




A Case Study to Investigate Factors Influencing the Santa Clara County Getting to Zero Initiative's Collective Impact Model


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Abstract

Our objective was to explore how factors, such as backbone organization changes and COVID-19, affected a collective impact (CI) initiative's progression through the five CI phases and its components of success. We conducted a case study using semistructured interviews with 17 representatives from the action committee, community-based organization, and health department between January and February 2023 in Santa Clara County, California. Participants were asked how internal and external factors affected their engagement and experiences with the CI initiative. We analyzed the data using structural and holistic coding. Results showed that the initiative's progression was impacted by intersecting factors; overall findings supported a reconceptualization of CI whereby progression through each component of success was cyclical, not linear. Specifically, governance and infrastructure and community engagement significantly contributed to a backward shift in progress along the five CI phases. As CI matures as a model, programs implementing a CI framework have an opportunity and responsibility to test the tenets of the approach. Our study provides a test

case through which the theoretical foundations of CI can be examined and refined to build the research literature and strengthen other CI initiatives.

Keywords: *Collective Impact, HIV/AIDS, Getting to Zero, theoretical model, program evaluation*

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Introduction

Collective impact (CI) is a long-term systems approach to fostering sustained change for complex social problems such as stigmatized health conditions, health equity, and substance use disorders (Kania & Kramer, 2011). As a model driving programmatic design and implementation, CI has five core conditions: (1) backbone support, (2) continuous communication, (3) a common agenda, (4) mutually reinforcing activities, and (5) shared measurement. An initiative's success in implementing CI is informed by the extent to which it meets these conditions.

In 2016, the Santa Clara County (SCC) Getting to Zero initiative (GTZ) was launched to lead, coordinate, and mobilize community HIV prevention and care activities. The goal was to reach zero new HIV infections, zero HIV-related deaths, and zero HIV-related stigma using a CI model (Getting to Zero Program—Public Health—County of Santa Clara, n.d.). During the COVID-19 pandemic in 2020, the initiative's backbone changed from a community-based organization (CBO) to SCC's Public Health Department (PHD).

In 2023, external evaluators conducted a program evaluation of the SCC-GTZ initiative, noting significant shifts in internal and external factors that impacted the program's ability to meet the core conditions of CI. Further, they noted that these factors may have shaped the degree to which SCC-GTZ progressed through the phases of CI, which depict how an initiative is projected to evolve through time (Kania & Kramer, 2011). These include assessing readiness, initiating action, organizing for impact, beginning implementation, and sustained action for impact (Kania & Kramer, 2011). Within each phase, there are four components for success: (1) governance and infrastructure; (2) strategic planning; (3) community engagement; and (4) evaluation and improvement (Figure 1). To date, progression through these phases has been presented as linear. There have been no studies that focus on the interactions between these components.

The literature examining progression through each of these phases, or within one or more of the components, is scant. In their study, Smith et al. (2022) used a mixed-methods approach to understand how CI can support youth transitioning out of government care. Their findings supported the positive outcomes that can be seen using a CI approach, such as improvements in youth education and collaborative working; however, the study did not specify how the initiative progressed in each of the five phases of CI. The same is seen for other studies that evaluate CI models (Ackerman-Barger et al., 2020; Hunter & Mpofu, 2022; Tardif-Douglin et al., 2022).

Given the maturation of CI as a theoretical and practical model, there is value in continuing to build the evidence base around its real-world application. After a preliminary literature review failed to uncover significant documentation of other CI initiatives' phase progression, we sought to explore this within SCC-GTZ, to build the evidence base around programmatic maturation within CI initiatives. Further, in recognition that SCC-GTZ experienced several internal and external challenges (chiefly, a backbone transition and disruption due to the COVID-19 pandemic), we recognized the need to better understand and model them. Thus, our study had two primary aims: (1) to explore how primary internal and external factors (e.g.,

backbone transition and COVID-19), as well as any secondary factors, may have affected SCC-GTZ's ability to progress through the five phases of CI, and (2) to examine the extent to which the theoretical model of the phases of CI and its associated components practically depicts a CI initiative's maturation.

