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## Shared Prosperity Initiative as a Solution to the City of Kalamazoo's Impoverished

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The Shared Prosperity Initiative as a *Solution* to the City of Kalamazoo's Impoverished

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### **Abstract**

The Shared Prosperity Kalamazoo Initiative acts a combatant to reducing poverty for the City of Kalamazoo rather than a solution. Combining micro social work training of treatment plans for clients and its incorporated methodologies to the macro problem of poverty for the City's constituents emphasizes a unique but valuable perspective to have as a potential policy maker. The question is whether such a perspective is truly applicable and such was the goal of the nearly year-long research. Data obtained from interviews, meetings, focus groups and interviews were reviewed from a prior initiative to formulate much of the research and analysis. This was also the case for much of the poverty statistics utilized from the American Community Survey and the U.S. Census to demonstrate the extremity of the City's poverty rates, especially when analyzed to comparable sized Cities which makes it an oddity. The data, statistics and other local specific information composed within Shared Prosperity Kalamazoo was used in a comparative analysis with the anti-poverty initiatives of Philadelphia, Pennsylvania and Minneapolis, Minnesota. This assessment of other noteworthy models proved beneficial to lessons derived for Shared Prosperity Kalamazoo as Philadelphia has had ongoing success while Minneapolis's decade-long run has ceased due to cited failure. This research will provide valuable information regarding the essential ingredients for future and current anti-poverty initiatives to deliver in tandem with true communal efforts.

## **Introduction**

According to a 2008-2012 report presented at a 2014 Kalamazoo City Commission meeting on the poverty rate for those who reside in the City of Kalamazoo, the poverty rates in the City (34%) has more than doubled that of the national level of poverty (16%). Through my efforts I will demonstrate how the poverty reduction program commonly titled "Shared Prosperity Kalamazoo" along with some modifications can be an important combatant against Kalamazoo's social ill of poverty. The goal is to convince and unite the community, the private sector, community based organizations, the city commission and other stakeholders to create and support a shared vision and solution because poverty is too complex of an issue to take on single handedly. This poverty reduction program is inspired by Philadelphia's Mayor as he has implemented a Shared Prosperity Philadelphia Anti-Poverty program that began in 2013. It is a comprehensive and systemic long term change seeking policy that functions as a treatment plan for poverty.

A treatment plan begins with a collective goal in which those affected have a stake in its creation as they are the beneficiaries. Followed by this are the objectives and then there are the action steps to accomplish the objectives. Furthermore, the goals have to be S.M.A.R.T. goals: specific, measurable, attainable, realistic/relevant and timely.

Shared Prosperity Kalamazoo (SPK) will focus on employment, youth and support for families. I will present research already conducted through meetings, focus groups, surveys and interviews to demonstrate the most pressing needs of Kalamazoo City's' impoverished community as well as identify what stakeholders there are within the community that can help to form a collaborative effort in providing a solution to the complexities of this issue. These stakeholders will include community based organizations, private sector partners and political

leaders who can help to address many of the issues at hand. Once identified I will present ideas of how to gain support from each and what everyone's role will be in supporting this combatant and carrying it out. I will provide a timeline for when and how things should be done as well as what things will look like once this proposal has been implemented.

### **The Plan of Approach**

If clients and constituents are the ship, then we as community organizers, leaders and decision makers ought to be the waves that act as a guiding, but not steering, force which helps them all arrive at their autonomous destination. The latter is noteworthy to my social work education and has been vital to a clinician's success in helping clients help themselves. If a client (or population of people) finds that their day to day well-being is in jeopardy due to some internal or external, threat then it is up to the clinician to work with the client(s) to overcome such a force. Treatment plans are designed to do just that. As I learned, on a micro level, clients usually come to clinicians, such as clinical social workers, because of problems functioning at their optimal level of well-being. This could mean anything from drug addiction issues impeding job attainment or a lack of coping skills leading to prolonged depression. The job of the client and clinician is to work together to develop goals, objectives and strategies to help the client return to their optimal level of well-being. In other words, what will be produced is a treatment plan that acts as a road map which outlines how a client and clinician will travel from point A to point F. For this to occur, a few things must take place. Firstly, the client must have the most say in this plan as the client has the epistemic privilege or expert knowledge on what he or she can do and the client is the only person who can solve the problem (Duntley-Matos, 2015). In addition, there ought to be a utilization of a strengths-based problem-solving action perspective

