



# OPINION

November 2014

“ More than 45,000 registered non-profit organizations claim to serve veterans or military families. Yet, many, largely community-based, organizations struggle to quantify or qualify their unique impact. Even so, the problem is broader because veteran transition is not simply a challenge for government alone, but rather our collective challenge as a nation. That’s why these 45,000 organizations must act in a more coordinated manner to generate the greatest possible, long-term impact on our current and former servicemembers’ health and wellbeing. ”

## Collective Impact: Channeling Waves into Currents for Veterans in the Sea of Goodwill

Nothing brings a smile to a deployed warrior’s face like a care package. And nothing embodies American pride and support for its military like sending care packages to nameless or ‘adopted’ warriors. On the receiving end, it’s a heartening experience to open a box loaded with ‘Dear Soldier’ letters; children’s Crayola-rendered visions of flags, tanks, and you; and other comforts of home—if you’re lucky, baked goods or sweets that escaped being fused into a chocolate glob by the 110 degree heat.

Anonymous acts of kindness by these organizations, their donors, and especially their people, so many of whom are volunteers, represent the tops of countless waves in the American “sea of goodwill”<sup>1</sup> toward its servicemembers, past and present. *We need these waves, no doubt.* We know that no single one—not even the U.S. Department of Veterans Affairs (VA)—is fully able to address the complex challenges facing American veterans and their family members. But after 13 years of war, are all the waves stacked up toward lasting impact or are they simply adding to the chop?

Put in real terms, more than 45,000 registered non-profit organizations claim to serve veterans or military families. Yet, many, largely community-based, organizations<sup>2</sup> struggle to quantify or qualify their unique impact. Even so, the problem is broader because veteran transition is not simply a challenge for government alone, but rather our collective challenge as a nation. That’s why these 45,000 organizations must act in a more coordinated manner to generate the greatest possible, long-term impact on our current and former servicemembers’ health and wellbeing.

The doubts surrounding our combined impact today likely have less to do with any single organization than with the fragmented, reactive, and nonstrategic ways in which we provide access and deliver care and services to veterans at the community level. The public health field has long since established a base of evidence<sup>3</sup> showing that health and wellbeing are a function of one’s social and physical environment—e.g., housing, employment, health care, safety, and social ties—just as much as it is an individualized medical care issue. For this reason, health and wellness interventions at the individual, community, and policy levels must be holistic and integrated, rather than myopic, to address the long-term drivers of illness and disease alongside acute injuries and medical conditions.



The Institute for Veterans and Military Families (IVMF) at Syracuse University recognizes that this applies no differently to transitioning veterans. The Institute is now supporting community interventions on an unprecedented scale by putting collective impact approaches to veteran health and wellness into action. These efforts are grounded in evidence—i.e., the social determinants of health and wellbeing—and provide an added, complementary value to existing government-provided services.

This value, however, cannot be delivered from the ivory tower. We are in the trenches, transforming community-based approaches to serve veterans and their families by building communities-of-practice—coordinated networks of care, services, and resources—across the United States. These efforts are locally driven to build ownership; foster collaboration, accountability, and quality; and empower sustainable solutions that ensure transitioning servicemembers get the best access to care and a range of tailored social services.

As an example of this work, beginning in late 2013, IVMF convened public and private veteran service providers in New York City to brainstorm new ways of providing more accessible, navigable, and better-coordinated services to veterans across New York City's five boroughs. These discussions led to the piloting of a coordinated network designed to integrate private and public sector resources to increase efficiency, reduce redundant or duplicative efforts, and encourage a collective, community-based approach to veteran-focused services.

To build the network in New York City IVMF engaged with more than 50 organizations directly serving the leading social drivers of veteran wellbeing (employment, housing, legal, and mental health). Two organizations, in particular, are key to the network's daily operations: Services for the UnderServed,<sup>4</sup> which directly administers the network, and Unite US,<sup>5</sup> which supports the network with an interactive case referral platform. Locally, the network aims to serve more than 3,000 unique veterans and families over the next 20 months. But our broader goal—in New York City and a growing number of additional communities—is to demonstrate that the new value proposition in veterans' support is found *in the sum of the parts rather than the parts themselves*.

Community-based, collectively organized<sup>6</sup> networks of services, resources, and care are the future public-private partnership models that will ensure that America's veteran families are served best. For communities, becoming a transformative model of effective and impactful service delivery first demands a commitment to being a learning community of practice. Collective action must be grounded in evidence

such that any activity positively contributes to broad health and wellbeing outcomes. Robust communities of practice are more than local, loosely connected coalitions of organizations that provide a range of services. Rather, they are genuine collaborations through which constant learning and proactive adjustment underpin their combined advantage in serving veterans and their families.

