to create something new." The report also describes a coalition that has some degree of institutional framework over a period of time, and, collaboration, involving a "shared vision and impact benchmarks," and the building of an "interdependent system to address issues and opportunities." (7) The current planning effort devoted much time, and justifiably, to this particular issue.

The final lesson has to do with the immediate questions that face organizations considering the possibility of strategic alliances or collaborative initiatives. These questions are faced immediately, but not necessarily answered until both organizations spend a period of time learning about each other's mission, work, and expectations:

- 1) What aspects of the organization culture would the organization be willing to change in order to accommodate the new organization? Are there irreconcilable differences that would

make the collaboration impossible?

2) What trust levels exist between the two organizations? Does the organization feel it is putting itself on the line by entering into a collaboration with the other organization?

3) What kind of staff adjustments are necessary with the collaboration? Is the organization willing to make these adjustments? Are the staff members supportive of these adjustments?

4) To what degree is the organization willing to compromise its autonomy?

Community-based organizations seeking to expand collaborative strategies and program activities have to pose these basic, but critical questions that help clarify who they are, and what they represent to the other potential collaborating partner. These questions, and the lessons described above provide a window about factors, both at the organization and community level, that might facilitate or hinder attention and activities directed at the development of strategic alliances and cooperative structures between community-based organizations.

## Conclusion

The planning project represented a critical step in the outlook and development of both organizations. Not all expectations about the end result of collaboration were satisfied. Generally, the Advisory Committee called for continual exploration, and indeed, heightened aggressiveness about collaborative strategies involving both organizations. The members of the Working Group felt that there were some accomplishments, but some were frustrated that the planning effort did not go further. It was however clear that both organizations were not ready to pursue a strategy that would result in a merger, joint venture or the creation or dissolution of any organization and that both favored an alliance that would not compromise individual organizational autonomy.

It was decided that both organizations would continue the process of exploring collaborative possibilities by developing a public health initiative focusing on education about asthma in this community. The proposal included various components such as a public education campaign; increasing the level of civic and community participation on the part of residents; development of a data base that may be helpful to a range of planning efforts; generation of housing assistance policies that represent partnering efforts with the anti-asthma public health campaign; and, involvement of the public schools, as well as other institutional partners. Members of the working committee decided to invest time and resources into the development of this kind of proposal because it does meet the criteria for collaboration established during the planning project. But there is also an expectation that a concrete focus on a community issue involving both public health and housing may encourage continual discussion about enhancing the service delivery systems and products of both organizations.

In addition to this next step, the two organizations decided to involve more of the leadership and key staff in ongoing and future discussions. To this end, a full-day retreat for staff was planned for the Fall



2000. The retreat was conducted with several objectives: 1) to describe the planning strategy and vision that emerged in the early planning process; 2) to begin introducing managers and staff from both organizations to each other; 3) to begin a process for soliciting input from managers and staff; 4) to continue building a joint vision and set of expectations that will help guide planning for future collaborative projects, and ensuing professional and organizational relationships (see Appendix A for copy of the Mission Statement).

There is not enough information or experiential insights about effective ways of pursuing and maintaining collaborative strategies and organizations on a wide scale in many urban neighborhoods. As reported in a recent survey of strategic alliances between non-profits, "Anecdotal evidence points to an increase in these sorts of alliances. However, little is known about the spectrum of current practices and still less about how well they work. There has been only limited research on nonprofit mergers, and virtually none on other types of alliances. Organizations considering alliances rarely can find information on similar endeavors that could serve as models or illuminate their efforts. Moreover, there is little knowledge about the current and potential effects of such alliances on the nonprofit sector." (8) In spite of the absence of many significant learning about these kinds of collaborative possibilities, there is a renaissance of attention regarding the need for building social capital in poor and working-class neighborhoods beset with a range of serious social and economic problems. Efforts that build social capital, and strengthen institutional networks, and expand the quality of civic participation have been endorsed by many observers as key for the revitalization of neighborhoods. The planning process described here, therefore, actually represents model for considering creative and cooperative strategies for strengthening neighborhoods. Assets and resources in the neighborhood were identified throughout the meetings of both organizations. There was a strong consensus that the neighborhood has many positive attributes that could be utilized to devise creative responses to public health and housing issues

that are intertwined. This planning framework for collaborative projects is a key accomplishment in that it represents a mechanism for thinking differently about how we deliver human and social services.