that is derived through the analysis of the client's data collected by the clinician (Kirst-Ashman & Hull, 2009, p. 9). The latter involves identifying the client's strengths, capabilities and environmental resources. Lastly, there must be a holistic view of the client's problem to completely treat it. This will involve using an ecological-systems perspective, e.g., thinking of the issue in the context of its relationship with the micro, mezzo and macro level because one issue can affect a client on all three levels at any given time. At the end of it all, the clients' major cause (as determined the priority by the client) for all that is an issue will be identified and it is from this that the goals, objectives and strategies can be developed (Gallant, 2007, p. 3).

The goals should act as a means to overcome the challenges being experienced by the client. They should also determine strengths and resources to manage the problems and ultimately, improve the well-being of the client (Gallant, 2007, p. 3). In a treatment plan a goal acts as a positive description of the outcome that will be achieved. The objectives are the improvements that will be observed in the client to indicate that the treatment has been successful. In addition, for every objective there should be three or more strategies. Strategies are actions that will be taken by the clinician and client to facilitate the client's recovery (TDSHS, 2013). These strategies should detail what will be delivered to the client to help them achieve the objective identified. Furthermore, all of the strategies must be screened through the SMART approach. SMART stands for, specific, measurable, attainable, realistic/relevant and timely.

In terms of specific, the strategy must incorporate who is involved, what is to be accomplished, where and when? In the end it should be very specific so as to not invite any indecision. In terms of measureable, the strategy should be able to show effectiveness; provide tangible evidence with concrete criteria for measuring progress toward the attainment of each goal. In other words, how much, how many and how will we know the objective and goal has

been achieved? In terms of attainable and realistic which generally go hand and hand, the client must agree and be willing to carry out the strategies. The client should also know that each step is achievable because it aligns with what the client has identified as being within the realm of their capabilities. In regards to strategies being timely, there should be a reasonable time frame to accomplish each goal (Sanderbeck, 2008).

**Micro Practicality:** To provide a demonstration for what a treatment plan for a micro problem experienced by a client would look like, let us pretend for a minute (using an old mock client assessment from a previous class I have taken) that we are a clinician and a client named Timothy Bradley has come to seek out our guidance (Washington, 2014). To begin I should state that for the purposes of this paper I will only give a general overview of its application because before a treatment plan can be conducted an initial intake session or assessment must take place that covers everything from the clients basic data to the reason for referral and tons of historical information of the clients relationships with societal systems such as vocation, education, legal, medical and family. Assuming we have already done this for Mr. Bradley, we can now work with him to establish his goals, objectives and strategies. From our clinical impressions derived from the collected data, we (along with Mr. Bradley's input) have come to the conclusion that his major problems are coping skills, opening up to others and persistent worrying. After Mr. Bradley and the clinician prioritize these problems he states how he would like to work on his coping skills first. Therefore, his goal is as stated "I want to have better coping skills" (Washington, 2014). What we hope to see as a positive indicator of success from Mr. Bradley as he strives to reach this goal is his objective: within the time frame of 2 months the client will no longer become depressed because of troubling experiences encountered (Washington, 2014).

From this we will know that Mr. Bradley's coping skills have improved. Lastly are the strategies we as the clinician will facilitate in order to help Mr. Bradley achieve his objective. Remember, for every one objective there are three or more strategies. After working with Mr. Bradley on possible steps he could take, Mr. Bradley has made his decisions. They are as follow:

1. The clinician will enroll Mr. Bradley in educational sessions on improving coping skills and he will attend this 1 hour a week every Tuesday for 2 months at the Borgess Health Center (located at 3025 Gull Rd, Kalamazoo, MI 49048).
2. The clinician will incorporate Mr. Bradley into a group therapy session to practice his newly learned coping skills for 2 hours every two weeks on Thursdays during one month also at Borgess Health Center (located at 3025 Gull Rd, Kalamazoo, MI 49048).
3. The clinician will meet with Mr. Bradley for 1 hour, 2 days a week on Mondays and Fridays for 2 months at Borgess Health Center (located at 3025 Gull Rd, Kalamazoo, MI 49048) to evaluate the effectiveness of all the strategies chosen.