Recognizing this, the IVMF has also partnered with U.S. Department of Veterans Affairs Supportive Services for Veteran Families (SSVF) funded programs in New York and New England to organize, deploy, and sustain a community of practice. Branch Out, SSVF<sup>7</sup> instills continuous learning and adaptation *within* its practice as the core driver of increased performance, class-leading practice, and professional development of its staff. The benefit of collaborative learning is that it helps to mitigate the risk associated with government investment in our communities, and, at the same time, develops long-term community capacity to meet the evolving needs of veteran families.

IVMF's collective impact and capacity building efforts are not ours alone. We're also collaborating with forward-thinking public, private, and nonprofit partners with a shared goal. Since 2011, IVMF has partnered with Accenture as part of the company's Skills to Succeed<sup>8</sup> initiative, which will equip 700,000 people around the world by 2015 with the skills to get a job or build a business. Accenture's collaboration with IVMF includes financial giving as well as the time and skills of its people to equip military veterans with job training at exceptional scale across the country. Through this public-private partnership, we've also realigned our objectives and developed stronger measurement tools to better leverage our shared commitment of delivering more supportive services to military families.

Still, despite the rising tide of support for our veterans and military families over the last decade, the uncoordinated delivery of services and resources for this population has made the "sea of goodwill" a stormy one. Individual actors working outside of a collective framework are crashing against one another in the often well-intended, albeit blind, pursuit of individual goals and competition for increasingly scarce resources. Worse yet, going it alone is not only a failed strategy for survival, it's also a failed strategy for veterans' long-term health and wellbeing given the complexity of challenges and demand for inclusive approaches.

The veterans navigating these waters can see the uncertain postwar future once the favorable tides recede. Thus, we, as the community of providers and practitioners that serve veterans

and their families, must do better to channel our efforts and resources through collective impact strategies, coordinated measurement, and continuous learning to create strong currents that will sweep our veterans and families to the shore that they seek, rather than leave them lost at sea.

## Notes

1. Office of the Chairman of the Joint Chiefs of Staff, Office of Reintegration. "After the Sea of Goodwill: A Collective Approach to Veteran Reintegration." A White Paper. October, 2014.
2. GuideStar USA, Inc. See: <http://www.guidestar.org/Home.aspx>.
3. Marmot, M. and R.G. Wilkinson (eds). *Social Determinants of Health, 2nd ed.* Oxford University Press. 2006.
4. Services for the UnderServed. See <http://sus.org/>.
5. UniteUS. See <https://uniteus.com/about>.
6. Collective Impact Forum. See <http://collectiveimpactforum.org/>.
7. Branch Out, SSVF. See: <http://branchoutssvfs.com/>.
8. Accenture, Skills to Succeed Program. See: <http://www.accenture.com/us-en/company/citizenship/Pages/skills-succeed.aspx>.

## ABOUT THE AUTHORS

### Nicholas J. Armstrong, Ph.D.

Nicholas Armstrong is senior director for research and policy at the Institute for Veterans and Military Families (IVMF) at Syracuse University. Before joining IVMF, Armstrong was a research fellow for the Institute for National Security and Counterterrorism (INSCT). A U.S. Army veteran, Armstrong served for seven years as a field artillery officer including nearly three years deployed to Iraq, Afghanistan, and Bosnia. Armstrong is a graduate of the U.S. Military Academy at West Point (B.S.) and the Maxwell School of Syracuse University (Ph.D., M.P.A.).

### Colonel James D. McDonough, Jr. USA (Ret.)

James McDonough is the managing director of community engagement and innovation at the Institute for Veterans and Military Families at Syracuse University (IVMF). Before joining the IVMF, McDonough served as senior fellow for veterans affairs at the New York State Health Foundation; president and CEO of the Rochester, NY-based Veterans Outreach Center Inc.; and director of the New York State Division of Veterans' Affairs. He is also a 26-year veteran of the U.S. Army including service in Germany, Korea, and Kuwait in support of Operation Iraqi Freedom.

### Daniel Savage

Daniel Savage is senior director of community engagement and innovation at the Institute for Veterans and Military Families at Syracuse University (IVMF). A U.S. Army veteran, Savage served for five years as an infantry officer, including 15-months as a platoon leader in Baghdad, Iraq during "the Surge" and the three-month Battle of Sadr City. Savage is a graduate of the U.S. Military Academy at West Point (B.S.) and the John F. Kennedy School of Government at Harvard University (M.P.P.).