Methods

This case study was conducted using semistructured interviews. The case study was selected as the most appropriate study design given its past successes in performing in-depth investigations into complex issues, such as instituting large-scale changes within primary care organizations (Crowe et al., 2011) similar to the sizable changes one would expect to observe within a CI initiative like SCC-GTZ. We identified potential participants using the purposive sampling method by reviewing membership lists of those participating in past SCC-GTZ activities, including SCC-GTZ and SCC-PHD staff as well as those representing other aligned government agencies and CBOs. We invited 23 individuals by email to participate in an hour-long, semistructured interview following their completion of a consent form. All interviews were conducted virtually via Zoom; recruitment was conducted from January to February 2023 in Santa Clara County, California. The interview guide included 17 open-ended questions pertaining to our overall program evaluation for SCC-GTZ (nine questions) and our study aims (eight questions). The eight interview questions focused on participants' perceptions of GTZ as a CI initiative and were grouped into four main sections: (1) organizational activities, (2) GTZ overall, (3) the collective impact core conditions, and (4) looking ahead. Examples of questions that were asked included:

- “What are some specific ways your programmatic activities/direct services shifted as a result of COVID-19?”
- “What do you see as some of the successes of the GTZ initiative across the duration of the pandemic?”
- “What were the major hurdles or challenges faced by the initiative?”
- “In what ways did being a part of GTZ help you adapt to the disruption caused by the pandemic? In what ways did it not?”
- “Can you talk about how the pandemic impacted one or more of the core conditions of Collective Impact?”
- “What recommendations would you make for strengthening the initiative going forward?”

During the interview, participants were shown a graphic of the core conditions of CI to ground them in distinct elements of the model; this graphic (Tamarack Institute, 2017) was shown at the beginning of the third section of the interview guide: CI core conditions.

An interview lead and a note taker attended all interviews, which were recorded and transcribed. We used holistic coding, employing an inductive analytic approach (Saldana, 2021). We sought evidence that demonstrated SCC-GTZ's current and historical progression through phases vis-à-vis reflections and observations. Following the analysis, all themes were validated by SCC-PHD, the backbone organization of SCC-GTZ. Interviews were conducted between February and March 2023. All research procedures were deemed exempt by the SCC-PHD's Institutional Review Board.

Results

Participants

Of the 23 individuals who were invited, 17 agreed to participate. These participants represented SCC-GTZ action committees, CBOs, and SCC-PHD. Every participant was an active member of at least one of the initiative's action committees; eight (47%) were CBO representatives and nine (53%) were SCC-PHD representatives. Demographic data were not collected so as to preserve the confidentiality of participants. Participants' duration of involvement with SCC-GTZ ranged from a few months to more than 7 years (mean = 3.3 years).

Phases of Collective Impact

Having been in operation for more than 7 years, the SCC-GTZ was expected to reach Phase V (Sustain action and impact) in its progression through the phases outlined in the CI model. However, the internal and external factors—change in the backbone organization and the concurrent far-reaching impacts of COVID-19 in 2020—influenced each of the components for success, which shifted the continuity of program progression through the CI phases. Our results describe the ways each component of success (hereafter components) was impacted, in turn shaping the initiative's progression through the phases of CI. Connections between each of the components are articulated, resulting in a graphical representation of the relationships between components and the program's phase, grounded in our findings.

Governance and Infrastructure

Within-Component Factors

The impact of the backbone transition on the governance and infrastructure component was particularly evident. Under the previous backbone, organizations were asked to facilitate steering committee meetings for shared collective power. In practice, this often resulted in overburdening partners since most were volunteering their time to be part of GTZ. Under the new backbone, SCC-GTZ shifted this responsibility to ensure dedicated staff could lead all committee meetings while membership primarily represented community partners for their strategic direction. Thus, this infrastructure shift was more aligned with the CI model's Phase III, where efforts were focused on determining workgroups and incorporating the community voice as well as Phase IV on launching these workgroups within the governance and infrastructure component (Figure 1).