Using the SMART approach we can see how specific, measurable, attainable, realistic/relevant and timely each strategy is. Each strategy identifies who (Mr. Bradley), what (educational classes, group therapy, individual meetings), where (Borgess Health Center), and when (Tuesday's, Monday's and Friday's as well as Thursday's). Each is measurable because of the amount of hours per week (and in sum) and for the duration of the time frames (timely). We have also identified what will be the outcome of each strategy to measure effectiveness. As for attainability and balancing our realism with idealism, we have already established that Mr. Bradley was the primary decision maker behind these strategies and thus, he has agreed, has proved willing, and believe he is capable of achieving all of what is stated.

**Macro Practicality:** In retrospect, let us remember that this is not meant to be a thesis on micro problems that individual clients experience. I am simply demonstrating how the treatment plan model as well as the SMART approach can be utilized for macro problems that populations of impoverished people experience on a daily basis here in the City of Kalamazoo by explaining its common application in micro problems. Let us now try this frame of emphasis on a macro level problem.

At the core of the Shared Prosperity Kalamazoo (which I will heavily touch on later) are the three goals as identified by our clients (the impoverished community and those who will share in on the prosperity, i.e., businesses, religious institutions, education affiliates such as the Kalamazoo Promise and every other member of the community, hence, Shared Prosperity). This initial intake or assessment also involved the data collected from the many meetings, focus groups, surveys and interviews done in each segment of the community over the span of about five years not including best practices researched with data collected over a decade. These three goals are:

- Increasing employment and access to well-paying, living wage **jobs**
- Focusing on meeting the out-of-school needs of low income **children** to enhance their healthy growth, development and learning
- Better coordination of services provided by existing public and non-profit agencies to more effectively enhance the economic security and well-being of Kalamazoo **families**, i.e., Collective Impact

Each target area and its goal (jobs, youth and families) encompass many objectives but to briefly demonstrate the treatment plan model and SMART approach for a macro problem I will use the

goal of increasing employment and access to well-paying living wage jobs. We see possible objectives to reach this goal after debriefing with the community (reviewing our data collection): helping businesses help themselves in terms of hiring the qualified workers from low income communities that they say they cannot find, and also helping develop the workers who are poor and unemployed because they lack the skills these businesses seek. In short, our objective is to help businesses within the City of Kalamazoo develop more qualified applicants from our many low income communities where poverty ranks the highest, such as the Edison neighborhood or the north side of Kalamazoo community (Cooney, Moore & Ready, 2014).

What strategies are we to use to make this happen?

1. Businesses will voluntarily send a representative to attend a 2 hour long (8 am-10 am) Employee Resource Network Workshop at Michigan Works (222 S Westnedge) every last Thursday of the month for the duration of 6 months to learn about implementable practices that can better affect low income employee retention rates.
2. Businesses will voluntarily have a representative take part in a 2 hour long Workforce Development online session for one day out of the month over the duration of 6 months to learn how to internally recognize and remove barriers preventing the retention of low income employees.
3. Businesses will voluntarily send a representative to attend a 2 hour long Entrepreneurial Efforts Conference located at the Radisson Plaza Hotel (100 W Michigan) for 1 day (8 am-10 am on Friday's) once a month over the duration of 6 months to learn about the newest innovations local entrepreneurs are doing and how they can collaborate to bring more prosperity to the community.

