

Lessons in Community Building: From Dialogue to Action

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Abstract

Policy makers, funders, and researchers have begun to recognize the effectiveness of community-building as a strategy to address the concerns of underserved communities. This paper describes and outlines the steps involved in implementing Neighbors Helping Neighbors: Turning Ideas into Action, a two-part program that facilitates the community-building process for low-income public housing residents. The program begins with a Community Dialogue in each public housing community in Milwaukee, followed by opportunities for residents to apply for small grants from the Community Action Fund to implement their own programs to help improve their overall quality of life. Benefits and challenges to implementing this program are also described. Developed and implemented by a community-academic partnership, this initiative has had success in large part due to the partnership's philosophy of working with the community.

Introduction

Community building has begun to receive much attention as a possible strategy to address the concerns of underserved communities. According to the Urban Institute, community building distinguishes itself from other efforts to work with underserved communities by “involving residents in setting goals and shaping strategies to achieve them; beginning each community’s strategy development with an inventory of its assets; involving communities of manageable size; tailoring unique strategies to a given neighborhood; maintaining a holistic outlook and integrative character; shaping initiatives to reinforce community values and build social and human capital; and developing creative partnerships with institutions outside the community” (*Urban Institute 2000*). Many case studies indicate that, although not a panacea, community-building initiatives can positively affect people’s lives, (*Kingsley, McNeely, and Gibson 2000*).

The purpose of this paper is to describe and outline the steps involved in implementing Neighbors Helping Neighbors: Turning Ideas Into Action, a two-part program that begins a deliberate

community-building process for low-income public housing communities. It is the hope of the authors that this paper will provide other practitioners with a practical model for facilitating community building in underserved neighborhoods.

The paper begins with a description of the community-academic partnership overseeing the program, followed by a program overview and step-by-step instructions for planning and implementing this program. Challenges and benefits of the program and lessons learned will also be discussed.

Description of the Partnership

Since 1998, a community-academic partnership called Partners for Progress has been working to build capacity and improve the quality of life for Milwaukee public housing residents using the philosophy of “doing with” instead of “doing for” or “doing to.” In other words, the partners involve the community in every aspect of the community-building process, from identification of areas of concern to development and implementation of interventions. The primary partners are the Boys and Girls Clubs of Greater Milwaukee (B & G Clubs), the Center for Healthy Communities in the Department of Family and Community Medicine at the Medical College of Wisconsin (the Center, CHC), Froedtert Memorial Lutheran Hospital (Froedtert Hospital), the Housing Authority of the City of Milwaukee (Housing Authority, HACM) and public housing residents, and S.E.T. Ministry, Inc. (S.E.T. Ministry). The partners focus their efforts on five specific areas: (1) community organizing and leadership; (2) wellness; (3) violence prevention; (4) economic development; and (5) home ownership and safety.

Description of Partners: The Boys and Girls Club of Greater Milwaukee has clubs at two public housing family sites in Milwaukee. The mission of the clubs is to “inspire and empower all young people, especially those from disadvantaged circumstances, to realize their full potential as productive, responsible and caring citizens.” The clubs provide numerous after-school and weekend educational and recreational activities for youth ranging in age from four to eighteen years.

The Center for Healthy Communities in the Department of Family and Community Medicine at the Medical College of Wisconsin is dedicated to improving community health through developing and sustaining community-academic partnerships. The Center’s philosophy promotes community capacity building and provides a strong infrastructure for developing partnerships with underserved communities in education, research, and service.

The Housing Authority of the City of Milwaukee is dedicated to providing safe and sanitary low-income housing. The Housing Authority ranks as one of the best public housing authorities in the country, and has received awards from Milwaukee County, the National Association of Housing and Redevelopment Officials, and the Public Policy Forum. The Housing Authority oversees thirteen high-rise developments for elderly and disabled individuals, and five family developments located throughout the city.

