

# **The Contribution of Community Building Project: Crosscutting Issues and Lessons**

by  
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This summary paper discusses the findings and emerging conclusions from the Aspen Roundtable's Contribution of Community Building Project. It highlights findings from the three commissioned papers that examined the contribution of community building to programmatic outcomes, draws cross-cutting lessons about the project, and suggests new directions for future work. The three papers, listed below, are available on the Roundtable's website:

- "Community Building and Civic Capacity" by Susan Saegert, City University of New York Graduate Center
- "The Contribution of Community Building to Achieving Community Development Outcomes" by Avis C. Vidal, Wayne State University
- "Contributions of Community Building to Achieving Improved Public Health Outcomes" by Edith C. Kieffer, University of Michigan School of Social Work, and Janis Reischmann, Reischmann Consulting, Inc.

The Contribution of Community Building Project was undertaken under the auspices of the Aspen Roundtable on Community Change with funding provided by the Annie E. Casey Foundation. It grew out of the recognition that despite 20 or more years of community building activity, the case for why and when it is important to invest in community building has not been well articulated or well substantiated. In particular, the logic and evidence for how community building enhances programmatic outcomes (as distinct from empowerment outcomes) in poor communities seemed especially weak, although the potential to develop a powerful argument and guidelines for action seemed strong.

The Roundtable had several goals for this project. We were hopeful that it would begin to lay out the logic and develop rationales for why and when it is worth investing in community building from a programmatic standpoint. By rationale, we mean a "reason to believe" that the strategies are feasible and likely to produce the desired outcomes. A rationale should be grounded in theory, social science research, research about

communities and community change, or experience.<sup>1</sup> Three areas in which community builders commonly seek to improve outcomes were chosen as the focus for this initial investigation: civic capacity, community development (meaning housing and economic development) and public health.

Given the compressed time-frame of the project (eight months), we considered this effort to be preliminary and exploratory in scope. We anticipated that the work would begin to develop a body of supporting evidence, organize the information in way that would lay the groundwork for more systematic and probing analysis in the future, and identify themes and topics deserving of further inquiry.

The Roundtable engaged consultants who had deep knowledge of both community building and their respective domains and asked them to develop the conceptual pathways, gather supporting evidence, and write the papers. We were particularly interested in using the expertise of practitioners who had a long history of working in the field to help develop the rationales and evidence rather than relying primarily or exclusively on published literature. This reflects our belief that experienced practitioners are an underutilized source of information and insight about the power of community building and its effects, and our assessment that the published literature on community building efforts has been more focused on process than outcomes. We would especially like to thank the individuals who took time from their busy schedules to share their knowledge and experience in facilitated group sessions at the Roundtable: in public health, Alex Allen III, Michael Bird, Nicholas Freudenberg, Robyn Kaufman, Marilyn Aguirre-Molina, Patricia Thompson-Reid; in civic capacity, Ben Butler, Lee Farrow, David Greenberg, Juan Sepulveda, Pat Simon, Bill Traynor, Margaret Wilder, Eric Zachary; in community development, William Apgar, Mossik Hacobian, Nancy Nye, Karl Seidman.

The project also benefited from the insights and guidance of an advisory panel consisting of Prudence Brown of the Chapin Hall Center for Children, Mark Joseph of Community Development Associates, Tom Dewar of The Johns Hopkins University Bologna Center, Cindy Guy of the Annie E. Casey Foundation, and Roundtable Co-Chair Lisbeth Schorr. The project was staffed by Patricia Auspos, Andrea Anderson, and Anne Kubisch, at the Roundtable.

The results were not entirely what we had anticipated. Although the Roundtable undertook the project with the assumption that a powerful case for the role of community building in improving programmatic outcomes in community development and public health could be developed, this proved harder than expected. In fact the most compelling case that the papers make is the importance of building civic capacity that allows communities to affect outside actors and external systems and acquire resources and benefits for the community. This conclusion resonates, moreover, with recent analyses of a major weakness that undermined the success of CCIs over the past 15 years.

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<sup>1</sup> We thank Lisbeth Schorr and the Pathway Mapping Initiative for this helpful distinction between rationale and evidence.