One can see the SMART approach in terms of specificity through who is involved (local businesses), what is involved (Employee Resource Network Workshops, Workforce Development online sessions, Entrepreneurial Effort Conferences), where (Michigan Works, Online, the Radisson), and when (Thursday's and Friday's). Each is measurable because of the amount of hours per week or month (and in sum) for the duration of the time frame (timely). We have also identified what will be the outcome of each strategy to measure effectiveness. In regards to attainability and how realistic these are, we are basing this on the data collected by the community, primarily the private sector. It is from this data that we can confidently conclude that the private sector is on board with these strategies as they are the beneficiaries, although, the prosperity that they all will reap will benefit the low income community who are often without jobs because they are unqualified or cannot meet the ideal skills preferred.

### **The City of Kalamazoo's Macroscopic Problem of Poverty**

In reference to the issue of poverty here in the City of Kalamazoo, most of my data comes from an April 14<sup>th</sup>, 2014 presentation and report titled "*Kalamazoo United for Shared Prosperity (KUSP): Basic Principles and Proposed Strategy*". The presentation and report was put together by City Commissioner Donald Cooney, County Commissioner Stephanie Moore and the Director of the Lewis Walker Institute, Dr. Timothy Ready. The Shared Prosperity Kalamazoo (SPK) Initiative was derived from KUSP but has grown to encompass much more with an overall arching goal of fostering independent actions from each level of stakeholders that all contribute to our collective goal of reducing (not resolving) poverty which brings prosperity to everyone (City of Kalamazoo, 2015).

The core of KUSP was to draw on the collective wisdom of the Kalamazoo community, including elected and appointed public officials, nonprofit leaders and grassroots citizens. The

three levels of stakeholders which were integral in this effort were low income residents, community based organizations and private sector employers. More specifically, low income residents were to be involved as full participants in the planning and evaluation process. The community based organizations were to move beyond their disjointed delivery of categorical services to better meet people's needs. Lastly, private sector employers were to be involved as full partners in job creation and job training. Businesses enjoy greater prosperity when the workforce meets the needs that the employers are seeking; therefore, it makes sense for the business community to have involvement (Cooney, Moore & Ready, 2014).

