

Institute for Museum and Library Services
Community Catalyst Initiative



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EXECUTIVE SUMMARY

Executive Summary

Museums and libraries have long served as community hubs for members of the public to learn, be inspired, connect with each other, access resources, and participate in civic discussion and action, and they are recognized by many other institutions and organizations in their communities as assets in collective efforts that engage residents to build and strengthen their community. As communities have become more diverse and the complex issues that they face are systemically rooted, institutions are also evolving how they work within communities beyond typical settings and service models. As museums and libraries grapple with how to best leverage their unique community niches, they are increasingly reaching out to and partnering with their communities in ways that are more inclusive and participatory. However, successfully engaging communities in this way requires knowledge and skills that are not typically part of training or qualifications for those who work in libraries and museums. Such engagement may also require new institutional structures and processes, and new approaches to funding participatory, collaborative efforts.

Current models of community development increasingly center practice that shifts control of decision making and agenda-setting from institutions (where it is most traditionally held) toward those most affected by—and nearest to—a given community issue. Aligned with these trends, there is a growing cross-sector commitment to equity and a growing recognition that institutions drive toward equity by sharing decision making with affected parties, taking time to build relationships that result in deeper trust, valuing ideas from all sources, and being transparent about resource use. Similarly, there is a growing movement within philanthropy toward shifting power for determining who receives funds and how they should be spent from foundation staff or field experts to the people intended to benefit from philanthropic efforts.

Building on these evolving commitments toward equitable outcomes and participatory philanthropy, in 2016, the Institute of Museum and Library Services (IMLS) began a new initiative to strengthen the capacity of museums and libraries to realize new roles as supporters of community-defined and community-driven solutions, sharing decision-making authority with communities, and partnering through collective action to bring about positive community change. The Community Catalyst Initiative (CCI)

invited libraries, museums, and their community partners to think about the contributions their efforts make across different dimensions of community social wellbeing, and provided funds, training, technical assistance, and peer learning and support opportunities to strengthen their capacity for community-driven collaboration (CDC). CDC approaches are **inclusive** of key stakeholders, particularly those directly affected by the problem; **collaborative** wherein museums, libraries, and other community partners share ownership and decision making as they pursue a vision for change; and **resourceful**, such that they use resources and assets that already exist in a community.

To support museums and libraries in building these capacities, IMLS contracted with the Asset-Based Community Development (ABCD) Institute as the primary training and technical assistance provider for supporting CCI grantees to “develop and explore models for co-creating, deepening, and sustaining joint efforts to engage and serve a local community.” Two cohorts of 12 project teams each participated in the CCI pilot program (24 projects total)—one cohort began participating in fall 2017 and the other in fall 2018. Grants were intended to support project implementation across one-to-two-year periods; however, due primarily to the interruption caused by the COVID-19 pandemic, many grants were extended to cover up to three years. At the time of this writing, all but four Cohort 2 grantees have completed their grants.

Cross-Cutting Findings

The following seven cross-cutting findings are based on evaluation data collected across an almost three-year period, including interviews and surveys with grantee project teams, surveys and interviews with ABCD technical assistance providers, and focus groups with project-involved community organizations and community members in select grantee communities. More detailed description of these findings can be found in the full report.

1. **When strengthening museum and library capacity for CDC, what the institutions bring to the table matters—especially with respect to organizational support.** Project teams that came to CCI with more openness to a CDC approach were more likely to make progress toward more inclusive, community-driven work. Most project teams tended to embark on CCI with strong value of an assets-based approach in community change efforts. However, this personal value of sharing decision-making authority and agenda-setting power with communities only went so far in making progress toward CCI goals without strong leadership buy-in and systems in place to support sustained CDC practice.
2. **Beyond shifts in awareness and value of the CDC approach, shifts in mindsets that compel shifts in attention and behavior form a more enduring foundation for sustained CDC practice habits.** Within the CCI theory of change, we hypothesized a direct and iterative relationship

between capacity—defined as attitudes, beliefs, and understanding—and engaging in CDC practices in the short and long term. However, this relationship may be more complex than originally depicted. After increases in awareness of CDC methods and tools and short-term changes in capacity, sustained practice change may be best supported by shifts in mindsets that compel people to attend differently and act in ways that center the voices and assets of community members across the variety of contexts in which they work and influence the work of others. These shifts, such as moving from a deficit to an asset frame and increased mindfulness of who has the power in any given room, seem to occur primarily through doing—or experimenting with—CDC practices and experiencing the outcomes.

- 3. Making the practice changes needed to center community becomes more challenging for museums and libraries as they try to shift their engagement with community members from consulting or involving toward collaborating and empowering.** CCI project teams felt more comfortable in the middle stages of the community engagement spectrum, most often consulting or involving community members in determining what is important and what should be done (though the institution retains control of decision making and agenda setting), and sometimes collaborating, wherein community members have about as much decision-making authority as institutions and organizations. Project teams made strides toward centering community aspirations and priorities in the work, but they struggled to figure out ways to share decision-making authority with community members or to empower them to set the agenda, identify solutions, and decide on approaches.
- 4. Sustained CDC practice depends on organizational alignment to CDC values and practices consistent with the CDC principles.** CCI project teams highlighted the importance of institutional alignment in sustaining CDC practices, such as centering community priorities and shifting decision-making authority. They also highlighted significant changes in organizational vision and mission that are foundational to supporting sustained practice of habits institution wide. Many interactions that museums and libraries and their partners had with community members were often embedded in a traditional service approach, where institutions defined the problems to be addressed (sometimes with community input) and designed interventions to fix them. This way of engaging community reflects an ingrained culture of helping that centers institutions as the ones that can fix it and may lead to filtering community input through the lens of what service providers think communities need, not what communities actually say is important. This has led to harmful, extractive practices and deep institutional distrust on the part of communities. Only when museum and library staff are freed up from their traditional, expert, in-building roles are they able to invest in practices that create activated networks of people, organizations, and institutions that are likely to last beyond any single investment.

5. **Building authentic partnerships with communities to support their priorities requires flexibility, adaptability, and comfort with their emergence at all levels.** A key learning for CCI project teams was the need for flexibility and adaptability in the work. Flexibility and adaptability required a willingness to shift approaches, loosen restrictions, and remove other barriers to embracing emerging priorities and responding to shifting contexts in communities. As museums and libraries listened to and followed their community's lead, approaches and solutions began to shift to meet the priorities that emerged. In addition, museums and libraries that quickly pivoted their efforts in response to external disruptions were likely to be able to continue the practices of trust building and engagement. Flexibility and adaptability were crucial for building museum and library capacity to engage effectively in CDC and to be more flexible in their policies and resource investments. Similarly, flexibility in grant requirements and supports is necessary to accommodate community member inclusion and responsive processes. Capacity building for CDC is strongest when it is an ongoing, iterative and reflective process of experimentation, learning, and innovation that is dependent on local context.
6. **There is a tension for museums and libraries in balancing their own reputational concerns with stepping back and sharing collective responsibility for community change with community organizations and community members.** Museums and libraries often struggled with navigating the tension between reputational considerations and a taking a purely community-oriented approach. Institutional reputations are often gained and sustained through the institution itself identifying community needs and providing programming to address those needs, and institutional decisions are frequently based on internal business models and processes that may be in service of board, donor, or funder preferences and driven by incentives counter to a community-oriented approach. Tension between reputational considerations and community-driven approaches often resulted in museums and libraries expanding their networks in ways that were less democratized and did not prioritize interaction between community members and community organizations. Local networks were composed primarily of community organizations, and inclusion of community members and associations in these networks was more episodic and less systematic. And in most cases, it seemed that museums and libraries served as a hub for individual partnerships (like spokes on a wheel) rather than as one of many partners within a network where the entire diversity of partners interact.

- 7. It takes time to build trust and leverage community efforts and assets.** CDC efforts take significant time, careful planning, and re-thinking museum and library relationships with the community. Building authentic relationships with community, identifying their priorities, and co-creating approaches to address those priorities often yield unexpected pathways and results, making CDC efforts necessarily messy, emergent, and adaptive. The project teams learned that it takes time (and flexibility) to build on the dynamic strategies and outcomes that emerge from experimentation—time to try out innovative ideas in the local community, learn from these experiments, and adapt to scale innovations to other community situations. Some CCI project teams talked about the need to invest time and care in repairing formerly extractive and harmful relationships. Near the end of their grant periods, many project teams felt they were at the beginning or middle of a long road in their community-driven work, and looked forward to continuing to build on their efforts and expanded networks.

Implications for Implementers and Funders

The museums, libraries, and community partners that participated in CCI produced learnings that have relevance far beyond their own institutions and communities. Based on the evaluation findings, we lay out considerations for three audiences: (1) museums and libraries that want to apply some or all of the principles of CDC in their own communities and spheres of influence; (2) capacity builders supporting museums and libraries (and other community anchor institutions); and (3) funders that want to re-think how to invest in community transformation.

Considerations for Museums and Libraries

- **Invest sufficient institutional resources to implement and sustain CDC**, including sufficient staff dedicated to community engagement work and funding for community-driven efforts that includes compensation for community member partners across sufficiently long-time horizons.
- **Ensure that any CDC effort is backed by strong vision, buy-in, and championship among institutional leaders throughout the effort.** This can be done by including leaders with decision-making authority in planning and implementation of the CDC effort and in efforts to align institutional strategy, mission, and internal processes and policies with CDC principles.
- **Broaden the definition of community partner beyond community organizations to community members, including residents, community leaders, intended beneficiaries, and other on-the-ground stakeholders.** Community organizations can be helpful in providing expertise and access to community members, but CDC requires community members to take the driver's seat.

- **Center communities in the work at every step along the way.** It is important to listen deeply to community members—and then to include intended beneficiaries in all aspects of needs assessment, design, implementation, and learning.
- **Seek out and build on existing community efforts rather than starting new programming** by, for example, sharing museum and library space and resources for community-initiated events (or doing this more) and brokering connections among community members and organizations.
- **Support diffusion of CDC practice across the institution.** Build staff buy-in by highlighting successes and benefits and providing training to support diffusion with CDC-aligned policies and processes.

Considerations for Capacity Builders

- **Align capacity-building supports to meet project teams where they are**, considering baseline capacity, project phase, and emergent needs; opportunities for co-designing capacity-building experiences; and prioritizing the amplification of grantee and community stories.
- **Offer more opportunities for discovery, applied practice, and experience with the CDC** approach, such as providing more experiential/less theoretical training, more opportunities for reflection and learning, and more activities to practice CDC practice; connecting project teams with practitioners in the field who have expertise in project issue or similar geography based on similarity with project focus; and providing models of what CDC looks like on the ground.
- **Focus on the process, not the products of capacity building** by supporting an ongoing looped process of (1) learning new methods, tools, and skills, (2) experimentation and innovation, and (3) reflection, then back to (1) or (2).
- **Leverage peer learning to deepen capacity and practice development** by maximizing opportunities for teams to share their assets and gifts with each other—celebrating successes, lifting up challenges, exchanging ideas to test out and refine, making connections across respective networks, and providing social support.

Considerations for Funders

- **Set grantees up for success by prioritizing the centering of community in application and selection processes** by making explicit in the notice of funding opportunity important foundational mindsets, necessary institutional commitments, and expectations for centering community; and incorporating training on CDC to reviewers to create more diverse and better equipped grant application review panels that include community members.
- **Be flexible and adaptive in funding structures, timelines, and requirements**, including offering longer grant periods (three to five years) and using a funding strategy with two stages of funding—a first for planning and co-creating projects with communities, and a second for implementing the project.
- **Fund beyond the usual suspects**, including smaller neighborhood libraries and grassroots organizations that are ideally positioned within their communities to do CDC but may not have the capacity to apply for and administer a bureaucratic grant. Some potential adaptations include: (1) easing up on application processes and requirements, (2) reducing reporting requirements or offering alternate methods of reporting (such as quarterly phone calls); (3) providing flexibility in use and reallocation of funds based on emerging needs; and (4) engaging potential grantees early provide support in the application process.
- **Change the funder narrative about communities.** CDC requires trust with communities who have in many instances been harmed by community institutions and disrupting the traditional service model approach to community engagement that centers institutions as the ones that can fix it. Requiring CDC grants to be co-run by vested community members can help make these shifts.
- **Use equitable evaluation and learning practices throughout the grant cycle to build capacity, support scale, and empower people to make decisions.** Equitable evaluation (e.g., co-designing evaluation designs, using culturally appropriate data collection) centers communities in the access and use of information) and amplifies the experiences of all stakeholders, especially those most impacted by the focus of an effort. Equitable evaluation can also be a tool to document innovative ways to do CDC and provide insights from innovation experiments about what principles are necessary for scaling the CDC capacity-building approach, as well as what should be adapted to align to local context and priorities.



INTRODUCTION

Introduction

Museums and libraries have long served as community hubs for members of the public to learn, be inspired, connect with each other, access resources, and participate in civic discussion and action, and they are recognized by many other institutions and organizations in their communities as assets in collective efforts that engage residents to build and strengthen their community. Libraries and museums are uniquely positioned to leverage their roles as anchor institutions and partner with others in their communities to promote community social wellbeing.¹

As communities have become more diverse, and the complex issues they face are systemically rooted, institutions are also evolving how they work within communities beyond typical settings and service models. As museums and libraries grapple with how to best leverage their unique community niches, they are increasingly reaching out to and partnering with their communities in ways that are more inclusive and participatory. However, successfully engaging communities in this way requires knowledge and skills that are not typically part of training or qualifications for those who work in libraries and museums. Such engagement may also require new institutional structures and processes, and new approaches to funding participatory, collaborative efforts.

The Institute of Museum and Library Services (IMLS) plays an essential role in ensuring that the public dollars invested in museums and libraries benefit the communities they serve. This report examines the work of an IMLS grant program, Community Catalyst Initiative, that strengthens the capacity of libraries and museums to engage in best practices in the community development field.

¹ <https://socialimpactarchitects.com/impact-mindset/>

The Larger Community Development Context

Current models of community development increasingly center practice that shifts control of decision making and agenda-setting from institutions (where it is most traditionally held) toward those most affected by—and nearest to—a given community issue. In the community development field, there is a growing recognition that community members' lack of control, authority, and power over the critical economic, social, education, and public health issues they face is a root cause of unhealthy communities (Givens et al., 2018²; Kickbusch, 2015³; Schrantz, 2016⁴; Pastor et al, 2020⁵). A collective sense of self-determination and agency resulting from authentic engagement is increasingly seen as a valuable end unto itself, in addition to a means for realizing other desired community impacts.

As such, this report is centered in understanding how museums and libraries can best integrate a **community-driven collaboration (CDC)** approach when seeking to create community change. CDC is grounded in relationships. Building relationships engenders trust, which creates a foundation for working together differently. CDC also requires that community partnership must be asset focused and solutions oriented, supported by a mindset that communities are best positioned to identify and implement solutions to issues they prioritize.

So, what does it mean for an institution to practice community outreach, engagement, and development so that the community has power over setting agendas and making decisions? It starts with a strengths-based, asset-focused perspective that sees communities as capable of identifying issues that matter for community social wellbeing and generating solutions to address those issues, rather than as stakeholders to be served or as customers of a benevolent service model that defines the problem and how to solve it with little or no community input or motivation.

From this perspective, institutional practice shifts away from informing community members about what is happening or consulting with them for input, and instead focuses on showing up where they congregate, actively listening to them, learning what they already do to realize the changes they want to see, and working with them to leverage additional assets toward shared goals (as shown in Figure 1). In these spaces, community members feel comfortable because interactions are more relational than transactional, and are grounded in respect, trust, and shared value. In this way of collaborating, community members have a seat at the table for decisions affecting them—co-designing solutions, processes, and strategies that will work best in their local context and directing where resources go.

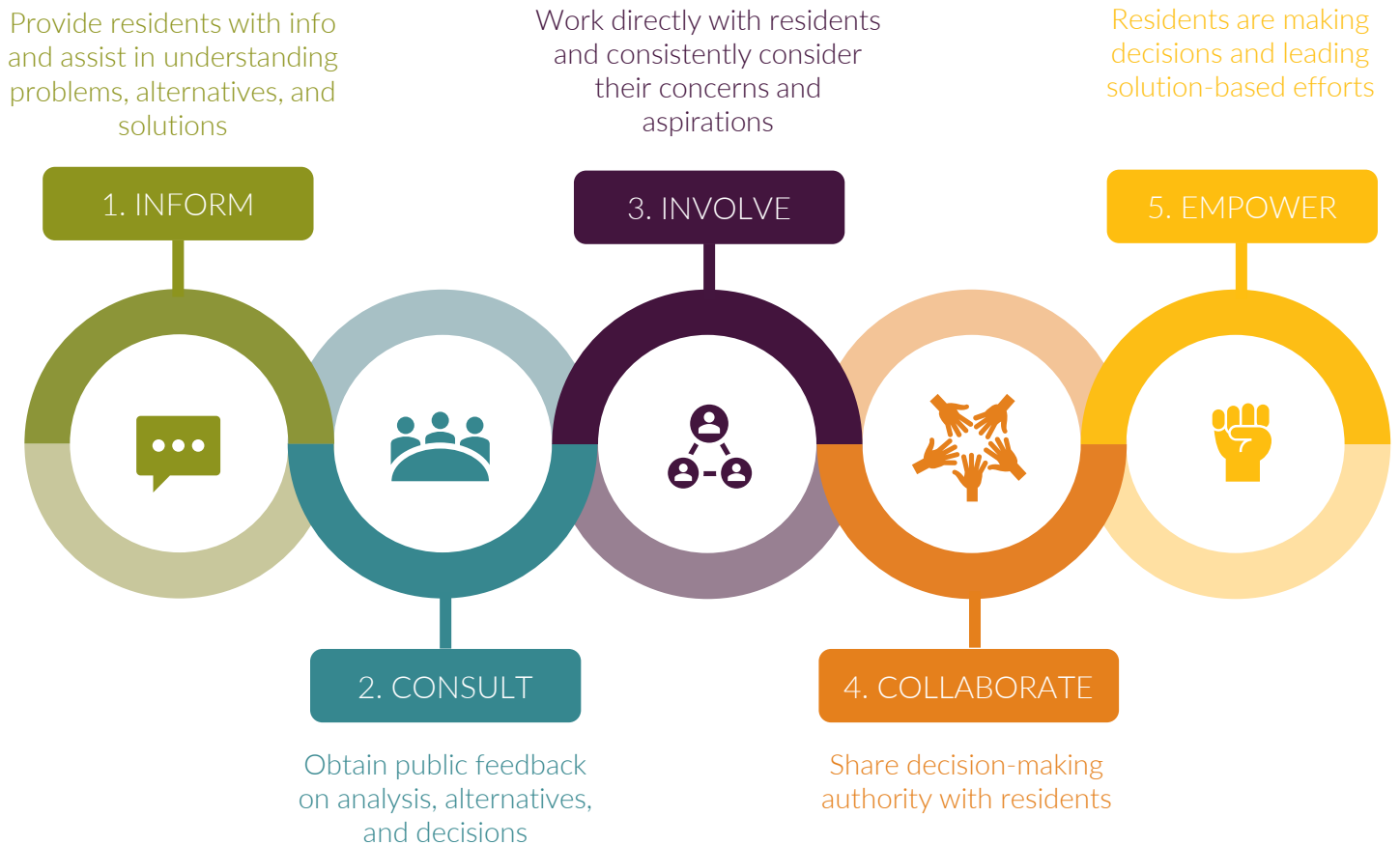
² Givens, Marjory, David Kindig, Paula Tran Inzeo, and Victoria Faust. 2018. "Power: The Most Fundamental Cause of Health Inequity?" Health Affairs Blog. Retrieved June 19, 2020 (<https://www.healthaffairs.org/doi/10.1377/hblog20180129.731387/full/>)

³ Kickbusch, Ilona. 2015. "The Political Determinants of Health—10 Years On." *BMJ: British Medical Journal*, 350.

⁴ Schrantz, Doran. 2016. "Building Power, Building Health." *Stanford Social Innovation Review*, 9.

⁵ Pastor, Manuel, Jennifer Ito, and Madeline Wander. 2020. *Leading Locally: A Community Power-Building Approach to Structural Change*. USC Dornsife, Equity Research Institute.

Figure 1. | Community Engagement Spectrum⁶



Aligned with these trends, there is a growing cross-sector commitment to equity and a growing recognition that institutions drive toward equity by sharing decision making with affected parties, taking time to build relationships that result in deeper trust, valuing ideas from all sources, and being transparent about resource use. Similarly, there is a growing movement within philanthropy toward shifting power for determining who receives funds and how they should be spent from foundation staff or field experts to the people intended to benefit from philanthropic efforts (e.g., Villanueva, 2018⁷).

⁶ Adapted from: <https://organizingengagement.org/models/spectrum-of-public-participation/>

⁷ Villanueva, Edgar (2018). *Decolonizing Wealth: Indigenous Wisdom to Heal Divides and Restore Balance*. Oakland, CA: Barrett-Koehler Publishers, Inc.

The Community Catalyst Initiative (CCI)

Building on these evolving commitments toward equitable outcomes and participatory philanthropy, in 2016, IMLS began a new initiative to strengthen the capacity of museums and libraries to realize new roles as supporters of community-defined and community-driven solutions, sharing decision-making authority with communities and partnering through collective action to bring about positive community change. IMLS first engaged Reinvestment Fund and the University of Pennsylvania’s Social Impact of the Arts Project to conduct an intensive review of how libraries and museums work to address community challenges⁸. The pilot grant program emerging from this review, known as the Community Catalyst Initiative (CCI), invited libraries, museums, and their community partners to think about the contributions their efforts make across different dimensions of community social wellbeing, and provided funds, training, technical assistance, and peer learning and support opportunities to strengthen their capacity for CDC. The CCI grant program was designed to be:

- **inclusive** of key stakeholders, particularly those directly affected by the problem;
- **collaborative** wherein museums, libraries, and other community partners share ownership and decision making as they pursue a vision for change; and
- **resourceful**, such that they use resources and assets that already exist in a community.⁹

To support museums and libraries in building these capacities, IMLS contracted with the Asset-Based Community Development (ABCD) Institute as the primary training and technical assistance provider,¹⁰ with the goal of supporting CCI grantees to “develop and explore models for co-creating, deepening, and sustaining joint efforts to engage and serve a local community.” ABCD’s approach focuses on discovering and mobilizing strengths and resources that are already present in a community to create changes that community members most want to see. In this approach, assets and community momentum are discovered through trusting relationships, which take time to build, and community members have at least as much power to make decisions as community organizations. As such, institutions and organizations step back as the drivers of change and instead act as facilitators, bringing their institutional resources to bear on efforts when they are welcome and in service of community-driven priorities.

⁸ This review included a broad survey of the literature, site visits, interviews with museum and library staff, iterative engagement with a panel of sector leaders and experts to help synthesize the findings, and a town hall gathering where more than 60 leaders from museums, libraries, universities, foundations, government agencies, and related community service sectors discussed the findings and provided feedback. The outcome of this review was a comprehensive report, *Strengthening Networks, Sparking Change*, which informed two concurrent investments: (1) additional research to further understand how museums and libraries contribute to different dimensions of community social wellbeing across the country, and (2) a pilot grant program for museums, libraries, and their partners that strengthens their capacity to engage in best practices in the community development field. This evaluation report examines the work resulting from the latter investment.

⁹ See 2018 Notice of Funding Opportunity.

¹⁰ Four grantees accepted IMLS’s offer to also receive a technical assistance package from the Environmental Protection Agency, called Building Blocks for Sustainable Communities (see <https://www.epa.gov/smartgrowth/building-blocks-sustainable-communities>). This offer was made only to the first cohort of grantees.

The CCI funding and supports are intended to help museums and libraries develop the mindsets, knowledge, and skills to take on different roles in community efforts. These capacities lead to different ways of partnering with community, and these new practices allow museums and libraries to learn by doing, supported by peers, ongoing coaching, and training. Capacity and practice change is expected to be iterative and non-linear, where increased capacity can lead to practice change and vice versa.

The CCI model and TOC identifies a virtuous cycle of experimentation, innovation, reflection, and learning that underpins the process of empowering community members to authentically and meaningfully determine priority issues to address and associated strategies to address them; unpack assumptions about what and why changes and processes are needed; identify priority information and decision-making needs; and influence actions and decisions. In addition, museums and libraries bring different capacities and readiness to the work, and sustained practice change depends, at least in part, on internal organizational support and local community contexts and conditions, including other local efforts.