All of this suggests that future work should focus on: first, exploring the ways in which poor inner-city communities successfully connect to the outside; second, analyzing the conditions and contexts under which these connections can be fostered and maintained, and the role of community building in doing that; and third, using this information to derive both lessons for good practice and hypotheses to test in research projects.

The methodological challenges involved in developing and presenting the rationales and the evidence for the contribution of community building have also made us rethink some of the practical aspects of doing this work in the future. We have been prompted, for example, to rethink the strategy for eliciting practitioner knowledge and to consider using frameworks rather than pathways as a way to visually represent the connection between community building strategies and outcomes and programmatic outcomes.

The remainder of this introductory paper explores these themes in more detail. Rather than summarize each paper, we discuss cross-cutting themes. We present a composite model that incorporates the pathways of change suggested by each paper and shows that community building strategies affect programmatic outcomes by producing changes in individuals, organizations, and outsiders. Our explanation of this model incorporates a discussion of its implications for practice, and notes key differences in the community-building approaches across the three domains. We close with an assessment of what was accomplished in this project and recommendations about directions for future work.

We have organized our discussion of the substantive findings around the three topics we identified in a recent publication as key foci for a knowledge development agenda for the community-building field:<sup>2</sup>

- Getting clear about what we mean by community building
- Getting clear about why community building is important, and
- Getting clear about when, how, and under what circumstances to invest in community building: Implications for practice.

## **I. Substantive Findings on the Contribution of Community Building**

### **Getting clear about what we mean by community building**

Overall, the project confirmed that the strategies that are undertaken to build community are familiar and fairly well understood. Following Chaskin *et al.*, the Roundtable defined community building at the outset as “efforts to enhance the capacities of individuals and organizations in communities and the connections between them,” and suggested the following matrix as a way of categorizing the key community-building strategies:<sup>3</sup>

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<sup>2</sup> Patricia Auspos and Anne C. Kubisch, *Building Knowledge about Community Change: Moving Beyond Evaluations* (New York, N.Y.: The Aspen Institute Roundtable on Community Change, 2004).

<sup>3</sup> Robert J. Chaskin *et al.*, *Building Community Capacity* (New York: Aldine de Gruyter, 2001).

	Capacity	Connections
Individuals	Leadership development	Community organizing, social capital
Organizations	Organizational development	Coalitions, networks

The community-building strategies that are featured in the three papers are consistent with this initial formulation. However, the paper authors refined the initial formulation of community building in two significant ways. Vidal added the qualification that community building involves “*democratic or participatory efforts* to enhance the capacities of individuals and organizations in communities and the connections between them” (emphasis added). Both Saegert’s and Kieffer and Reischmann’s papers added efforts to engage and represent the community as a whole as a third layer of activity, in addition to efforts to connect individuals and organizations.<sup>4</sup>

While the description and understanding of community building strategies were similar across the three papers, there was less agreement around identifying and labeling the outcomes of community building, and less clarity about differentiating programmatic strategies and outcomes from community building strategies and outcomes within domains. This suggests the need for a taxonomy that would label and categorize community-building outcomes in a systematic way and link them more closely to community-building strategies and practices.

### **Getting clear about why community building is important**

All three papers suggest that community building is an important precursor to community change because it builds a platform that can be instrumental in accomplishing other things. This is typically done by engaging residents in a process that involves analysis of a problem, assessment of community strengths and weaknesses, exploration of possible solutions, articulation of what the community wants or does not want, and development of an agenda for change. This process builds trust and networks, mobilizes the community for action, gives legitimacy to plans, and lays the groundwork for future change. It looms particularly large in the Kieffer and Reischmann’s public health paper because it creates a community readiness to change that stimulates both programmatic action and individual efforts to change.

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<sup>4</sup> Saegert added community visioning/community-based planning as strategies to build capacity, and Kieffer and Reischmann added relationship building and resource development as ways that communities make connections.