Despite these shifts, respondents indicated that the reorganization was beneficial over the long arc of the initiative:

I think that some of the work that was done early helped translate to having a strong organizational framework this year. Even though it was still kind of hodgepodge-y ... each year it has consistently grown and built from previous years.

While this illustrates the ways in which these mid-implementation shifts may result in a phase regression within a singular component, the initiative progresses through subsequent phases of that component much more quickly following programmatic adjustments.

Between-Component Relationships

Interviewees spoke at length about the importance of governance and infrastructure generally, and the backbone organization specifically, on each of the other components, as well as the initiative's progression through the phases more broadly. For example, SCC-GTZ led a strategic planning process in 2020; this directly impacted the evaluation and improvement component. Further, while GTZ is made up of core partners (Figure 2), SCC-PHD was responsible for engaging other community partners, which interviewees

noted requires time, trust, shared values, and ongoing bidirectional communication. This change in backbone infrastructure had implications for community engagement. Thus, among all components, findings demonstrated that the governance and infrastructure component was most pivotal in shaping the initiative’s progression through the phases of CI.

Figure 1. *Collective Impact Unfolds Over Five Phases (Tamarack Institute, 2017)*

Components for Success	Phase I Assess Readiness	Phase II Initiate Action	Phase III Organize for Impact	Phase IV Begin Implementation	Phase V Sustain Action and Impact
Governance and Infrastructure	Convene community leaders	Identify champions and form cross-sector Steering Committee (SC) to guide the effort	Determine initial workgroups and plan backbone organization	Launch work groups (WG) and select backbone organization	Building out the backbone organization, evolve WG to meet emergent strategy
Strategic Planning	Hold dialogue about issue, community context, and available resources	Map the landscape and use data to make case	Create common agenda, clear problem definition, population level goal	Develop Blueprint for Implementation; identify quick wins	Refine strategies; Mobilize for quick wins
Community Engagement	Determine community readiness; Create a community engagement plan	Begin outreach to community leaders	Incorporate community voice – gain community perspective and input around issue	Engage community more broadly and build public will	Continue engagement and conduct advocacy
Evaluation and Improvement	Determine if there is consensus/urgency to move forward	Analyze baseline data to identify key issues and gaps	Develop high level shared metrics and/or strategies at SC level	Established shared measures (indicators and approach) at SC and WG levels	Collect, track, and report progress (processes to learn and improve)

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Strategic Planning

Within-Component Factors

In 2020, 3 months after SCC-PHD assumed the role of backbone organization, SCC-GTZ underwent a strategic planning process. More than 70 organizations were engaged to define the initiatives, goals, strategic priorities, and activities over the next 5 years. This activity was indicated by the age of the initiative at the time (more than 4 years old) and given the backbone transition. While strategic planning often occurs as a routine part of most programs and organizations, this was considered nonroutine due to the aforementioned significant structural changes. Participants felt it was a critical component for reestablishing and refining the priorities of GTZ under SCC-PHD’s leadership.

I listened into the community meetings towards the end of the strategic planning process for Getting to Zero and the process of outlining what the priorities were going to be and how they were going to be organized. Both of those processes were really well organized and helped set us up for the program we have now.

This shifted the program to Phase I of the strategic planning component. Following this process, however, the program has quickly progressed to Stages II through IV of the strategic planning components in the subsequent years (Figure 1). The updated strategic plan included a broader range of activities while still encompassing previous key strategy areas to shape the forward direction of the initiative reflective of overall stakeholder input.

