



Infant Vitality Pilot Project

Getting Healthy Zone

Progress Report

January 2021



HEALTHY
LUCAS COUNTY

Introduction

The Getting Healthy Zone (GHZ) Pilot Project was designed based on the Best Baby Zone approach to address the infant mortality problem in Lucas County. GHZ targets a specific zone in Lucas County to improve the countywide infant mortality rate. The target population is women of childbearing age residing in census tracts 22, 23, 27, 28, 29, 30, and 103. These census tracts have an estimated population of 10,994, nearly 2,685 who are women age 15-50, plus 291 who are girls age 10-14. The median household income for these census tracts is \$16,549. The purpose of GHZ is to engage residents and community partners, listen to neighborhood priorities, and foster cross-sector community actions.

This progress report summarizes the first half of IV 2020-2021, from August 2020 – January 2021. The purpose of this report is to provide the administrator with evaluation of the key elements of the project, primarily through the use of quantitative surveys with relevant qualitative comments by participants. The administrator, anchor teams, and other partners (LISC) are to review and use the components of this report to guide future project efforts and additional training. Throughout this report and others, various team members will be referred to by their title, including: 1) Administrators who secured the grant and are implementing the project, 2) Anchor Organizations who represent the four health care organizations involved, 3) Anchor Project Leads who manage and implement the project within their health care organization 4) Internal Anchor Team Members who include everyone involved in the project from each anchor organization, 5) Community Liaisons who have membership on an anchor team and are primarily responsible for building rapport with the community through this project, and 6) Community Partners that provide direct services to residents in the neighborhood and maybe be located within the zone. To maintain confidentiality of participants, anchor organizations discussed throughout the report will be referred to as Anchor A, Anchor B, Anchor C, and Anchor D.

Methodology

To inform this report, the research team at The University of Toledo (UT) conducted a series of quantitative evaluations between September 2020 – January 2021. These quantitative evaluations were conducted with groups associated with the project through Neighborhood Health Association, ProMedica, Mercy St. Vincent's, and the Toledo-Lucas County Health Department, including: anchor leads, internal anchor team members, community liaisons, community partners, and residents or community members.

Survey evaluations were designed and facilitated by Celia Williamson, Ph.D., UT Principal Investigator and Monica Klonowski, MA, Associate Researcher. All surveys were completed following written participant consent, coded, and analyzed to identify strengths, weaknesses, opportunities, and threats to the project as well as obtain more nuanced information regarding

community partnerships and work within the anchor organizations' internal anchor teams that have been historically limited in the project. 54 pages of data were collected and analyzed. A summary of relevant findings from each quantitative evaluation will be presented (1) separately for each anchor organization as well as (2) overall for the entire Zone. Findings from this progress report will also assist in informing topics for discussion during the second half of the IV 2020-2021 evaluation, which will consist primarily of focus groups and interviews with relevant members of the project.

Project Summary Template

The project summary template was collected in September 2020. The purpose of the project summary template is for the anchor organizations to self-report basic information regarding key players, goals, and efforts of GHZ/IV 2020-2021 that will equip the project evaluator with needed contact information for a more comprehensive evaluation. All anchor organizations submitted a project summary template to the evaluator completed by the anchor lead, apart from one anchor organization, whose project summary template was completed by the community liaison. Anchors will have the opportunity to submit revised Project Summaries in 2021 before the second half of the annual evaluation takes place. The second half of the annual evaluation will consist primarily of focus groups and/or interviews as follow-up to the primarily quantitative evaluation that occurred in the first half of the 2020-2021 grant year.