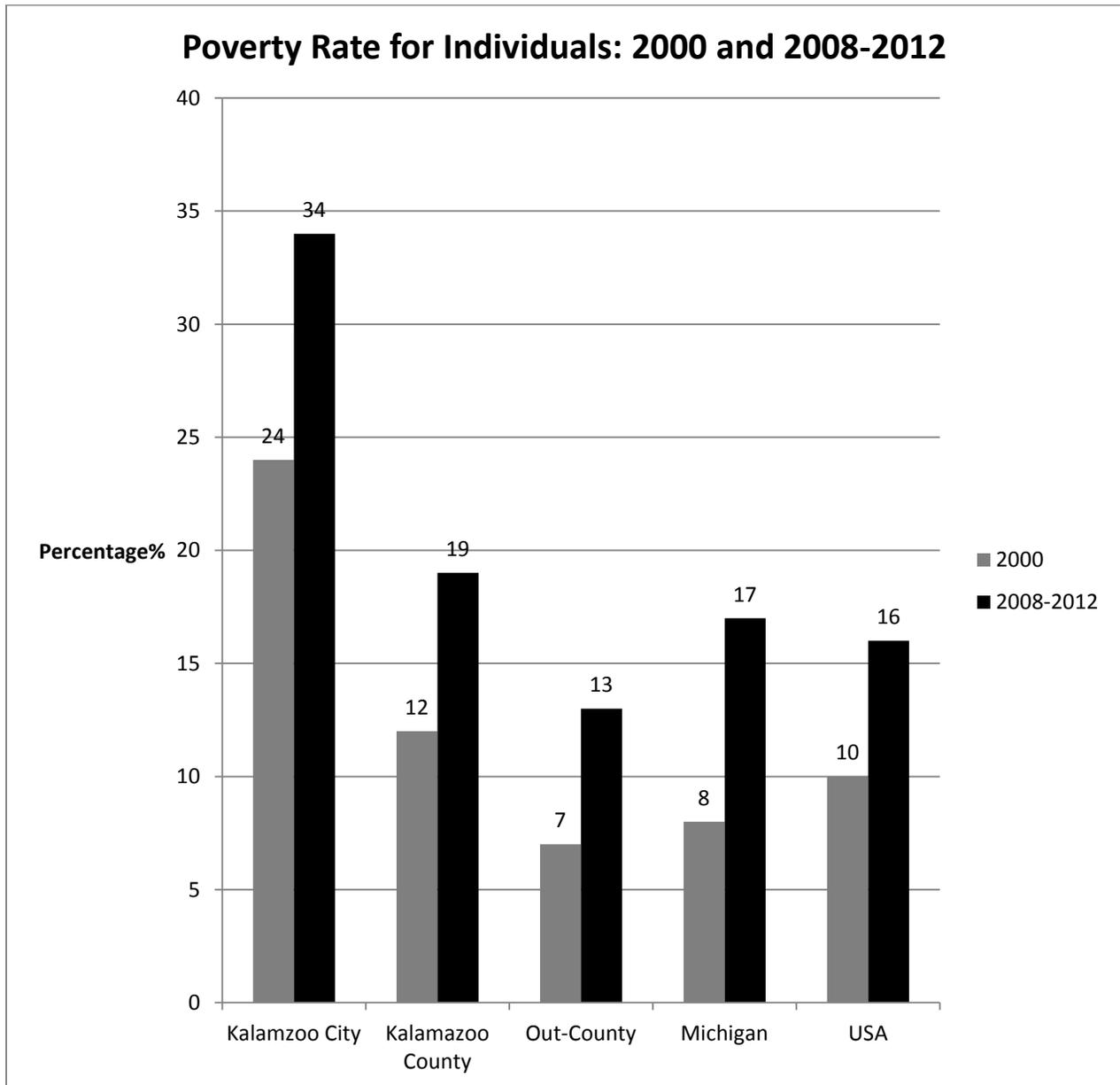
After talking with Commissioner Cooney I was informed about the methods of collecting data. The data was collected through focus groups, interviews, meetings and surveys done at nine locations throughout the City: Ministry with Communities, the Douglas Community Center, County Commissioner Moore's auspices, the Kalamazoo Gospel Mission, Second Baptist Church, the Hispanic American Council, the Senior Ecumenical Center, Mt. Zion Baptist Church and Milwood's United Methodist Church. All nine locations were intentionally focused on targeted neighborhoods that feel the plight of poverty the most such as the north, east and south side communities of the city. Most of the questions asked to these populations of people were, generally speaking, "How are you living?", "What are your experiences like with service providers?" and "What do you think would help make things better for you?" It was from the second and third question responses that an aim was created for SPK which was to generate a much needed collective effort in helping residents because community based organizations were said to, essentially, operate alone or in closed partnerships which aided in providing inadequate services. Among the responses was that there needs to be more input from the actual residents in

decisions being made about them as well as more dialogue between the community and decision makers.

In regards to the second question, the responses received were best summarized as many of the community based organizations including KPS affiliates, Human Service Affiliates, local advocacy affiliates and a host of other service providers are operating alone to help low income people. This is noteworthy considering they all have different mission statements and methods of going about reaching their missions; yet, the one thing they all have in common is their goal of helping low income people gain a better quality of life. For example, United Way of Southwest Michigan and Michigan United each have separate mission statements but if you read both, they would essentially demonstrate the same goal of mobilizing people to change their communities for the better. Yet, they often times work alone and the community residents feel, this even if they cannot see it. From this, the original KUSP initiators saw a need to establish a collective effort approach amongst the community of Kalamazoo.

The responses from the third question were summarized as a disconnection between local decision makers and the people who the decisions are being made on behalf of. The process of decision making was said to be anything but democratic which is when everyone gets a say, especially those who will be impacted the most by the decision. The community residents do not have to have the final say; they would simply just like a chance to have some input on the things that are affecting their communities and their lives. Through the SPK Initiative this would become a reality due to most of the proposed ideas coming from the community and are very transparent through constant updates on websites, social media and so forth.