Between-Component Relationships

Strategic planning also became instrumental in building the community engagement component, as described by one interviewee:

[SCC-PHD] took time and reflected “Where are we going with this?” [SCC-PHD] has been strategic with the direction GTZ is going, not only in their own perspective but also taking everybody’s feedback into consideration ... [SCC-PHD] is really pushing for everybody to come together and say, “We can’t do it ourselves,” you know? It has to be a collective approach—by communicating with each other, sharing with each other, meeting with each other, and setting goals, all collectively.

Undergoing strategic planning also impacted the evaluation and improvement component. Although there was continuity across several of the goals and strategic priorities that existed prior to this strategic plan, some novel strategic priorities were established. Progress through the CI phases for this component remains to be seen in a future evaluation.

Community Engagement

Within-Component Factors

Second to governance and infrastructure, participants indicated that community engagement was significantly impacted by both the backbone transition and COVID-19. Building trust among SCC-GTZ partnering organizations was a priority for the SCC-PHD when they stepped into the backbone role. Many of these relationships were naturally fostered through mutual partnerships while others took time to evolve. In many ways, the transition of the backbone organization sent the initiative back to Phase I or Phase II (Figure 1), depending on the partnering organization, and the degree to which they trusted SCC-PHD to run a community-centric program.

Interviewees also reported many ways that COVID-19 had a direct impact on community engagement on both the organizational and population levels. On the organizational level, community refers to partnering organizations who are formally part of the GTZ initiative (Figure 2); population level refers to the individuals these organizations are trying to reach. SCC-PHD pivoted from in-person to online steering committee meetings, which respondents stated was advantageous for lowering the barriers for attendance and engagement:

Especially in the space of HIV work, people still have a lot of reservations about being in person. And it requires a much higher level of commitment to the work to be able to overcome those concerns and still show up in person. And we’re really concerned about how we may make sure that everybody still has access ... you know, folks who have more resources, folks who have a car and you know, don’t have to worry about whether or not they take the bus or share and travel transportation with people they don’t know, you know, and still aren’t comfortable with, and all the other things that come with being in person.

Figure 2. SCC-GTZ Core Partners



Community events were moved online, and many in-person outreach activities ceased during the earlier parts of the pandemic. One establishment, through which SCC-GTZ had a long-standing partnership for outreach and testing for the LGBTQ+ community, closed. This establishment was trusted among community members, and its closing cast light upon the extent to which SCC-PHD's direct access to community was reliant on partners.

It brought us with this hard truth that we lost people, we didn't know where to find them for quite a period of time. We depended a lot on the [closed establishment]. We knew that if we wanted to do something to reach out to the MSM [men having sex with men] community, that was the space to go. Maybe that was one of the failures for the program that we didn't think of that ahead. I think we're behind on that, in a way—very behind.

As with the other components, these multiple, intersecting factors impacted community engagement. Established relationships with both partnering organizations, including those that provided direct access to the population, required reassessing community engagement plans (Phase I) and reaching out to other community leaders (Phase II; Figure 1). While GTZ was able to advance through subsequent phases more quickly than a nascent CI initiative, the progression of the initiative in regard to community engagement has not been linear.

Between-Component Relationships

Given the CI model, it is not surprising that community engagement would be a central component, connected to several others such as governance and infrastructure and evaluation and improvement. The work of GTZ is feasible because of the organizational partnerships in place, and the extent to which they can reach communities. One interviewee noted the linkage between GTZ governance and infrastructure and community engagement:

With these meetings, we are fully aware of the things happening at other organizations. For example, we are very connected with [program name], and whenever they have opportunities for us to reach out to that community, we reach out to them. The reason why we are aware of the things that are happening, those types of collaboration, is thanks to these meetings we have with GTZ—it makes it easier and more dynamic.' Further, as demonstrated, community engagement was a core part of both the strategic planning and evaluation and improvement components.