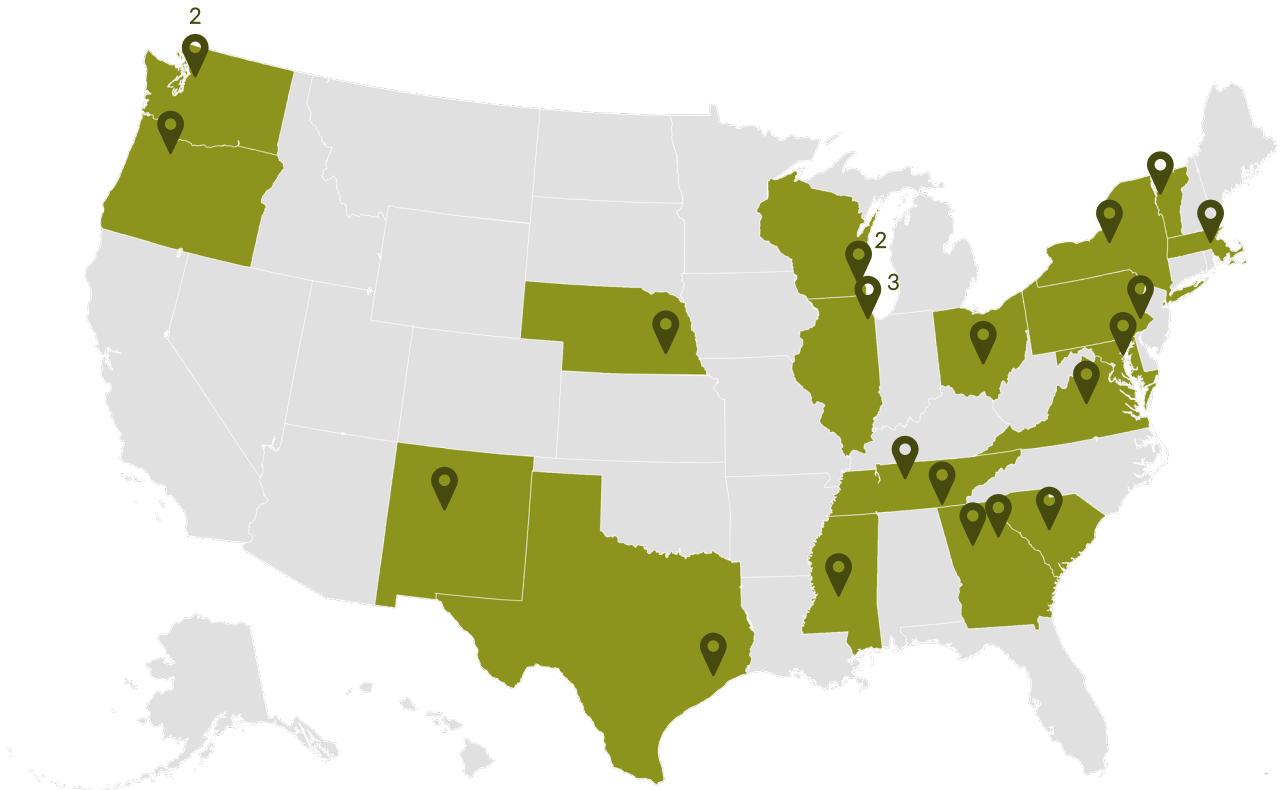
As museums and libraries increasingly center community decision-making authority, assets, and priorities, their local networks and ecosystems strengthen shared aspiration, deepen connections and trust, and move to a more facilitative role in supporting existing community transformation efforts. Partnering with community organizations and members in asset-focused, non-extractive ways enables communities to gain resources and be empowered to drive the community changes they want to see.

CCI Project Teams

Two cohorts of 12 project teams participated in the CCI pilot program (24 projects total)—one cohort began in fall 2017 and the other in fall 2018. These grants¹¹ were intended to support project implementation across one-to-two-year periods, depending on the proposed projects (see Appendix A for project details); however, due primarily to the interruption caused by the COVID-19 pandemic, many grants were extended to cover up to three years. At the time of this writing, all but four Cohort 2 project teams have completed their grant. Project teams were diverse in terms of geography and organization type. They hailed from 18 states across all regions of the United States, though most were heavily concentrated in the east, as shown in Figure 3. Twelve project teams focused on museums, eight focused on public libraries, and four were led by other organizations working with museums and libraries in their community (e.g., community foundation, veterans service organization, university department).

¹¹ Grantees received an average of \$133,200 (ranging from ~\$72,000 to ~150,000). All but five of the grantees were originally awarded for two years—four grantees received one year of funding, and one grantee received 18 months of funding. Fourteen grantees extended their projects beyond the original grant period to complete their work (10 received 12-month extensions and four received three-month extensions).

Figure 3 | CCI Project Teams by State



Report Structure

The purpose of this report is to document what happens when museums and libraries are invited and supported to center the voices and assets of community members in collaborative efforts aimed at improving community social wellbeing. This report is grounded in understanding how the CCI TOC plays out across the 24 CCI projects and the kinds of changes museums and libraries made as a result.

In the **What Were the Outcomes of CCI Participation?** section, we touch on early changes in CDC capacity and practices, followed by describing how these capacities and practices deepened into mindsets and habits that changed how museums and libraries see and show up in their communities. We then describe factors related to the diffusion and expansion of CDC principles beyond the CCI grant.

In the **What Inputs Contributed to CCI Outcomes?** section, we examine how project team and institutional readiness related to progress toward a strong CDC approach and collective action. We also describe how coaching, peer learning, training, tools, and resources contributed to progress and sustainability, including uptake of supports and the usefulness of different capacity building components.

Finally, in the **What Does All This Mean for Implementing CDC Approaches?** section, we provide cross-cutting findings about how a CDC approach manifests across the 24 project teams; describe implications for museums and libraries, capacity builders, and funders; and summarize remaining questions and limitations for future inquiry.

Graphics in This Report

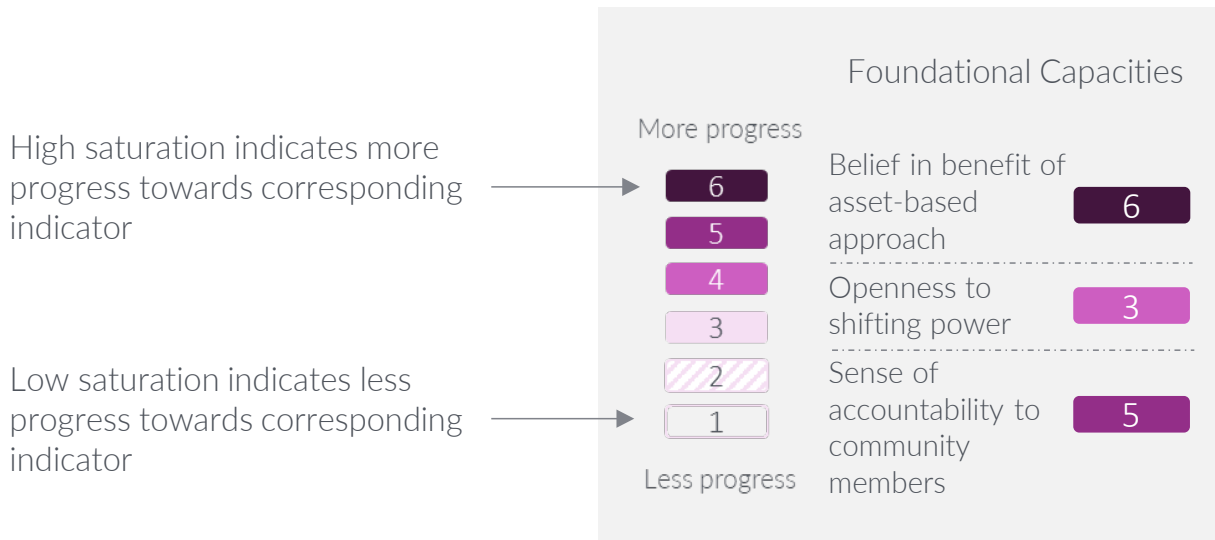
We use light gray **call-out exhibit boxes** to summarize important information without disrupting the flow of the narrative. These exhibits may describe methodology, background information, or more detailed examples to illustrate a concept.

We use **indented quotes in italics** from interviews with project teams, community partners, third-party technical assistance providers, and IMLS program officers to further illustrate or provide nuance to our findings. We do not attribute quotes to specific individuals or institutions to protect anonymity.

We embed **smaller pieces of the CCI TOC** in the outcome subsections, corresponding to each level of outcomes to help the reader align report content with the TOC.



We use **quantitative rubric scores** to show relative patterns in outcome progress across groups of grantees. Rubric ratings range from 1 (no progress) to 3 (progressed to optimal level), with multiple indicators per outcome bucket. We represent these as **heat maps** throughout the report. A description of how rubric scores were assigned can be found in Appendix B.



Key Terminology in This Report

Exhibit 1: Key Terminology

- **CCI (Community Catalyst Initiative):** Any CCI grant or program activities that occur within the 24 CCI projects.
- **CDC (community-driven collaboration):** The general approach to community engagement espoused by the CCI program. Also “CDC approach,” “CDC practice,” or “CDC principles.”
- **Community:** The geography or population that the CCI grant is intended to serve.
- **Community partners:** All organizations and individuals in a museum or library’s local network of partners. There are two types of community partners:
- **Community organizations:** These include formal organizational partners, such as social service agencies, nonprofits, government, schools, universities, and other community institutions.
- **Community members:** These include individual community leaders and residents, neighborhood associations, and those intended to benefit from CCI efforts.
- **Grantees:** The grantees that receive CCI funding can be classified into three types of institutions:
- **Museums,** including traditional museums (art, children), zoos, and nature centers
- **Libraries,** including public libraries and university libraries
- **Other grantees,** such as research projects, non-museum or library institutions (e.g., foundations)
- **Institutional:** Participating museums and libraries’ internal organizational culture, policies, and resources.
- **Museums and libraries:** Museum and library institutions that are project team members as part of a CCI grant.
- **Museum and library field:** The general field of museums and libraries.
- **Project teams:** The group of partners funded for each of the 24 CCI projects. Used when describing changes to individuals implementing CDC within a CCI grant.

Methodology

Exhibit 2: Evaluation Methodology

IMLS partnered with ORS Impact to conduct a third-party, external evaluation of CCI with three goals:

- Assess the impact of CCI participation on individual, institutional, and community outcomes.
- Understand factors that facilitate and hinder progress toward these outcomes.
- Support learning for IMLS, CCI project teams, and broader audiences in the museum, library, and community engagement fields.

The evaluation focused on the degree to which, as outlined by the CCI TOC, museums and libraries in the CCI projects built capacity and change practices to partner with communities in more empowering and asset-focused ways to solve community challenges. There were three categories of evaluation questions:

- **Outcome questions** focused on how much museums and libraries built capacity, changed practices, made organizational and systems changes, and began to see changes in their communities in ways that sustain and expand the CDC approach beyond their IMLS grant.
- **Implementation questions** related to which capacity-building supports were most effective, how CCI project teams utilized that capacity-building support, which aspects of the model are important for scaling, and which are adaptable to local context.
- **Field-building questions** related to the larger role of capacity building in strengthening museums and libraries and informing grantmaking for this type of collaborative work.

A full list of evaluation questions can be found in Appendix B. To answer these evaluation questions, we collected data from a wide range of sources, including:

- Initial and follow-up interviews with project teams
- Grantee and partner surveys
- Focus groups with community partners
- Document review of grantee applications, reports, and grant work products
- Interviews with third-party technical assistance providers, and IMLS program officers

Data from these sources were analyzed descriptively to identify themes and patterns across the 24 project teams. In addition, we created an analysis rubric to assess how outcome progress across the 24 project teams aligned to the CCI TOC. More detailed methodology can be found in Appendix B.



WHAT WERE THE
OUTCOMES OF CCI
PARTICIPATION?

What Were the Outcomes of CCI Participation?

In this section, we describe how the outcomes of the CCI TOC showed up for museums and libraries as they implemented their CCI projects, including early and intermediate shifts in mindsets and habits; factors related to diffusion and expansion of CDC principles beyond the CCI grant such as internal institutional changes (e.g., leadership, resource investment, and flexible policies and procedures), and finally, what emerging progress museums and libraries made toward positive community impact, including strengthening local collaborative networks and early community social wellbeing outcomes.

How Did Museums and Libraries Build Capacity and Change Practices?

Museums and libraries evolved their capacities and practices within CCI projects in a wide range of ways.

Early Capacity and Practice Changes

The CCI TOC hypothesizes that foundational **beliefs and attitudes** enable museums and libraries to interact with community partners more meaningfully and engage in discovery processes that emphasize listening and trust building (**network-building practices**) (see Figure 4). Engagement in these practices, in turn, strengthens museums and libraries' understanding of potential roles in CDC efforts and of their local communities (**CDC knowledge and skill**).

Figure 4 | CCI TOC: Early Capacity and Practice Changes

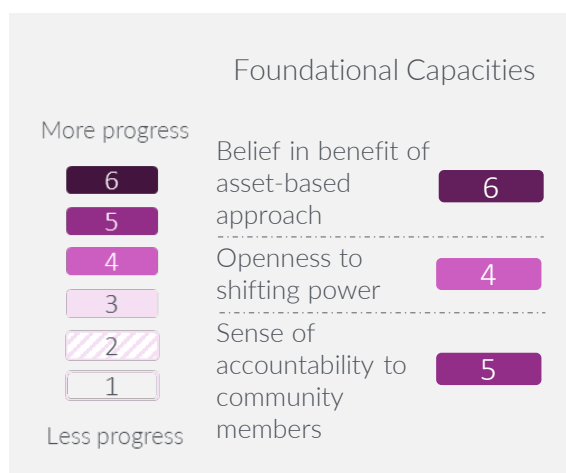


Those earliest and foundational beliefs and attitudes include belief in the benefit of a CDC approach, openness to shifting power from institutions to community members, and a sense of accountability to the community. A first step in understanding how the CCI TOC played out in practice is to document the kind of CDC-enabling capacity and practice changes that CCI project teams made toward more authentic and inclusive community engagement and collaboration.¹² The following describes how these early changes showed up across the 24 CCI projects.

¹² We will discuss grantee capacities for CDC that preceded their participation in CCI in the What Inputs Contributed to CCI Outcomes? section.

Foundational Capacities: Attitudes and Beliefs

By the end of their CCI projects, most project teams valued key aspects of the CDC approach for better engaging with their community.



By the end of the CCI project, almost half of the project teams (11) fully embraced the key values of the CDC approach for their work (as indicated by reporting a strong belief in the benefit of the approach, an openness to shifting power to community members, and a sense of accountability to community members), and almost half (11) embraced at least some of these values.¹³ Most commonly, project teams struggled with being fully open to shifting decision-making authority to community members.

Project teams that fully embraced the values of a CDC approach indicated that CCI capacity-building activities and their project implementation experiences enabled them to begin transforming their community engagement efforts and reinforced many pre-existing orientations and beliefs foundational to CDC. In reflecting on changes in their perceptions of the value of the CDC approach, project teams reported gaining appreciation for and understanding of showing up where community members are (versus inviting them to a museum, library, or community organization space or event), actively listening to what community members want (without a particular institutional agenda), and collecting and sharing stories that, by their nature, celebrate community assets.

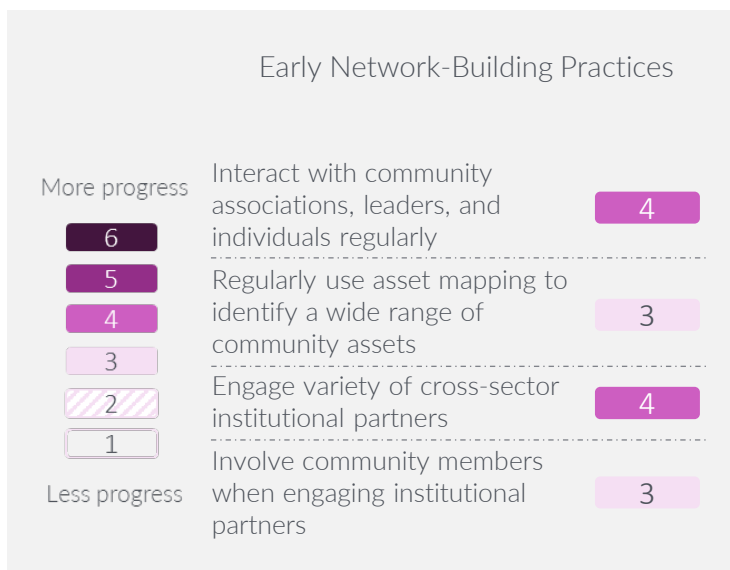
“ I think it’s acknowledging that it’s not about what I want. It’s about what [our partners] want. They have the ideas. . .the projects. . .the programs. . .all of the content. It is just us figuring out how we can use our platform and provide resources for it to . . . be more of what they want...

In some projects, this deepening of value for the CDC approach corresponded to bringing on new project staff that brought a more participatory, community-focused mindset to the work.

¹³ Two project teams reported that they did not value the CDC approach. Some project teams fully embraced the value of the approach early on, but staff turnover resulted in newly configured teams that valued the approach less than the original team, challenging the conversion of this value into CDC practice.

Early Network-Building Practices: Listening to Communities

All project teams engaged in early outreach to community organizations and members to learn about community priorities, although only a few sought out input from both groups regularly.



While all project teams engaged in community listening at the beginning of their projects, there was substantial variation in who they engaged in their community and in what ways they did so. The majority of teams (22) sought input from community members about the changes they wanted to see and their priorities, and all 24 project teams reached out to a range of cross-sector community organizations to identify community priorities and opportunities. These listening activities ranged from conducting focus groups and door-to-door surveys to more informal needs-sensing through attending community events and conversing with

individuals, such as library patrons. A few project teams relied on existing community data to determine areas of focus.

Although all the project teams engaged in this listening early on, only one third (8) regularly engaged community members in listening activities throughout their project. Of those, only five regularly met with community members and community organizations together. These findings suggest that project teams may have felt comfortable with more traditional forms of community engagement, where listening to community organizations provided input into the project (all 24 project teams reported occasional to regular engagement with community organizations), but this less often extended into ongoing co-shaping of priorities over time.

Project teams that regularly engaged community members and organizations built these practices into their ongoing efforts. For example, in one project team's leadership development program for young New Americans, young leaders engaged in an ongoing discovery process in their local communities to surface priorities and build their knowledge of community resources. In a second example, a project team sequenced their community engagement efforts by first attending community events which helped them identify where to best conduct outreach to families for their early childhood program, and then followed up on what they learned to reach out deeper into the community—seeing the identification of community priorities as an ongoing process.

What Were the Outcomes of CCI Participation?

“ We had a lot of relationships with institution to institution and then the relationships will build from us going in directly as a provider when in this case, we went into community to learn the community first, to see where we can plug in. And then once we did that, we identified the places that we could go in and reach families through our [workshop] who our better partners might be for [our program] . . .Not to mention there are other community coalitions and other things that we have become a part of through just being more in depth in the community that have built new relationships outside of institutions through this work that we’ve been doing.

For some project teams, community organizations served as an intermediary or entry point to engaging with community members. For example, one museum partnered with a local organization that has a long-standing connection to a network of community-based organizations that work closely with local residents. The museum leveraged the organization’s connections to these community-based organizations to expand their work into a new neighborhood and reach new families.

“ I think a little bit of a uniqueness about [organization] is that they’re a volunteer-based, loose coalition of organizations throughout the [specific neighborhood] of which there are many organizations...They’re so strongly organized by volunteers that they know everybody. And so, we were able to say, this is what we want to do. And then they just put their power to work and went and figured out who we needed to be working with. Whereas in the other two communities, we had to do the digging on our own, figure it out on our own, which we’re still figuring it out.

For most projects, asset mapping was an integral part of the early discovery process, although most did this with community organizations and not, as intended, with who would benefit directly.

A critical assumption underlying the CDC approach is building on existing assets within the community to address important priorities and challenges. Based on this assumption, every community has significant assets that hold the key to sustainable community change, and these assets are best mobilized by those who hold them. As such, early capacity building focused on teaching project teams the process of asset mapping within their communities to identify and leverage these resources.

Most project teams (20) reported mapping community assets in some form during their CCI project to help them identify resources and strengths that would inform program priorities, strategies, and activities. However, only a few project teams (5) directly engaged the community members intended to benefit from the project in the asset mapping process. One example was a project team that engaged their youth leadership team in an asset mapping process with their steering committee partners where youth “were on the same level [as the steering committee partners], doing it together, seeing what’s possible.” Other teams conducted asset mapping with only their community organizations. For example, one team

conducted asset mapping with a group of educators to inform a teacher’s guide that would accompany exhibits in the museum. Another project team first involved their main community partners and staff in an asset mapping process to identify their own collective assets, and then engaged a group of early childhood providers to identify other assets that were missing.

“ *When we got ready to build the initial asset map, we had the main partners [and staff] in a room together. [Name] put the different categories of assets around the room, and we all spent 10 minutes writing on post-it notes and sticking them up and then categorized them. We took it to the [group of early childhood providers] and said, ‘Who are we missing? Where can you fill in any gaps? What do you see as something we haven’t thought of?’ And they added in a few names [and] said, ‘Make sure you talk to this person’...So with that, we were able to get pretty much everybody in town who would have something to do with early childhood. It was through that, taking it to [Group Name] that the woman who is involved with the home-based childcare centers was like, ‘Yeah, I can put you in touch with XYZ.*

Some project teams participated in existing community efforts to identify areas where they could best offer resources and supports.

To understand what was already going on in their communities and identify areas where they could best offer resources and support, some project teams looked for ways to participate in existing coalition meetings and community events instead of inviting community partners to come to them. This allowed project teams to have on-the-ground conversations with community partners about the changes in their community that were most important to them. An added benefit to showing up in this way was that community partners felt validated and that the museum and library wanted to support their work— leading in some cases to more trust and credibility between the museum or library and the community.

Although asset mapping helped broaden project teams’ understanding and appreciation of who they could partner with and the resources that could be employed in community change efforts, many struggled with translating such knowledge into how to use the assets.

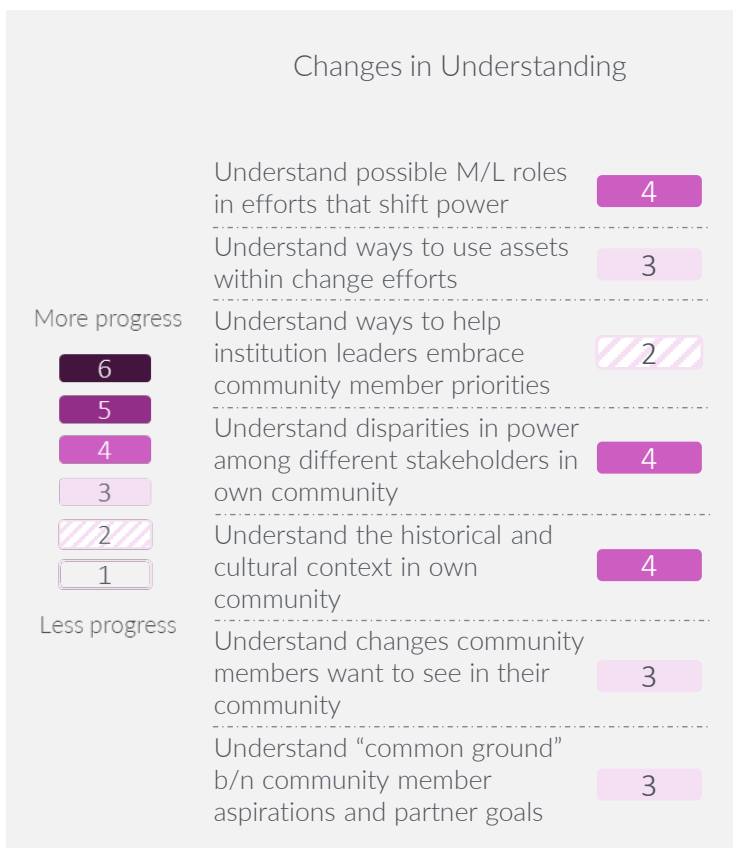
By the end of their CCI projects, almost one third of project teams (7) fully understood ways that museums and libraries can make use of identified individual and community assets within community change efforts, and an additional 15 made progress toward such understanding. Some project teams used the asset mapping process as a framework for relationship building, unveiling existing organizations doing similar work and community change efforts that aligned with their projects. As a result, they partnered with these organizations and leveraged existing community resources and expertise for their project. The asset mapping process also helped project staff members reimagine their roles and how they can leverage their own expertise and resources to be in service to community.

What Were the Outcomes of CCI Participation?

“ I think we didn’t really know what asset mapping could be and I think we were also really restricted in our thinking... That’s one of the really valuable things we’ve gotten from the process of asset mapping—we’ve learned it is thinking about individuals and... understanding that there are a lot of people out here doing work on their own that may not be connected to a formal [organization]... and when you limit your asset map to like people who are specifically connected with [an organization], you’re really limiting your opportunities. . . There’s definitely a lot of letting go of control in the process of asset mapping. I think it’s a challenge to stretch your imagination and think about community in this way... to think about community from a really different perspective, less about community as location-based [more] as interest-based.

Changes in Understanding

Most project teams increased their understanding of their roles in community change efforts, however, these gains were more limited than those made in the extent to which they valued the CDC approach.



Many project teams made strides in understanding possible roles for museums and libraries in community change efforts that shift decision-making authority to members, though gains in this capacity was more limited than the more foundational capacities reflecting the value of the CDC approach. By the end of CCI, almost half of project teams (11) demonstrated evidence of a deeper understanding of the new roles they could take; how to leverage community assets; and the history, priorities, and opportunities for change that the community would like to see. In addition, 10 project teams made some progress toward understanding about to new roles for museums and libraries, understanding power disparities and the historical and cultural context of their communities, but less progress with respect to how to use assets in community change, and better understanding how to align institutional priorities with what community members deemed most important.

What Were the Outcomes of CCI Participation?

After engaging community partners differently, some project teams reported gaining appreciation for the roles that museums and libraries can play that were different from roles previously taken. Such new roles included supporting existing efforts established by community partners (rather than reinventing the wheel); finding more and different people to bring to the table to generate solutions to community-defined issues; and bringing people together and building relationships in ways that build trust and credibility (rather than being oriented toward original project goals).

“ *We learned that it is imperative that you find people or organizations who have either done the work in the past or who are currently doing it, and then support them. We found that some organizations did not understand why we were getting more involved in early childhood work and feared that because we are a cornerstone in the community we were trying to take over. Our project manager was able to make it clear—through building relationships—that we wanted to complement their work, sending people to them for the things that they were already doing, and that this project was about determining any gaps that might be present. We made sure to create open dialogue and to be transparent about our goals.*

Many project teams better understood aspects of their communities that are thought to be important for engaging in community change efforts; however, fewer understood community member priorities and ways they intersect with organizational priorities.