Collectively, the papers suggest that, in addition to creating a platform for action, community building contributes to improved programmatic outcomes by developing the following types of capacities among residents and organizations within the community:

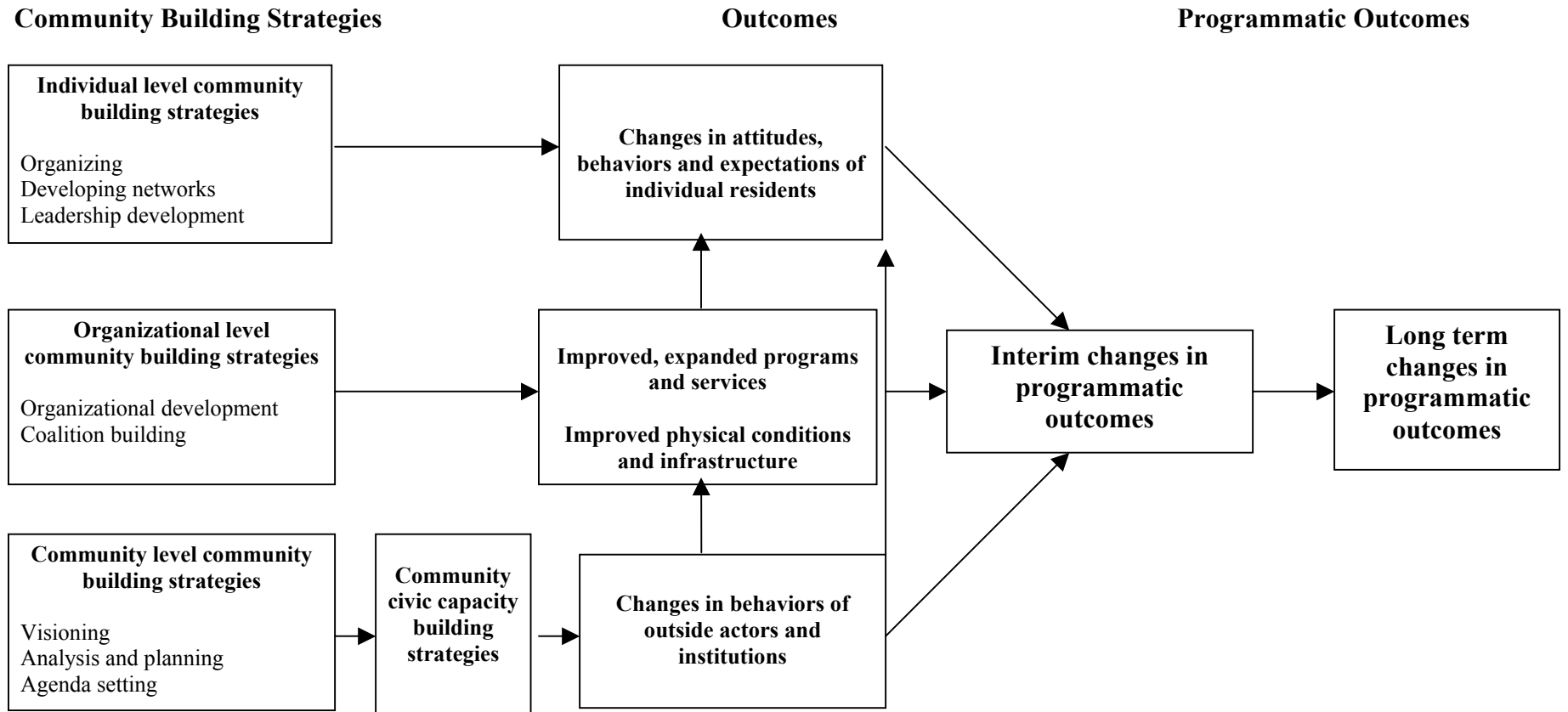
- The capacity to galvanize and support changes in individual behavior, including getting residents to work together on common problems. This is particularly important when the outcomes sought are sensitive to changes in personal behavior and measured at the individual level – e.g., health outcomes and employment outcomes.
- The capacity to manage, operate and implement programs and services, and the capacity to manage multi-organizational partnerships and multi-component projects. These capacities are particularly important when the outside systems and institutions are not functioning adequately, and community organizations or groups decide to take on critical functions themselves.
- The capacity to affect outside actors and win changes in policy or practice that benefit the community and its residents. This is what Susan Saegert calls “civic capacity.” It allows communities to influence external conditions and decisions that can influence how residents behave and the opportunities that are available to them.