Public Housing Residents at Milwaukee's eighteen public housing sites total roughly seven thousand and range in age from infant to 102 years. Over 88 percent of residents are people of color, with 84 percent being African American, and three percent Hispanic. Each of the thirteen high-rises for the elderly and disabled and the five family units has a Resident Organization or Resident Council. These resident-run governing bodies sponsor educational and recreational activities for residents and act as a link between the residents and the Housing Authority.

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S.E.T. Ministry, Inc. (Service, Empowerment, and Transformation) is a non-profit, community-based health and social service organization that targets underserved individuals in Milwaukee. S.E.T. Ministry aims at empowering and transforming persons, groups, and systems. S.E.T. Ministry uses a collaborative model of participation that integrates physical, psychological, social, and spiritual aspects of life while respecting the dignity of each person. There are S.E.T. Ministry social worker and nurse case management teams at fourteen of the eighteen public housing sites in the city.

Froedtert Memorial Lutheran Hospital has provided comprehensive health care services in Wisconsin since 1980, serving over 350,000 patients in 2001. A central feature of Froedtert Hospital's expanded outreach initiatives to improve the health status of central city residents is its partnership with the Center and its efforts through Partners for Progress. Froedtert Hospital is a new member of the partnership and thus did not participate in the first two years of the Neighbors Helping Neighbors program. However, it will be actively involved in the program in upcoming years.

The Center introduced the Neighbors Helping Neighbors (Neighbors) program to the other partners and took the lead in developing and implementing the program. Nevertheless, it could not have been successful without all of the partner organizations' involvement and the residents' participation.

Program Description

As one of fifteen Partners for Progress programs, the Neighbors program addresses the focus area of community leadership and organization. Neighbors is a two-part community-driven, action-oriented program that was developed to build and strengthen community and develop leadership at eighteen Milwaukee public housing developments. The specific goals of the program are to (1) help residents and partners better recognize resident-identified needs and assets, (2) build community by bringing neighbors together for discussion and action, (3) expand leadership in the community, and (4) entrust residents to develop and implement strategies to address their own concerns.

Funding for the program has derived from two separate sources. For the first year, the Housing Authority contributed funds, and the Center and S.E.T. Ministry contributed staffing to pilot the program. To continue and sustain the program for the next three years, funding is available through the Department of Housing and Urban Development Community Outreach Partnership Center program as part of the larger partnership initiative.

The two parts of the Neighbors program are (1) a Community Dialogue that brings public housing residents together to discuss community assets and concerns to help generate new ideas for community improvement, and (2) a Community Action Fund that provides residents with a small grant of \$500 or less to help implement an idea they have to improve their community.

Part One: A Community Dialogue is "a community conversation that can take many forms. It can involve five people around a kitchen table, five-hundred people in a large civic setting, or anything in between." This description of a Community Dialogue was provided by the Coalition for Healthier Cities and Communities (*CHCC 1999, 2*). The Community Dialogue model, developed by CHCC, was adapted and adopted by Partners for Progress to implement the Dialogues at eighteen Milwaukee public housing sites where ten to twenty residents typically participated at each Dialogue.

Residents gathered in a community room at the various sites, and Center personnel asked them a series of six questions. For

instance, residents were asked, “What are the two or three most important changes that need to occur at your building?” Although responses varied by building, several common themes began to arise. Residents wanted (1) greater cooperation among residents and less gossiping, (2) better security, specifically someone to monitor the entrance to the buildings, and (3) more on-site activities such as exercise programs.

Table 1 provides a list of all six Dialogue questions, and outlines the steps followed to organize, implement, and evaluate a Community Dialogue. In addition, Table 1 identifies each partner organization’s role and respective responsibilities.

At the completion of the Dialogues, residents were informed about the Community Action Fund, or Part Two of the program, and encouraged to work together to develop a project to address a high-priority concern they identified during the Dialogues.