Both organizations have decided to embark upon next steps in this bold undertaking. They held a third meeting with the Advisory Committee in December 2000 to discuss some of these next steps, including, 1) the development of four proposals reflecting a collaborative approach to issues touching upon public health, housing, education, and economic development; 2) the possibility of fund-raising and development for these collaborative initiatives; 3) sharing information about the collaborative initiatives with other community-based organizations in the neighborhood; and 4) initiating a framework for evaluation their efforts, and sharing their lessons learned with other community-based organizations in Boston, and other places as well. The two organizations will plan meetings with a) foundations, b) state and federal government agencies involved with housing and public health, and c) private sector interests (such as casualty and property insurance companies) who have a stake in strategies for reducing the costs associated with poor health and inadequate housing in this community. The purpose of these meetings will be to generate partnerships and explore potential funding for this initiative.

We end this report by reminding the foundation sector, as well as government representatives that over the last few years they have increasingly called for collaboration as a response to changing economic and political conditions, and continuing social crisis in our midsts. Collaboration has become a clarion call for many foundations, both locally and nationally. Well, we finally have a model that, although not yet complete, begins to tell us how to do collaboration in ways that serves to strengthen the social and economic fabric of our neighborhoods. It is time for the leadership and representatives of the foundation sector to assert clearly whether or not they themselves are ready to proceed on this road. To use a sports metaphor, the leadership of both organizations have "stepped to the plate" for a process

and planning effort beset with many risks as described above. Now, other team members, in particular the foundation sector, has to begin a more serious effort to help fund and partner with both organizations in the new territory embarked upon here, and which this sector has actively encouraged in recent years. This implies that foundations should consider supporting the model emerging from this planning initiative as a way of providing lessons and insights related to grant-making in ways that encourage collaboration that is community-based AND community-driven. Both organizations will require significant support and partnerships in helping to establish a new vision for community-based organizations in the city that is built on the idea of collaboration as one way for enhancing the quality of life for children and families in our neighborhoods. The challenge that Dimock and Urban Edge are responding to, is our challenge. How will we, foundations and government, and the private sector, work with these two organizations as they take next steps in this unexplored, but absolutely necessary, territory?



## Endnotes

1. Gregory P. Peck and Carla E. Hague, "Turf Issues," *Ohio State University Fact Sheet* [home page on-line]; available from <http://ohioline.ag.ohio-state.edu/~ohioline/bc-fact/0012.html>; Internet; accessed 10 July 2000.
2. Chandler Center for Community Leadership, "Community Collaboration: Community Wellness Multiplied." [home page on line]; <http://crs.uvm.edu/ncco/collab/wellness.html>; Internet; accessed 14 February 2000.
3. Myrna P. Mandell, "Community Collaborations: Working Through Network Structures," *Policy Studies Review* 16:1 (Spring 1999): 87.
4. Some related issues are raised in Amelia Kohm, et al., "Strategic Restructuring: Findings from a Study of Integrations and Alliances Among Nonprofit Social Service and Cultural Organizations in the United States." *Chaplin Hall Center for Children* [homepage on line]; available from <http://www2-chc.spc.uchicago.edu/index.html>; accessed 10 July 2000.
5. Beverly A. Cigler, "Pre-conditions for the Emergence of Multicommunity Collaborative Organizations," *Policy Studies Review* 16:1 (Spring 1999): 87.
6. Ellen Taylor-Powell, "Evaluating Collaboratives: Challenges and Practice," *The Evaluation Exchange* Vol. 2/3 (1999).
7. (Chandler Center for Community Leadership 2000).
8. (Amelia Kohm et al. 2000).

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**Appendix A: Dimock-Urban Edge Alliance Mission Statement**  
**DRAFT FOR REVIEW: October 20, 2000**

Dimock Community Health Center and Urban Edge will seek to bring greater benefit to the community by effectively using and developing their combined capacity and enhancing their individual roles in the community. By working together on several important projects, we intend to reorganize the way we relate to one another and the way we are organized. During the next 5 years we will build on this experience to create a more formal strategic alliance.

We have selected the following projects that will benefit the community:

1. **Health:** Reduce the incidence of asthma by improving housing conditions and use asthma reduction as entry point for Dimock to address health needs in general.
2. **Housing:** Adequately house increasing numbers of families and individuals served by Dimock and Urban Edge.
3. **Economic Development:** Promote and participate in implementation of a comprehensive Eggleston/Jackson Development Strategy.
4. **Education:** Support local schools to improve and become schools of choice for local residents and assist in achieving measurable improvements.

We seek to accomplish the following objectives:

1. To develop holistic strategies in response to community challenges and issues for the benefit of the residents;
2. To identify and utilize cross-organizational resources efficiently and effectively;
3. To enhance civic participation;
4. To strengthen the institutional and social bonds in the neighborhood across geographic, racial/ethnic, gender, and generational lines;
5. To enhance the quality of service delivery in the areas of health and human services, economic development, housing and education in the neighborhood.