By the end of their CCI projects, most project teams reported better understanding how different community stakeholders experience power disparities when it comes to deciding on community change efforts (12 reported significant understanding and 8 expressed some progress toward understanding). Understanding the changes community members want to see and finding areas of common ground between community and organizational priorities about opportunities and priorities for change was more challenging for project teams, with only one quarter (six) reporting a significant increase in knowledge about their community context and priorities, although more than half (13) reported making some progress. One project team member explained how such understanding was strengthened through her collaboration experience:

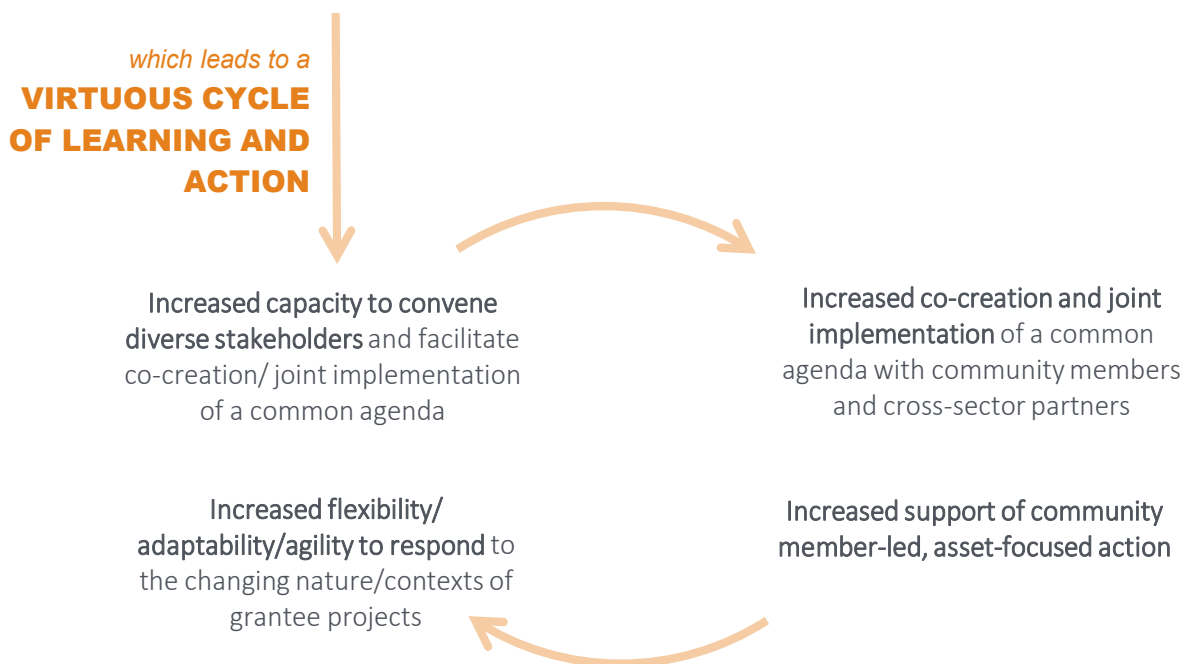
“ *Before this project started [I could have given] you a whole rundown of Atlanta history of how our neighborhoods have developed [and] how the political situation has impacted healthcare . . . But through this kind of opportunity to learn and do active listening with people who are activists, the intersections... there's the socio historical context and then there's the realistic intersections of people's lives with that socio historical context. And that's the part that I was actually missing. And that's the part that I've actually gained through these like active listening and organizational skills that I'm getting from this project.*

Intermediate Capacity and Practice Changes

By the end of their CCI projects, most project teams had a strong appreciation for the value of a CDC approach, and many made progress toward understanding and were able to articulate new roles for their museums and libraries in the community. Much of this shift focused on beginning to understand where museums and libraries should step back and center their efforts on what community members want to see. This stepping back also extended to a better understanding of how to identify community assets, and how to embrace these assets and community member priorities in co-creating new content and program with the communities they serve.

Building on these foundational shifts, the CCI TOC hypothesizes that museums and libraries are becoming better equipped to convene diverse stakeholders for the co-creation and implementation of a common agenda (based on establishing a shared aspiration). This new capacity, along with their ability to be adaptable and flexible, contributes to more inclusive collaboration practices that shift decision-making authority from organizations to community members and further deepens mindsets and habits that support showing up differently as a community partner to implement their projects.

Figure 5 | CCI TOC: Intermediate Capacity and Practice Changes



What Were the Outcomes of CCI Participation?

The relationships between capacities and practices are intended to be iterative (e.g., a virtuous cycle of learning and action) in that capacity informs practice, and practice strengthens capacity. The nature of this cycle is expected to look different across different projects depending on local context or the readiness of the museum or library to engage differently. For example, existing pre-disposition toward or previous experience with the CDC approach may allow some museums and libraries to engage right away, while for others, experimenting with new CDC practices builds capacity.

Although many project teams made progress toward collaborating with community partners, most struggled to support a shift that gave at least as much decision-making authority to community members as organizations.

Setting up collaborative processes where community members held equal or more decision-making authority and agenda-setting power was challenging for most teams. While most project teams (21) made some progress toward this shift, only five implemented projects in which community members' voices contributed to making project-related decisions.



In those examples, project teams solicited community member input on decisions, worked directly with community members in ways that consistently considered their concerns and aspirations, or actively created structures that would support this kind of regular input. For example, one project team got input from youth and other community members to inform a youth outcomes framework that would be the basis for designing professional development and community supports to help youth thrive. Another project team compensated public housing community members for their advice on the design and operation of a multi-stakeholder cooperative store to be housed within the museum. Yet another project team compensated local activists to consult on community programming and how to distribute grant funding in support of HIV-related activism and community education. A project team member explained:

What Were the Outcomes of CCI Participation?

I wouldn't say that they have [decision-making] authority, but they're consulting with us and we very much pay attention to what they say. . . Often there's a consensus that emerges. So we . . . defer to their thinking very much so.

Another project team created a paid team of community residents as consultants to conduct a community-led asset mapping process. The team conducted extensive community outreach among their neighbors and other community members, using methods the project team helped design. They also helped plan events intended to boost employment prospects, a shared aspiration that had emerged from the community outreach effort. Still, fully shifting control decision making to community members remained elusive for the project team:

“ *It was an interesting dynamic we had set up in that my title is project coordinator and I was facilitating meetings. So, I think people often looked at me like, ‘you decide’...Their title was resident consultant. So, we were compensating them as consultants, but I know they often thought of themselves as library employees. And I kept saying, ‘No, no, no, no. We’re not asking you to be here wearing a library hat. You’re actually a consultant. You’re here because you have an expertise in living in the area and that’s why we’re compensating you for the value of that.’ So, I think it’s a tricky line because you want to compensate people for their value, on the other hand, you want to change dynamics so that they don’t feel like they’re answering to the organization.*

Two project teams did not partner at all with those intended to benefit from their projects. For example, one research-oriented project that developed a program for youth in juvenile detention was unable to engage the youth or their families in the development of the program as planned, because institutional processes for protecting human subjects delayed and then prohibited such engagement.

Project teams that had a stronger and sustained belief in the benefit of the CDC approach, more openness to shifting power, a stronger sense of accountability to the community, and an understanding of ways to help institutional leaders embrace community member priorities were more likely to make more progress in shifting decision-making authority toward community members than those that did not embrace the CDC approach as strongly.

Project aspirations, strategies, and activities were primarily based on community organization input.

Most project teams (20) made progress toward bringing community partners together around a shared aspiration for their CCI project, but only seven involved community members in developing the shared aspiration. Similarly, most projects implemented strategies and activities that made use of community organization assets, but only three made use of community member assets and focused on what they wanted to change.

What Were the Outcomes of CCI Participation?

There were several factors related to this challenge. Some project teams indicated that the grant application requirement of demonstrated buy-in among community organizations—which are traditionally other institutions and community-based organizations—made it difficult to adapt goals and strategies based on what was being learned from interactions with priority community members beyond their community organizations (even as IMLS provided additional flexibility to make these changes). These project teams found it challenging to pivot because of the commitments made to their community organizations—particularly projects oriented toward direct services—in which those organizations were to receive funds for helping deliver such services. Project teams also sometimes faced challenges when they were building on existing collective efforts in the community, where priorities and strategies had already been set by a pre-existing set of community organizations.

“ *What we’re seeing throughout the process of these meetings and the conversations is that everybody’s kind of isolated and everybody does their own thing. They have their own target. But bringing those specific sectors together, they’re really able to see what everybody else is doing and how they could work together and not against one another because they all have the same goal.*

Project teams that were able to better include community members in developing shared project goals and strategies had a deeper understanding of the changes that community members wanted to see, and were more able to identify common ground between community member aspirations and community organization goals.

Community organizations were heavily involved in project implementation, while community members were much less involved.

All project teams engaged community organizations in implementing project strategies and activities. On many projects, community organizations regularly provided resources in support of project implementation, including providing space and food for collaborative meetings and helping market project activities. Community organizations also offered their expertise and experience, including storytelling skills, health expertise, and knowledge of the community.

“ *We engaged [community-based organizations] as partners in the project. We’re using their space, they’re helping us with promotion, using their websites. We’re posting flyers in their lobbies, we’re using, in certain cases where we’re not getting the kind of response that we had hoped for, we are utilizing gift cards . . . from local neighborhoods supermarket. We’re going down to the local neighborhood taqueria and bringing in food so that people can come in and have dinner because . . . the community agencies are telling us the best time for these workshops is when people get off work.*

What Were the Outcomes of CCI Participation?

Community organizations also connected project teams with other relevant community organizations and provided access to priority community member groups. For example, through a partnership with a community-based organization that works with newly arrived immigrant parents, one project team was able to bring early childhood literacy programs and workshops to new immigrant families.

“ *I wouldn't say that they have the authority, but they, you know, they're consulting with us and we very much pay attention to what they say. And often there's a consensus that emerges ... so we defer to their thinking very much so.*

Far fewer project teams (7) engaged community members in the implementation of project strategies and activities. One project team developed a digital arts education program in partnership with a local library and children's center for youth in juvenile rehabilitation. They established a research team of individuals working on virtual reality to develop a curriculum for juvenile youth and to conduct interviews with primarily teachers and librarians. They ran into many research restrictions in their institutions related to accessing data from youth, which limited their ability to engage these youth in the development and implementation of the curriculum meant for them.

Project teams adapted their project goals and activities in response to what they learned from community organizations and community members.

Most project teams (19) made a substantive change to at least some of their project goals based on community partner input, with 10 projects doing so based on input from community members.¹⁴ One project team focused on engaging whole families in conversations about health was able to further clarify and refine their project goals through intentional conversations with their community organizations and community members. As a result, they adjusted the content and format of their programming to be more responsive to community members' needs.

The likelihood of shifting project goals based on input was positively related to more openness to shifting power, a stronger sense of accountability to the community, and embracing community priorities.

“ *I can honestly say that I think everyone left there on the same page because of the conversations that were sparked in the room. . .the overall goals never shifted. But there were some more defined goals that were made, and it was a consensus in the entire room, that this is the direction that we needed to be going in. And that came about not just from what was initially written in the grant, but because of those conversations and all of those community members and partners [we] were able to have in the room.*

¹⁴ IMLS provided flexibility to grantees to shift their project goals based on what they learned from the discovery process, and in many cases allowed for funds to be shifted and extended grant timelines to accommodate these changes.

Building from CCI's virtuous cycle of learning, project teams engaged in ongoing evaluation and strategic learning throughout their project cycle.

Most project teams (20) collectively engaged with community partners in ongoing evaluation, data use, and learning to assess progress and impact over the course of the project. However, only five project teams included community members in systematically reflecting on these data for continuous improvement, making collective decisions with community partners about what is working well in the project and what should be changed to better achieve project goals and objectives. As an example, one project team engaged a working group of community organizations and members in facilitated discussions to interpret data that was collected through a series of focus groups with community members. The working group then used the information to help shape a youth outcomes framework which outlined practices that youth need to thrive in work, education, and life.

Engagement in such strategic learning was positively related to belief in the benefit of the CDC approach and a sense of accountability to community members.

In general, CDC attitudes, understanding, and practices were positively related.

When looking at the relationships between practice and capacity, capacity often prompted project teams to engage in CDC practices. For example, the stronger the project team's orientation to and value of the CDC approach, the more they (1) engaged in regular network-building practices (as indicated by regular interaction with and listening to community members, use of asset mapping, engaging a variety of cross-sector community organizations, and (2) involved community members in planning and design along with community organizations.

Similarly, the stronger the project teams' sense of accountability to community members, the more they interacted regularly with, listened to, and involved community members when engaging community organizations; the more they shifted decision-making participation and authority for the CCI project to community members; and they reported more collective strategic learning from evaluation and data.

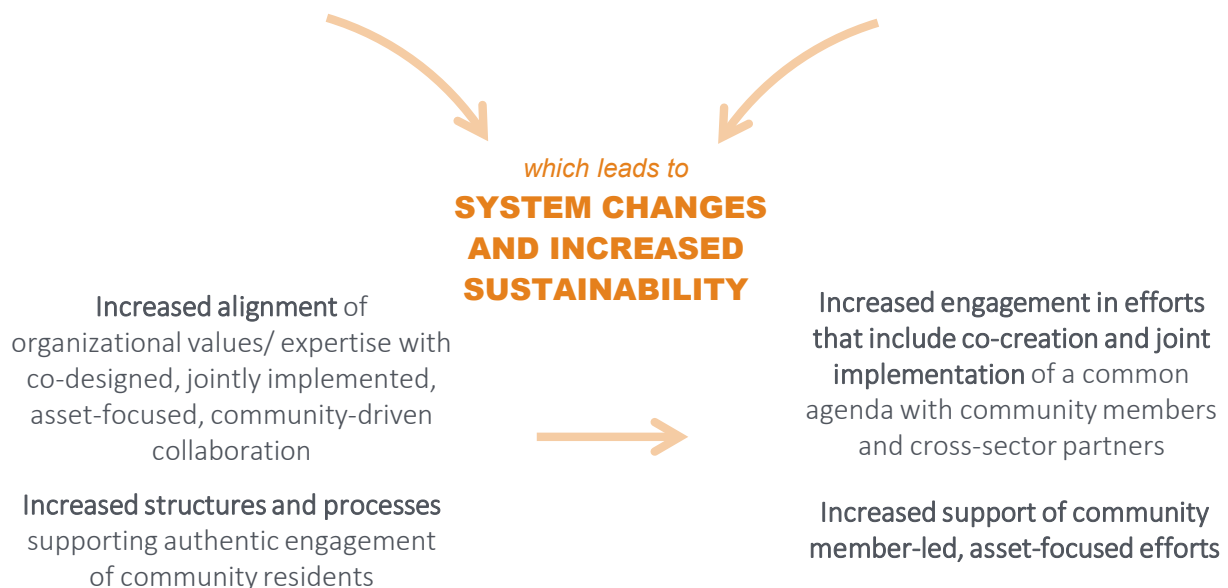
As museums and libraries began to implement early CDC practices, they also developed new capacities from those efforts. Specifically, the more that project teams engaged in regular network-building practices such as asset mapping and engaging community organizations and community members, the more deeply they understood the "what and how" of museum and library roles in CDC efforts; the more deeply they understood their local community; and they had a better sense of how to use community assets in the CDC approach. Deeper understanding of their roles in CDC efforts led to more inclusion of community partners (especially community members) in implementing strategies and activities.

What Does Institutional Support for Sustained CDC Practice Look Like?

In this section, we examine what changes the project team institutions made to support museums and libraries in expanding and sustaining the CDC capacity and practice gains they made during their projects. While project teams made significant shifts toward developing the mindsets and habits needed to engage their communities differently, expansion and sustainability beyond the grant project itself will require more institutional changes.

According to the CCI TOC, the iterative development of CDC capacities and practices through CCI projects was hypothesized to lead to institutional changes that, in turn, support integration of CDC practice into efforts beyond the CCI project (as shown in Figure 6). One would expect that as museums and libraries institutionalize their missions, resources, structures, and policies to support CDC practice, and as community partners build collaborative structures, these shifts would lead to increased integration of the approach into additional efforts concurrent with the CCI projects, as well as future efforts.

Figure 6 | CCI TOC: Institutional/System Changes and Sustainability

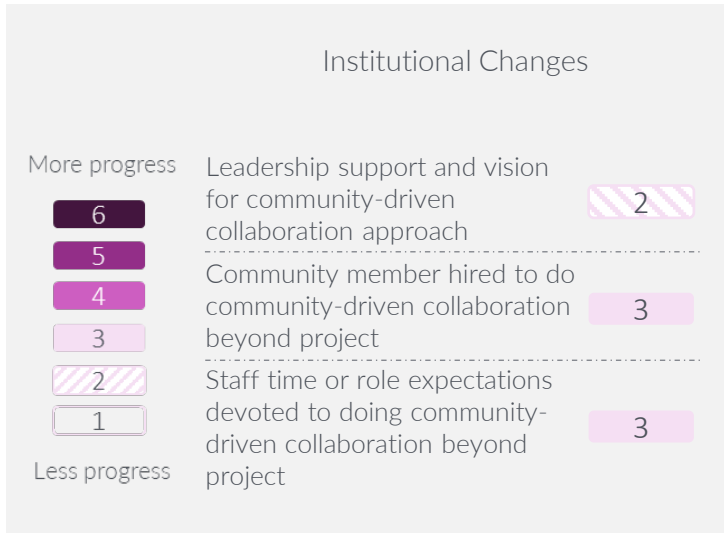


What Were the Outcomes of CCI Participation?

At the institutional level, changes supporting sustainability were expected to show up as increased alignment of organizational values and expertise with CDC principles and in internal structures and processes that support authentic engagement of community members. Observed institutional changes fell into two categories:

- **Adaptive, people-oriented changes** related to mindsets and behaviors, including museum and library staff buy-in, demand, and diffusion of CDC-oriented mindsets (beyond those most directly involved in the CCI project); institutional leadership support for the CDC approach during and beyond the CCI project; and alignment of institutional values and mission toward CDC practice.
- **Technical changes** related to resource allocation, policies, structures, and processes, including evidence that museums and libraries made some structural or process change that supports a CDC approach, such as flexible policies that support CDC practice; resource allocation, including dedicated funding, in-kind, positions, and sufficient staff FTE; and investments in staff and leadership capacity-building opportunities on the value of CDC and how to implement.

CCI project staff often found themselves acting as catalysts for changes and diffusion of value for the CDC approach within their own institutions.



Most museum and library CCI project staff did not have optimal institutional support for sustained CDC practice. They reported having to actively advocate for many institutional changes to successfully implement their CCI projects, including process changes that would allow them to pay residents. They spent significant effort in raising awareness of, advocating for, or sharing methods for doing particular practices with other staff and institutional leaders, like suggesting that before designing a new effort, they check to see what is already going on in the community.

Several institutional changes were identified as important for sustaining a CDC approach beyond the CCI grant, including the importance of institutional staff and leadership buy-in and support, alignment of institutional leadership vision to CDC principles, adequate institutional resources to support CDC efforts, and staff turnover.

Buy-in among museum and or library staff not involved in the CCI projects emerged as a promising predictor of sustained CDC practice.

One of the key institutional factors that contributed most to both CCI project success and sustainability is the degree to which museum and library staff who were not involved in the CCI project bought into and began adopting CDC mindsets and behaviors. Staff buy-in shows up as those not involved in the CCI project being more open to conversations about how to adapt existing systems and processes to better support CDC practice; creating a culture that is more welcoming to diverse community members; and considering what it would mean and what it would look like to move away from more transactional community engagement and toward engagement that is focused more on relationship- and trust building and having shared commitments together.

Non-project-involved staff perceived the following aspects of the CDC approach as compelling: bringing the institution's work out of the building and into the community, getting community input on priorities and programming, and permission to engage in risk-taking and making mistakes.

Several project teams cited evidence of increased buy-in to CDC approaches among staff who were not involved in the CCI project, including non-CCI staff sharing intentions to use particular CDC practices (e.g., power ladders and asset mapping) in future interactions with community members or asking leadership for ABCD training. Two project teams noted more staff using asset-focused language and talking about community engagement in more authentic ways. One project team noted that their institutional grant-writing staff had begun incorporating community involvement activities into many grant proposals and infusing CDC practices into new programming or partnerships.

“ *The grants team... we've never really spoken to them before, but they are writing [CDC practices] into everything. I think they're huge believers in this. They watched us through the whole two years with the Catalyst grant, and I think they really liked what they saw. And so, they sneak it into everything.*

Project teams also reported that staff buy-in was facilitated through a variety of mechanisms, such as wider staff training on the CDC approach, which started conversations about possibilities for infusing CDC principles beyond the CCI project, and CCI project-involved staff advocating for or sharing CDC methods and practices with other staff members (such as suggesting that before designing a new effort, they check to see what is already going on in the community).

Some museum and library CCI project staff saw changes in how their leadership championed the CDC approach as a new way of operating, but many struggled to build support beyond the CCI project itself.

An important aspect of CDC implementation and sustainability is institutional leadership that sees CDC as a good use of organizational resources that contributes to the institution's positive reputation in the community, and publicly champions and prioritizes CDC as part of the institution's future investments.

“ *One of the [other] cluster leaders... He's a great cluster leader. He's super into community. And this morning we were just gushing over the [asset] map.... He's like, 'We're putting [this in] all the libraries!' There's an excitement. It's much more realistic. Like people can see how it can be done in a library setting.*

Institutional leadership support for staff using CDC methods to implement their CCI projects varied. While the majority of museum and library CCI-involved staff (17) benefited from some degree of leadership support, only six provided full leadership support and seven experienced little or no leadership support. In these situations, staff struggled to get leadership to value the CDC approach as a transformative approach worthy of the investment in time and resources that it requires. Some leaders saw the CCI project as a discrete grant that provided funding, with little connection to the overall strategic direction and vision of the organization. With external funding to support CDC activities, many institutional leaders did not impede the work, but they also did not champion it as an opportunity for museum or library transformation. Some CCI projects lost leadership support due to turnover or institutional restructuring.

Some CCI projects experienced an increase in institutional leadership support, most commonly when leaders heard about or observed a successful project-related event, product, or outcome, or when a leader was involved in the project and therefore experienced such success directly. Concrete indicators of strengthened leadership support included leaders voicing intentions to disseminate CCI project learnings or products to other parts of the institution or the field (such as sharing an asset map with other libraries in a system), instigating of the pursuit of grants for work that incorporates CDC practice, and planning for additional staff to be trained in the CDC approach.

“ *We actually wrote an IMLS grant last year that wasn't funded, but [the library leader] asked me to step in and write the piece about, not just social justice, but community building, and why that was important to a grant. Just the fact that she respects my expertise now, after a year and a half of me educating her about what I was doing and why, that's a really significant change. She wants, not just my team member to go to ABCD, but she wants to send our curatorial team because they are the people out collecting in communities, and she wants all... it's four people, so now she has a list of five folks that she wants to send to ABCD because she recognizes why that skill-building is really important for the work that we do.*

What Were the Outcomes of CCI Participation?

Some project teams experienced leadership challenges related to sustainability. Only one quarter of project teams (6) had sufficient leadership support and vision to sustain a CDC approach beyond the CCI grant. Some leaders were disengaged with CCI efforts, and others actively questioned the value of investing in CDC approaches for the purpose of relationship building when such efforts do not bring in revenue. For example, one museum project team that experienced significant layoffs had challenges convincing leadership to invest in different artists for their exhibits:

“ : *We just had a meeting that was like, ‘we need to do this thing for this artist, and it benefits this artist if we do this’ but the museum isn’t willing to right now because of a revenue thing. Like, you know, how is the museum going to get paid for that? And so, I think it’s being willing to do things differently and not thinking of things as revenue-centered all the time but starting to break that down and think of things as relationship-centered and people-centered.*

Conversely, other project teams identified the role that their institutional leadership played in the success of CCI project implementation and sustainability of the CDC approach beyond the grant. Some ways in which leaders supported the work included being directly involved in the CCI project (as part of the project team), being open to trying out different ideas for efforts that support community, providing autonomy to museum and library staff to engage differently, and saying yes to CDC-related requests. One project team member onboarded a new director in the middle of their project who had never been involved in CDC-related work before, but quickly saw the value that CDC practices brought to their institution. The director is now invested in sending the entire curatorial team to CDC training.

“ : *She respects my expertise now, after a year and a half of me educating her about what I was doing and why. She wants, not just my team member to go to ABCD, but she wants to send our curatorial team because they are the people out collecting in communities...to ABCD because she recognizes why that skill-building is really important for the work that we do.*

Leadership support within institutions is complicated by several factors. In most institutions, especially bigger ones, there may be multiple layers of leadership that are not necessarily aligned and may have differing levels of buy-in to CDC engagement. In some instances, institutional leaders voiced support for the CCI project but didn’t follow through on providing it. For example, one project team member reported that when the institution applied for the grant, its leadership was dubious of the community engagement focus. Although the leadership was happy about the grant for public visibility, they did not provide sufficient time or resources to implement the grant effectively. In addition, for some projects, leadership was supportive of trying out new practices, but did not see value in sustaining these practices for the long-term. Leadership in museums and libraries are faced with a myriad of competing and urgent priorities from all directions, which can lead to not supporting the institutionalization of the approach.

Several museums and libraries indicated that their institution’s vision, mission, strategic plans, and budgets were beginning to incorporate and align with CDC concepts, in part due to CCI.

Institutional alignment with a CDC approach primarily showed up as incorporating these concepts into mission statements, strategic plans, the strategic planning processes, or budgets, including incorporating the importance of listening to community into a mission statement and incorporating community commitment in a new strategic plan.

“ : *This fiscal year is the first year we’ve actually had a line in our budget strictly for outreach. So that was like a real change with the budgeting and also supporting community type events where we’re not actually getting anything back... we’ve been given the go-ahead to spend money to make this connection and support that program... it’s acceptable for us to spend money to build relationships as opposed to just buying things.*

Other ways that this alignment showed up included considering alignment CDC principles when hiring new staff, building CDC practice into other existing or new programming, and dissemination of CDC principles in internal and external communications.

Some project team members reported that their CCI projects were not necessarily aligned with the core mission or vision of the institution. This lack of alignment was evidenced in multiple ways, and these team members reported that aspects of the CDC approach (e.g., community involvement) were seen as atypical for the museum or library or as not being a “normed conversation in the curatorial field.” Relatedly, CCI projects often happened in siloes or were treated as project grants (rather than an opportunity to change how museums and libraries can transform their ways of working), making it challenging to share new practices and benefits of the CDC approach with other colleagues. The effects of these siloed efforts are compounded by the typical staffing practices of museums and libraries not being structured to allow for time or processes needed to do community building (being away from the building and out in the community).