Part Two: The Community Action Fund is a small grants program that awards \$500 or less to an individual or a group of public housing residents who have an idea to improve their community. The CAF is based on a model program from Dayton, Ohio, called the Health Action Fund (Maurana and Clark 2000). Dayton’s small grants program is a grassroots health communications and social marketing program that targets neighborhood associations, block clubs, churches, and other groups who are often involved in health promotion activities developed by large agencies. The Milwaukee program was named the Community Action Fund rather than Health Action Fund because funded projects are broad in scope and expand beyond what is traditionally defined as health. The primary purpose of the Community Action Fund is to award funding to public housing residents to help them implement ideas that address areas of concern raised at the Dialogues that will improve the quality of life for themselves and their neighbors.

For example, during a Dialogue at a high-rise for elderly and disabled, the residents stated that they wanted more social activities at their building. Since many of the residents were either physically

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Table 1. Community Dialogue Step-by-Step Process

Step	Partners Responsible
1. Gained as much information as possible in advance about the public housing sites and residents who might help plan and implement the Dialogues.	B & G Clubs CHC* HACM S.E.T.
2. Met with residents and on-site partner staff to explain the program, solicited their interest in participating, and asked for their help in coordinating, promoting, and implementing the events.	B & G Clubs CHC* HACM & residents S.E.T.
3. Once a date and time was determined, created promotional flyers that residents and partner agencies posted and circulated on site.	B & G Clubs CHC* HACM & residents S.E.T.
4. Invited on-site partner representatives to attend Dialogues as observers.	CHC*
5. Created a comfortable, informal setting at the Dialogue (i.e., served refreshments, set up room to encourage interactive format) and requested participants to sign in for record-keeping purposes.	B & G Clubs CHC* HACM S.E.T.
6. Facilitated Dialogue by asking the following six questions and recorded residents' responses on newsprint:	CHC* (Residents helped facilitate at some sites)
<ul style="list-style-type: none"> • What makes you most proud of your building or development? • What makes you least proud of your building or development? • What are the 2-3 most important changes that need to occur at your building or development? • Of the changes you mentioned, what are your top priorities? (By show of hands, residents expressed their three top priorities.) • What are some specific examples of people or groups working together to improve the quality of life at your building or development? • What would excite you enough to become more involved in improving your building or development? 	
7. Asked on-site partners who attended to complete an evaluation at the conclusion of the Dialogue. Facilitators completed a process evaluation form.	B & G Clubs CHC* HACM S.E.T.

8. Transferred Dialogue responses to word processing document and distributed to resident leadership to share with their neighbors and to on-site community partners for informational purposes. CHC*
9. Completed an implementation form after each Dialogue to record expected and actual attendance and time duration of the Dialogue, materials used and cost of materials, as well as who served in the various roles (i.e., facilitator, recorder, timekeeper, promoter, on-site coordinator). CHC*

**The CHC was the lead agency taking primary responsibility for the program.*

or mentally unable to attend summer festivals in the surrounding communities, residents decided to host their own picnic and music festival. A group of residents worked together to submit a Community Action Fund proposal, and after their proposal was funded, they organized the day-long celebration. Table 2 outlines the step-by-step process used to coordinate a Community Action Fund, along with partner responsibilities.

For the first year of the Community Action Fund, three funding cycles were established so that residents could choose when they were ready to apply. Residents were eligible to apply for funds once their site had completed a Dialogue. After the review process was completed—which included representatives from the Center, the Housing Authority, and S.E.T. Ministry—grants were announced and award notices were sent to the new grantees. Residents were responsible for implementing their plans as described in their proposals as well as providing periodic progress reports to the Center for Healthy Communities. Examples of projects funded for the first year included start-up costs for a twelve-step program, a TV/VCR for educational and recreational programming, kitchen equipment to enhance community-building activities such as potlucks and dinners, a community garden, a community dance, piano repair to start a gospel choir, and start-up costs for an after-school community education resource center.