## **Appendix B: Membership of Advisory Committee and Working Committee**

Co-Chair Phil Clay, *Associate Provost, MIT*  
Co-Chair Judith Kurland, *Regional Director, U.S. Department of Health and Human Services*  
Marilyn Anderson-Chase, *United Way of Massachusetts Bay*  
Joel Aronson, *Alexander Aronson and Finning*  
James Austin, *McLean Professor of Business Administration, Harvard Business School*  
Charlie Baker, *Harvard Pilgrim*  
John Bok, *Foley Hoag & Eliot*  
Caroline Chang, *Office of Civil Rights, U.S. Department of Health and Human Services*  
Ed Demore, *Boston Redevelopment Authority*  
Bob Ebersole, *Massachusetts Department of Housing and Community Development*  
Dean Patricia Flynn, *Bentley College Graduate School of Business*  
Chris Gabrielli, *Bessemer Venture Partners*  
Chuck Grigsby, *Life Initiative*  
Paul Grogan, *Harvard University*  
Dick Harter, *Bingham Dana*  
Rob Hollister, *Tufts University Graduate School*  
Deborah Jackson, *The Boston Foundation*  
Ira Jackson, *Kennedy School of Government*  
Howard Leibowitz, *City of Boston*  
John McDonough, *Heller School, Brandeis University*  
Ricardo Millett, *The Kellogg Foundation*  
Peter Nessen, *The Nessen Group*  
Maria Quiroga, *Sessa Glick Quiroga & Hibbard*  
Dean Ismael Ramirez-Soto, *University of Massachusetts Boston*  
Nick Retsinas, *Harvard Joint Center for Housing Studies*  
George Russell, Jr., *State Street Bank*  
Harry Spence, *New York City School Department*  
John Stanley, *Museum of Fine Arts*  
Clayton Turnbull, *Waldwin Group*  
Juanita Wade, *City of Boston*

### **Working Group Members**

Ralph Earle, *Chair, Strategic Planning Committee, Board of Directors, Dimock*  
Rita Gonzales Levine, *Chair, Board of Directors, Urban Edge*  
Dana Harrell, *Chair, Real Estate Development Committee, Board of Directors, Dimock*  
Wendell Knox, *Chair, Board of Directors, Dimock*  
Diane Stafford, *Treasurer, Board of Directors, Urban Edge*  
Paul Williams, *Assistant Treasurer, Board of Directors, Urban Edge*  
Mossik Hacobian, *Executive Director, Urban Edge*  
Latifah Hassan, *Vice-President of Child and Family Development, Dimock*  
Jennifer Holme, *Director of Administration, Urban Edge*  
Jackie Jenkins-Scott, *President, Dimock*  
James Jennings, *Senior Fellow, Trotter Institute*  
Anne Gathuo, *Research Assistant, Trotter Institute*  
Mark Levine, *Mark Levine Associates*  
Janet Miner, *Senior Vice-President for Institutional Advancement, Dimock*  
Boyce Slayman, *Project Director, Dimock-Urban Edge Strategic Alliance Project*  
Leroy Stoddard, *Director of Community Services, Urban Edge*

Proposed Target Areas Based on  
Census Tracts: 812; 813; 814; 815;  
816; 817; 1203; and 1205





## Appendix D: "Select Social and Economic Characteristics of Proposed Target Area, 1999"

<b>Population</b>		<b>%</b>
1990 Population	27572	
1999 Estimate	26946	
1990 Median Age	28	
1999 Median Age	30	
<b>Households</b>		
1990 Households	9250	
1999 Households	9159	
1999 Median Income	\$36,209.00	
1998 Per capita income	\$14,925.00	
<b>1999 Estimates-Population by Age</b>		
Population by age (1999)	26946	
0 to 4 years	2286	8%
5 to 9 years	2155	8%
10 to 13 years	1650	6%
14 to 17 years	1615	6%
18 to 20 years	1235	5%
21 to 24 years	1743	6%
25 to 29 years	2351	9%
30 to 34 years	2286	8%
35 to 39 years	2247	8%
40 to 44 years	2056	8%
45 to 49 years	1597	6%
50 to 54 years	1289	5%
55 to 59 years	982	4%
60 to 64 years	829	3%
65 to 69 years	802	3%
70 to 74 years	646	2%
75 to 79 years	536	2%
80 to 84 years	346	1%
85 years and over	315	1%
<b>1999 Estimates-Population by Race</b>		
White	7560	28%
Black	15275	57%
American Indian, Eskimo, Aleut	132	0%
Asian, or Pacific Islander	502	2%
Other	3477	13%
Latino (1999)		
Latino	9684	36%
Not of Latino origin	17262	64%
Mexican	670	2%
Puerto Rican	3871	14%
Cuban	343	1%
Other Latino Origin	4800	18%
Latino origin by race (1999)	9684	
White	3869	40%
Black	2185	23%
American Indian	75	1%
Asian or Pacific Islander	149	2%
Other Race	3406	35%
<b>Population by labor force (1999)</b>	20066	
Civilian Employed	12334	61%
Civilian Unemployed	743	4%
In Armed Forces	21	0%
Not in Labor Force	6968	35%
<b>Labor force by industry (1999)</b>	12334	1%
Agriculture	78	0%
Mining	0	4%
Construction	542	3%