Project teams also identified ways in which alignment helped facilitate successful CCI project success and likelihood of sustaining the CDC approach beyond the grant period. To the degree that there was a clear crosswalk between the CDC approach and what the library does and the way the library does things, the more likely project teams felt that the approach would be taken up as a new way for the museum or library to operate. In addition, some project team members noted that explicitly embedding CDC principles in other institutional efforts and activities that support cross-pollination (such as involving non-project-implementing staff in asset mapping processes along with community members, implementing concurrent activities that are aligned with CDC, or involving people from different departments in a joint effort to implement CDC practices) resulted in more diffusion and buy-in across the institution.

Some institutions made significant investments in the CDC approach beyond the initial CCI project, although many did not.

Sustainability of the CDC approach in museums and libraries is only possible if there are sufficient resources to support a new way of working with community. Most participating museums and libraries (20) dedicated at least some resources to staffing for CDC practice beyond the CCI project, although fewer than half of the project teams felt the level of investment was sufficient to support the work as intended. Investment in staffing showed up in three ways:

- Devoting existing staff member time to CDC practices beyond the CCI project.
- Making CDC an expectation of one or more staff members beyond the CCI project.
- Hiring a community member for CDC beyond the CCI project.

In addition, nearly half of CCI project teams' organizations (11) hired a community member for this purpose (but did not devote existing staff time or make it a job expectation), and five either devoted existing staff member time to CDC beyond the CCI project or made it a job expectation (but did not hire a community member).

One project team hired former student participants of their CCI project to help shape and inform a class elective that came out of their CCI experience. The students were able to co-develop the class curriculum for future participants based on their prior experiences.

“ We ended up having student advisors, and part of that was ABCD money about storytelling, but we paid them initially with that and then we've hired them continually to help us plan the electives. We've had meetings with them where they've broken down what they like and what they don't like about learning online. Some of them are in college, so they also have different perspectives. 'What do you like to do? Do you like icebreakers? How do you want to build community in the class and things like that?' That has been just a really great addition. We're forced to stop and these processes [hiring student staff] take a long time, and they can be messy and hard to schedule, but doing them is super important and really made the class a lot better.”

Another project team hired community members as consultants to conduct a needs assessment and community-led asset mapping process related to employment needs in their community. The consultant team provided guidance on the research methodology and processes and planned and helped implement programming which included employment training and job fairs.

What Were the Outcomes of CCI Participation?

Other ways museums and libraries supported CDC practice was through professional development to non-CCI involved staff to build CDC skills and knowledge (sometimes supported through institutional funds or other external grant funding) and building the CDC approach into other grant applications.

Many project teams experienced internal barriers to accessing resources, including institutional bureaucracy making it hard to move money in ways that support CDC practice (such as paying community members for their time or providing supports like transportation or childcare to encourage community participation), or insufficient staff capacity dedicated to community outreach. More frequently, sustained or expanded CDC practice was supported by new grant funding that provided an opportunity to apply the CDC approach to a different project, rather than making internal investments in the approach. This approach to resource allocation makes sustainability less sure.

Museum and library organizations adapted existing or created new tools, processes, policies, and systems when supporting sustained CDC practice.

Examples of these changes included the following:

- **New tools and processes that support the CDC approach**, including a toolkit for staff or finance system processes that support disbursing funds in ways that work well for community members.
- **New systems that support two-way information sharing among community organizations and community members** (and commitment to maintaining them), including a web-based community calendar and a portal for sharing student research to which community members contributed.
- **New structures that support increased and equitable access to the institution or increased community member voice**, including a desk in a community-based center that will be staffed by library personnel.
- **Policy changes** related to working offsite in the community (rather just in the institution), how resources can be allocated, and flexibility in programming.

Other participating museums and libraries had not yet made such changes but reported aspirations for institutional shifts to better support CDC, such as establishing a new teen leadership council; developing and maintaining a community asset database; discussing with legal advisors the best formal structures for supporting empowered decision-making authority; and incorporating asset mapping into strategic planning processes.

How is CDC Practice Sustained?

Many project teams reported mindset shifts resulting from their participation in CCI, which may be foundational to sustained CDC practice.

Like when people say they cannot unsee an image they found very affecting, many project team members reported that—since learning, doing, and experiencing the outcomes of CDC practice—they can no longer see and think the same ways about people, situations, and opportunities. They describe new mindsets or habits of mind that prevent them from behaving in old ways and make them behave in new ways when doing their job and relating to others. Mindset shifts that may indicate a sustaining impact on CDC practice included:

- Shifting from a deficit frame to an asset frame, so instead of wondering what problems, needs, or gaps people and communities have that they can try to fix, they wonder what ideas, gifts, and resources they have for strengthening their community.
- Shifting from thinking of their institution as a leader that can offer needed expertise and knowledge to thinking of it as a follower that listens and helps maintain an open/equitable space.
- Increased mindfulness of who has the power in any given room or process so they cannot help but notice who is present, who is not, and how a process is structured to support or inhibit true inclusion.
- A broadening of who is a potential partner in any given effort, such as individual community members with lived experience and grassroots organizations (versus grass-tops).
- Shifting from thinking of their institution as separate from the community to thinking of it as part of the community, and therefore one of the many valuable assets that can be brought to bear on a community transformation effort.
- A broadening of what is a legitimate use of their time within their professional roles, from only activities that are wholly institution-oriented (e.g., pursuing professional development only related to the area of expertise they were hired for) to also activities that support community partners in ways that are not directly related to current library or museum efforts (e.g., providing technology support to grassroots organizations in community).

In their own words:

“ *It’s understanding that this institution can be changed and informed by things that are already happening ... and as this institution changes ... staff can really be representative of this city and really shape what goes on here in ways that are not for our community, but that are kind of created by our community. So that’s a shift that’s still kind of aspirational.* ”

What Were the Outcomes of CCI Participation?

When site consultants were asked about the aspects of CDC practice that project teams were most likely to sustain, they pointed to shifting mindsets and the formation of emerging habits, rather than institutionalization of specific projects or CDC practices. Site consultants shared new ways project staff interacted with community, stemming from mindset shifts such as continually scanning for opportunities and platforms where community members could influence museum and library efforts and plans. And they saw project teams approaching new or shifting situations as a convener and connector versus as service provider and expert on the problem or its solution, and orienting discussions about their institution's strategies or plans toward those alternative roles.

About half of museums and libraries are sustaining CDC practices, with some promise of more to come.

In addition to new mindsets and habits of practice, near the end of their CCI grant periods, 13 museums and libraries also described more formal efforts in which they or others in their institutions were or would be sustaining CDC practice. The most common practice was sustaining within the continued CCI project, while other practices were sustaining within efforts that were concurrent with but different from the CCI project or in new planned efforts in which such practice was part of the planned design. For example, one museum received multi-year funding to carry out a similarly structured effort focused on developing youth into civically engaged leaders on issues of conservation. As part of the funding, the project team will hire three full-time staff members for three years dedicated to working with the community to help shape and lead this new effort.

Another project team shared that they are working with their community partners on a separate health-related effort and are continuing to leverage their partners' many resources and assets they have mapped out during their CCI project. Two CCI projects that were sustaining their CDC practice were continuing primarily through the efforts of partners versus the funded institutions, providing a testament to the strength of the network relationships and/or shared aspiration they helped establish. Three of the four project teams that reported new efforts incorporating CDC practice were focused on centering and shifting decision-making authority to youth. Many of these museums and libraries also shared ways that they were embedding CDC practices into their everyday operations.

“ : *There's definitely more of a back and forth with the community, but for me it's a significant change to how I solve problems in general.*

What Were the Outcomes of CCI Participation?

Beyond the 13 project teams that evidenced sustaining CDC practices within more formal efforts, four teams shared that their CCI project was continuing in some form but did not articulate ways that it would incorporate CDC principles, and a few additional teams indicated promise solely for continued use of asset mapping. Most of the project teams that did not report sustaining CDC practice were those that had struggled to incorporate such practice into their projects throughout their CCI experience. Barriers associated with not sustaining CDC practices included time and resource limitations associated with lack of leadership buy-in, shifting priorities due to the pandemic, and/or cultural mismatch with the practices (e.g., military culture of control, and, with museums, orientation toward revenue generation).

The eight Cohort 1 project teams that we were able to talk with a year or more after their grant periods followed a similar pattern in sustaining CDC practice. All reported that their CCI projects were continuing, and half were continuing formal efforts that incorporated CDC practice, with many describing how they had embedded practices into their everyday work. Several museums and libraries that were a year or more past their funding periods also shared how their networks were continuing to grow and strengthen, and how their institutions were continuing to evolve in ways that reflect and support continued CDC approaches in their work. These museums and libraries described how, for example, a CCI project-involved community member was hired to support continued community engagement efforts despite concurrent staffing reductions due to the pandemic. Another described how more staff at their institutions were looking to community in their own everyday work.

“ I actually use asset mapping in one of our other projects...and continue to stay engaged with the ABCD team and many of the other partners in the cohorts to hear about what everybody is doing and the different practices...Continuing to learn from all of the different programs that we've met through this opportunity has definitely influenced the way that we look at all of our networks.... I feel like people naturally go towards the what's missing, instead of looking at the gifts, which is another thing that we've talked about and used throughout some of our communities of practice...It's been a lot of looking at our providers that we have in our communities and laying out those providers or stakeholders in the different areas that they cover--to be able to see everything laid out that we have and kind of how they all fit in [and] then being able to leverage all of those.

With respect to ongoing sustainability of CDC practices, site consultants expressed confidence that most museums and libraries would incorporate at least some aspects of CDC practice into a future effort (indicating that five of the project teams were highly likely to do so and twelve were somewhat likely).

Exhibit 3 | How Did CCI-Funded Museum and Libraries Navigate the Recent Social Upheaval, as it Relates to their CCI Experience?

In the spring of 2020, around the time that many of the CCI project teams were nearing the end of their projects, the COVID-19 pandemic and widespread demonstrations after the police killing of George Floyd plunged communities across the nation into crisis. The disruptions and opportunities brought by these external events created a natural experiment for seeing if and how museums and libraries would build on their CCI experience to navigate this challenging time and respond to emerging, critical issues. We explored how they leveraged their CDC knowledge and skills for new, fast-changing community needs.

Museums and libraries took advantage of pandemic shutdowns to increase their community reach.

Project staff identified unexpected positive effects related to the social disruptions they experienced. For example, one project pivoted to fully virtual engagement. While the virtual environment made it challenging for some to reach their communities, others found that it actually increased the amount and quality of community member participation in activities. Project teams also reported that the subsequent reduction of competing priorities and increased time allowed them to be more thoughtful about project-related changes because of fewer demands on time.

“ *It was a transition, but it wasn't as hard as I would think it would be. It actually made us be more talkative, formative, instead of activity, hands-on. We were more talking as you would expect. And I went to leader camp. During that time, we learned more leadership skills through Zoom, and it wasn't hard to understand.* ”

Disruptions due to the COVID-19 pandemic and heightened social justice movement allowed museums and libraries to leverage their partner networks to be more responsive to emergent community needs.

These events reinforced what project teams already understood about their communities and helped them freshly appreciate work they were doing to listen to and uplift underserved communities. Museums and libraries' ability to respond to emergent community needs was aided by their strengthened networks. Specifically, they relied on community partners to inform them about what community members needed, facilitate resource sharing with the community that would not have been possible otherwise, loop into new collaborative efforts, and hold project teams accountable to prior commitments.

“ After our grant ended, the momentum kept going. We had met new partners, gotten to know other partners a lot better, and just finding different ways we could work and align and support each other. And that kept moving. And I think that’s probably one of the biggest things over the last six months, where everything completely was disrupted, that has made so much just be sort of okay, is being able to collectively work with partners, reach out, support each other, find out what other people are doing, reimagine different things. Having those relationships front and center beforehand definitely has been a huge benefit.

“ Because [our partner] is closely tied to the public schools, they continued to have really great connections with their families. . . Originally, we were trying our best to get directly to the parents, but since a lot of [those avenues have] been removed, or it’s not safe or we don’t want big groups of parents meeting, there’s been a lot more of that second tier connecting with and empowering the people who are with the parents, limiting parents’ and families’ exposure to multiple people.

Due to the pandemic, museums and libraries experienced significant challenges in completing their CCI projects, including closures, staff layoffs, and significant disruption of programming.

Most museums and libraries closed their doors to the public for some period due to the pandemic, though only museums reported staff losses (lay-offs and furloughs). Loss of staff often resulted in lower capacity to do CCI project-related work, because CCI project staff had to address pandemic-related priorities. Other negative impacts included cancellation of in-person programming and events that they could not do virtually; delays in planning activities; slowing of or risk of having to discontinue CCI-related programming; degradation in the quality of activities and collaboration due to lower participation (particularly in the virtual context); and loss of funds to compensate community members requiring them to continue as volunteers, which felt like back-tracking on progress they had made in shifting practice.

CCI experiences and outcomes also helped museums and libraries feel and be more resilient.

The shifts museums and libraries made—such as having a more appreciative mindset, feeling more accountable to community, understanding their communities better, and newly appreciating the importance of being flexible—helped them feel resilient in the face of the many challenges posed by the pandemic.

What Were the Outcomes of CCI Participation?

“ *One of the things I think that the work with CCI helps with is: we want to still be able to connect with people. That’s the driving force. How are we going to do that? Being able to focus on that as our challenge, even though there’s a bunch of other challenges and obstacles in the way, how do we focus on people? Then, whatever comes up in those conversations once we are focused on people, that’s what needs to be talked about right then. If it’s something that has nothing to do with [focus of CCI project], we’re building up a relationship there. That’s what needs to happen.*

“ *Because of the CCI work, we knew that that was important to parents, so we could move forward confidently at a time when everyone was questioning everything, I think.*

“ *I think that being a part of the IMLS project, and the information that was delivered to us from ABCD, was really an exercise in thinking a little bit differently about things. And so...I think that it was a help in preparing us for this [COVID pivot]. Now, it doesn’t give us a blueprint for how to handle it, but it does give us the ability to think through or maybe have the permission to think through things a little bit differently and try to solve problems coming at them from a different perspective.*

“ *The participation with CCI kind of helps us look at things a little bit differently. I think our ability to look at things differently really helps with our resiliency during this time. One of the things [our site consultant] used to say all the time is, ‘Whoever’s there is who needs to be there.’ That’s what you got to believe in. It’s got to start somewhere. I think that has been really huge. We could have easily felt discouraged when people didn’t show up for something.*

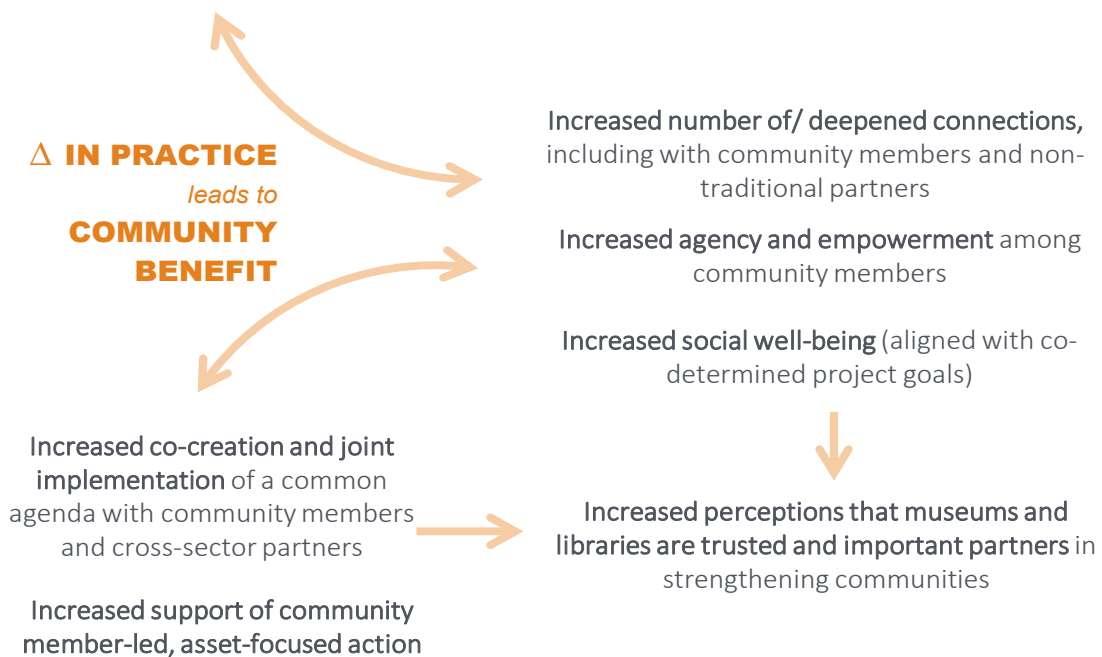
More tangible organizational and network structures and processes also allowed museums and libraries and their community partners (including community members) to continue implementing activities and sharing resources. Similarly, organizational changes such as budget flexibility and dedicated community engagement capacity helped them provide material support to community partners to survive the pandemic and continue their work.

“ *In all honesty, COVID didn’t even really change the game plan that much. I know a lot of things shut down in the beginning, but... when people started coming out of it, our community ambassadors were still going, talking to people and still emailing or whatever else we were doing. Like people were out talking to people about the [new] grant, they were really excited about it. I don’t think our community engagement style changed at all. [The community ambassadors] have been in the forefront the whole time.*

What Changes Happened in Local Communities?

Numerous collective action efforts across many sectors have accelerated their impact through establishing a shared aspiration that allows partners to leverage their resources and work together toward their common goals in complex contexts.¹⁵ Consistent with this model of community change, the CCI TOC hypothesizes that engagement in CDC practice (including early network building practices) strengthens connections and alignment among **community partners** through shared aspiration and collaboration, increases a sense of agency and empowerment among **community members** involved in implementing the project, and increases social wellbeing among the intended ultimate beneficiary of the project (in ways aligned with project goals)—all of which contributes to **reputational gains** for museums and libraries. This relationship is shown in Figure 7.

Figure 7 | CCI TOC: Benefits to the Community



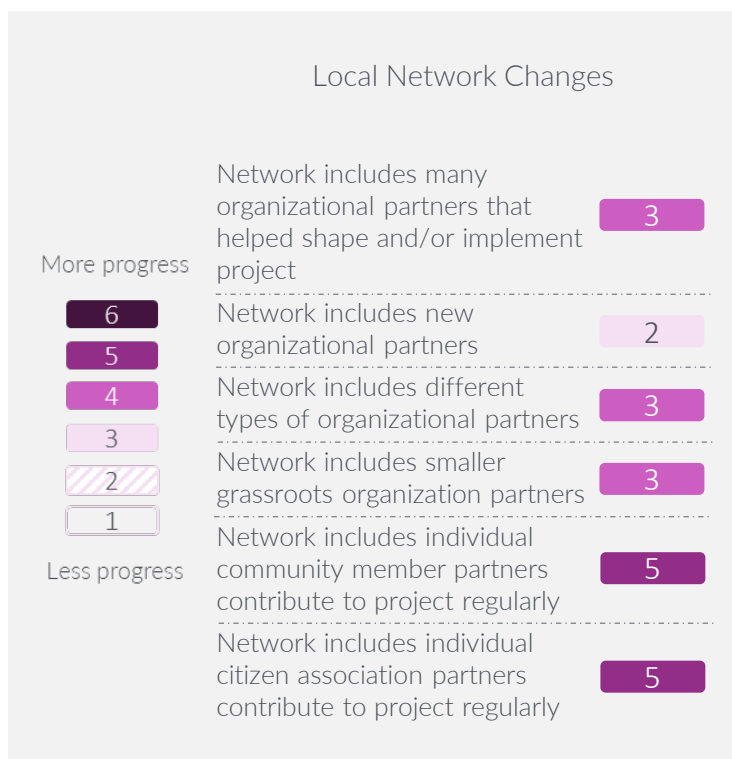
¹⁵ When Collective Impact Has an Impact
https://www.orsimpact.com/DirectoryAttachments/10262018_111513_477_CI_Study_Report_10-26-2018.pdf

How Were Local Networks Strengthened?

Networks of community partners were strengthened in several ways through collaborative activity among those involved in the CCI project.¹⁶ Local networks are comprised of project team members, other community organizations, and community members or intended beneficiaries.

Network Expansion and Diversification

Local networks were heavily oriented toward community organizations.



As a result of engaging in practices to build their networks and co-create and jointly implement their CCI projects (as previously described), the 24 project teams engaged over 200 community organizations in their CCI projects. The number of identified community organizations varied across project teams. Nearly half of the project teams (11) worked with eight or more different community organizations during their CCI project, and an additional 10 worked with between three and seven.

Most project teams expanded their connections to community organizations over the course of the project and reached out to organizations they had not previously partnered with. New partnerships made up approximately one quarter of all organizations involved in CCI projects,

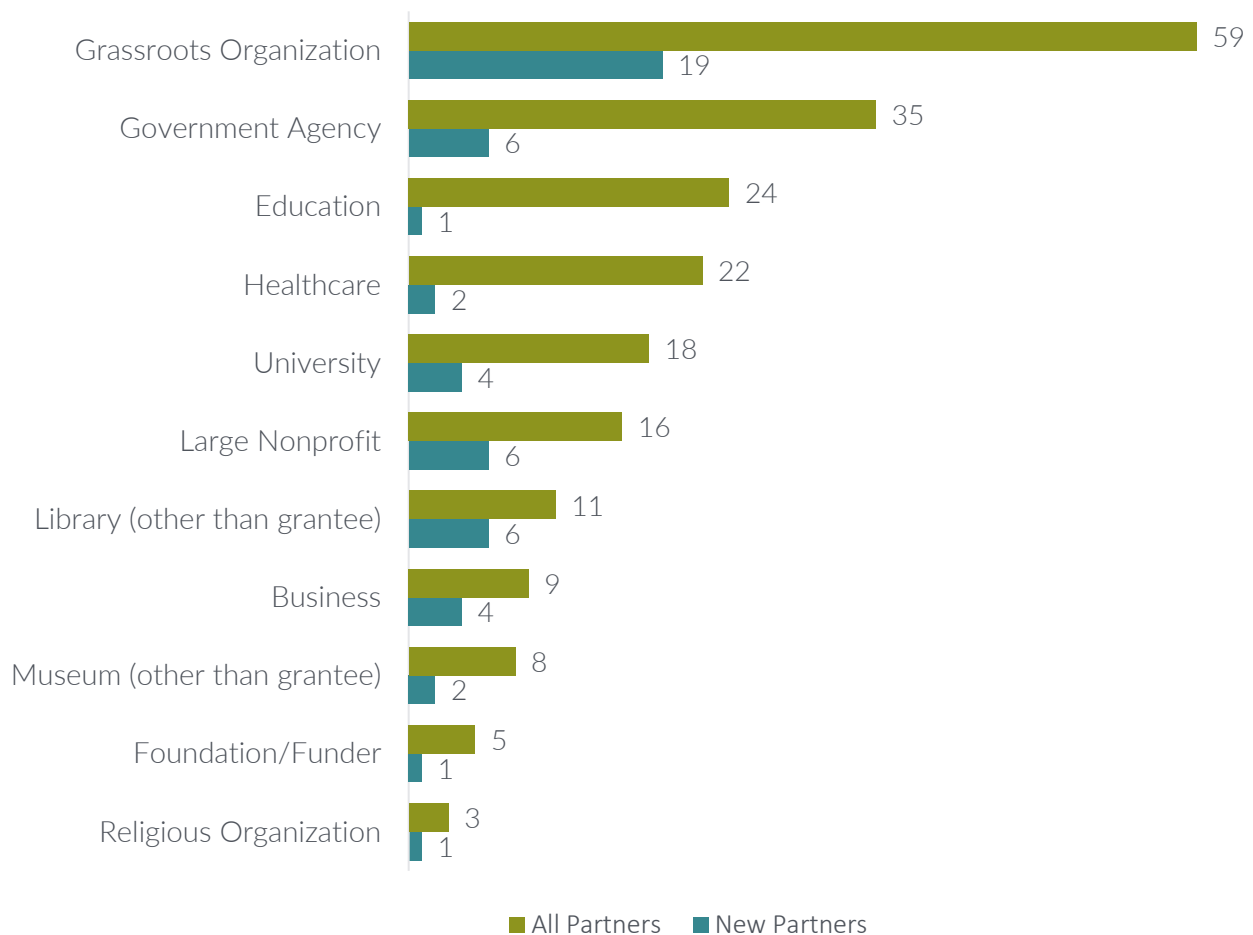
although the majority of project teams (19) engaged at least one community organization they had not collaborated with prior to CCI, with about half of those engaging at least five new partners.

¹⁶ Network strength was based primarily on the diversity and growth in the groups of community partners with which project teams worked together toward their shared aspiration (by both aligning independent activities and collaborating on activities), including smaller grassroots organizations, resident associations, and individual community members. We were not able to reliably assess network quality as planned (e.g., trust among partners), first due to limited survey response among community organizations, then due to the pandemic presenting further challenges to planned assessment, though we provide some information based on the perspectives of project teams and a small number of community partners.

Project teams diversified the types of community organizations they engaged in their CCI projects.

Most of the project teams (20) engaged organizations from at least three different sectors in helping to design or implement the CCI projects, and another nine engaged community organizations from three or four different sectors. As shown in Figure 8, the most frequently reported community organization types were smaller grassroots community-based organizations and government agencies (each just over 20% of all partners), followed by large nonprofit organizations, pre-K12 education, healthcare, and post-secondary education (about 10% each). Only four project teams engaged more than one smaller grassroots organization, and an additional nine engaged just one.

Figure 8: Composition of Partners Across Both Cohorts



Project teams added new partners to fill in gaps in expertise and access to communities.