The grant administrator (Hospital Council of Northwest Ohio) recommended that each anchor organization education work with community partners in the following four areas: early childhood, economic development, health services, and community systems. Anchor organizations were asked to provide the names and contact information for the four designated **community partner** types as required by the grant administrator for IV 2020-2021 so that each partner could participate in the evaluation process. Anchor A listed partners for 4/4 partner categories with complete contact information for all. Anchor B listed partners for 4/4 categories with incomplete contact information for 3/4 of the partners listed. The evaluator was able to obtain contact information for two Anchor B partners, totaling 3/4 partners with contact information. Anchor C listed "unconfirmed" partners for 2/4 categories and provided contact information for 1/4. Anchor D listed partners for 3/4 categories with complete contact information. These self-reported partners were contacted by the evaluator to complete the community-based partner evaluation and will be contacted to participate in a focus group and/or interview with the evaluator in 2021.

Anchors were asked to list the names and contact information for their organization's **internal anchor team members** *who work directly with residents*. Internal anchor team members participated in evaluation of their anchor lead. Anchor A listed 4 internal team members; Anchor B listed 2 internal team members; Anchor C listed 7 internal team members; Anchor D listed 1 internal team member. These self-reported internal anchor team members were contacted by the

evaluator to complete the evaluation of their internal anchor lead which corresponds with the anchor lead self-evaluation to gain a comprehensive evaluation of each organization's anchor lead. Internal anchor team members will be contacted to participate in a focus group and/or individual interview(s) with the evaluator in 2021.

Anchors were asked to list the names of **residents/and or resident leaders** who they collaborate with on a consistent basis and/or are part for their resident advisory committee. Anchor A provided 3 contacts; Anchor B and Anchor C did not provide contact information for any residents involved in the project; Anchor D provided 4 contacts. Anchors will have the opportunity to submit revised Project Summaries in 2021. Residents listed will be contacted by the evaluator to complete a focus group and/or individual interviews to evaluate their working relationship with their anchor organization and contribution to the project in 2021.

Anchors were asked to include the name and contact email of their **community liaison**. Two anchor organizations have had community liaisons thus far throughout the 2020-2021 year. Evaluation of the community liaison consisted of (1) a self-evaluation and (2) evaluation by the project lead/site supervisor. As of September 2020, Anchor A did not have a community liaison, though they did have an acting community liaison to participate in evaluation as of November 2020. Though Anchor D's former community liaison completed the project summary template, this liaison was no longer involved in the project as of September 2020. To evaluate the community liaisons involved on the project, community liaisons completed a self-evaluation that corresponds with evaluation of the community liaison by the project anchor lead for each organization. Community liaisons will continue to be integral to evaluation and will be contacted to participate in a focus group and/or individual interviews in 2021.

Anchor Lead Evaluation

Anchor lead evaluation was conducted in October 2020 and consisted of (1) an anchor lead self-evaluation as well as corresponding (2) evaluation by the internal anchor members provided to the evaluator on the project summary template. Anchors were evaluated in the following areas: community engagement, collaboration, IV project management, and Best Baby Zone implementation. The anchor lead self-evaluation asked anchors to answer fourteen distinct items and rank themselves on a 1-5 scale (lowest to highest) and the internal anchor team evaluation of anchor lead asked internal anchor team members the same questions for comparison and comprehensive assessment.

The anchor lead self-evaluation was completed by three of four anchor organizations. One anchor organization did not have an anchor lead at the time of the self-evaluation and was unresponsive to attempted contacts by the evaluator. The *anchor lead self-evaluation* consisted of a total of 70 points, with subcategory scores for community engagement (25 points), collaboration (20 points), IV project management (10 points), and Best Baby Zone

implementation (15 points). The *internal anchor team evaluation of the project anchor lead* consisted of a total of 60 points, with subcategory scores for community engagement (25 points), collaboration (15 points), IV project management (10 points), and Best Baby Zone implementation (10 points). A summary of total scores and subcategory scores are found below:

Anchor Self-Evaluation Results	Internal Anchor Team Member Results (reported as average scores)
<p>ANCHOR A Total score: 39/70 or 55%</p> <ul style="list-style-type: none"> • Community engagement: 16/25 (65%) • Collaboration: 14/20 (70%) • IV Project Management: 6/10 (60%) • Best Baby Zone Implementation: 13/15 (87%) <p>ANCHOR B Total score: 62/70 or 88%</p> <ul style="list-style-type: none"> • Community engagement: 24/25 (96%) • Collaboration: 14/20 (70%) • IV Project Management: 10/10 (100%) • Best Baby Zone Implementation: 15/15 (100%) <p>ANCHOR C Total score: 51/70 or 73%</p> <ul style="list-style-type: none"> • Community engagement: 24/25 (96%) • Collaboration: 14/20 (70%) • IV Project Management: 6/10 (60%) • Best Baby Zone Implementation: 7/15 (47%) <p>ANCHOR D – could not be evaluated due to no current anchor and/or internal anchor team.</p>	<p>ANCHOR A Total avg. score: 49.75/60 or 83%</p> <ul style="list-style-type: none"> • Community engagement: 19.5/25 (78%) • Collaboration: 13/15 (87%) • IV Project Management: 8/10 (80%) • Best Baby Zone Implementation: 9.5/10 (95%) <p>ANCHOR B Total avg. score: 50/60 or 83%</p> <ul style="list-style-type: none"> • Community engagement: 18/25 (72%) • Collaboration: 14.5/15 (97%) • IV Project Management: 7.5/10 (75%) • Best Baby Zone Implementation: 10/10 (100%) <p>ANCHOR C Total avg. score: 44.5/60 or 74%</p> <ul style="list-style-type: none"> • Community engagement: 16.25/25 (65%) • Collaboration: 10.75/15 (72%) • IV Project Management: 7/10 (70%) • Best Baby Zone Implementation: 7.5/10 (75%) <p>ANCHOR D – could not be evaluated due to no current anchor and/or internal anchor team.</p>

Anchor A's self-evaluation somewhat aligns with the internal team evaluation of their anchor lead. Though Anchor A's project lead self-evaluation and internal team evaluation identify the same strengths and weaknesses, the total overall score between the anchor self-evaluation (55%) and internal team evaluation (83%) differs significantly. The anchor lead and internal team reported Best Baby Zone implementation as their greatest strength (87% and 95%). The anchor lead and internal team reported Community Engagement as their greatest area of opportunity (65% and 78%). Of the internal team members identified by the project lead on the Project Lead Summary, 100% of the internal team members responded to the evaluator's request to complete the evaluation and participated in the evaluation after three attempted contacts.

Anchor B's anchor self-evaluation somewhat aligns with the internal team evaluation of their anchor lead. The total overall score between the anchor self-evaluation (88%) and internal team evaluation (83%) differs slightly, with the anchor lead self-evaluation score +5%. The anchor lead reported IV Project Management and Best Baby Zone implementation as their greatest strengths (100%) and collaboration as their greatest area of opportunity (70%). Similarly, the internal team reported Best Baby Zone implementation as their anchor's greatest strength. However, the internal team scored Community Engagement -6pts than their anchor lead, reporting this as their anchor's greatest area of opportunity (72%). The self-evaluation total score (88%) somewhat aligns with the internal team total score (83%). Of the internal team members identified by the project lead on the Project Lead Summary, 66% of the internal team members responded to the evaluator's request to complete the evaluation after three attempted contacts. One anchor member responded to the evaluator's request stating, *"I have only been in my position for approximately 15 months and do not have enough information to participate in this evaluation survey."*

Anchor C's anchor self-evaluation does not align with the internal team evaluation of their anchor lead. The self-evaluation total score (73%) closely aligns with the internal team total score (74%), though the anchor lead and internal team identified opposite strength and area of opportunity. The anchor lead reported community engagement as their greatest strength (95%), while the internal team evaluation reported community engagement to be their anchor lead's greatest area of opportunity (65%). Similarly, the anchor lead reported implementation of the Best Baby Zone to be their greatest area of opportunity (47%), while the internal team evaluation reported implementation of the Best Baby Zone to be their anchor lead's greatest strength (75%). Of the internal team members identified by the project lead on the Project Lead Summary, 4/7 (57%) internal team members responded to the evaluator's request to complete the evaluation after three attempted contacts.