Manufacturing, durables	423	5%
Manufacturing, non-durables	620	4%
Transportation	482	2%
Communications	232	2%
Wholesale Trade	292	11%
Retail Trade	1303	9%
Finance, Insurance, & Real Estate	1071	9%
Business & Repair Services	1108	5%
Personal Services	580	0%
Entertainment & Recreation Services	51	18%
Health Services	2188	9%
Education Services	1052	12%
Other Professional and Related Services	1446	12%
Public Administration	866	7%
<b>Labor Force by Occupation (1999)</b>	12334	
Executive, Administrative, and Managerial	1360	11%
Professional Specialty Occupations	1717	14%
Technicians & Related Support Occupations	597	5%
Sales Occupations	913	7%
Administrative Support Occupations, including Clerical	2280	18%
Private Household Occupations	65	1%
Protective Service Occupations	376	3%
Service Occupations, except Protective & Household	2757	22%
Farming, Forestry & Fishing Occupations	33	0%
Precision Production, Craft & Repair Occupations	812	7%
Machine Operators, Assemblers & Inspectors	509	4%
Transportation & Material Moving Occupations	507	4%
Handlers, Equipment Cleaners, Helpers & Laborers	408	3%
<b>Educational Attainment (1999)</b>	16282	
Less than 9th grade	2150	13%
9th to 12th grade, no diploma	2289	14%
High School graduate	4979	31%
Some college, no degree	2129	13%
Associate degree	1159	7%
Bachelor's degree	2297	14%
Graduate or professional degree	1279	8%
<b>1999 Estimates-Households by Size, Tenure and Age of Householder Households (1999)</b>	9159	
Families (1999)	5616	
Households by size (1999)	9159	
1 Person	2551	28%
2 Person	2143	23%
3 Person	1679	18%
4 Person	1269	14%
5 Person	803	9%
6 or more Persons	714	8%
<b>Population by Household Type (1999)</b>	26946	
Persons in Families	20137	75%
Persons in Non-Family Households	6271	23%
Persons in Group Quarters	538	2%
<b>Households by Age of Householder (1999)</b>	9159	
Under 25 years	461	5%
25 to 34 years	1796	20%
35 to 44 years	2364	26%
45 to 54 years	1825	20%
55 to 64 years	1114	12%
65 to 74 years	891	10%
75 years and over	708	8%
<b>Households with children (1999)</b>	3804	
Married Couple family	1297	34%
Lone Parent Male	259	7%
Lone Parent Female	2186	57%
Non-Family Male Head	40	1%
Non-Family Female Head	22	1%

<b>Households without children (1999)</b>	5355	
Married Couple family	873	16%
Lone Parent Male	260	5%
Lone Parent Female	741	14%
Lone Male Householder	1607	30%
Lone Female Householder	1874	35%

<b>Families by Income (1999)</b>	5616	
Less than \$5,000	345	6%
\$5,000 to \$9,999	357	6%
\$10,000 to \$14,999	449	8%
\$15,000 to \$19,999	204	4%
\$20,000 to \$24,999	405	7%
\$25,000 to \$29,999	273	5%
\$30,000 to \$34,999	229	4%
\$35,000 to \$39,999	328	6%
\$40,000 to \$49,999	485	9%
\$50,000 to \$59,999	519	9%
\$60,000 to \$74,999	659	12%
\$75,000 to \$99,999	630	11%
\$100,000 to \$124,999	399	7%
\$125,000 to \$149,999	140	2%
\$150,000 and over	194	3%

**Source: U.S. Bureau of the Census and Population Estimates Developed by Applied Geographic Solutions (1998); Mapinfo and Pcensus mapping software were utilized to determine the characteristics of the proposed service area.**