Out of fifteen Community Action Fund applications submitted, eight were funded. Applications were denied funding for the

Table 2. Community Action Fund Step-by-Step Process

Step	Partners Responsible
1. Created a grant form/application that is easy to read and complete.	CHC* HACM S.E.T.
2. Developed a system to track each grant throughout the application and funding process.	CHC* HACM S.E.T.
3. Recruited representatives from the partner organizations to serve on a review committee to review applications and make selections for funding.	CHC*
4. Developed an effective review process.	CHC* HACM S.E.T.
5. Developed an award notice template.	CHC* HACM S.E.T.
6. Developed a process to follow progress and evaluate projects after grants are awarded.	CHC* HACM S.E.T.
7. Provided technical assistance to grantees on an as-needed basis throughout the entire process.	CHC* HACM S.E.T.

* The CHC was the lead agency taking primary responsibility for the program.

following reasons: (1) lack of site readiness to support the proposed program; (2) multiple applications from one site; and (3) resident withdrawal of a proposal.

To help evaluate the success of the projects and programs, grantees answered the following questions six months after the receipt of their awards:

- Was the project completed as planned?
- How many times and how often did an event occur?

- How many residents participated at each event?
- For equipment purchases, how often was it used and how many residents were involved?
- How did this award benefit the community?
- Did this award help to strengthen your community?
- What were the challenges related to receiving the award?

Awards for year one of the program were made between February and October 2000. Information obtained from six-month evaluations continues to be summarized and distributed to all partners for review and comment, with the intent to strengthen the program in the future.

Benefits, Challenges, and Lessons Learned

Program Benefits: The Neighbors program is mutually beneficial to the Center, community partners, and public housing residents. It provided Center faculty and staff with an opportunity to learn more about the strengths, concerns, and unique characteristics of each of the eighteen public housing sites. The frequent face-to-face contact with the residents also helped build trust and strengthen relationships between the Center and public housing residents. The development of mutual trust and respect developed; it opened the door for discussion about and implementation of additional programs. For instance, based on the relationships that were formed during the Neighbors program, a way was paved for a medical student to provide a series of health education and prevention programs that addressed community-identified concerns for residents at a family site.

The Housing Authority, S.E.T. Ministry, and the B & G Clubs also benefited from the additional information that was gathered through the Dialogues. Such information helps them improve the services they are already providing, and also helps guide discussions with residents addressing future program development. Additionally, data collected throughout the course of the program provides greater insight into community-identified assets and concerns.

Likewise, public housing residents received many benefits from their participation in the Neighbors program. The Dialogues provided a forum for residents to come together and begin to focus on the assets and concerns in their communities. Many times, the Dialogues brought together, in a positive setting, residents who typically did not work together. The Community Action Fund, in turn, provided residents with the financial means to develop a program to address a community-identified concern. Together, the Dialogues and the Community Action Fund provided residents with team-building

and problem-solving experiences that helped them increase their skills in these areas and grow in their leadership capacity.

Prior to receiving a Community Action Fund award one public housing resident, who was an active member of Alcoholics Anonymous (AA), acted as an informal counselor to other residents who wanted to address their problems with alcohol. Through the Community Action Fund this resident was able to promote and establish ongoing AA meetings on site for other public housing residents. Through his experience as a grant recipient, the resident learned how to develop and manage a budget, organize and facilitate meetings, and constructively address program concerns as they arose.

Each of the partners has experienced a much greater positive impact through collaborating than they would have working in isolation. Working together, partners not only learned more about each other's activities, but also enhanced each other's efforts through additional coordinated programming. Ultimately, the relationship between the partners was strengthened.

Program Challenges: Although the Neighbors program was beneficial to all partners, several challenges needed to be addressed to help ensure the effectiveness of the program. One of the goals of Neighbors is to bring residents together in a positive environment to identify concerns in their building and begin to develop strategies to address their concerns. This goal was difficult to meet at some sites where there were deep divisions between residents. In one elderly designated building there was a great deal of tension and mistrust between the Anglo and Hispanic residents. Rarely did the two groups gather in one room at the same time. Although Center personnel worked closely with S.E.T. Ministry staff to promote the Dialogue among all residents, many Hispanic residents did not participate. Without the participation of both groups of residents, it was difficult to get an accurate picture of the assets, concerns, and desired changes of the residents. In addition, since Anglo residents were the primary participants at the Dialogue, Center personnel were concerned that Hispanic residents would perceive the program to be for Anglos only.