Evaluation and Improvement

Within-Component Factors

Evaluation and improvement also experienced nonlinear progression through the phases of CI. While data collection was impacted by both the transition of the backbone organization and COVID-19, the challenges of identifying and collecting shared evaluative measures were not new. One respondent described this challenge across the history of the initiative:

It's always been really hard ... from the history of Getting to Zero when we were first working on this collective impact model and talking for hours and hours about "How are we going to measure achievement? How are we going to make sure we're reaching these goals? What are the metrics?" It's always been so challenging to decide because we're relying on other people to report this data ... we're relying on all the community health centers to send in their data. ... We're relying on other people to send us "How many social media things did you send out? How many clicks did you get?" ... and I think that is such a big challenge ... because this model requires us to rely on other people. And it's so hard. So, I think that the shared data and everything has always been a challenge, for sure.

Between-Component Relationships

Evaluation and improvement was impacted by strategic planning. Since the strategic planning process resulted in an updated set of goals and strategic priorities, this disrupted the continuity in some data collection measures and evaluation. Despite this, some respondents noted data-sharing as a distinct strength of the initiative; some went on to note that during COVID-19, SCC-GTZ supported their organization around better data collection and use practices.

COVID impacted [shared measurement for data and results] because we were forced to look at data differently, to see how much it impacts the work we do. GTZ has really pushed for that, for us to look at that. That’s something we’re doing now, not something we necessarily did before. ...We look at “how can we use data that we collect? How can we analyze it and use it to inform decisions, to improve services?”

Finally, as noted in prior components, interviewees noted connections between evaluation and improvement and community engagement; one interviewee described this connection when asked what might be done to support engagement:

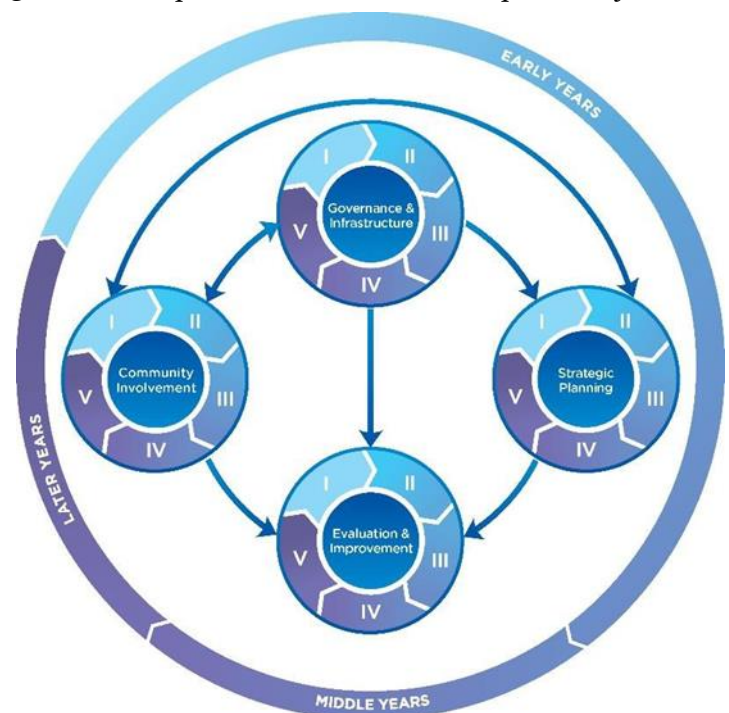
Seeing the impact... not just sending an evaluation report of “look at what we did,” but actually sharing it in a way where people are hearing about it, talking about it, you know, that kind of thing. I think that helps—and how they can integrate it into their, their outcomes as well so that they want to continue doing it.

Component Relationships and Phases of Collective Impact

These data were leveraged to inform a proposed expansion of the phases of CI, illustrating each of the components (nested in their own component phase) and the ways that they are in relationship to each other. Taken together, these components and the interactions between them inform the overarching phase of the initiative. As described, the relationship of the within-component phases is not linear (Figure 3).