As for the first question, the responses validated the data which was collected by the American Community Survey (most current data of 2012 at that time) about poverty here in the City of Kalamazoo (Cooney, Moore & Ready, 2014). I have it listed below:



: The chart shows a comparison and contrast of two time periods, the year 2000 and the four year span between 2008 and 2012; taken of a reliable sample size from the US Census. The graph

shows that local poverty has more than doubled that of the county, out-county, state and national level. It has also gotten worse between both time periods for the entire country, but more so for the City of Kalamazoo. (For the purpose of this paper, I have used the Federal poverty level guideline to define poverty whereas a family of four as of 2014 living in poverty has an annual income of about \$24,000; a family of three at about \$20,000 and a family of two at about \$16,000).

<b>City’s Poverty Rates* and Poverty Percentile Ranking Among All US Cities: Total, and by Race/Ethnicity</b>		
	<b>Percent of City Residents in Poverty</b>	<b>National Percentile Rank for Poverty</b>
All Persons	37% (30%**)	98th Percentile (83rd**)
European American	32%	99th Percentile
African American	52%	97th Percentile
Latino American	40%	91st Percentile

• American Community Survey, 2009-11  
 \*\* Note that the poverty rate for all persons in the city of Kalamazoo is nearly seven percentage points higher than it would otherwise be because of the presence of college students. If college students were excluded, we estimate that the poverty ranking for Kalamazoo would be at about the 83rd percentile among US cities of at least 65,000 residents. Source: Alemayehu Bishaw, US Census Bureau; SEHSD 2013-17, 4/1/2013).

: The City of Kalamazoo ranks at the 83<sup>rd</sup> percentile (at 30%) in poverty rates for all its citizens (excluding temporary residents such as college students which would rank the City at the 98<sup>th</sup> percentile). Essentially, only 17% of cities within the United States with a comparable population size to the City of Kalamazoo have worse poverty rates for all its citizens. When dissected by ethnicity for all persons, only 1% of comparable Cities rank worse in poverty rates for European Americans; 3% for African Americans and 9% for Latino Americans.

<b>Child Poverty in Kalamazoo:</b>		
<b>* Percentile Ranking among All US Cities with at Least 65,000 People</b>		
	<b>% Poor</b>	<b>National Percentile Rank for Poverty</b>
All Children:	46%	96th Percentile
European American Children	33%	95th Percentile
African American Children	64%	93rd Percentile
Latino American Children	43%	79th Percentile
* American Community Survey, 2009-2011.		

: The City of Kalamazoo ranks at the 96<sup>th</sup> percentile (at 46%) in poverty rates for children which means only 4% of cities within the United States with a comparable population size to the City of Kalamazoo have worse poverty rates for children. When dissected by ethnicity for children, only 7% of comparable Cities rank worse in poverty rates for European Americans; 3% for African Americans and 21% for Latino Americans.

The point of this data is to provide a demonstration to the extremity and demographics of the impoverished here within the City of Kalamazoo. From the data we see that the City’s impoverished community has grown over the years and that this growth (especially for European Americans) is an anomaly to that of comparable cities. The issue of poverty here should not be taken lightly, especially when considering youth poverty as the City ranks worse nationally in this category than adult poverty. Furthermore, from this data it could imply that there is a generational continuum of conditions and a horrifying prediction of future chances for upward mobility which would make a great topic for further exploration.

**The Research Informed Proposal: Philadelphia, PA and Minneapolis, MN**

After researching community oriented actions to combating poverty, in regards to other Cities around the nation, I have found two noteworthy programs which SPK could benefit in learning from, and in fact, already has begun to do so: The Shared Prosperity Philadelphia Anti-Poverty Program and the NorthWay Plan for Poverty Reduction and Wealth Creation in North Minneapolis. Both have used the micro treatment model and SMART approach to some extent for their macro anti-poverty initiatives and both offer key takeaways to succeeding here in Kalamazoo in SPK's current efforts.