In addition to developing capacity, community building helps communities to establish legitimacy for plans and actions and manage internal conflict, as Vidal points out. These are attributes that make it easier for communities to carry out an agenda for change, implement projects, and win outside support.

The Roundtable’s reading of the three papers leads it to propose a three-tiered framework to illustrate how community building contributes to better programmatic outcomes in the domains studied in this project. This framework, shown in Figure 1, draws on the discussions and pathways advanced in all three papers. We think it is a model that could be applied to any community change effort, regardless of domain, and regardless of whether it is organic or initiative driven. It suggests that communities work at three different levels or have three different targets of change to bring about better programmatic outcomes. Community-building can improve programmatic outcomes by contributing to:

- changes in the individuals who reside in the community (the individual level)
- changes in the internal programs and institutions that serve the community (the organizational level)
- changes in outside actors and systems that interact with the community, provide services or programs, or affect the physical conditions or environment within the community (the community level)

**FIGURE 1**  
**THE CONTRIBUTION OF COMMUNITY BUILDING TO PROGRAMMATIC OUTCOMES:**  
**A GENERIC MODEL**



Collectively, the papers suggest that specific – and different – sets of community building strategies are instrumental in producing the kinds of changes that are likely to lead to improved programmatic outcomes in each of the three levels or pathways. These are shown in the model and discussed here.

### *Promoting and supporting change among individuals*

Efforts that focus on improving outcomes by promoting changes in the attitudes, behaviors, and expectations of the individuals who reside in the neighborhood typically emphasize changing community norms and motivating and supporting residents in their personal change efforts.

Changing resident attitudes, behaviors, and expectations is a particularly important pathway of change in the public health domain, Kieffer and Reischmann show, because changes in residents' health-related behaviors lead to reductions in risk factors and increases in healthy activities that can ultimately reduce the incidence of disease or accidents in the community and so lead to better health outcomes. This is especially true when the health issue is largely under the control of the individual.

Two community-building strategies are particularly important in these efforts. According to Kieffer and Reischmann, a community-building process that involves residents in documenting the magnitude of a health problem in the neighborhood, identifying the health disparities between their neighborhood and other neighborhoods, analyzing possible solutions, and developing an action agenda can be a powerful stimulus to changing community norms and creating a community readiness to change. This initial health-oriented community-building process is important not just because it helps to change community norms about health practices and mobilize collective action to address the health issue, but also because it motivates individuals to change their own health-related behaviors.

The development of social networks that encourage and support individuals who are trying to make behavioral changes is another community-building activity that contributes to better health outcomes by stimulating individual change and sustaining it over time. In a diabetes prevention effort, for example, this strategy might include the formation of “walking clubs” and groups that foster good eating habits.

Community-building efforts to change community norms or support behavioral changes among individual residents are less important to producing programmatic outcomes in the community development domain, but Vidal highlights the value of network building and relationship building in efforts to address collective action problems in this domain. Examples include business owners deciding to invest in façade improvements in a deteriorated commercial section, and landlords or homeowners deciding to invest in property maintenance, improvements or renovations.

### *Improving physical assets and the quality or mix of programs and services*

In contrast, when the desired approach to improving programmatic outcomes is to change the mix or improve the quality of the services or institutions that are available to community residents, then the most appropriate community-building strategies are ones that aim to improve the performance of the organizations or institutions that provide those services. The principal internally focused community-building strategies associated with this approach are organizational development efforts. As Vidal discusses, for example, organizational development enhances programmatic outcomes around housing and physical development by strengthening the ability of community-based organizations to do that work well, take on increasingly complex tasks, and manage a greater number of projects at the same time. In other words, organizational development expands the scale, scope, and quality of the work that is done in and on behalf of the community.<sup>5</sup>

Organizational development that enables a CDC to manage multi-organization partnerships in multi-component projects is another community-building strategy that enhances programmatic outcomes in community development, according to Vidal. Commercial revitalization projects, for example, typically require activities relating to business development, physical development, safety, and marketing. All these activities need to be interrelated and coordinated, but a single CDC is unlikely to be able to undertake all of them.

Kieffer and Reischmann's public health paper provides additional examples of complex projects that have similarly benefited from developing the capacity of local organizations to forge and maintain partnerships and coalitions of two or more organizations.