Project teams were most likely to expand their partnerships by engaging grassroots organizations, government agencies, nonprofits, and other libraries. Of the 52 new community partners reported among the cohorts, the most reported sectors were grassroots organizations (19)¹⁷, government agencies (6), other libraries (6), and large nonprofits (6). One project team expanded their partnerships to include more local community-based organizations such as employment agencies, substance use agencies, homeless shelters, and community health centers. The project team collaborated with these organizations on events to help unsheltered library patrons access the care and resources they need to transition into housing. Another project team working on early childhood expanded their coalition to include city government representatives who were working on early childhood initiatives. They became part of the coalition that helped inform professional development opportunities for early childhood providers.

While local networks are heavily oriented toward community organizations, CCI projects made progress toward integrating the assets and voices of community members in collective efforts.

Most project teams reported that they involved community members (20) or community associations (19) in aspects of their CCI project. As described in the capacities and practices section, while project teams made progress toward more and authentic inclusion of community members in decision making, planning, and implementation, the engagement of community members and associations was more challenging than engaging cross-sector organizations as community partners. As such, while many networks included community members, they were often less involved in project implementation.

Shared Structures for Collaboration

Project teams and community partners established or built on existing advisory or working groups comprised of community partners who helped inform project decisions and track implementation.

Most project teams (19) reported that they established or joined groups of community partners that convened regularly to guide collaborative activity across partners. The structure and purposes of these groups varied across CCI projects, though most were primarily advisory in nature. These groups had many functions, including providing input on project goals, activities, and expenditures; generating information and products that would inform other decision points, such as asset maps and logic models; and updating each other about past events and coming opportunities to support coordination and collaboration.

While these groups included a wide range of community organizations, from grassroots organizations to large nonprofits, we also saw more inclusion of community members. A few projects had separate groups for community organizations and community members, which would periodically come together. Of these teams, about half (10) had community members who regularly attended these meetings, including youth, activists, and other civic leaders.

¹⁷ Cohort 2 was more likely to have engaged grassroots organizations (17), whereas Cohort 1 reported having engaged two new grassroots organizations.

“ *My community advisory board would meet monthly. It’s a real mix of people who are coming from professional organizations, loose arts collectives, and then folks who are just doing [health care topic-related] work on their own. Just for example, one of my community advisers is a sex worker and [has direct experience with health care issue] and just does essentially street proselytizing. Other women she knows who are conducting sex work, she connects them with health services. Literally will take them by the hand and be like, ‘No, we’re going to go to the clinic that’s for black women. Just go with me and talk to people.’ Doing that one-on-one organizing work that’s so important.*

In many cases, community members who are intended to benefit from the project—or were of that community—were asked to represent the broader perspectives of that community. Several project teams either created new grassroots advisory groups as part of their CCI project or leveraged an existing group to support their project. For example, the Free Library of Philadelphia expanded and strengthened an existing local steering committee of grassroots community advocates, community members with lived experience, and leaders that represent people fighting for racial and social justice, with the intent for it to continue after the grant to amplify the project and solicit feedback.

CCI collaborative efforts deepened connections and built trust among community organizations in ways that led to future collaborations.

One of the main benefits that project teams reported from their CCI efforts was developing deeper trust with the community organizations in their local networks. Similarly, several community organizations expressed that they built trust and/or connections with other organizations in ways that they had not before, which manifested in additional collaboration and resource sharing beyond the CCI project itself. Community organizations reported that they reached out to others in their networks for information and resources to address non-CCI related issues as they learned more about the assets and resources they brought to the project. As trust developed, they also engaged in joint collaborative efforts that often stemmed from but went beyond CCI-related activities, such as joint conference presentations, collaborative grant applications, and shared community events and programs.

Deepened partner trust extended to how community organizations viewed the museums or libraries as members of the networks. Several reported that they saw the museum or library as a trusted, reliable community partner with a unique set of resources and assets to bring to bear on community change efforts. For example, one community organization shared their observation that CCI project team members had developed a deeper understanding of their communities and how they could contribute to CDC efforts, which led to them trusting the museum more. This increased trust and credibility was strongest in situations where the museum or library was able to step back and learn from and support their community organization’s efforts in the community. For example, one project team was able to increase mutual trust with community organizations through intentional outreach and providing mini

What Were the Outcomes of CCI Participation?

grants to support their capacity to utilize and interpret data in their work. As a result of this intentional outreach and support, new collaborations emerged, including an equity-centered initiative aimed at democratizing data and making data accessible to all.

Community partners benefited individually from the collaborative aspects of CCI.

Community organizations that collaborated with CCI project teams named several benefits they received from the strengthened collaboration and connection with other organizations and community members. They valued the opportunity for networking with others and connecting with new organizational partners that they may not have known about, and for expanded access to resources and information of other organizations in the community. As a result of participating in CCI projects, some partners reported that they learned new ways to show up in the community as a support and facilitator, rather than as a service provider.

Other organizational partners noted they had changed specific institutional practices as a result of their participation in CCI. For example, in one CCI project, the library's efforts around anti-racism prompted several partnering community organizations to begin reflecting on and adopting anti-racist stances. In a second example, a partnering housing authority reported that they had changed their intake practices to be more resident-driven and welcoming as a result of their CCI participation.

From the perspective of community members, CCI participation sometimes had the effect of creating mini networks among those involved in the project. For example, one project team brought together families in a series of focus groups to identify educational priorities for their CCI work. Participants in those focus groups did not all know each other and as a result of participating, they were able to make connections with other families. Similarly, in a project aimed at building young community leaders' capacity, the cohort of fellows developed relationships with each other, but also with other community leaders that they did not know prior to CCI.

Sustainability and Momentum of Strengthened Networks

Perceptions were mixed about how project teams would sustain the positive network changes over time.

When site consultants were asked to rate how sustainable these network changes were for the project teams, they reported that approximately two thirds of teams would be able to sustain their network efforts, build out the networks to better balance the ratio of community members to organizations, and deepen relationships. They felt project teams were more likely to sustain their local networks if they had a strong orientation toward community priorities, voice, decision-making authority, and a deeper understanding of the community itself. Other factors related to site consultants' perceptions of network sustainability included expanded understanding of how museums and libraries can show up as supporters,

What Were the Outcomes of CCI Participation?

rather than drivers of, community change; flexibility and adaptability to emerging community priorities; and more community members actively included in decision making, co-creation of solutions, and cross-sector partnerships. For the one third of project teams that were less likely to sustain, a primary indicator was not fully embracing the need to change practice or approach, but rather giving lip service to CDC practices without changing much about how they showed up in community interactions.

Community advisory groups are an important aspect of CDC sustainability beyond the CCI project.

The likelihood that many of these groups continue to meet beyond the CCI project depends on many factors, including the degree to which the group's purpose extended beyond the specific CCI project and the quality of the relationships formed. External factors come into play, too, such as professional and personal transitions, which were even more common than typical due to the COVID-19 pandemic. Despite these challenges, a few project team members noted that their community advisory and working groups planned to keep operating beyond their CCI projects.

Several project teams situated their efforts in larger collective impact efforts in the community, which provided ongoing community structure for their work. For example, one project created a new working group as part of a larger ongoing cradle-to-career collective impact effort. Another team integrated their CCI project into their ongoing backbone work with a statewide collective impact effort aimed at increasing equity in STEAM (science, technology, engineering, arts, math) learning and participation. Other project teams maintained regular working groups among community organizations or created formal partner agreements for aspects of CDC practice.

Collaboration among community partners was sometimes challenging because of partner capacity to engage and alignment with CCI goals and activities.

Some project teams reported that it was challenging to get traction with some community partners. In some cases, community partners were not able to prioritize engaging regularly in network activities because of transitions in staffing or lack of time/capacity to engage fully in project planning and implementation. For example, one project related to health and wellness found that engaging busy health professionals for their expertise was challenging due to lack of available time and ended up only soliciting their input or feedback in limited ways. In other instances, staff turnover at community organizations resulted in the loss of personal relationships and/or changes in the vision or goals of a project, which necessitated different partnerships, especially when new points of contact were hard to establish.

There were also challenges related to competing agendas. For example, one project team reported that they struggled to gain momentum with organizational partners because competing and siloed agendas made it difficult to develop shared goals. In this instance, some community partners were already conducting similar activities and programs and did not understand the value add of signing on to the CCI

What Were the Outcomes of CCI Participation?

project team efforts. There was also a perception that the CCI project efforts would increase competition for credibility and the already limited resources for youth work, and that there wasn't enough planning for how organizational partners would sustain the momentum.

“ *In all honesty I think that a lot of the larger community meetings, it was as if there was no continuity of this is what we're going to do next. That it was a lot of talking but not necessarily getting people [to engage].*

Partnership momentum was also adversely affected by external events such as the COVID-19 pandemic, when community partners' priorities quickly shifted to survival or response mode. Project teams also reported shifting of their networks based on the phase of the project. One project experienced both challenges, when a physician who was engaged in the design phase had less interest in the implementation phase, and then dropped out completely to focus on the pandemic health crisis.

What Progress Was Made on CCI Community Impact Goals and Outcomes?

The CCI program, at its core, aims to equip museums and libraries to strengthen community social wellbeing by leveraging their institutional assets and networks. Community social wellbeing is multidimensional, reaching beyond economic wellbeing to other critical quality-of-life dimensions such as health, education, culture, environment, social connection, diversity, and security, as shown in Exhibit 4.

Exhibit 4 | Dimensions of Community Social Wellbeing

- **Economic wellbeing:** Material standard of living—income, education, and labor force participation
- **Economic and ethnic diversity:** The extent to which certain income levels and ethnic groups are concentrated or mixed in a place
- **Health:** Physical and mental health status as well as access to care
- **School effectiveness:** The degree to which the local school environment is conducive to learning—student achievement, dropout rates
- **Cultural engagement:** Opportunities to experience one’s own cultural legacy and those of other residents
- **Housing quality:** Physical and financial conditions associated with shelter—crowding, code violations, and relative cost burden
- **Political voice:** Freedom of expression and involvement in the democratic process
- **Social connection:** The presence of nonprofit organizations and cultural resources that connect at an institutional level, and the level of trust and neighborhood participation that underlie interpersonal relations
- **Environmental:** The quality and risks of the physical environment, the presence of parks and open space, heat vulnerability, environmental hazards
- **Insecurity:** Threats to physical security—violent and property crime, social tensions

CCI grantees undertook a wide range of efforts across the dimensions of community social wellbeing, most commonly health and social connection.

The areas of community social wellbeing most frequently addressed in CCI projects were health and social connection, followed by economic wellbeing and cultural engagement. (Appendix C shows descriptions of the 24 CCI projects along with their community social wellbeing goals.) For libraries, more than half of their CCI projects focused on health, and one quarter focused on economic wellbeing and social connection. In contrast, one third of museums addressed environmental wellbeing, while one quarter focused on school effectiveness, social connection, and cultural engagement. Among the four grantees that were not museums or libraries (but were partners with museums and/or libraries), three focused on social connection and two focused on health.

One third of grantees focused on health outcomes in their community wellbeing goals. These projects included one aimed at addressing the rise in local rates of HIV/AIDS through increased utilization of related library archives and resources; one focused on improving child health through strengthening family engagement; two aimed at supporting community health by embedding strengthened social supports in libraries (social workers and trauma-informed practice); and two aimed at improving veteran health by strengthening networks of service providers.

Several grantees focused on improving cultural engagement, including a museum that strove to develop a framework to facilitate CDC and sustained partnership practices; one project team that aimed at activating youth to address inequities through education on the use of mapping tools and data; and another that aimed at improving economic opportunity through a worker-owned community storefront associated with the museum.

Five projects addressed school effectiveness, including several projects aimed at strengthening early learning and literacy outcomes. As an example, one project provided professional development to childcare providers and families about early learning development and STEM (science, technology, engineering, math). Another project built on existing literacy efforts in the community to increase reading with young children through wide distribution of books and literacy information.

All projects aimed at the environment were implemented by museums (4), with three focused on water quality and river ecosystems and one on climate action. One project was aimed at inspiring appreciation for the watershed through education about healthy land management, and another brought together a cohort of teens to build a climate advocacy network and collaborate on community events and activities.

While the CCI grant window was too short to see changes in long-term community social wellbeing, most projects met their CCI project impact goals.

Many of the broader community social wellbeing goals addressed in the projects were longer term than the timeline of the grant. CCI project goals often focused on a smaller, more narrow aspect of community social wellbeing outcomes with a shorter time horizon, and most projects successfully completed the activities they proposed to do. The majority of projects offered evidence of early and short-term changes on those who were directly intended to benefit from the projects that could eventually contribute to wider community impact, even as those longer-term impacts were not yet observable.

Several projects reported **changes in attitudes, life skills, and social connections** in those intended to benefit from the project. For example, several CCI projects focused on youth leadership and youth-driven social action reported increases in youth leadership skills, understanding of their community and resources, and sense of agency and empowerment. In one project example, young community leaders participated in a community leadership development fellowship. As a result of their participation in the fellowship (which involved needs-sensing, developing and implementing a service or advocacy project, and learning about community resources and assets), these young leaders reported a wide range of impacts including increased knowledge and use of resources, services, and opportunities across all workshop topics; increased sense of belonging to the community; more confidence advocating for self and community; and more participation in community groups and community leadership outside of CCI.

Storytelling projects also led to community members feeling validated and empowered. By providing a forum for community members to share their stories with each other and with the larger community, residents felt more seen and represented, felt that their stories are not only important to them but can influence and change other people and spur action, felt greater connection with their neighbors, and felt more empowered to share their stories to spur social action and create a sense of community.

Other projects focused on **building specific skills and knowledge around a single issue**. For example, projects focused on professional development for educators, librarians, social service providers, and families all demonstrated through local evaluations that participants reported increased knowledge and skills. In a project aimed at building STEM knowledge and pedagogical skill in teaching STEM for early childhood providers, families, and librarians, training participants found significant value from the training/workshops (which have continued beyond CCI), used the concepts and skills learned in those workshops in their work with young children and families, and shared what they learned with colleagues. In another early childhood project, participating families reported greater awareness about literacy development in young children, new ideas and skills about how to engage with their baby, increased confidence as a parent/caregiver, and ultimately increased the frequency of reading to their child. Nearly all these families said they shared information they learned with others.

What Were the Outcomes of CCI Participation?

Several project teams noted **positive shifts in partner and public narratives** about those intended to benefit from the project. For example, one project aimed at having social workers in the libraries reported that they experienced community partners—and to some degree, community members—seeing those who took advantage of these services in a different, more asset-focused light. Another project reported that youth-driven activities and leadership changed how community partners viewed the potential roles youth can play as active agents in determining their own agenda and activities.

Finally, several projects reported that they **reached significantly more community members** through their CCI efforts than they originally thought. For example, a project team focused on increasing literacy in young children distributed thousands of books to families through a wide range of health care providers, health events, nonprofit organizations, and private employers. Because they were able to engage more organizational partners with direct contact to families than they originally planned, they were able to distribute many more books to families.

Projects oriented toward engaging communities and supporting their emerging priorities made slower progress toward their CCI goals because of the time needed to build trust and hear multiple voices.

Much of the effort in these projects was focused on building trust with community members and identifying their priorities. For example, one project's goal of creating a worker-owned cooperative museum store moved more slowly because of the extended time needed to build trust and shared vision among community entrepreneurs. Several other projects made progress toward their cross-sector partner engagement goals, but found it challenging to move beyond those community organizations to community members. As an example, one project experienced challenges engaging residents in their water quality project due to the abstractness of the project and lack of resident voices during the planning stages. Another museum found it took more time to build sufficient trust with community members intended to benefit from the CCI project, resulting in longer timelines and shifting priorities.

What Were the Impacts on Museums and Libraries?

Project teams reported that as a result of their CCI work, the community sees their museum or library as a more trusted community partner.

Organizational partners reported developing an appreciation for the roles and resources that museums and libraries can bring to community change efforts. In addition, several project teams found that because of their CCI efforts, they were able to reach new audiences through their partners which resulted in community members becoming more aware of what the museum or library offered to the community. Two project teams explicitly stated that their CCI project helped repair poor, extractive historical relationships with the community. Evaluation results for individual projects indicated more appreciation for CCI-involved museums and libraries, and increased awareness of the value and benefits of museums and libraries as trusted community resources. Other benefits included more visibility (through increased media coverage) and increased reach into underserved communities (such as rural or immigrant communities).

Exhibit 5 | CCI Outcome Differences Between Museums and Libraries¹⁸

Buy-in to CDC approach. Museums seemed to struggle more than libraries in aligning the CDC approach to their existing business and operating models and cultures. It was not always clear what the CDC approach meant for the bottom line, and what structural changes are needed for museums to do this approach and meet their larger institutional mission/vision. There is a tension between traditional business models of fee-paying/membership with larger access for the community—if people are not paying, is it feasible and sustainable for museums?

Capacities. On average, at the end of their CCI projects, libraries evidenced stronger foundational capacity to successfully engage in CDC practices, including belief in the benefit of an asset-based approach, openness to shifting power, and sense of accountability to community members, compared to museums. Libraries also evidenced greater understanding of potential roles within CDC efforts (roles of institutions and how to use assets) and greater understanding of their local community priorities, history, and local context, on average, compared to their museum counterparts.

¹⁸ The results in this box pertain only to the 12 museum grantees and the eight libraries.

CDC practices. There were also differences between libraries and museums in the likelihood of having engaged in different CDC practices. Libraries were more likely than museums to regularly engage with community members, engage in regular asset mapping, co-create a shared aspiration with community members, and involve community members when engaging community organizations, though they were equally likely to engage a variety of cross-sector community partners. On average, museums were more likely than libraries to change project goals based on input from community partners (particularly members), and engage in ongoing and collective strategic learning based on data. Libraries were also more likely to instill confidence in technical assistance providers that they would incorporate any CDC practices into future efforts (though no difference in confidence that they would fully incorporate such practices into a future effort).

Institutional capacity. Libraries had more institutional leadership support and flexible policies for CDC than museums, on average, and were more likely than museums to have hired a community member to also do CDC beyond their CCI project. Museums were more likely than libraries to devote existing staff time to CDC.

Local networks. Museums were more likely to work with a greater number and diversity of community organizations than libraries, on average, but libraries were more likely to have incorporated community members and community members' associations in their networks. Libraries and museums were equally likely to have engaged grassroots organizations into their networks.



WHAT INPUTS
CONTRIBUTED TO
CCI OUTCOMES?

What Inputs Contributed to CCI Outcomes?

In the original TOC, we hypothesized that the inputs provided by IMLS to support capacity building and implementation would be the primary contributors to how museums and libraries made progress toward sustained CDC practices and community outcomes. At the midpoint of the CCI initiative, based on the cohort-level evaluation thus far, we also identified the importance of inputs that the museums and libraries themselves brought to the project. These inputs, which may be considered museum and library readiness, facilitate both capacity and practice changes needed to shift decision-making authority and agenda-setting power to communities.

In this section, we describe how these different inputs contributed to the progress that museums and libraries made, beginning first with a discussion of how initial project team capacities, organizational supports, and other assets led to progress or alternately created barriers to progress, followed by a summary of how the capacity-building supports helped museums and libraries cultivate new skills and understanding, which informed their practice within their projects and beyond.

How Did Museum and Library Readiness Affect Progress?

Museum and library readiness for CCI comes at multiple levels: (1) the individual/project team level; (2) the institutional level; and (3) the network or ecosystem level.

Museums and libraries had many existing assets that helped set them up to make progress toward intended CCI outcomes.

Museums and libraries that came to their CCI projects with values, knowledge, and skills aligned with a CDC approach were more likely to make progress toward intended CCI outcomes. Some individual project team members brought strong value of an assets-based approach in community change efforts, citing a personal commitment to equity and social change, lived experience, and deep knowledge of the community; and some brought previous community engagement and/or organizing experience, mindsets

What Inputs Contributed to CCI Outcomes?

already aligned with a CDC approach, and existing relationships that made it easier to connect and work with the community. Other project-involved staff brought expertise in areas related to the content or sector focus of their projects, such as education, social work, and early childhood.

For several museums and libraries, CCI project implementation built on existing institutional priorities and vision that helped them start off stronger and/or facilitated momentum toward the intended initiative and project outcomes. In some cases, museums and libraries created staff positions to support engagement activities and invested in staff training around community engagement. A few museums and libraries already had institutional advisory groups comprised of community partners (including members) that provided input into programming and other institutional decision-making processes. Alignment was also evidenced through active strategic planning for community engagement and supportive leadership and internal champions for a CDC approach that pre-dated CCI. Some grantees embedded in universities also benefitted from access to existing groups aligned with topic areas (such as associations of Black and LGBTQ public health students) and structures that supported their capacity for project work (such as graduate students in doctoral programs).

Museums and libraries also had pre-existing trusted organizational partners with whom they had a history of collaborative and productive work together in their communities. Many of these partnerships brought additional assets to bear on the CCI project, such as trusting relationships with particular communities and access to them; access to existing structures that meaningfully engage community members (for example, an advisory group that met regularly); relevant topical expertise (such as social justice) or expertise aligned with CDC practice (e.g., previous experience with asset mapping or story telling); prior experience in relevant roles (such as teacher); and connections to other potential partners with any of these assets.

“ : *For a lot of these [community members], this is personal work. This is their community, right. And I think you need to find partners for anything you're doing that [understand] it's members of the community for the community, by the community.*

Similarly, several museum and libraries were part of existing cross-sector networks through previous or concurrent engagement in large community efforts aimed at community issues aligned with their CCI projects. Some of these were community-wide collective impact efforts, while others may have been community-level groups or task forces that had a mutual interest or investment in serving a particular population or sector, such as education, individuals experiencing homelessness, or children and families. Existing engagement in these parallel aligned efforts often directly fed into the CCI effort (and vice versa), adding to the momentum of each effort. For example, one CCI project focused on early literacy aligned with an ongoing collective impact effort focused on healthy child development. Like some individual partnerships cited previously, these larger efforts often included pre-existing structures for meaningfully engaging community members, such as empowered advisory groups (for example, a project focused on youth outcomes aligning with an initiative that had already convened a group of youth leaders).

What Inputs Contributed to CCI Outcomes?

Some project teams also saw their existing reputation in the community as an asset that helped them implement their CCI projects. Perceptions that the museum or library is a positive force in the community was seen as helping bring credibility to CCI project efforts. Some museums and, more commonly, libraries had built a reputation as a trusted community partner by opening their space to the community and providing prior relevant programming and activities with the community.

Institutional inputs affected the trajectory of CCI project implementation.

As described earlier in this report, institutional support for CDC was critical in museum and library success in implementing and sustaining the approach. Museums and libraries that came with existing leadership support and institutional commitment to a CDC approach had an easier time ramping up their CCI projects. Many project teams reported shifts in institutional mindsets, resource commitment, policies, and leadership support that happened after the project started and were instrumental in successful completion.

However, we noted that the level of institutional commitment and support preceding the CCI project was also important for understanding the pace and degree to which projects were able to meet their goals and to sustain beyond the CCI project. For example, some project teams reported that institutional leadership was critical. Pre-existing leadership support and flexibility could help streamline the start-up process and navigate pivotal transition points. On the other hand, a lack of leadership support at the beginning of the project—such as leaders' inability to see how the CCI project could contribute to the larger organizational mission—and in some cases a lack of understanding or unwillingness to prioritize what it takes to engage in effective CDC, led to roadblocks and/or challenges.

Similarly, a pre-existing orientation toward CDC principles, or at least an openness to engaging community differently, also facilitated CCI project implementation. Projects in organizations where this was not the case—such as an institutional focus on revenue generation rather than community, or institutions that saw their roles as more service- or donor-oriented—found it more challenging to quickly get traction on CCI and made fewer shifts in CDC capacity and practice. In addition, enculturated mindsets typical of institutions may be well-entrenched and end up in direct conflict with prioritizing community preferences, such as a more deficit-oriented, service mindset aimed at defining and fixing problems for community members, rather than an asset-focused, community-centered perspective about solutions to community wellbeing challenges. Because of these deeply embedded and pre-existing institutionalized mindsets (i.e., culture), museums and libraries sometimes found themselves challenged to shift internal perceptions about how they can and should show up differently in their communities.

Having a core set of existing trusted community partners and credibility in the community prior to the CCI project was also related to the pace and success of implementation.

In some cases, CCI projects were built on existing collaborative efforts with pre-existing goals and implementation approaches, which allowed them to leverage existing relationships, ongoing momentum, and collective resources. When CCI efforts were aligned with these pre-existing resources, projects were able to get started more quickly and were often able to sustain at least some of their efforts beyond the CCI project. This facilitative role of existing community partners points to the fact that high quality and trusted relationships take time, and generally are necessary to establish before embarking on collective efforts. On the other hand, having existing partnerships could serve as a barrier to ramping up CCI efforts, with some projects experiencing resistance to shifting CCI project goals and activities to better address community priorities. In other cases, it was challenging to shift decision-making authority from community organizations to community members because of entrenched patterns of organizations working together and ingrained institutional culture.

Several project teams mentioned that the impact of their pre-existing reputation in the community was either a facilitator of their work or a barrier to overcome. For example, several project teams felt that their history of working with the community prior to their CCI project made it easier to gain traction and to leverage community resources. Conversely, a few project teams reported that their pre-existing reputation in the community was a barrier to launching their CCI project effectively. Some institutions—particularly in academic libraries or centers in higher education—were perceived as elitist or inaccessible, with a history of extractive interactions with the community that ignored or even de-valued community priorities and norms. Museums sometimes struggled with their mission as curator for culture that was often expressed in isolation from community input and collaboration, and in some cases, they were seen as appropriating important cultural narratives and artifacts.

Project teams reflected on aspects of their project that made it more and less amenable to engaging in CDC practices.

On the positive side, museums and libraries that proposed projects based on CDC principles and/or with a primary aim at building upon community member input and partnership found it easier to adapt and align their project efforts with community-driven priorities. For example, one project recruited a cohort of newly arrived fellows to learn about six topics: libraries, public health, public safety, parks and recreation, housing, and civic engagement. After fellows gained a better understanding of these topics, they created a community advocacy project based on their interests and the needs of their communities. The fellows had flexibility in defining their projects and were provided the appropriate level of mentorship and resources to carry out their project activities. Throughout the fellows' engagement on the CCI project, they developed confidence to ask for the supports and resources they needed from community partners and the grantee to carry out their project. As a result, the project team adapted and aligned their efforts and resources with their fellows' priorities.