To overcome this challenge, it is important to meet with representatives of on-site organizations and the building manager prior to the Dialogue to learn about the dynamics of the building. It is then the responsibility of Dialogue facilitators to reach out to the residents who typically do not participate in building activities. Several face-to-face meetings may be required to develop rapport and build trust with the residents so that they feel welcome at the Dialogue.

Another program goal, entrusting residents to develop and implement strategies to address their own concerns, was also difficult to meet at some public housing sites. In many cases, for residents who received a Community Action Fund award it was the first time they were responsible for developing and monitoring a project. Although many of the residents rose to the occasion, some found the responsibility overwhelming. For instance, residents at a family development received funding to develop an after-school homework program for children at their housing site. The purpose of the program was to provide youth with a quiet space to do their homework or participate in other educational activities.

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Women who lived in the development planned to staff the project. Unfortunately, the group of residents who received funding for the project lacked the skills necessary to put their plan into action. When Center personnel and S.E.T. Ministry staff realized that the project was in danger and offered support and assistance, it was too late. The project had lost the support and interest of the women who had developed the plan, and the project never reached the implementation phase.

This experience indicates the need to assess the experience and skill level of Community Action Fund awardees. Those with no, or very limited, experience developing, implementing, and monitoring a project may need to participate in a training workshop to help develop the knowledge and skills necessary to perform the required tasks of a project leader. Participants in such training will also require more frequent follow-up and technical assistance from partner organizations than other grant recipients who have some experience as community leaders.

Another challenge of the Neighbors program was the danger of raising resident expectations and then not meeting them. The list of desired changes that residents identified included such things as faster elevators, more on-site public safety officers, arts and crafts programs, and on-site lunch programs. Many of these items, such as arts and crafts, and exercise programs, were within the scope of the Neighbors program, while other items were well beyond the scope of the program. Center personnel were concerned

that if residents did not feel that their opinions and ideas were being heard, they would be less likely to trust Center personnel and they would most likely not participate in other Partner's for Progress programs.

To overcome this challenge, at the close of every Dialogue Center, personnel acknowledged that some of the residents' concerns could not be addressed through the Neighbors program. However, they assured residents that their responses would be shared with the partner organizations. Center personnel then followed up on this assurance and arranged a meeting with S.E.T. Ministry and Housing Authority staff

to share and discuss data collected during the Dialogues. Although not all the residents' requests could be met, by sharing the data the partner organizations were able to develop and modify their programming to better respond to resident's concerns.

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Lessons Learned

From our experiences implementing this two-part, action-oriented program, we learned the importance of building personal relationships with the community, knowing your audience, and promising less and delivering more.

Residents who typically did not participate in building activities were not going to participate in the Neighbors program simply because the partner organizations thought it was a good program. Center personnel needed to first build personal relationships with the residents based on trust before they would consider participating in the program. Developing these personal relationships often required multiple meetings with the residents prior to the day of the Dialogue. Although relationship building is often time consuming, the rewards of having more and better participation in community activities is worth the effort.

Public housing residents are a diverse group of individuals from diverse backgrounds. Assuming that all residents have the same type and level of skills is a gross mistake. Taking time to assess the formal and informal training residents have had prior to the start of

the program is very important. Once there is a more accurate picture of participants' skill levels, the program can be structured to include training necessary to make the program as successful as possible.

A single program cannot meet the expectations of all participants. Clarifying the scope of a program at its onset, however, provides participants with a better understanding of the limits of the program. While some residents may be disappointed that their concerns will not be addressed through the program, they will appreciate the program facilitator's honesty.

Conclusion

Through the Neighbors program, academic and community partners facilitated initial steps in community building among public housing residents by actively involving them in dialoguing with one another about their community strengths and concerns and in working together to develop and implement strategies to address these concerns. Through participation in this program residents developed skills with the potential to increase their capacity to address future community concerns.

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