### *Changing external actors and institutions*

The strategies just discussed relate to efforts to change behaviors or conditions within the community. The third level or pathway seeks to change the behavior of *external actors* or *external policies or practices* that affect opportunities or behaviors within the community. The goal here is to create changes in practice, policy, resource allocation or community conditions that can be beneficial to the community in the short term and contribute to improved programmatic outcomes over the long term.

This is accomplished through what Saegert calls community civic capacity. As shown in Figure 2, she defines community civic capacity as the ability of a community to:

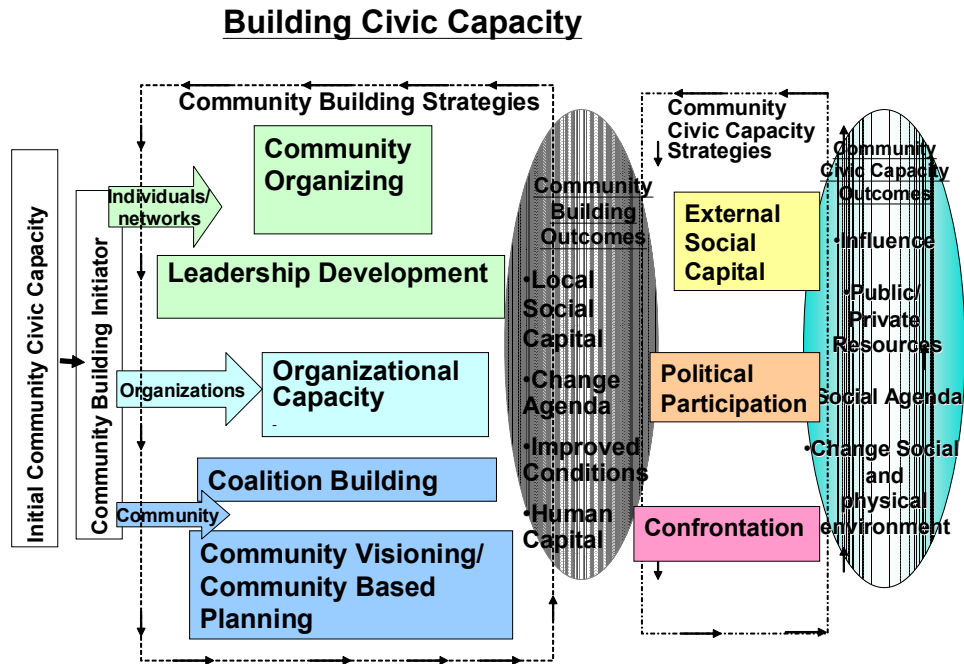
- engage with the public domain
- influence the social agenda
- access public and private sector resources

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<sup>5</sup> An important issue that Vidal raises is when organizational development should be considered a community-building strategy and when it is simply a form of technical assistance. She notes, for example, that “organizational development that entails greater technical proficiency and financial strength but loss of connection with the values and directions of importance to community members would not be consistent with the democratic values of community building even though the organization might leverage significant investments in the neighborhood.”

- influence the larger physical and social environment.

Figure 2



From Susan Saegert, "Community Building and Civic Capacity."

The primary strategies that enable communities to acquire the necessary influence or access, according to Saegert, are consensus organizing and organizing that seeks to build a political power base. Consensus organizing is primarily concerned with building relationships, finding common ground with powerful players outside the community, and establishing partnerships, collaborative activities, and joint ventures. (This essentially describes the CCI approach to building civic capacity.) The power-building model, in contrast, emphasizes building a power base and using it to win more resources and a greater decision-making role in the public and private sector. In addition to relationship building with external stakeholders, it focuses on developing the capacity to lobby government officials, mount petition campaigns and voter drives, and – when necessary – engage in confrontational "actions." Saegert stresses that these two approaches are not mutually exclusive and, in practice, groups may employ both.

Developing and using the kind of civic capacity that Saegert describes is seen as an important step in reaching enhanced programmatic outcomes in both the community development domain and the public health domain. Saegert's paper thus provides an important grounding for the entire project. The papers by Vidal and by Kieffer and Reischmann carry out the story at the point where Saegert's paper leaves off, and show very concretely how the exercise of civic capacity leads to increased access to resources, changes in policy and legislation, or improved services or programs that in turn lead to

improved programmatic outcomes in the community development and public health domains.