Anchor D could not be reached to participate in evaluation. As of Fall 2020, this organization did not have an acting project anchor lead or community liaison and administration at the organization was unresponsive to evaluator contacts.

Overall, perceived efficacy differed across anchor organizations as represented by the following overall percentage scores for internal team evaluation of their anchor lead: Anchor A – 83%; Anchor B – 83%; Anchor C – 74%. Internal teams consistently identified Best Baby Zone implementation as the greatest strength across organizations, with the internal anchor team identifying this area as a relative strength represented by the following scores: Anchor A - 95%; Anchor B - 100%; Anchor C – 75%. Community Engagement was identified by internal anchor teams across the Zone as the greatest area of opportunity represented by the following scores: Anchor A - 78%; Anchor B - 72%; Anchor C - 65%. While IV Project Management and Collaboration were two areas perceived to be adequately fulfilled by each anchor organization, Anchor A scored the highest in IV Project Management (80%) while Anchor B scored the highest for Collaboration (97%), demonstrating that each organization within the Zone has strengths that can contribute to the group.

Findings between the anchor lead self-evaluation and the internal team evaluation of the anchor lead did not always align. For example, Anchor A’s anchor lead consistently rated their performance lower than their team rating in all four areas of assessment. Anchor B’s anchor lead identified Collaboration as a strength that did not align with their internal team’s responses. Anchor C’s anchor lead and internal team reported opposing views regarding their greatest strength and greatest area of opportunity.

Anchor project leads were also asked to provide additional commentary on their self-evaluations. One anchor stated, *“I do not believe we are fully utilizing the Best Baby Zone framework for the Getting Healthy Zones.”* There were no additional comments from anchor project leads on their self-evaluations.

Internal anchor team members were also asked to provide any additional commentary relevant to their evaluation of their anchor project leads. When speaking of their anchor project lead, one member stated, *“She has so much experience in community engagement and now that she is working with the community health workers, she is learning even more about how to help the community. She is very open to ideas I have for projects. She is also very flexible and available when I need her. [Her] leadership has pushed me outside of my comfort zone and allowed me to grow professionally.”* One internal anchor team member from another organization noted the following in the additional comments of the evaluation: *“There are several questions that I am not aware of how the anchor is doing in these areas as we do not work in the same area nor do we discuss this information.”* Additionally, one internal member from the same organization stated, *“The anchor lead certainly has a huge amount of experiences with low-income communities and people of color. I am not sold on the anchor lead exercising her resources in the most effective manner. I am not certain that there has been a lot of teamwork demonstrated amongst our collaborating partners in the community.”*

The project evaluator will develop further questions based on internal team evaluation in the first half of 2020-2021 grant year and will be in contact with each anchor lead to schedule a focus

groups with their internal team members as well as an individual interview with the anchor lead in the second half of the 2020-2021 grant year.

Community Liaison Evaluation

Community liaison evaluation was conducted in November 2020 and consisted of a (1) community liaison self-evaluation as well as corresponding (2) evaluation by the anchor lead. Community Liaisons were evaluated in the following areas: relevant experience, cultural competency, zone competency, supervision, Best Baby Zone implementation, community engagement, and efficacy. The *self-evaluation* asked liaisons to answer seventeen distinct items and rank themselves on a 1-5 scale (lowest to highest) and the anchor evaluation of their liaison asked the same questions for comparison and comprehensive assessment.