Further, there is a temporal aspect. For example, mediating factors (i.e., a backbone transition or pandemic), may result in the regression of one or more of the phases. This regression, if followed by targeted attention and investment, may subsequently progress to a more advanced phase relatively quickly. Alternately, if not addressed, our findings suggest it may lead to regression or stagnation in other related components. Interviewees described an overarching stability of the initiative as a whole, despite the numerous challenges and regressions in within-component progress. While they all noted significant challenges and transitions in each one of the components, they also noted strengths and programmatic improvements. This demonstrates some relationship between the phases of the components and the overarching phase of

Figure 3. Relationship Between Phases and Components of SCC-GTZ



the initiative; however, there is less dependency between them at later stages as might be the case earlier on in the lifespan of an initiative.

Discussion

The impact of external and internal factors on the components of success, specifically governance and infrastructure and community engagement are particularly noteworthy given that they showed the most influence in shifting SCC-GTZ forward or backward among the five phases. For community engagement, since all participants were actively involved in SCC-GTZ, this represents their strength of commitment to the program and sense of community belonging to voice their opinions and share their input. Zanbar and Ellison (2019) discuss how factors at the individual and community levels could influence the level of community engagement that is seen in local democracy (Zanbar & Ellison, 2019). They found that, in addition to program commitment and sense of belonging, trust in leaders is a key driver of engagement. In our case, this was the connection between governance and infrastructure and community engagement. For example, reasons for improved community engagement could be due to positive shifts in our governance and infrastructure.

These findings can inform CI initiatives that are affected by internal and external factors and can provide a foundation from which future research can be conducted to measure and support maturation within CI initiatives. Future research that can measure complex systems (e.g., group model building) should focus explicitly on the linkages between these conditions to develop a more interactive phase matrix or model, by which organizations can understand how progression through one component may impact others and/or the entire program. Additionally, more research is needed on factors impacting programmatic progression through phases, such as a transition of backbone organizations or staff attrition at partnering organizations.

There are no published studies validating the CI model, nor documenting the progression of any initiative through the five stages of CI. Further, we did not find any evidence about how these stages interact with one another. While we initially planned to study factors impacting the initiative's progression through the five phases vis-à-vis each of the four components, our findings demonstrated how intertwined they are, and the complexities associated with the relationship of each component became evident. We showed how the CI model of SCC-GTZ may have been impacted by internal and external factors by assessing each CI component qualitatively; we found that governance and infrastructure and community engagement were most significantly impacted. We also found evidence that the theoretical model depicting progression through phases of CI can be better represented cyclically through interconnections between the components.

Strengths and Limitations

Our study contributes unique findings to the literature regarding an initiative's progression through each of the components of success as well as the interactions between them. Given our convenience sampling approach, the community partners that were no longer as active in the initiative after the backbone organization shift may not have had an opportunity to participate in this study. This may further be indicative of selection bias given that we included individuals who were most involved in the initiative during the time that this study was being conducted.

Public Health Implications

Active leadership presence is important to drive the establishment of effective infrastructure in the early stages of program development and to provide ongoing strategic direction as governance. This is a key role of a backbone organization that should be equipped to provide support in establishing community relationships and partnerships to further ensure high community engagement with the initiative. Governing membership should be comprised of representatives from community organizations who communicate a clear vision and

mission of the program through strategic planning processes that facilitate community-driven issue selection, empowerment, relevancy, and participation, all of which are key constructs of community organizing (Kadariya et al., 2023). Ultimately, the nonlinear interaction between these components will help raise large-scale awareness of public health issues and promote the adoption of healthier behaviors and systemic changes within other similar CI initiatives.

Conclusion

CI is a well-developed, theoretically grounded approach that aims to address complex social issues. HIV/AIDS is one such public health issue for which several organizations have come together to launch initiatives (e.g., GTZ and Ending the Epidemics), some of which are grounded in a CI approach. As these and other CI initiatives mature, there is a need for research that studies the extent to which these programs are effective in achieving their intended outcomes. There is also a parallel need to build the theoretical and practice-focused evidence base on the implementation of CI initiatives, including factors shaping their success. This will allow other CI programs to leverage strengths of the model and anticipate and address potential challenges.

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