Vidal offers examples where successful lobbying efforts or the application of political pressure by a community has led to bans on dumping, changes in zoning policy, changes in land ownership, and the passage of anti-redlining legislation – all of which have improved physical conditions in the neighborhood or given community groups important tools that they could use to improve conditions and expand housing development, land use, and commercial development within the neighborhood. Consensus organizing strategies have also been instrumental in winning development resources and establishing partnerships between community organizations and private developers, businesses, and government officials.

Kieffer and Reischmann provide several examples of community health projects that needed the financial and other resources that stakeholder partnerships accessed in order to implement their programmatic strategies. In addition, they stress that health outcomes are affected not just by resident behaviors and community norms and supports (internally controlled risk factors), but also by the availability and quality of health care in the neighborhood, and by health-related practices and policies that are determined by people and institutions outside the neighborhood (externally controlled risk factors). Efforts to improve community health outcomes therefore have a greater likelihood of success if a community can affect both internal control of risk factors and external control of risk factors, according to Kieffer and Reischmann. Community civic capacity would be instrumental in efforts to change these externally controlled risk factors.

### **Getting clear about when, how, and under what circumstances to invest in community building: Implications for practice**

The conclusion that distinct sets of community-building strategies are instrumental in producing the kinds of changes that are likely to lead to improved programmatic outcomes at each of the three levels of intervention and in each of the two programmatic domains has important implications for thinking about when and how to invest most effectively in community building.

#### *Matching community-building strategies to programmatic goals*

Collectively, the three papers suggest that it can make sense to focus community-building efforts within particular levels and pursue different community-building strategies depending upon the domain in which change work is being done and the programmatic outcomes that are sought. Thus, in the public health domain, where changes in the behavior of large numbers of individual residents is a major contributor to improved programmatic outcomes, community building that leads individuals to change their behavior is all important. In contrast, in the community development domain, changes in individual behavior are a less important route to programmatic change than are efforts to strengthen the capacity of local organizations to operate more projects or be more comprehensive in their approach to projects or services. Finally, because the ability to

influence outside actors is a major route to better programmatic outcomes in public health and community development, building civic capacity is an important strategy in both the domains.

*Being intentional about community building and civic capacity building*

Saegert's paper makes an important conceptual contribution in arguing that civic capacity does not automatically emerge from community building strategies, but instead must be built through additional and deliberate efforts to:

- develop external social capital (e.g., external networks and coalitions, joint ventures, new bridging organizations)
- promote political participation (e.g., lobbying, networking, voting)
- confront existing power structures (actions, protests, petitions)

Her analysis of four approaches to consensus organizing and three strategies for building a community power base includes a discussion of the dimensions that can influence success and the trade-offs involved in using one approach rather than another.

*Maximizing effects by coupling strategies*

The papers show that the connection between community building and programmatic outcomes is more complex than the common paradigm, which posits that community engagement in project planning and program design leads to better programmatic outcomes. Vidal provides a number of examples that show that both community development outcomes and community-building outcomes are mutually reinforced and enhanced when programmatic strategies and community-building strategies are pursued in an interconnected manner over time. As already noted, Kieffer and Reischmann discuss the greater likelihood of improving health outcomes if a community can affect both the internal risk factors and the external risk factors.

Both papers suggest the added value, in particular, of developing connections with outside decision-makers using civic capacity to produce changes in law, policy, practice or institutions that can affect conditions or behaviors within the neighborhood as a strategy for increasing programmatic outcomes (as opposed to merely using outside connections to leverage additional money or resources for the community).