The community liaison self-evaluation and anchor lead evaluation of community liaison was completed by three anchor organizations. One anchor did not have a community liaison at the time of the self-evaluation. The self-evaluation consisted of a total of 95 points, with subcategory scores for relevant experience (15 points), cultural competency (10 points), zone competency (15 points), supervision (15 points), Best Baby Zone implementation (10 points), community engagement (20 points), and efficacy (10 points). The *anchor lead evaluation of their community liaison* consisted of a total of 80 points, with subcategory scores relevant experience (15 points), cultural competency (10 points), zone competency (15 points), supervision (5 points), Best Baby Zone implementation (10 points), community engagement (20 points), and efficacy (10 points). A summary of total scores and subcategory scores are found below:

Community Liaison Self-Evaluation Results	Anchor Evaluation of Community Liaison Results
<p>ANCHOR A Total score: 71/90* or 79% *did not answer one question</p> <ul style="list-style-type: none"> • relevant experience – 11/15 (73%) • cultural competency – 8/10 (80%) • zone competency – 13/15 (87%) • supervision – 14/15 (93%) • Best Baby Zone implementation – 5/5* (100%) • community engagement – 20/20 (100%) • efficacy – 7/10 (70%) 	<p>ANCHOR A Total score: 44/80 or 55%</p> <ul style="list-style-type: none"> • relevant experience – 12/15 (80%) • cultural competency – 5/10 (50%) • zone competency – 10/15 (67%) • supervision – 5/5 (100%) • Best Baby Zone implementation – 3/10 (30%) • community engagement – 3/15 (20%) • efficacy – 6/10 (60%)

ANCHOR B

Total score: 93/95 or 98%

- relevant experience – 14/15 (93%)
- cultural competency – 10/10 (100%)
- zone competency – 15/15 (100%)
- supervision – 15/15 (100%)
- Best Baby Zone implementation – 10/10 (100%)
- community engagement – 19/20 (95%)
- efficacy – 10/10 (100%)

ANCHOR C

Total score: 63/90* or 70%

*did not complete one question

- relevant experience – 10/15 (67%)
- cultural competency – 7/10 (70%)
- zone competency – 13/15 (87%)
- supervision – 10/15 (67%)
- Best Baby Zone implementation – 5/5* (100%)
- community engagement – 16/20 (80%)
- efficacy – 6/10 (60%)

ANCHOR D – could not be evaluated due to no current anchor and/or internal anchor team.

ANCHOR B

Total score: 76/80 or 95%

- relevant experience – 14/15 (93%)
- cultural competency – 10/10 (100%)
- zone competency – 15/15 (100%)
- supervision – 5/5 (100%)
- Best Baby Zone implementation – 9/10 (90%)
- community engagement – 15/15 (100%)
- efficacy – 8/10 (80%)

ANCHOR C

Total score: 59/80 or 74%

- relevant experience – 13/15 (87%)
- cultural competency – 8/10 (80%)
- zone competency – 12/15 (80%)
- supervision – 3/5 (60%)
- Best Baby Zone implementation – 7/10 (70%)
- community engagement – 9/15 (60%)
- efficacy – 7/10 (70%)

ANCHOR D – could not be evaluated due to no current anchor and/or internal anchor team.

Anchor A's community liaison self-evaluation and evaluation by the project anchor did not align overall, with the community liaison self-evaluation reporting a total percentage score of 79% while the anchor lead evaluation resulted in a total percentage score of 55%. The average score between both evaluations results in a total percentage average of 67%. The self-evaluation and anchor evaluation also did not align regarding the community liaison's strength(s) and area(s) of opportunity. Anchor A's community liaison identified community engagement (100%) and Best Baby Zone implementation as their greatest strengths, with efficacy as their greatest area of opportunity (70%). The anchor lead identified relevant experience (80%) as their liaison's strength and community engagement (20%) and Best Baby Zone implementation (30%) as their greatest area of opportunity, which directly contrasts with the liaison perceiving these areas as their greatest strengths. The anchor project lead also reported low percentages in the following areas: cultural competency (50%) and efficacy (60%).