Another project team that was focused on early childhood collaborated with various local organizations to develop professional development opportunities for providers. The project team and their community organizations (which included learning centers, local government agencies, and early childhood educators) met regularly to understand the gaps, needs, and opportunities relative to early childhood education. As a result, they developed a holistic understanding of those gaps and created a professional development agenda that aligned with the needs of early childhood providers.

What Strategies Supported Innovation and Learning?

In this section, we describe how useful project teams found the suite of funding and capacity-building supports, and surface broader implications for similar efforts. Through CCI, IMLS provided a range of different opportunities to learn, practice, and share experiences in implementing CDC practices, as well as resources or tools to support ongoing learning and experimentation.

Strategies *for* *Community Catalyst Initiative*

Support

Test of Capacity-Building Models within Diverse Cohorts *of Museums, Libraries or other Institutional Partners*

- Models with universal applicability and best potential for sustainability
- Grants to support local projects
- Third party capacity builder to provide training and technical assistance
- Additional information, resources, technical assistance, and support
- Convene and facilitate peer learning networks within grantee cohorts
- Support local project evaluation and data-based reflection/course correction

Support

Learning and Diffusion of Best Practices

Among Museum and Library Sectors and Investors in Community Change

- Fund cohort-level and cross-grantee evaluation by independent evaluation partner
- Disseminate best practices, tools, and lessons learned throughout grantee networks, IMLS, and nationally

Almost all project teams took advantage of at least some of the CCI capacity-building opportunities and found value in them.

Most project teams participated in most of the capacity-building activities available to them. Coaching was the most utilized support, and on average about two thirds attended professional development convenings, virtual workshops, and community of practice webinars.¹⁹ In general, project teams found the capacity-building supports they received to be useful, with coaching receiving the highest ratings and virtual workshops and community of practice webinars receiving the lowest.

Coaching support helped project teams put into practice the new skills and approaches they learned through workshops and convenings.

Coaching support was seen as most valuable to project teams, supporting them to think differently about engaging their communities, generating new ideas, and confirming that they were on the right track. Some specific examples of ways in which coaching support was seen as helpful included:

¹⁹ Attendance at in-person convenings was generally quite high, with almost all project teams attending the two convenings scheduled for their cohorts.

What Inputs Contributed to CCI Outcomes?

- Access to a thought partner who could ask important probing questions, help generate solutions to challenges, and point out opportunities that might not have otherwise been identified.
- Reinforcement of focus on aspects of CDC, such as keeping community priorities centered and shifting decision making and agenda-setting authority to communities.
- Positive affirmation around implementing CDC; social support and encouragement when things were difficult or challenging.
- Modeling CDC practices of listening, communication, relationship-building, and an asset-focused approach.
- Connections to other museums and libraries, experts, and resources around specific topics/issues.

In general, project teams found significant value in all the tools and resources they received, although asset mapping and power ladders were seen as most useful.

Project teams noted that the process of using asset maps and power ladders opened up new ways of thinking and identified areas for practice changes they would not otherwise have been aware of.

“ *Everybody needs to know how to do asset mapping (to identify what’s happening in the community to build on) and [how to use] the power ladder [to help in] thinking about shifting power; these tools are essential components of community-driven collaboration.*

Asset mapping was helpful in expanding project teams’ knowledge of potential community partners, recognizing other assets and resources in the community, and providing a useful framework for communicating the value of the CDC approach with organizational leadership. Some museums and libraries used similar exercises or activities that set the stage for processes that shift decision-making authority and agenda-setting to communities.

“ *And if we had just asked, ‘What do youth need to thrive in education, work, and life?’ without doing the gifts of the head, hand and heart [activity] and without asking each group to say, for [the children in their lives], what does the best possible future look like... [we might have had] a very different conversation than [we did] from thinking through their lens as a caregiver or a teacher or the deep care they have for an individual.*

Power ladders were a useful framework for understanding community engagement, and pushed project teams to think and act differently, including how to be more intentional about who made what decisions and whose agenda was being followed. Project teams reported that the more often they engaged with the power ladder, the more habitual and intentional it became for them to assess the impact power dynamics in given settings and groups.

Figure 9: Resident Power Ladder



“ When we started learning about resident-led programming and trying to move residents up the ladder, it made a lot more sense and it was just the motivating force for the steps moving forward into the school and getting to know the [residents], getting to know what they are passionate about.

Storytelling was a critical tool for museums and libraries to document their journeys toward CDC practice.

Museums and libraries experimented with different ways of telling their stories. In the first year, one method of storytelling involved creating journey maps, a graphical representation and narrative describing key milestones, pivots, and results of the process of implementing their CDC process and outcomes. In the second year, CCI shifted from journey maps to oral storytelling. Journey maps and storytelling have the same functions of sharing and learning from the process and outcomes of teams' project implementation experiences. However, oral storytelling was seen as a more powerful tool by museums and libraries to illustrate and make accessible to all audiences the important contributions to, and impacts of, community change efforts in ways that celebrate the diversity of organizational partner roles and the flexibility and responsiveness that such efforts require.

“ *Stories help the community see what is possible; having someone who knows the community and can tell stories of success is critical.* ”

Collective oral storytelling was also seen as practical and adaptable to context, requiring few resources, and aligning with oral history traditions of many cultures, which may make it more aligned with the spirit of the CDC approach than creating more formal journey maps.

Project team members preferred the workshops at in-person convenings versus virtual webinar events.

In the original CCI design, there were three types of capacity-building workshops: (1) annual in-person convenings of one or both cohorts; (2) virtual community of practice meetings within cohorts; and (3) webinars related to different aspects of CDC practice (see Appendix D for a list of sessions).²⁰ In-person convenings were designed to provide CDC content and skill building, as well as to build a peer learning community, and the in-person opportunities to build community were highly valued. Virtual webinars were also valued as additional opportunities for project teams to learn new CDC content and connect with their peers, but the limitations of the virtual setting—less time and harder to engage in discussion—made it more challenging to translate the learning into practice.

The cohort structure created a natural mechanism for peer learning and mutual support across project teams, which was highly valued.

The cohort structure of CCI support facilitated the establishment of a community of practice, wherein project teams could direct and contribute to their own and each other's learning experiences. Participation in the community of practice:

²⁰ In response to the COVID-19 pandemic, the technical assistance providers moved all sessions to virtual delivery and increased the number of content webinars to address pandemic-related issues.

What Inputs Contributed to CCI Outcomes?

- Created opportunities for mutual inspiration
- Helped project teams generate new ideas from others' efforts (especially related to power-sharing and institutional challenges to do CDC work)
- Exposed team members to a diversity of perspectives and generated new ways of understanding how to implement a CDC approach
- Facilitated moral support that helped project teams see they are not the only ones struggling with certain issues
- Created powerful shared stories by allowing project teams to lift up their own stories, challenges, assets, and successes

The unstructured aspects of peer learning where project teams could naturally seek out support from each other on topics and challenges they were facing in real time were especially valued. Those working in similar spaces and/or similar topics (such as those focused on service provision in libraries) reported appreciation for the opportunity to learn from each other. However, some teams remarked on the value of hearing about implementation experiences across a variety of contexts and topics.

Beyond social support, the community of practice also helped project teams build relationships across their respective institutions. Members from different project teams engaged with each other outside structured CCI activities, including presenting together at the National Library Association meeting about community catalyst work and doing site visits to learn about each other's work.



WHAT DOES ALL THIS
MEAN FOR IMPLEMENTING
CDC APPROACHES?

What Does All This Mean for Implementing CDC Approaches?

In this final section of the report, we bring together cross-cutting findings about the CDC process and CCI theory of change, describe practical implications for different audiences, and provide a summary of remaining questions and limitations.

Cross-Cutting Findings

The CCI theory of change lays out intended outcomes for the participating museums and libraries, as well as hypotheses about how the outcomes are related to each other and flow from CCI strategies. As we examined the journeys of the 24 CCI projects in different contexts, we developed a more nuanced understanding of how change happens, which we incorporated into a revised TOC based on our findings (see Appendix D).

The following seven cross-cutting findings are based on evaluation data collected across an almost three-year period, including interviews and surveys with grantee project teams, surveys and interviews with ABCD technical assistance providers, and focus groups with project-involved community organizations and community members in select grantee communities. These findings illuminate how museums and libraries strengthened their capacity to engage their communities differently and identify the factors that facilitate using a CDC approach to become trusted allies in their communities, champion community priorities, and utilize assets as key mechanisms for social transformation. A high-level summary of the findings is shown in Exhibit 6, followed by more detailed descriptions.

Exhibit 6 | Summary of Cross-Cutting Findings

1. When strengthening museum and library capacity for CDC, what the institutions bring to the table matters—especially with respect to organizational support.
2. Beyond shifts in awareness and value of the CDC approach, shifts in mindsets that compel shifts in attention and behavior form a more enduring foundation for sustained CDC practice habits.
3. Making the practice changes needed to center community becomes more challenging for museums and libraries as they try to shift their engagement with community members from consulting and involving toward collaborating and empowering.
4. Sustained CDC practice depends on organizational alignment to values and practices consistent with the CDC principles.
5. Building authentic partnerships with communities to support their priorities requires flexibility, adaptability, and comfort with emergence at all levels.
6. There is a tension for museums and libraries in balancing their own reputational concerns with stepping back and sharing collective responsibility for community change with community organizations and community members.
7. It takes time to build trust and leverage community efforts and assets.

Finding 1. When strengthening museum and library capacity for CDC, what the institutions bring to the table matters—especially with respect to organizational support. Project teams that came to CCI with more openness to a CDC approach were more likely to make progress toward more inclusive, community-driven work. Most project teams tended to embark on CCI with strong value of an assets-based approach in community change efforts. However, this personal value of sharing decision-making authority and agenda-setting power with communities only went so far in making progress toward CCI goals without strong leadership buy-in and systems in place to support sustained CDC practice.

Even more traction occurs when institutional leadership has bought into authentic community partnership prior to the grant. This creates more space for staff to engage in less traditional approaches to community discovery—learning about community priorities, culture, and assets—by opening up time and roles to show up at community events and build trust and credibility with community members.

What Does All This Mean for Implementing CDC Approaches?

Readiness factors that seem critical for any degree of success in an initiative aimed at cultivating institutional engagement in CDC include:

at the **team** level,

- an authentic desire to listen to community and help create changes they want to see,
- belief in value of the community engagement model and their own potential to learn,
- baseline trust among project team members, and
- being a part of the community where the project is happening;

at the **organization** level,

- leadership buy-in to staff engaging in efforts that give community members decision-making authority, and
- existing community organizations that want to engage in an effort that gives community members decision-making authority; and,

at the **project** level,

- a project that is developed with community members and based on existing community momentum, or
- a project that is designed to discover and incorporate such momentum.

Finding 2. Beyond shifts in awareness and value of the CDC approach, shifts in mindsets that compel shifts in attention and behavior form a more enduring foundation for sustained CDC practice habits.

Within the CCI TOC, we hypothesized a direct and iterative relationship between capacity—defined as attitudes, beliefs, and understanding—and engaging in CDC practices in the short and long term. However, this relationship may be more complex than originally depicted. After increases in awareness of CDC methods and tools and short-term changes in capacity, sustained practice change may be best supported by shifts in mindsets that compel people to attend differently and act in ways that center the voices and assets of community members across the variety of contexts in which they work and influence the work of others. These shifts, such as moving from a deficit to an asset frame and increased mindfulness of who has the power in any given room, seem to occur primarily through doing—or experimenting with—CDC practices and experiencing the outcomes. Once people experience the deeper understanding of their community, more expansive ideas for museum and library roles in change efforts, and stronger relationships within partnerships or networks that result from CDC practice, those practices become habits, and there is no turning back to the old ways of thinking and doing.

Finding 3. Making the practice changes needed to center community becomes more challenging for museums and libraries as they try to shift their engagement with community members from consulting or involving toward collaborating and empowering. CCI project teams felt more comfortable in the middle stages of the community engagement spectrum, most often consulting or involving community members in determining what is important and what should be done (though the institution retains control of decision making and agenda setting), and sometimes collaborating, wherein community members have about as much decision-making authority as institutions and organizations. Project teams made strides toward centering community aspirations and priorities in the work, but they struggled to figure out ways to share decision-making authority with community members or to empower them to set the agenda, identify solutions, and decide on approaches. As institutions move closer to empowered community member decision making, they must embrace the belief that communities can actively solve their own challenges. If museums and libraries want an effort to be successful and sustainable, they must step back further, allowing for outcomes and processes they do not control and serving as resources and facilitators rather than drivers.

Finding 4. Sustained CDC practice depends on organizational alignment to values and practices consistent with the CDC principles. CCI project teams highlighted the importance of institutional alignment in sustaining CDC practices, such as centering community priorities and shifting decision-making authority. They also highlighted significant changes in organizational vision and mission that are foundational to supporting sustained practice of habits organization wide. Many interactions that museums and libraries and their community partners have with community members are often embedded in a traditional service approach, where institutions define the problems to be addressed (sometimes with community input) and design interventions to fix them. This way of engaging community reflects an ingrained culture of helping that centers institutions as the ones that can fix it and may lead to filtering community input through the lens of what service providers think communities need, not what communities actually say is important. This has led to harmful, extractive practices and deep institutional distrust on the part of communities. Only when museum and library staff are freed up from their traditional, expert, in-building roles are they able to invest in practices that create activated networks of people, organizations, and institutions that are likely to last beyond any single investment.

Finding 5. Building authentic partnerships with communities to support their priorities requires flexibility, adaptability, and comfort with their emergence at all levels. A key learning for CCI project teams was the need for flexibility and adaptability in the work. Flexibility and adaptability required a willingness to shift approaches, loosen restrictions, and remove other barriers to embracing emerging priorities and responding to shifting contexts in communities. As museums and libraries listened to and followed their community's lead, approaches and solutions began to shift to meet the priorities that emerged. In addition, museums and libraries that quickly pivoted their efforts in response to external disruptions were likely to be able to continue the practices of trust building and engagement.

Flexibility and adaptability were crucial for building museum and library capacity to engage effectively in CDC and to be more flexible in their policies and resource investments. Similarly, flexibility in grant requirements and supports is necessary to accommodate community member inclusion and responsive processes. Capacity building for CDC is strongest when it is an ongoing, iterative, and reflective process of experimentation, learning, and innovation that is dependent on local context.

Finding 6. There is a tension for museums and libraries in balancing their own reputational concerns with stepping back and sharing collective responsibility for community change with community organizations and community members.

Museums and libraries often struggled with navigating the tension between reputational considerations and a taking a purely community-oriented approach. Institutional reputations are often gained and sustained through the institution identifying community needs and providing programming to address those needs, and institutional decisions are frequently based on internal business models and processes that may be in service of board, donor, or funder preferences and driven by incentives counter to a community-oriented approach. Institutions such as museums and libraries have often enjoyed being leaders, setting trends, and serving community needs in ways that enhance their own reputation and credibility. Tension between reputational considerations and community-driven approaches often resulted in museums and libraries expanding their networks in ways that were less democratized and did not prioritize interaction between community members and community organizations. While project teams made significant strides in engaging new organizational partners, as well in shifting how they engaged them, less progress was made on de-centering community organizations, including museums and libraries. Local networks were composed primarily of community organizations, and inclusion of community members and associations in these networks was more episodic and less systematic. And in most cases, it seemed that museums and libraries served as a hub for individual partnerships (like spokes on a wheel) rather than as one of many partners within a network where the entire diversity of partners interact.

Finding 7. It takes time to build trust and leverage community efforts and assets. CDC efforts take significant time, careful planning, and re-thinking museum and library relationships with the community. Building authentic relationships with community, identifying their priorities, and co-creating approaches to address those priorities often yield unexpected pathways and results, making CDC efforts necessarily messy, emergent, and adaptive. The project teams learned that it takes time (and flexibility) to build on the dynamic strategies and outcomes that emerge from experimentation—time to try out innovative ideas in the local community, learn from these experiments, and adapt to scale innovations to other community situations. As a result, it is challenging to set out pre-determined outcomes and activities to achieve the desired goals.

Some CCI project teams talked about the need to invest time and care in repairing formerly extractive and harmful relationships, while others noted that developing relationships and trust with community members who are only vaguely aware of the library or museum also takes a significant time investment.

Moving forward with efforts that are not rooted in a shared aspiration and trust with those intended to benefit from them risks diluting the efficacy of the efforts, because they are less likely to be aligned with community priorities and employ culturally relevant approaches. Near the end of their grant periods, many project teams felt they were at the beginning or middle of a long road in their community-driven work and looked forward to continuing to build on their efforts and expanded networks.

Implications for Implementers and Funders

The museums, libraries, and community partners that participated in CCI produced learnings that have relevance far beyond their own institutions and communities. Based on the evaluation findings, we lay out considerations for three audiences:

- **Museums and libraries** that want to apply some or all the principles of CDC in their own communities and spheres of influence
- **Capacity builders** supporting museums and libraries (and other community anchor institutions)
- **Funders** that want to re-think how to invest in community transformation

Considerations for Museums and Libraries

Invest sufficient institutional resources to implement and sustain CDC, including sufficient staff time dedicated to community engagement work and funding for community-driven efforts that includes compensation for community members across sufficiently long time horizons.

Ensure any CDC effort is backed by strong vision, championship, and buy-in among institutional leaders throughout the effort. This can be done by including leaders with decision-making authority in planning and implementation of the CDC effort and in efforts to align institutional strategy, mission, and internal processes and policies with CDC principles.

Broaden the definition of community partner beyond community organizations to community members, including residents, leaders, intended beneficiaries, and other on-the-ground stakeholders.

CCI project teams struggled most with moving out of their comfort zone of interacting with other community organizations to engaging those most affected by the issues they were addressing. Community organizations can be helpful in providing expertise and access to community members, but CDC requires community members to take the driver's seat.

Center communities in the work at every step along the way. CDC practices are about institutions stepping back, listening to community members, ceding decision-making authority and agenda-setting power, and showing up differently as a helper, facilitator, and supporter, not as a driver of change. It is important to listen deeply to community members—and then include intended beneficiaries in all aspects of needs assessment, design, implementation, and learning.

Seek out and build on existing community efforts rather than starting new programming by, for example, sharing museum and library space and resources for community-initiated events (or doing this more) and brokering connections among community members and organizations.

Support diffusion of CDC practice across the institution. Build staff buy-in by highlighting successes and benefits and providing training to further support diffusion with CDC-aligned policies and processes.

Considerations for Capacity Builders

Align capacity-building supports to meet project teams where they are, considering baseline capacity, project phase, and emergent needs; opportunities for co-designing capacity-building experiences; and prioritizing the amplification of grantee and community stories.

Offer more opportunities for discovery, applied practice, and experience with the CDC approach, such as providing more experiential/less theoretical training, more opportunities for reflection and learning, and more activities to practice CDC practice; connecting project teams with practitioners in the field who have expertise in the project issue or similar geography based on familiarity with the project focus; and providing models of what CDC looks like on the ground, such as bringing in organizations and communities that are already doing this work to talk to project teams (even if they are from different fields).

Focus on the process, not the products of capacity building. The value of capacity building is in the process and learning reflections. Support an ongoing, looped process of (1) learning new methods, tools, and skills; (2) experimentation and innovation; and (3) reflection; then back to (1) or (2).

Leverage peer learning to deepen capacity and practice development. CCI project teams very much valued the opportunity to connect with and learn from their colleagues in other institutions. Setting up a community of practice maximizes opportunities for teams to share their assets and gifts with each other—celebrating successes, lifting up challenges, exchanging ideas to test out and refine, making connections across respective networks, and providing social support.

Considerations for Funders

Set grantees up for success by prioritizing the centering of community in application and selection processes. A CDC approach requires museums and libraries to operate very differently from how they traditionally go about their work. Funders can make explicit in the notice of funding opportunity important foundational mindsets, necessary institutional commitments, and expectations for centering community; and incorporate CDC training for reviewers to create more diverse and better equipped grant application review panels that include community members.

Be flexible and adaptive in funding structures, timelines, and requirements. CDC efforts are less amenable to traditional grant project structures and funding requirements. Building relationships with community, identifying their priorities, and co-creating approaches to address those priorities all take significant time and re-thinking about the museum or library's relationship to the community. Funders can offer longer grant periods (three to five years) and flexibility in grant requirements to allow time for relationship building, co-creation with community, and a long enough implementation to see impact on community wellbeing; and using a funding strategy with two stages of funding—a first for planning and co-creating projects with communities, and a second for implementing the project.

Fund beyond the usual suspects, including smaller neighborhood libraries and grassroots organizations that are ideally positioned within their communities to do CDC work but may not have the capacity to apply for and administer a bureaucratic grant. Some potential adaptations include:

- Easing up on application processes and requirements.
- Reducing reporting requirements or offering alternate methods of reporting (such as quarterly phone calls).
- Providing flexibility in the use and re-allocation of funds based on emerging needs.
- Engaging potential grantees early and provide support in the application process.

Change the funder narrative about communities. In order for this model to be successful, there is a need to change how communities are viewed by the institutions and funders. CDC requires trust with communities who have in many instances been harmed by community institutions, which is why trust doesn't happen easily. Often the default narrative about communities is needs-based and deficit oriented (what they don't have, what problems they face), rather than asset focused and strengths based (they are able to generate their own solutions to address their own issues as they define them). In funding CDC, it is important to disrupt the traditional service model approach to community engagement that centers institutions as the ones that can fix it. Requiring CDC grants to be co-run by vested community members can help make these shifts.

Use equitable evaluation and learning practices throughout the grant cycle to build capacity, support scale, and empower people to make decisions. Equitable evaluation (e.g., co-designing evaluation designs, using culturally appropriate data collection) centers communities in the access and use of information and amplifies the experiences of all stakeholders, especially those most impacted by the focus on an effort. Findings and insights need to add value to those on the ground, not just for funding accountability or performance monitoring purposes. Equitable evaluation can also be a tool to document innovative ways to do CDC and provide insights from innovation experiments about what principles are necessary for scaling the CDC capacity-building approach, as well as what should be adapted to align to local context and priorities.

Concluding Thoughts and Remaining Questions

CCI was a uniquely meaningful learning experience for all involved. Grantees that seized the opportunity CCI offered—to engage community members in a wholly new way or in small new ways, with the support of a large and widely respected federal agency—experienced the challenge and power of meeting community members where they are, building meaningful relationships with them, and working with them to try to create change in their communities.

Many project team members reported they are permanently changed by the experience and are eager to continue the work of CDC within their continued projects and beyond. ABCD experienced the challenges and rewards of supporting changes in capacity and practice among people embedded in institutions on behalf of a large federal institution, and learned that changes both incremental and seismic are worth celebrating. And IMLS program staff learned that they can create a new model of capacity building for museums, libraries, and their partners, and, in all its messiness, add momentum to a movement toward a more equitable future where everyone thrives in communities, across all indicators of community social wellbeing.

Having said that, some remaining questions need to be answered in future efforts:

How do we assess contribution? Because of the initially short time frames, disruptions to project implementation because of COVID-19, and the scope of many projects, it was challenging to assess longer-term community impact. As such, there remain questions about the relative contribution of museums and libraries to collective community change and what those specific contributions might be.

In addition, isolating the effects of collective action efforts is difficult given the likelihood that other system initiatives may be occurring in the space at the same time. This is especially true when CCI efforts leverage existing policy or practice initiatives, such as existing collective impact efforts where single partner effects may be not be just additive to overall impact but must be understood in the context of other dynamic changes that occur.

Our evaluation design was originally intended to assess the causal contribution of the CCI approach on museums and libraries' capacity, practices, and institutional culture and the contribution of those shifts to community outcomes. We were able to draw conclusions about how CCI technical assistance, institutional inputs, and capacity, practice and community changes were related to one another, we were unable to systematically assess causal contributions due to changes across cohorts and project disruptions and adaptations due to the pandemic.

How can museums and libraries shift their roles? Many CCI projects made significant progress toward strengthening relationships with other community organizations but struggled to engage community members beyond providing input or consultation. There remain questions about what mechanisms could help museums and libraries make this shift, further step back into a support role related to resident-driven efforts and priorities, and further unpack the conditions that best support shifting decision-making authority and agenda-setting power to community members. There remain specific questions about how the institutional cultures of museums and libraries can further evolve.

What is the best strategy for scaling and diffusion? Scaling across very diverse communities, institutions, and projects remains challenging in terms of identifying what aspects of a CDC approach are required and which ones can be tailored to local contexts. In addition, there is a need to build in a dissemination and diffusion strategy that takes lessons learned from pilot projects, experiments with these lessons in new settings, and begins to distill what aspects of CDC are most important for museums and libraries to take on. In addition, we surfaced the idea of readiness and how it might contribute to accelerating changes to museums and libraries and their communities, but more formal inquiry aimed at identifying those readiness factors would be helpful in understanding how to scale to a broader set of museums and libraries that differ on many different dimensions—including size, geography, areas of focus, community culture, and institutional norms.