## **II. The Difficulty of Making a Case about the Contribution of Community Building to Programmatic Outcomes**

While the Roundtable anticipated that systematic effort could develop a strong case for the role that community building plays in reaching programmatic outcomes in a variety of domains, this project suggests that it will be harder to make that case than we initially thought. This is not to say there is no connection between community building and programmatic outcomes, but that the nature of that connection now seems more tenuous,

more remote and indirect, and more conditioned by other factors – such as the scale and quality of the programmatic interventions that accompany the community-building efforts – than we initially thought. All of this has made it difficult to theorize, let alone demonstrate, clear-cut pathways between community-building inputs and programmatic outputs. Among the methodological and conceptual problems that were encountered, the following stand out:

- Isolating community-building strategies and effects
- Tracing indirect effects
- Using pathways as an analytical and presentational tool
- Using practitioners more effectively
- Moving beyond an anecdotal evidence base

#### *Isolating community-building strategies and effects*

The paper authors found it hard to trace and demonstrate the beneficial effects of community building on programmatic outcomes in part because the benefits are largely intangible and difficult to isolate. In the public health field, in particular, researchers and practitioners felt that community building strategies are so embedded in programmatic strategies that many public health strategies effectively *are* community-building strategies. As noted, this made for some confusion in classifying particular strategies, inputs, and outcomes as either community-building or programmatic in the public health paper. For example, if the process of public education and outreach on a health issue engages residents in analyzing and documenting the extent of the problem in their neighborhood and talking to their neighbors and friends, should it be categorized as a programmatic strategy or a community-building strategy?

#### *Tracing indirect effects*

As Vidal points out, the fact that the effects of community building on programmatic outcomes are often indirect makes it more difficult to build a convincing case to explain why and how community building contributes to better programmatic outcomes. There are several reasons for this, according to Vidal: first, because indirect effects take much longer to occur, there are more opportunities for interruptions in the causal chain that produces the benefits; second, if the programmatic work is not done at sufficient scale, the desired programmatic outcomes may not result; third, because the desired effects are not directly linked to the purpose that a strategy is intended to serve, the assumptions about the conditions under which the indirect effects are likely to be produced are not well understood. The papers have made progress in articulating some of those conditioning assumptions, but more work is needed to flesh them out and develop hypotheses that could be tested.

#### *Using pathways as an analytical and presentational tool*

Both researchers and practitioners questioned whether the Roundtable's emphasis on developing specific "pathways" to represent the connection between community-building

strategies and programmatic outcomes is a useful approach. They felt that because such pathways assume a linear causality and a sequenced development, they do not adequately represent the iterative and cumulative nature of the work and make it more difficult to capture the contribution of community building. Both groups felt the framework presented in the Saegert paper might be a more useful way to represent the relationship between strategies and outcomes because it shows both that community building is made up of multiple strategies, and that outcomes are produced by an accumulation of and interactions among multiple activities and events rather than by a straight-line progression from Point A to Point B.

The Roundtable agrees that Saegert's framework is a very useful one for representing the relationship between community building inputs and outcomes and the way community building interacts with programmatic strategies to create community civic capacity. We particularly like the way she uses the framework to present a generic model of the relationship between community building, programmatic strategies, and civic capacity outcomes and then is able to adapt this general framework to show seven specific and more detailed models of how different combinations of community building strategies and civic capacity building strategies result in similar civic capacity outcomes.

We think this same approach – individualizing a generic model to show the key elements in different types of interventions by adding details, highlighting the more prominent strategies and backgrounding the less important ones -- could be adopted with equally good effect in using the more linear framework we present in this introductory paper.

We are less convinced, however, about the usefulness of Saegert's framework in representing the relationship between community-building inputs and outcomes and programmatic strategies and outcomes in domains like public health and economic development. We believe that a framework that shows outcomes as well as strategies at the individual, organizational, and community levels of change would be more useful in these domains.

In addition, while understanding the difficulty that the consultants had with reducing the complexity of change to a linear pathway and agreeing that the framework that Saegert developed is a very helpful representational device, the Roundtable nevertheless feels that pathways development is a useful and necessary tool for some tasks, such as the kind of logic modeling that is important in developing theories of change and identifying a sequence of specific outcomes -- early, interim, and longer term -- that can be tracked and measured over time, and used to show that progress is being made toward the ultimate goal. Linear pathways may also be helpful for conceptualizing and representing points of intersection and overlap between programmatic strategies and community-building strategies, as in Vidal's paper.