Anchor B's community liaison self-evaluation and evaluation by the project anchor closely aligned overall, with the community liaison self-evaluation reporting a total percentage score of 98% while the anchor lead evaluation resulted in a total percentage score of 95%. The average score between both evaluations results in a total percentage average of 96.5%. The self-evaluation and anchor evaluation also aligned regarding the community liaison's strength(s) and area(s) of opportunity, with the exception of efficacy. Anchor B's community liaison identified cultural competency, zone competency, Best Baby Zone implementation, and efficacy (all 100%) as their greatest strengths, with relevant experience as their greatest area of opportunity (93%). The anchor lead identified cultural competency, zone competency, and community engagement (all 100%) as their liaison's strengths and efficacy (80%) as their greatest area of opportunity, which directly contrasts with the liaison perceiving this area as a strength. It should be noted that areas of opportunity as for this anchor's liaison were relative in comparison to community liaison evaluation amongst the Zone overall.

Anchor C's community liaison self-evaluation and evaluation by the project anchor somewhat aligned overall, with the community liaison self-evaluation reporting a total percentage score of 70% while the anchor lead evaluation resulted in a total percentage score of 74%. The average score between both evaluations results in a total percentage average of 72%. The self-evaluation and anchor evaluation did not align regarding the community liaison's strength and area of opportunity. Anchor C's community liaison identified Best Baby Zone implementation (100%) as their greatest strength, with efficacy as their greatest area of opportunity (60%). The anchor lead identified relevant experience (87%) as their liaison's strength and community engagement (60%) as their greatest area of opportunity.

Anchor D could not be reached to participate in evaluation. As of Fall 2020, this organization did not have an acting project anchor lead or community liaison and administration at the organization was unresponsive to evaluator contacts.

Community liaisons were also asked to provide additional commentary on their self-evaluations. One community liaison stated, *"It is taking me time to learn to make connections with the community I am assigned as it is not exact to what I pictured. The most important thing I am learning is that the strategy or the method I need to use is completely different. I have been able to connect with few community organizations recently and get engaged with some residents in the assigned zone. [The] pandemic has been a barrier in engaging with residents, but yet trying best to engage residents through [a] virtual platform."* No other comments were provided by community liaisons.

Community liaisons were also asked to list any trainings they have received on their self-evaluations. One liaison listed the following: 211 training, Safe Sleep, Ability Center: Resources for Youth in Lucas County, Implicit Bias, Human Trafficking, Mindfulness, Impact of COVID-19 Pandemic, Strategic Communications for Engagement, SANE training [sexual assault], Lucas County Health Department COVID-19 Facebook Live Series. Another liaison listed the

following: Implicit Bias Training, CPR, Infectious Disease. One anchor project lead stated that their liaison received one-on-one training and will attend Bridges out of Poverty training as they begin work on IV 2020-2021.

The project evaluator will develop further questions based on community liaison evaluation results in the first half of 2020-2021 grant year and will schedule a focus group and/or individual interviews with community liaisons and anchor project leads in the second half of the 2020-2021 grant year.

Community Partnerships

Community partners were self-reported to the evaluator through the Project Summary Template in September 2020. Community partners were contacted up to three times by the evaluator between December 2020 and January 2021 to participate in evaluation of their partnership with their anchor organization. The Community Partner evaluation asked partners to answer ten distinct items and rank how these items apply to their partnership on a 1-5 scale (lowest to highest) as well as provide any additional commentary on their partnership with a given anchor organization. The evaluation contained the following statements to assess the overall quality of partnerships in the Zone:

I work consistently with the health care anchor organization in my community.

I plan community events with the health care anchor organization assigned to my neighborhood that address the needs of my community.

The health care anchor organization in my neighborhood values my organization's feedback and incorporates community input when making decisions.

The health care anchor organization in my neighborhood is knowledgeable about the needs of the community.

The health care anchor organization in my neighborhood has played a valuable role in improving the community in the past.

The leadership of my organization is engaged with the health care partner on strategies that address determinants of health in my community.

My organization plays an equal role in addressing the needs of the community as the health care anchor organization.

The health care organization I am affiliated with on this project has made it clear to me what the goals of Getting Healthy Zone project are.