APPENDIX

APPENDIX A: Grantee Project Impact Goals

Table A1| Cohort 1 CCI Projects

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<p>ECHO, Leahy Center for Lake Champlain <i>Museum</i> Nov. 2017 – Oct. 2020</p>	<p>Vermont Clean Water Network is a statewide network of networks aimed at creating a “culture of clean water” by aligning and supporting each other’s work, exploring emerging opportunities for collaborative action, sharing learnings, and celebrating successes</p>	<i>Residents</i>	Environment	<ul style="list-style-type: none"> Increased awareness about the value of clean water and increased action-taking to improve water quality among Vermonters 	<ul style="list-style-type: none"> Expanded network to include a new small nonprofit organizational partner and residents that have brought new perspectives to network meetings and events Hosted network meetings and various events toward “creating a culture of clean water”
<p>Enoch Pratt Free Library (via grant to City of Baltimore) <i>Library</i> Oct. 2017 – Sept. 2019</p>	<p>Social Worker in the Library aimed at improving community health by staffing select library branches in Baltimore with social work interns who provide resources and referrals and coordinate programs/events based on community aspirations</p>	<i>Residents</i>	Health; Social Connection; Insecurity	<ul style="list-style-type: none"> Reduced food insecurity among “library regulars” Increased use of addiction and mental health services among “library regulars” Increased use of library workforce development services among “library regulars” 	<ul style="list-style-type: none"> Social work interns provided 1:1 counseling to library customers and, along with School of Social Work staff, worked with library staff and other partners to “offer support groups, identify beneficial partnerships, develop resources and reach out to community” at 4 branches the first year and 7 branches second and third years

*Definitions from Norton, MH & Dowdall, E (2016). *Strengthening Networks, Sparking Change: Museums and Libraries as Community Catalysts*

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					<ul style="list-style-type: none"> • In FY19, SWIL program served 1,075 individuals (FR) • In FY19, 497 intake forms were completed by SW interns with requests for services (12% referrals for employment services, 11% for benefit application, 4% mental health and 2% addiction/substance use) • Participating branches coordinated several events for the benefit of the surrounding community, based on customer input (holiday food baskets)
<p>Explora Science Center & Children's Museum <i>Museum</i> <i>Nov. 2017 – Oct. 2019</i></p>	<p>STEM Charging Stations for Young Children & Families aimed at closing the achievement gap statewide by encouraging young children, their caregivers, and early childhood education service providers to engage in STEM education in their communities</p>	<p><i>Young children</i></p>	<p>School Effectiveness</p>	<ul style="list-style-type: none"> • Decreased science and math achievement gap for low-income children • Increased awareness of importance of early learning STEM in community • Increased capacity of librarians, teachers and early childhood providers (ECPs) to provide STEM learning opportunities • Increase STEM learning opportunities for low-income children and families 	<ul style="list-style-type: none"> • Creation of early learning STEM digital programming and resources for libraries to share with community members • Two-month early learning STEM public awareness campaign on state PBS station (50 15-second spots; audience of more than 30,000 viewers)

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					<ul style="list-style-type: none"> • Librarians and ECPs evidenced <ul style="list-style-type: none"> – High value of early learning STEM workshops (which are continuing) – Incorporating concepts and skills learned in those workshops into their work with young children and families and sharing what they learned with colleagues • Parents/grandparents participating in “Grow a Scientist” program evidenced <ul style="list-style-type: none"> – Learning STEM concepts and discovering more about their children – New approaches for science learning at home and plans for continued use • Partners that hosted “Growing a Scientist” programs evidenced high value of the program within their communities.

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<p>Haggerty Museum of Art, Marquette University <i>Museum</i> <i>Oct. 2017 – Sept. 2020</i></p>	<p>WaterMarks: An Atlas of Water and the City of Milwaukee aimed at helping the city’s citizens recognize water as resource and responsibility, vital to life and general wellbeing through public art and community events</p>	<p><i>Residents</i></p>	<p>Environment</p>	<ul style="list-style-type: none"> • Increased “water literacy” among Milwaukee’s residents, including <ul style="list-style-type: none"> – Seeing connections between their daily activities and the city’s water – Understanding the science and economics of a healthy water system – Imagining their role in sustaining this vital resource. • Physical transformation of the city’s Inner Harbor through sculpture that makes visible the significance of water to the city • Artist become essential partners with the city’s citizens and with water industry, water research, water services, and activist entities • Increased sustainable environmental development 	<ul style="list-style-type: none"> • Residents have evidenced <ul style="list-style-type: none"> – Increased understanding of their local environment and water systems – Increased understanding of the importance of water – Increased understanding of human impacts on the environment – Increased understanding of environmental stewardship, including ways to care for water systems • Community partners have evidenced <ul style="list-style-type: none"> – New and strengthened relationships (including among institutions, organizations, and residents) – Increased understanding of their roles in supporting community development projects – Increased value of artists and understanding of potential roles for artists in community

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					development or environmental projects
<p>Institute for Veterans & Military Families, Syracuse University</p> <p><i>Other</i></p> <p><i>Oct. 2017 – Sept. 2018</i></p>	<p>NCServes – Western (based on the national AmericaServes model) aimed at improving health and wellbeing among service members, veterans, and their families (SMVF) through improved coordination within a network of public, private, and nonprofit organizations throughout multiple counties in Western NC</p>	<p><i>Veterans</i></p>	<p>Social Connection</p>	<ul style="list-style-type: none"> • Increased community member access to more/more locally relevant community resources and data • Increased number of providers that onboard onto the service coordination platform every month 	<ul style="list-style-type: none"> • Community members across 11 Western North Carolina counties <ul style="list-style-type: none"> – Attended focus groups, strategy sessions, and conferences at participating libraries (n=290) – Attended 2 town hall events organized by library staff to increase awareness of community resources and access points and a mental health resources panel (n=60) • Two blogs were posted on service coordination and community development • Ten libraries made available materials with information on community resources • Four libraries received training in technology platforms involved in administering partner programs

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<p>Illinois Joining Forces (IJF)</p> <p><i>Other</i></p> <p><i>Oct. 2017 – Sept. 2018</i></p>	<p>Veteran Support Communities aimed at improving health and wellbeing among SMVF through strengthening local and regional networks of service providers and their relationships with IJF throughout Illinois</p>	<p><i>Veterans</i></p>	<p>Social Connection</p>	<ul style="list-style-type: none"> • Increased well-being among service members, veterans and their families throughout Illinois through more efficient and effective service provision that better meets their needs • Increased local veteran support communities through bringing together local Veteran resource providers and other community assets 	<ul style="list-style-type: none"> • Partners (service providers) evidence <ul style="list-style-type: none"> – Feeling “part of something bigger, a larger vision” – Increased funding through IJF
<p>Lincoln Community Foundation</p> <p><i>Other</i></p> <p><i>Oct. 2017 – Sept. 2020</i></p>	<p>Read Aloud Lincoln aimed at improving school readiness and success among young children in Lincoln, NE by providing educational programming, events, and resources that promote 15 minutes of reading aloud per day</p>	<p><i>Young children</i></p>	<p>Economic and Ethnic Diversity; School Effectiveness</p>	<ul style="list-style-type: none"> • Young children in Lincoln are ready for kindergarten • Families in Lincoln with young children have more opportunities to read aloud together and have more books in their homes 	<ul style="list-style-type: none"> • Increased belief in the importance of reading aloud to young children among community members • More books in the hands of caregivers that increased institutional infrastructure supporting reading to young children, e.g., reading nooks in museums, shopping centers • Increased communications/educational materials on reading aloud with young children

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					<ul style="list-style-type: none"> Increased outreach among project partners and others to raise awareness about importance of reading aloud to young children
<p>Oak Park Library (via grant to Triton College) <i>Library</i> <i>Oct. 2017 – March 2019</i></p>	<p>Activating Community Opportunities aimed at improving academic achievement outcomes among middle and high school students in Oak Park, IL through student-oriented activities (e.g., tutoring, mentoring, workshops) and family engagement activities (e.g., training on K-12 systems navigation)</p>	<p><i>Youth</i></p>	<p>Economic Wellbeing; School Effectiveness</p>	<ul style="list-style-type: none"> Increased college readiness among low-income, first generation college students through individual and family coaching and mentoring at the library. Increased non-cognitive and career skills Increased student and family ability to articulate an intended college pathway and available support networks 	<ul style="list-style-type: none"> Youth evidence <ul style="list-style-type: none"> Increased attendance and engagement in all library activities Increased connections to partners in ways that open up new career pathways outside of college Increased number of parents attending events Increased engagement with the library and utilize its resources among community members
<p>Ohio History Connection <i>Museum</i> <i>Oct. 2017 – Sept. 2019</i></p>	<p>Emerging New American Community Team (ENACT) aimed at building the next generation of New American community advocates and increasing a sense of belonging in the larger Central Ohio community by connecting a</p>	<p><i>New American young adults</i></p>	<p>Cultural Engagement; Political Voice</p>	<ul style="list-style-type: none"> Short term: Increased understanding of: libraries, public health, public safety, parks and recreation, housing, and civic engagement. Long-term: Increased sense of belonging for all of Central Ohio's New Americans. 	<ul style="list-style-type: none"> Fellows who complete program (n=13) evidenced <ul style="list-style-type: none"> Increased knowledge and use of resources, services, and opportunities across all workshop topics Increased confidence in advocating for self and community

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
	cohort of aspiring New American leaders with established community resources and fundamental civic education				<ul style="list-style-type: none"> – Increased sense of belong in Central OH – Increased community engagement • Other New American community members evidenced accessing institutions in new ways (e.g., visits to library)
Riveredge Nature Center <i>Museum</i> <i>Dec. 2017 – Nov. 2020</i>	Community Rivers Program aimed at keeping the Upper Milwaukee River Watershed ecosystem healthy by inspiring appreciation for the watershed, educating, and enabling positive land management among rural and suburban community members	<i>Residents</i>	Environment	<ul style="list-style-type: none"> • Increased engagement in environmental activities and awareness of issues related to watershed health, particularly among rural citizens 	<ul style="list-style-type: none"> • Residents evidenced <ul style="list-style-type: none"> – Increased engagement in conversations around land use, natural resources, and the environment more generally – Increased awareness of natural wonders around them – Increased engagement in recreational activities that rely on river health – Increased engagement in activities that improve water quality
Woodland Park Zoo <i>Museum</i>	Seattle Youth Climate Action Network aimed at empowering and activating the city’s teens to address climate change by	<i>Youth</i>	Environment	<ul style="list-style-type: none"> • Diverse youth (ages 14 to 18) access a network in which they learn more about climate change, develop leadership skills, and create and implement climate action 	<ul style="list-style-type: none"> • On average, 22% of Youth Leadership Team members and 13% of community partner organizations

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
Nov. 2017 – Oct. 2019	participating in monthly events, trainings, action campaigns, and Youth Climate Action Summits			<p>projects that will address local climate change priorities identified by youth and other community stakeholders.</p> <ul style="list-style-type: none"> The network is driven by collaborative community efforts and input 	<p>attended SYCAN governance meetings</p> <ul style="list-style-type: none"> Community partners evidenced <ul style="list-style-type: none"> Increased preparedness to develop and maintain ongoing relationships with community partners (all) Increased preparedness to share knowledge and other resources as an active contributor to problem solving in the community (all) Better understanding of their responsibilities as a community partner of SYCAN but goals and specific roles of community partners were still lacking (most) Increased preparedness to provide a program or service that addresses community needs (half) Increased ability to engage my community (half)

Table A2| Cohort 2 CCI Projects

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<p>Athens-Clarke Library <i>Library</i> <i>Oct. 2018 – Sept. 2021</i></p>	<p>Toward a Trauma-Informed Approach for Public Library Service aimed at improving community health of at-risk and vulnerable patrons by providing trauma-informed supports and resources</p>	<p><i>Residents and youth</i></p>	<p>Health; Social Connection; Insecurity</p>	<p>Trauma-informed Services for Adults Outcomes:</p> <ul style="list-style-type: none"> • Patrons connect with the recommended social services • Positive impact of and satisfaction with social services received • Service providers recommend their clients use the library social work program • Reduced disruptions or incidents in the library <p>Trauma-informed Services for Teenage Girls Outcomes:</p> <ul style="list-style-type: none"> • Amplification of girls' voices in the community • Increased sense of sisterhood and solidarity among adolescent girls • Increased participation in extracurricular activities among adolescent girls • Increased access to a safe space for girls to learn and practice life-skills 	<ul style="list-style-type: none"> • Staff received training and education on trauma and trauma-informed care • Review of current library policies, practices, procedures, and building to avoid retraumatizing customers is ongoing • Creation of library programming for diverse populations that nurtures and celebrates culturally-specific protective factors is ongoing • Girls evidence positive impacts in leadership skills and confidence
<p>Children’s Museum of Houston <i>Museum</i></p>	<p>Houston Basics Complete Communities (Basics2) aimed at improving community health by providing low-income families with opportunities to learn how</p>	<p><i>Young children</i></p>	<p>Economic Wellbeing; School Effectiveness;</p>	<ul style="list-style-type: none"> • Improved community health • Increased opportunities for low-income families to learn how to support the development of their 0-3-year-old children 	<ul style="list-style-type: none"> • Families that accessed Welcome Baby resources evidenced <ul style="list-style-type: none"> – Increased ideas for how to engage their babies

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<i>Oct. 2018 – Sept. 2020</i>	to support their 0–3-year-old children’s development		Cultural Engagement		<ul style="list-style-type: none"> – Increased awareness that a child's literacy development begins at an earlier age than previously thought – Increased reading frequency with their babies – Increased confidence that they can support their babies’ development
EdVenture <i>Museum</i> <i>Oct. 2018 – Sept. 2021</i>	Hartsville, SC: Youth-Focused Collective Impact Initiative aimed at preventing gang involvement by engaging youth through a leadership program that encourages creative thinking, developing critical thinking skills, building self-confidence, and school achievement	<i>Youth (original), young children (final)</i>	Health; Social Connection; Insecurity	<ul style="list-style-type: none"> • Strengthened youth development and reduced gang involvement in Hartsville, South Carolina (original) • Strengthened capacity of early childcare providers and family/caregivers to support social emotional learning in young children (final) 	<ul style="list-style-type: none"> • Community members evidenced <ul style="list-style-type: none"> – Increased awareness own successes and assets (overcoming of negative stereotypes) – Increased awareness of museum assets and offerings • Community organizations evidenced <ul style="list-style-type: none"> – Increased awareness of the problem of gang violence in the community – Increased buy-in to participate in anti-gang efforts
Free Library of Philadelphia <i>Library</i> <i>Oct. 2018 – Dec. 2020</i>	Paschalville Partnership: Catalyzing a Community-Led Future aimed at understanding local needs and priorities by engaging residents as consultants in community outreach efforts with their neighbors	<i>Residents</i>	Economic Wellbeing; Social Connection	<ul style="list-style-type: none"> • Higher labor force participation rate, lower unemployment rate, and reduced barriers to employment among the historically underserved Southwest Philadelphia residents, with a special focus on its New American and re-entry populations • Positive changes in participants’ attitudes, knowledge, and skill levels as a result of their involvement in the community engagement process 	<ul style="list-style-type: none"> • Community members have a greater appreciation of their community assets • Participating project team members (including community members) have (new) productive relationships in the community • Participating project team members (including community members)

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					<p>understand ABCD principles, practices, and tools; see value in the approach; and are utilizing ABCD practices and tools outside the project</p>
<p>Mississippi Children’s Museum <i>Museum</i> <i>Oct. 2018 – Dec. 2020</i></p>	<p>Wonder of Wellness: A Family Perspective aimed at improving community health and wellness through engaging whole families in conversations about healthy choices and habits</p>	<p><i>Children</i></p>	<p>Health</p>	<ul style="list-style-type: none"> • Reduced obesity and unhealthy habits among children in Jackson • Increased knowledge among children and caregivers about child health issues, including physical activity, healthy eating, and social/emotional wellness • Increased participation of caregivers and children in health-related programming 	<ul style="list-style-type: none"> • Caregivers and children participated in and valued health-related programming
<p>Nashville Public Library Foundation <i>Library</i> <i>Oct. 2018 – Sept. 2021</i></p>	<p>Framing Youth Outcomes for the 21st Century aimed at improving youth outcomes by engaging stakeholders in in conversations to understand what youth need to thrive in education, work, and life</p>	<p><i>Youth</i></p>	<p>Health</p>	<ul style="list-style-type: none"> • Strengthened skills or assets needed to thrive among youth in Nashville • Improved capacity among youth-serving professionals to design informal learning experiences that support youth in developing skills they need to thrive 	<ul style="list-style-type: none"> • Youth-serving professionals evidenced <ul style="list-style-type: none"> – valuing NAZA training – valuing NAZA program quality assessments and youth data – valuing NAZA educational resources – valuing community partnerships and resources
<p>National Public Housing Museum <i>Museum</i></p>	<p>The Entrepreneurship Hub aimed at addressing systemic and structural barriers to entrepreneurship by creating opportunities to support a new</p>	<p><i>Public housing residents</i></p>	<p>Economic Wellbeing; Cultural Engagement;</p>	<ul style="list-style-type: none"> • Reduction in the racial wealth gap • A robust infrastructure to support a new generation of small businesses and cooperatives by public housing residents 	<ul style="list-style-type: none"> • Residents evidenced increased senses of belonging, connection to others, and power to affect change through storytelling

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<i>Oct. 2018 – Sept. 2021</i>	generation of small businesses and cooperatives by public housing residents		Social Connection		<ul style="list-style-type: none"> Increased museum connections organizations working on co-operative enterprise models and/or public housing residents.
<p>Norman B. Leventhal Map & Education Center <i>Museum</i> <i>Oct. 2018 – Dec. 2020</i></p>	<p>Empowering Maptivists aimed at empowering and activating youth on issues of inequities by expanding their access to maps and spatial data as tools for advocacy and change</p>	<i>Youth</i>	Cultural Engagement; Political Voice	<ul style="list-style-type: none"> Students who participate in the program <ul style="list-style-type: none"> better understand their topic of study or research through studying data, visualizations, and maps better understand their city have enhanced 21st century skills are more informed in their consideration of how to advocate for change can share their visuals and maps and articulate their research and study of community topics through a community dialogue meeting at a neighborhood library branch Students and their teachers in key partnership schools understand how to use data and GIS as part of their research and teaching Continued and expanded partnerships with library and public schools 	<ul style="list-style-type: none"> Continued and expanded partnerships with library and public schools Created a formal program and curriculum that will be taught by center staff as an elective (rather than by teachers incorporating it into existing curricula) Taught students to collect their own simple data about a topic of study in their community and helped them create a visual source Supported students to take their research, data, maps and ideas for change to their communities through discussions with community advocates and presentations their local library branches (second year presentations were curtailed by COVID-19 pandemic)
<p>Portland Art Museum <i>Museum</i></p>	<p>Building Community Centered-Practices aimed at developing a community engagement framework to facilitate</p>	<i>Community partners</i>	Cultural Engagement	<ul style="list-style-type: none"> Meaningful, sustained relationships between museum and community partners based in trust, equity, justice, and community power 	<ul style="list-style-type: none"> Documented existing knowledge, skills, and expertise among staff and community partners on how to build meaningful, sustained relationships

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
<i>Oct. 2018 – Sept. 2021</i>	community-centered collaborations and sustained partnership practices				<p>based in trust, equity, justice, and community power</p> <ul style="list-style-type: none"> • Developed a collective framework or set of frameworks that can shape what “community partnership” means for the museum • Deepened understanding and learning within the institution of the relevance of community partnership and relationship-building work • Integrated community partnership practices into museum initiatives at both the practitioner (staff) and organizational level (institutional culture) • Co-location of a grassroots community organization at the museum
<p>Rose Library at Emory University</p> <p><i>Library</i></p> <p><i>Oct. 2017 – Sept. 2020</i></p>	<p>Reducing AIDS through Community Education (R.A.C.E) aimed at improving community health by utilizing library archives and resources to address the rise in rates of HIV/AIDS in the Atlanta area</p>	<i>Residents</i>	Health	<ul style="list-style-type: none"> • Increased knowledge of AIDS history and awareness of Atlanta resources among community members • Increased understanding of community assets to address the recent increase in cases of HIV/AIDS in the Atlanta area • Regular engagement with community members through public forums and programming 	<ul style="list-style-type: none"> • Completed asset mapping • Established advisory board • Actively overcoming poor reputation in the community by showing up at community meetings and events and hosting events with community members

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
				<ul style="list-style-type: none"> • Creation of a physical resource bank of unique materials accessible to community members beyond the campus 	
<p>Tennessee Aquarium <i>Museum</i> <i>Oct. 2018 – Dec. 2019</i></p>	<p>Community-Driven Planning for Early Childhood Educator Professional Learning aimed at developing professional development opportunities for early childhood educators through conducting a community needs assessment around early childhood</p>	<p><i>Early childhood educators</i></p>	<p>School Effectiveness</p>	<ul style="list-style-type: none"> • Creation of a preschool professional development delivery model to be used in a new Early Learning Center for caregivers and educators that results in strengthened early childhood environmental education 	<ul style="list-style-type: none"> • Needs assessment completed and shared with institutional partners • Feasibility study completed
<p>University of Virginia Library <i>Library</i> <i>Oct. 2018 – Sept. 2021</i></p>	<p>Increasing Community Capacity: A Collaborative Equity Atlas aimed at addressing community inequities by increasing community's capacity to gather, analyze, and utilize data and co-creating a data and policy tool</p>	<p><i>Community Partners</i></p>	<p>Economic and Ethnic Diversity</p>	<ul style="list-style-type: none"> • Increased sense of empowerment to redress inequity among community members and other partners • Increased capacity among community members and other partners to generate and openly share data related to local inequity • Increase collective vision and joint ownership for a collaborative Regional Equity Atlas within community • Increased student capacity for civic/community engagement • Improved community, library, university relations and trust 	<ul style="list-style-type: none"> • Built capacity for data use among community organizations through mini-grants, library staff consultation with mini-grant recipients, courses and data workshops, and new data tools based on community need • Created community calendar to support future networking and volunteering • Drafted documentation for inclusion in course materials to instruct students on how to ensure their work is made available to community through a library repository • Engaged in listening sessions through interviews and focus groups with organizational and institutional representatives and less formal

Grantee Organization, Org Type, and Grant Length	Original Project Name, Aim, and Strategy	Intended Beneficiaries	Ultimate Community Impact*	Community Impact Outcome	Evidence for Community Impact Outcome
					listening to community members and organizations during advisory group meetings and while out in community
<p>University of Washington</p> <p><i>Other</i></p> <p><i>Oct. 2018 – Dec. 2020</i></p>	<p>Co-Creating Concept Art and Stories for Virtual Reality: Libraries and Museums as Assets for Juvenile Rehabilitation aimed at building a coalition of community organizations in Washington State focused on supporting incarcerated youth through digital arts and technology</p>	<p><i>Justice-impacted youth</i></p>	<p>Economic Wellbeing; Cultural Engagement; Social Connection</p>	<ul style="list-style-type: none"> • Incarcerated youth are exposed to virtual reality technology and industry, including conceptual and technical learning related to VR creation • Incarcerated youth are engaged in the co-construction and communication of art and stories for VR, using VR and traditional artistic design methods • Increased professional network connections between incarcerated youth and virtual reality, library, and museum professionals in the larger Seattle area 	<ul style="list-style-type: none"> • Youth were exposed to virtual reality technology and industry (2 cohort of 12 for total of 24 youth) • Youth were engaged in the co-construction and communication of art and stories for VR, using VR and using traditional artistic design methods • There was an exhibition of youth’s concept art at the library, co-curation with project staff; reports were that it was a powerful experience for the youth

APPENDIX B: Methodology

The evaluation methods for this report assessed the 24 CCI grantees' (1) uptake and experience of CCI supports, and (2) outcomes of CCI participation for individual project-involved staff, organizations, and communities. The combination of quantitative and qualitative methods included surveys, interviews, and focus groups with project teams, community partners, and site consultants, as well as administrative data. The analytic approach utilized rubrics and thematic and descriptive analyses to address the prioritized evaluation questions. The COVID-19 pandemic, which occurred about 17 months into the projects of Cohort 2 grantees, necessitated adaptations to the evaluation design and the evaluation questions. Below we describe the final design.

High Level Evaluation Design

The design of the CCI Evaluation Study follows a three-stage approach, with Stages 2 and 3 each building on the previous stages.

Stage 1 | Within-Grantee Descriptions: We used existing administrative data and original survey and interview data to describe: grantee experiences of the CCI capacity-building activities, museum and library capacity for community engagement, and practices related to doing asset-based community development and collective impact, and preliminary community outcomes.

Stage 2 | Case Studies: We conduct case studies with three Cohort 1 grantees that evidenced CCI-aligned changes in capacity and practice to engage in deeper inquiry. We facilitated focus groups with various local project stakeholders—including community members—to explore contributions of CCI capacity-building experiences to changes in capacity and practice, contributions of capacity and practice changes to community changes, and contributions of alternative local drivers of change to all outcomes.

Stage 3 | Across-Grantee Analysis: Using all data available and across the 24 grantees, we tested for associations between CCI capacity-building experiences, changes in capacity and practice, community network changes, and other factors that were hypothesized to facilitate or inhibit success.

CCI Evaluation Steering Team

Throughout the evaluation study, we have consulted the CCI Evaluation Steering Team (EST) for technical review, brainstorming, and meaning-making around evaluation findings. The EST played a central role in ensuring the evaluation design and methods were rigorous and culturally appropriate and that evaluation findings were vetted and contextualized by the field. The EST provided feedback on the evaluation questions and design near the beginning of the study and offered insight and context for the findings in this report.

Evaluation Questions

After developing the CCI TOC in partnership with IMLS and other CCI stakeholders, we worked with IMLS to draft and prioritize evaluation questions, which were reviewed by the EST. After the onset of the COVID-19 pandemic, we worked with IMLS to develop additional evaluation questions that were specific to the interruption. The final set of evaluation questions addressed in this report are listed below, with the ones added in light of the COVID-19 pandemic followed by double asterisks.¹

Evaluation questions related to **museums, libraries, and grantee project partners** include:

1. To what degree and in what ways did museums, libraries and their grant partners develop **capacity** to be community catalysts?
2. In what ways did CCI-participating museums, libraries and their grant partners change **practices** to better engage their communities in co-creating and implementing community change?
3. What conditions support or inhibit the development of museum and library capacity to engage their community in meaningful ways?
4. To what degree can changes in grantees' individual organizational capacity and practices be attributed to CCI capacity building support?
5. How are grantees adapting and/or shifting in response to COVID-19 and the movement for Black liberation, particularly in relation to their CCI-funded projects and approaches to community-driven collaboration?***
6. To what extent do CCI-involved museum and library staff and leadership see community-driven collaboration as essential to their future and the health of their communities?***

Evaluation questions related to **local networks and communities** include:

7. To what degree and in what ways were museums, libraries and their grantee partners able to create a **local ecosystem** that supports community social change?
8. To what degree and in what ways do **communities** experience positive social change?
9. How did outcomes vary across types of CCI supports/inputs used, cohorts, or characteristics of involved library/museums, partners, or communities?