#### *Using practitioners more effectively*

The Contribution of Community Building project confirmed the importance of using practitioners' and intermediaries' knowledge and expertise to develop understanding and

evidence about the connections between community building, civic capacity and empowerment, and programmatic outcomes. But there was general agreement that we need to develop better ways to elicit their insights and experience. This project attempted to draw out practitioner learning by having the consultants develop preliminary rationales and theoretical models and then bringing together a group of 5-7 practitioners in each domain for a one-day working session to review and refine them, and provide illustrative examples as evidence. The Roundtable staff and our consultants agree that this facilitated group debriefing process was neither the most effective way to develop and test assumptions about the contribution of community building, nor the most effective way to build an evidence base for the work. Instead, the consultants recommend identifying in advance the efforts to focus on, learning as much as possible about them from written sources, and then conducting in-depth one-on-one interviews with practitioners to provide more details and interpretation about the events and context.

### *Moving beyond an anecdotal evidence base*

We also thought that we were at a point where we could develop good evidence without having to probe deeply into particular efforts, but this did not prove to be the case. Overall, the project produced an evidence base that was primarily composed of isolated, illustrative examples, rather than yielding, as the Roundtable had hoped, an extensive list of change efforts that illustrate common themes and could be mined for more in-depth investigation. As a result, the evidence base about the contribution of community building to programmatic outcomes remains largely anecdotal and quite thin. These weaknesses have plagued documentation efforts in the community-building field for many years. Additional efforts will be needed to identify potential sources where more in-depth exploration can potentially yield more systematic and compelling evidence about the contribution of community building.

We now believe that we are at a stage of knowledge building where it makes more sense to develop in-depth knowledge of a few instances than to amass less detailed and more superficial information about a broader range of community building efforts.

### **III. New Directions for Future Work**

We draw two primary conclusions from this project. The first relates to the difficulty encountered in developing the rationales, building the evidence, and making a compelling case for the contribution of community building to programmatic outcomes in the community development and public health domains. The second relates to our sense that the theme that produced the most convincing rationale and evidence – both in the papers and in discussions with practitioners, consultants, and the advisory board – is the importance of having poor, marginal inner-city communities develop a power base from which they can connect to the outside world, leverage resources, and gain representation, recognition, and influence with outside actors who wield power and make decisions that affect those communities.

As a result, the Roundtable concludes that the strongest and most compelling argument to be made about the importance of community building relates to building the internal capacity to make connections to the outside.

All of this prompts the Roundtable to suggest that we should move away from investigating the connection between community building and programmatic outcomes and concentrate instead on understanding how and under what circumstances communities successfully build connections to the outside and enhance their civic capacity, and what internal community building efforts are needed in order to develop those connections and ensure that they work for the good of the community.

The recommendation to make the priority for the next stage of work the exploration of the circumstances under which poor inner-city communities successfully develop external connections and influence resonates with several trends in the community change world. There is a growing consensus within the community-building field that poor inner city neighborhoods cannot improve their circumstances and conditions on their own, and an emerging consensus that the ability to influence the outside agenda is the key to change for poor inner city neighborhoods.

This theme also resonates with what our colleagues on the ground have told the Roundtable, both in this project and in previous ones. The practitioners who were brought together for this project, for example, thought that the effort to demonstrate the connection between community building and programmatic outcomes was not the critical issue. They emphasized that the ultimate goal of their work – whether they are involved in housing, public health, economic development, or civic capacity building – was to bring broken and marginal individuals and communities into the mainstream and give them greater voice and representation in the larger society.

The need for better connections to external power sources also echoes the strong message given in *Voices from the Field II* about the need for neighborhood groups to develop powerful allies in the public and private sectors in order to change conditions in their communities, and the summary judgment on the weakness of community building efforts that focus only on developing internal connections and capacities.<sup>6</sup> The Roundtable's recent work on structural racism also highlights the importance of strengthening civic voice and policy access and the need to form coalitions between grassroots actors and advocates working at the policy level.<sup>7</sup>

The Roundtable will incorporate the recommendations and insights derived from the Contribution of Community Project to strengthen our work as we move forward on our efforts to build knowledge around effective community change strategies.

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<sup>6</sup> Anne C. Kubisch *et al.*, *Voices from the Field II Reflections on Comprehensive Community Change* (Washington, D.C.: The Aspen Institute, 2002).

<sup>7</sup> Aspen Institute Roundtable on Community Change, *Structural Racism and Community Building* (Washington, D.C.: The Aspen Institute, 2004).