The health care organization I am affiliated with has improved the community through the Getting Healthy Zone project.

How would you rank the quality of your organization's partnership with your affiliated health care organization overall?

Anchor A's community partner score reported as a percentage totaled 93% overall. Anchor A's Education and Early Childhood partner organization and Health Services partner organization participated in evaluation. Economic Development and Community Systems partners did not respond to contact by the evaluator. The evaluator contacted each partner three times via email. Participants closely aligned in their responses, indicating no significant areas of concern (i.e. rank less than 3) in the partnership. The Education and Early Childhood partner provided the following additional commentary on the partnership: "*The [partner] has worked closely with the [anchor] to plan events and provide services to the community. We are looking forward to continuing our partnership with future projects.*" No additional comments were provided by partners.

Anchor B's community partner score could not be calculated and the partnership(s) for this organization could not be assessed. This organization provided incomplete contact information on their Project Summary Template. Complete contact information was provided by the anchor for their Education and Early Childhood partner. Complete contact information was obtained by the evaluator for Economic Development and Community Systems partners, which initially only contained a name without contact phone and/or email. While the Community Systems partner responded to contact by the evaluator and completed the evaluation, this partner did not respond to repeated attempts to complete the informed consent attached with the survey. As a result, their responses have been excluded due to University of Toledo Institutional Review Board standards that require informed consent for participation in evaluation.

Anchor C's community partner score could not be calculated and the partnership(s) for this organization could not be assessed. This organization provided contact information for their Education and Early Childhood partner as well as their Health Services partner. Both partners were unresponsive to contact by the evaluator. The evaluator contacted each partner three times via email.

Anchor D's community partner score could not be calculated and the partnerships for this organization could not be assessed. This organization provided contact information for Economic Development, Health Services, and Community Systems partners. These partners were unresponsive to contact by the evaluator. It should be noted that this organization did not currently have a community liaison or an anchor project lead [internal to the organization] at the time of evaluation.

Recommendations

Based on results of the quantitative evaluations, the evaluator proposes the following recommendations:

1. Invite internal anchor team members to attend quarterly IV meetings to share information regarding area(s) of strength within their organization.

- a. If possible, encourage internal anchor team members to attend quarterly meetings by utilizing incentives.
2. The administrator should consider attending internal anchor team monthly and/or quarterly meetings for each anchor organization.
3. Invite guest speakers from community organizations that work with residents throughout the Toledo area/the entire Zone community to share best practices for community engagement, including how their organization(s) have adapted to community engagement during COVID-19.
4. Continue to encourage anchor organizations to meet consistently with their internal teams. Encourage increased internal team meetings or revision of current internal team meeting agendas for those anchor organizations whose self-evaluations and internal team evaluations do not align.
5. Brainstorm with anchor leads across the Zone to determine best practices for working with community liaisons, as overall scores for community liaison evaluations reflect close alignment between the community liaison and anchor lead for some organizations and misalignment for others.
6. Encourage anchor project leads to discuss their liaison evaluation directly with the liaison to encourage open dialogue regarding strengths and areas of opportunity as well as set goals for various areas in the project such as collaboration, community engagement, efficacy, cultural competency, etc. embedded in the evaluation.
7. Research community-wide trainings and share any/all information regarding community-wide trainings directly to community liaisons involved in the project to reduce the disparities in training between organizations/ensure that liaisons have similar opportunities for training.
8. Consider developing a training series for community liaisons that includes both non-Zone organization trainings (i.e., 211, Implicit Bias, etc.) and trainings developed within Zone organizations, as quantitative evaluations demonstrate that anchors identify different strengths that may be beneficial to the Zone and liaisons overall.
9. In addition to partnerships within each designated zone, brainstorm with the anchor organizations to identify partners that work throughout the entire Zone to ensure that all anchor organizations have a community partner for each category as specified by the administrator for the 2020-2021 grant year in the event that more localized partners are unavailable.