¹ The following questions are addressed in the "Community Catalyst Initiative: Internal Memo," a companion document: How did grantee project teams vary in their use of CCI supports/inputs? Which mattered the most and to whom? What factors facilitated or hindered progress on outcomes or access of supports? What cross-cutting lessons can be drawn about the role of capacity-building in helping build effective community engagement across a diversity of libraries, museums, and communities? What are the benefits of using a cohort approach, including peer learning networks, in this work? What implications does CCI raise for other investments in museums and libraries for other grant-makers, stakeholders and funder partners besides IMLS? How can CCI efforts inform strategies, grantmaking, evaluation practices, field building, and dissemination strategies? The following field-facing questions were identified during the evaluation design phase, but the adaptive nature of the initiative combined with the COVID-19 pandemic interruption precluded addressing them with confidence: To what degree is CCI scalable across the museum and library sectors? What attributes of the model require fidelity and what could be adapted to local contexts?

Evaluation questions related to **CCI implementation** include:

10. To what degree does CCI capacity building support contribute to progress on local project goals?

Evaluation questions oriented toward IMLS include:

11. In what ways did CCI contribute to changes/refinements in practices to support (1) creating an institutional learning culture, and (2) scaling of CCI model across agency areas of focus?

Study Participants

Data were collected from five sets of individuals, across the 24 funded projects:

- **Project teams** comprised individuals who work most closely on the project, receive technical assistance from the site consultants, and had at least some sense of accountability toward grant expectations. Most project team members were grantee organizations staff, though some were partner organization staff or other project-involved individuals (e.g., consultants, board members).
- **Grantee organizations** as represented by the project team lead.
- **Community organizations** involved in the design and/or implementation of the CCI project, including museums, libraries, government agencies, university-based organizations, businesses, K-12 education institutions, large nonprofit organizations, and grassroots nonprofit organizations.
- **Community members** who participated in creating or implementing the CCI project plan or who participated in a CCI-funded project-related activity.
- **Site consultants** who provided technical assistance to CCI grantees, as part of ABCD's cooperative agreement with IMLS.

Data Collection Processes

For Cohort 1, most of whom completed their CCI grants by October 2019, data collection included assessment of outcome levels near the end of their grant periods as well as retrospective assessment of perceived change over time.² For Cohort 2, whose grant projects began in October 2018, data collection comprised assessment of some outcomes at baseline—in the spring of 2019, a few months into their projects—and assessment of all outcomes about 2 years later (following a pandemic-related delay), which for most, was near or after the end of their projects. We utilized the following data collection methods:

² The evaluation began in the second year of Cohort 1 implementation; therefore we were unable to collect baseline and project-end data in real time.

- Project Team Interview
- Grantee Survey
- Community Organization and Community Member Focus Groups
- Long-term Follow-up Project Team Interview (Cohort 1 only)
- Site Consultant Survey and Interview
- Administrative Data Review

All interviews and focus groups were audio-recorded and transcribed for analysis. The surveys were administered online using the web-based survey tool SurveyMonkey.

Project Team Interview

To understand the implementation of local projects more deeply, we conducted interviews with up to five core members from each of the 24 project teams participating in CCI—once with Cohort 1 grantees and twice with Cohort 2 grantees (explained above). While some project teams included more than five project team members, we limited the size of group interviews to a maximum of five per team to better allow participants to contribute responses in the limited time for the interview and to ensure that variation in interview responses could not be attributable to big differences in group size. We worked with the lead for each project to select interview group members based on having most knowledge of the CCI project work; representation of the role/type of partners in the project, team member area of expertise (e.g., community engagement, operations, partnership development), and availability.

The project team interview protocol included questions (with associated sub-prompts) in six domains: (1) project team background working together and doing CDC; (2) CCI project goals; (3) local project implementation, with a focus on practices consistent with CDC and surfacing successes, barriers, challenges and solutions; (4) organizational and individual capacities and practices related to asset-focused community collaboration; (5) uptake and utility of CCI capacity-building supports; and (6) contribution and impact on local communities. The second set of project team interviews also included questions about impacts of the COVID-19 pandemic and heightened movement for Black lives on organizations and their community change efforts. At the end of the interviews, we confirmed the project’s key institutional partners, as well as whether each organization was a new or existing partner prior to the CCI funded project. Project team interviews took approximately 90 minutes. The first set was conducted with all 24 project teams by phone in June through August 2019. The second set was conducted with all 13 Cohort 2 project teams via Zoom in September through December 2020.

Grantee Survey

We administered the Grantee Survey to a single representative of each grantee organization. The survey focused on project-involved staff capacity for doing CDC, project implementation practices, organizational structures and processes to support CDC, and leadership buy-in to the CDC approach. The survey for

Cohort 1 grantees and the second survey for Cohort 2 grantees also included questions about experiences receiving support and technical assistance from ABCD. Twenty-two (92%) of the 24 grantee organizations completed the first set of surveys in June through August 2019, and all 13 (100%) of the Cohort 2 grantee organizations completed the second survey in August through December 2020.

Community Organization and Community Member Focus Group

To understand community partner perspectives, we conducted project-specific focus groups with community organizations and community members independently. In person focus groups with the community partners for three Cohort 1 projects were conducted in October and November 2019,³ and virtual focus groups (via Zoom) with the community partners for seven Cohort 2 projects in September through December 2020.⁴ The focus groups covered partners' roles and experiences within the projects, including select intended outcomes.

Long-term Follow-up Project Team Interview (Cohort 1 only)

To better understand the sustainability of CCI outcomes as well as potential impacts of the COVID-19 pandemic and heightened movement for Black lives, we conducted interviews with one or two Cohort 1 project team members. These long-term follow-up interviews were conducted with eight (73%) of the 11 Cohort 2 project teams in September and October of 2020. The long-term follow-up interview protocol included questions about sustained CDC practice and plans for such moving forward, sustained community impacts, community organization relationships and CDC practice, and impacts of the COVID-19 pandemic and heightened movement for Black lives on organizations and their community change efforts.

Site Consultant Interview and Survey

To enrich understanding of grantee use of technical assistance, as well as facilitators and barriers to grantee learning and/or application of learning, we interviewed the ABCD site consultants and ABCD project director about their work with grantees. In July and August 2019 interviews with the four Cohort 1 site consultants and project director were conducted via phone, and in January and February 2021 interviews with the three of the four Cohort 2 site consultants and project director were conducted via Zoom.⁵ The interview focused on how the ABCD approach is ideally implemented; identification of project strengths, successes, challenges, and conditions associated with them; reflection on supports provided to grantees; and lessons learned that can be more broadly applied to the field. The interviews took between 60 and 90 minutes depending on the number of grantees each site consultant worked with.

³ Focus groups with community partners for Cohort 1 projects were conducted in the context of site visits that were planned for eight select projects. Due to the COVID-19 pandemic we were not able to complete site visits for five Cohort 2 projects, as planned, and instead invited all Cohort 2 project teams to connect us with their community partners for virtual focus groups.

⁴ Due to primarily to the COVID-19 disruption and the completion of some Cohort 2 projects, several grantees did not feel comfortable connecting us with their community partners. Of the seven grantees that did, four connected us with both community organizations and community partners, two with community organizations only, one with community members only. When only one community partner was available, the focus group protocol was adapted to be an interview.

⁵ One of the site consultants was not available at the time of the 2021 interviews due to illness, Two of the site consultants were interviewed at each time point because they served as site consultants for grantees in both cohorts. The site consultant who was unavailable for the 2021 interview also served as site consultants for grantees in both cohorts, and we were therefore able to include her perspective based on the 2019 interview.

To supplement the interviews, site consultants also completed a short survey for each grantee they worked with rating capacities for CDC, use of CDC practices, and organizational changes made as a result of CCI participation. The survey also asked site consultants to rate the likely sustainability of established community networks and CDC practice use for each grantee.

Administrative Data Review

We reviewed several sources of administrative data provided by IMLS and ABCD, including:

- **Grant-related documentation**, including grantee interim and final report narratives, grant applications, and CCI Notices of Funding Opportunity
- **Capacity-building-related data**, including information about the various capacity building opportunities and grantee-level access of each, as well as products associated with capacity-building (e.g., asset maps, journey maps)

Analytic Approaches

- Our interim study design relies on three analytic approaches to address the evaluation questions:
- Qualitative analysis of interview and focus group
- Quantitative analysis of survey data
- Rubric-based analysis of data from all sources

Qualitative Analysis

We coded the interviews and focus groups using a codebook aligned to the theory of change to which we added emergent themes as they arose from our analysis. Some examples of emergent constructs included particular types of challenges or unintended consequences of CDC capacity-building opportunities and practice. Coded data was analyzed to surface illustrative examples within each coding category and summarize themes and differences across grantees.

Quantitative Analysis

Quantitative analysis included examining frequencies and distributions for all ratings-based items and creating scales for outcome indicators comprised of multiple items. To create scales, we first calculated Cronbach's alpha for the set of items that were theorized to assess an outcome indicator then calculated the average of the items that, together, demonstrated sufficient reliability (i.e., a Cronbach's alpha equal to at least .70).

Rubric-Based Analysis

To compare individual capacity, CDC practice, and local network characteristics across the project teams and projects, we created an analytic rubric that includes outcome indicator definitions, criteria for different levels of achievement, and a scoring strategy (see rubric below). Each grantee project was analyzed against the rubric criteria and compared at that level, limiting risks of variable rigor and precision in the analysis.

The analytic rubric aligns closely to the constructs in the CCI theory of change (see Figure 2) and assigns levels representing the extent there is evidence that a grantee team and project is demonstrating practice, organizational, and community outcomes. The rubric measured the following constructs:

- **Individual capacity for CDC**, including foundational capacities, such as belief in the benefit of an asset-based approach and sense of accountability to community members; understanding of roles museums, libraries, and assets can play in CDC efforts; and understanding aspects of the local community
- **CDC practice**, including early network building practices, such as interacting regularly with community members and asset mapping and indicators of co-creation/ implementation practice, such as community members having roles in decision-making
- **Institutional changes that support CDC** including leadership buy-in and resource allocation
- **Local networks changes**, including the inclusion of smaller grassroots organizations and community members and the extent of community member activity within the network

For each grantee and outcome indicator we assigned one of the following three rubric scores based on survey, interview, and site consultant data:

- 3 = they evidenced in all critical aspects of the indicator;
- 2 = they evidenced some aspects of the indicator but not all, or the evidence varied in strength across aspects of the indicator; or
- 1 = there was no evidence of the indicator.

Once the evaluation team assigned ratings to all grantees, we asked the site consultants working with each specific grantee to verify the ratings and provide evidence for any ratings with which they disagreed. Based on the evidence, we then assigned a final rubric score to each indicator for all grantees. The six different levels represented in the heat maps are based on average rubric scores across grantees that were divided into six ordered levels, as represented by color saturation and the level number.

Table B1 | Indicators and Criteria for Rubric-Based Analysis by Outcome⁶

Outcomes	Indicators/Criteria
Foundational Capacities	
Belief in benefit of using an asset-based approach in community change efforts	<ul style="list-style-type: none"> • Project involved staff value community assets—including people's willingness to act on what they care about—and believe that community assets are discovered through relationships • Project involved staff believe community change efforts are more likely to succeed and sustain if they build on community assets (including assets of individual community members), if strategies adapt to address what community members most want, and if community members are at the center of community change efforts
Openness to shifting power from institutions to community members	<ul style="list-style-type: none"> • Project involved staff believe that within community change efforts, community members—rather than organizations—should control decision-making re goal-setting, planning activities, and doing the activities • Project involved staff believe that community change efforts will be more successful if community members control project-related decision-making, rather than (only) community organizations
Sense of accountability to community members versus organizational partners	<ul style="list-style-type: none"> • Project involved staff believe that—in community change efforts—community impact is more important than benefit to organizational partners and feel more accountable to community members than to organizational partners
Changes in Understanding	
Understanding of potential roles for the library/museum and for local community assets in local efforts to shift power differentials	<p>Project-involved staff understand roles that [libraries/museums] can take in collaborative community change efforts that shift power to community members</p> <p>Project involved staff understand ways that [libraries/museums] can make use of identified individual and community assets within community change efforts</p>
Understanding of local community	<p>Project involved staff understand disparities in power to create community change among different community subgroups and institutions or organizations in their community</p>
	<p>Project involved staff understand the historical and cultural context in their community</p>

⁶ Note: Progress was assessed at the outcome level when the outcome is bolded and at the indicator level when the indicator is bolded.

Outcomes	Indicators/Criteria
	<p>Project involved staff understand the changes community members want to see in their community</p> <p>Project involved staff understand areas of “common ground” between changes that members of their community want to see and outcomes that institutional partners in their community want to work toward</p>
Early Network-Building Practices	
<p>Regular interactions with community associations, leaders, and individuals</p>	<ul style="list-style-type: none"> • Such interactions occur with regularity • Some interactions involved the grantee or an organizational partner going to a community-driven event or to a community member (versus all involving community members coming to them) OR community members come to regular project events/ processes due to trust built during the project
<p>Regular use of asset mapping to identify a wide range of community assets from individual, associations, institutions, places, and culture</p>	<ul style="list-style-type: none"> • Use of asset maps is embedded and ongoing • Asset maps contain more and more assets that are not institutions
<p>Engagement of additional relevant cross-sector institutional partners in dialogue with community members</p>	<p>Did outreach/listened to a variety of organizational partners</p> <p>Partners interacted directly with community members as part of such engagement efforts</p>
Co-creation/Implementation Practices	
<p>Community members have led/impacted decision-making in implementation of CCI-funded projects</p>	<ul style="list-style-type: none"> • In project-related decision-making, community members’ voice held at least as much weight as partners, most of the time
<p>There is a shared aspiration that was co-established with diverse community partners around community-driven priorities</p>	<ul style="list-style-type: none"> • The project has a common aspiration that includes priorities of community members and community assets to be used to meet project goals

Outcomes	Indicators/Criteria
Solutions are assets-focused and emerge from community member strengths and priorities	<ul style="list-style-type: none"> • Project strategies and activities make use of community member assets and focus on what community members wanted to change
Community partners implement and support strategies and solutions aligned with shared aspiration	<ul style="list-style-type: none"> • Direct implementation of project strategies and activities is done by other community organizations and community members
Project goals or strategies changed or new project emerged based on community member input/decision-making	<ul style="list-style-type: none"> • Substantive change in goal or strategy of originally scoped CCI-funded project (criteria TBD) based on input of community members • Emergence of a new project based on input of community members
Community partners collectively engage in ongoing evaluation, data use, and learning to assess progress and impact (strategic learning)	<ul style="list-style-type: none"> • Community partners use data to identify what is working well in the project and what could be changed AND • Community partners use data to make decisions AND • Discussions of data and/or related decision-making include community members
Institutional Changes	
Leadership support and vision for asset-focused, CDC	<ul style="list-style-type: none"> • Leadership believes that asset-focused, CDC is a good use of organizational resources and contributes to the organization's positive reputation in the community • Leadership prioritizes it and has a vision for the future of the organization that includes investment in it AND • Leadership publicly voices support for it OR is excited about/energized by it using it
Resources dedicated to asset-focused, CDC	<p>Hired a community member that did, is doing, and /or will do asset-focused, CDC beyond the CCI-funded project</p> <p>Devoted existing staff member time to doing asset-focused, CDC beyond the CCI-funded project OR it was made an expectation of one or more staff member's job beyond the CCI-funded project</p>

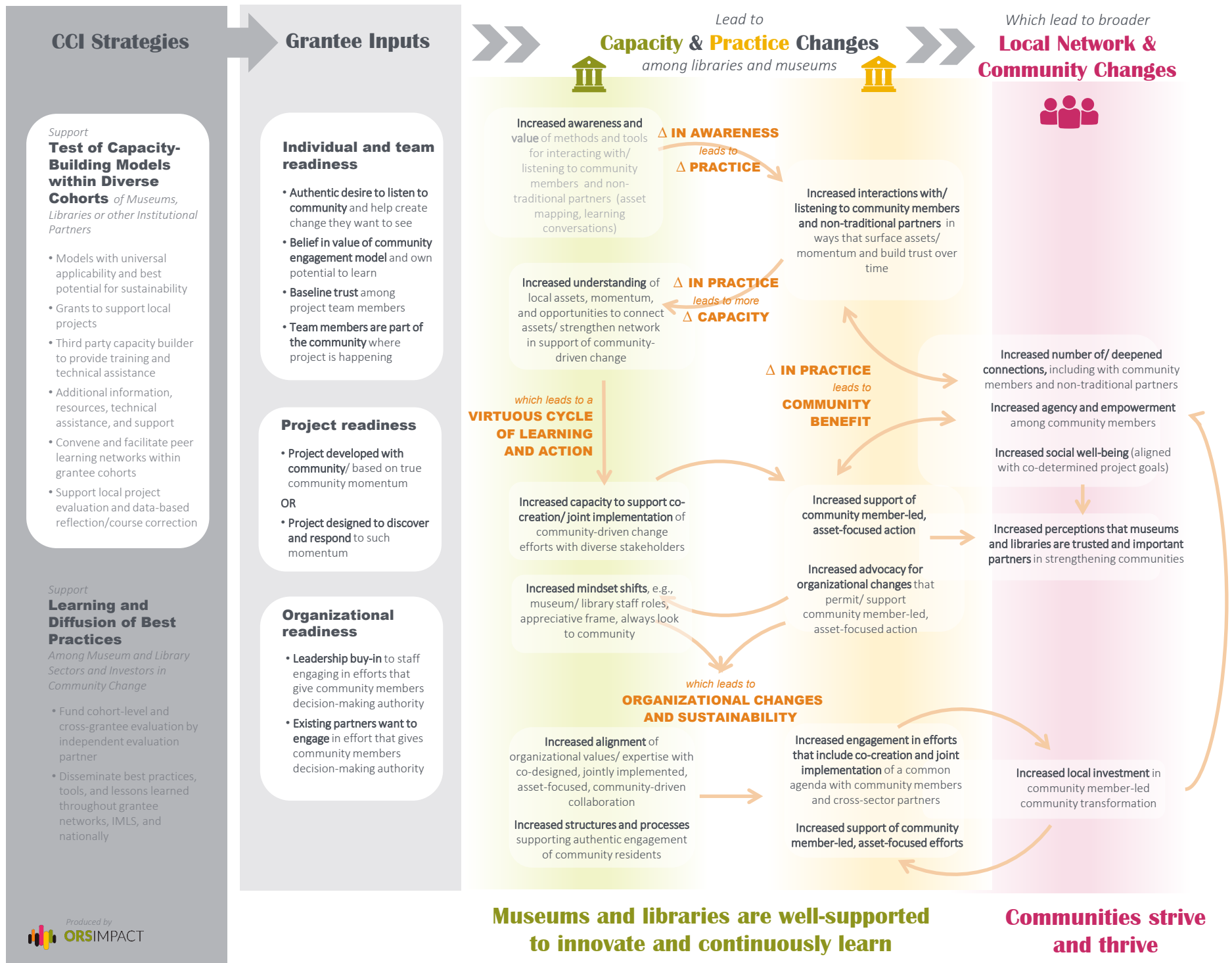
Outcomes	Indicators/Criteria
Local Network Changes	
Composition of partners collaboratively involved in project design or implementation	Number of organizational partners that helped shape and/or implement the CCI-funded project exceeds seven
	Number of <u>new</u> organizational partners exceeds four
	Number of different types of organizational partners exceed four (out of eight types: government, university, museum, library, business, K-12 education, large NPO, and grassroots NPO)
	Number of smaller grassroots organization partners exceeds one
	Individual community member partners inform or contribute to project design/implementation on a regular basis
	Individual citizen association partners with representatives, on a regular basis, inform or contribute to project design and/or implementation
Network relationship quality	<ul style="list-style-type: none"> Relationships among community member/association partners or among institutional and community member/association partners are strong enough that they are likely to continue beyond the CCI-funded project

APPENDIX C: Revised Theory of Change

As explained in the report, the original CCI theory of change (TOC) was developed early in the initiative in partnership with CCI stakeholders. Based on over two years of evaluation, reflection, and learning alongside the grantees, ABCD, IMLS, and the CCI Evaluation Steering Team, we revised the TOC so that it better represents how change happened. Here we describe the three most substantive changes and present the revised TOC visual.

1. **Grantee readiness matters:** Almost every aspect of project teams' experience of participating in CCI was affected by their starting capacity and other baseline factors at the team, organization and project levels. Consideration of the starting capacities and factors that seemed critical for any degree of success in an initiative aimed at cultivating institutional engagement resulted in the 4 "Grantee Inputs" that are now depicted in the light gray column between the CCI Strategies and Capacity & Practice Changes.
2. **Mindset shifts and advocacy undergird sustained and diffused CDC practice:** The original TOC hypothesized a feedback loop between capacity and practice outcomes during CCI project implementation, that leads to organizational changes that support CDC practice and sustained CDC practice. From grantees' experience emerged an additional project team capacity—mindset shifts that that compel shifts in attention and behavior—which result from using CDC practices and experiencing the benefits of such practices, as well as an additional practice—advocating for organization shifts that support CDC or for more widespread use of CDC practice within their institutions, which, in turn lead to sustained CDC practice beyond the CCI project. That such sustained practice includes the diffusion of CDC practices among staff that were not directly involved with the CCI project (in part a result of advocacy for such on the part of project team members), also emerged from grantees' experience. (Note: to make room for the new mindset shifts outcome on the TOC, we consider "increased flexibility and adaptability" to be a part of the now more inclusive capacity to support co-creation/ joint implementation.)
3. **Strengthened networks and other community outcomes contribute to further gains in capacity and practice:** The original TOC hypothesized that capacity and practice outcomes lead to local network changes and other community outcomes and not vice versa; however, grantees' experience showed that as trust among more diverse groups of partners grows throughout CCI project implementation, those strengthened relationships fuel additional capacity and practice gains.

Figure C1 | Revised Theory of Change



APPENDIX D: Capacity Building Support Workshop and Convening Topics

Table D1 | Capacity-Building Support Workshop and Convening Topics

Capacity-Building Support	Topic
Community of Practice Webinars/ Virtual Workshops	<ul style="list-style-type: none"> • Results-Based Accountability (RBA) • Evaluating Community Engagement • Getting Out Into the Community • Asset Mapping 101 • Logic Models • Storytelling & Community Engagement • Asset Mapping 201 • “After the Grant” • Asset Mapping with Communities • Shifting Mindsets of Organizational Leaders & Funders • IMLS Town Hall on COVID-19 Emergency Response • Grantee Check-in Community of Practice • Zoom for Community Engagement • Evaluation Huddle • Storytelling for Engagement: building the narrative for citizen action • ABCD 101 Virtual Training • Storytelling Workshop Follow-up • Grantee CoP: Storytelling Strategies & Open Forum • Grantee CoP: Engaging Youth & Working with Resident Storytellers • "Finding Data in Stories" Webinar • “Shifting & Sharing Power” Webinar • “Transforming Your Institution” Webinar • Storytelling Festival
Professional Development In-Person Convenings	<ul style="list-style-type: none"> • Cohort 1 Kick-off: “ABCD/Evaluation Workshop” Chicago, IL • Cohort 2 Kick-off: “ABCD/Evaluation Workshop Atlanta, GA • Cohort 1 Re-convening: “Celebrating Our Journey & Deepening Our Practices to Catalyze Community” Washington, DC • Joint Cohort In-Person Gathering: “Connecting as Catalysts to Celebrate Our Journeys Oak Park, IL

APPENDIX E: Rubric Scores for Museums and Libraries



Figure E1 | Rubric Scores for Museums and Libraries

		Overall Mean	Libraries	Museums
Foundational Capacities	Belief in benefit of asset-based approach	6	6	5
	Openness to shifting power	4	5	4
	Sense of accountability to community members	5	6	5
Changes in Understanding	Understand possible M/L roles in efforts that shift power	4	5	4
	Understand ways to use assets within change efforts	3	5	3
	Understand ways to help institution leaders embrace community member priorities	2	3	2
	Understand disparities in power among different stakeholders in own community	4	5	4
	Understand the historical and cultural context in own community	4	5	4
	Understand changes community members want to see in their community	3	4	3
	Understand “common ground” b/n community member aspirations and partner goals	3	4	3
Early Network Building Practices	Interact with community associations, leaders, and individuals regularly	4	5	4
	Regularly use asset mapping to identify a wide range of community assets	3	4	3
	Engage variety of cross-sector institutional partners	4	4	4
	Involve community members when engaging institutional partners	3	4	3
Co-Creation/Implementation Practices	Community members have led/impacted decision-making	3	4	3
	Co-created a shared aspiration with diverse partners based on community-driven priorities	3	3	4
	Solutions emerge from community member assets and priorities	2	3	3
	Community partners implement/support strategies aligned with shared aspiration	4	4	4
	Original project goal changed substantively based on community member/partner input	3	3	4
	Ongoing and collective engagement in strategic learning based on data	3	2	4
Institutional Changes	Leadership support and vision for community-driven collaboration approach	2	3	2
	Community member hired to do community-driven collaboration beyond project	3	6	2
	Staff time or role expectations devoted to doing community-driven collaboration beyond project	3	3	4
Local Network Changes	Network includes many organizational partners that helped shape and/or implement project	4	2	5
	Network includes new organizational partners	3	1	4
	Network includes different types of organizational partners	4	1	5
	Network includes smaller grassroots organization partners	4	4	5
	Network includes individual community member partners contribute to project regularly	5	5	5
	Network includes individual citizen association partners contribute to project regularly	5	6	4
	Network relationships are likely to continue beyond the project	4	6	4