**Philadelphia, PA:** According to a 2014 report by the Philadelphia Mayor's Office of Community Empowerment and Opportunity, during the year 2011 Philadelphia had the lowest poverty rate of the 10 largest U.S. Cities, with 28.4% (435,000) of all Philadelphians living below the Federal poverty level (Shared Prosperity Philadelphia, 2014). The latter includes 39% (135,000) of Philadelphian children, 27% (265,000) of work-age adults, and 17% (32,000) of senior citizens (Shared Prosperity Philadelphia, 2014). In addition, as stated in 2011, Philadelphians are under enrolled in eligible services and assistance, the achievement gap is continuing to grow, employment opportunities do not match the qualifications of Philadelphians and for those Philadelphians who do live above the poverty level they are still struggling to make ends meet (Shared Prosperity for Philadelphia, 2014). This is nothing short from a crisis which is why Mayor Michael Nutter spearheaded an anti-poverty program in 2011 and began initiating efforts directed at combating many of the latter issues, which consequently, has already reduced the 28.4% poverty level from 2011 down to 26.3% two years later, however, the City still ranks worse than the other 10 big U.S. Cities (Shared Prosperity for Philadelphia, 2014).

Contributing to the little gained success so far of the program are many factors which are noteworthy for what could be done here in the City of Kalamazoo along with modifications. Firstly, however, are several key similarities to SPK such as the overarching theoretical concepts of collective impact, whereas, community residents, local Government officials, businesses, Educational Institutions, Civic Organizations, Non-Profits and the like are all treated as stakeholders in creating as well as carrying out the initiative. There are main goals to reducing poverty established like that of SPK (Page 7-8) as well:

- Focus job creation and workforce development on adults with the greatest barriers to employment
- Expand access to public benefits and essential services
- Ensure children enter school prepared to learn and expand opportunities for year-round learning
- Increase housing security and affordability
- Strengthen economic security and asset building

**The Plan of Approach:** In regard to these goals, each goal (as demonstrated in the 2014 report) has already outlined the *microscopic* treatment plan model and SMART approach to perfection (without realizing it) in its real world application for their macro problem of poverty. To provide a brief example, for the goal of expanding access to public benefits and services there were more than one objective listed for accomplishing this in the Philadelphia model. One of the objectives to accomplishing the latter was to strengthen existing community organizations to become more sufficient in delivering services and connecting residents to the services. What strategies were executed to accomplish this objective? The strategies began in 2012 and have

already been implemented, although not formulated in the treatment plan model but can definitely be applied to it in specific, measurable, attainable, realistic/relevant and timely methodologies (SMART approach):

1. The Soup Kitchen staff (on 4400 North Reese St.,) will conduct over 500 surveys during opening and closing hours (10am -6pm) over the course of 1 year of Soup Kitchen guests to better understand and tailor services to meet the populations' living situations, health issues and other needs.
2. The staff at City Hall (1401 John F Kennedy Blvd), from the Mayor's Office of Community Empowerment and Opportunity, will work with community partners to establish 6 new Outreach Centers around the City within two years to help community members gain access to eligible resources in person and over the phone.
3. The United Way of Greater Philadelphia and Southern New Jersey (1709 Benjamin Franklin Pkwy) will increase awareness of existing resources through the establishment of an informational hotline service (2-1-1) within 6 months where community residents can easily access services.

**Comparative Analysis:** While the treatment model and SMART approach I am advocating for has already been used to some extent, the Philadelphia model is starkly more advanced than SPK due to its size and capacity of resources and the like. As inferred by the City's Charters, Philadelphia's mayor has strong Mayoral powers to spearhead such direct efforts as oppose to Kalamazoo's Mayor who oftentimes has to share power and authority with City Commissioners. In addition, Philadelphia has been able to attract major funding resources to target specific areas of their community through Federal funding acquired through the U.S.

Department of Housing and Urban Development, the Federal AmeriCorp program, and other Federal grants such as the Choice Neighborhood Grant and the Place Based Initiative which sponsors the West Philadelphia Promise Zone of targeting anti-poverty efforts to concentrated areas of poverty (Shared Prosperity Philadelphia, 2014). Philadelphia has clearly demonstrated a great capacity to coordinate their community-wide efforts which create a very attractive image of the City to many programs and funders who may want to and can help their efforts. This has been achieved in large part due to the backbone Organization of their anti-poverty efforts and administrative responsibilities, the Mayor's Office of Community Empowerment and Opportunity (CEO). CEO has been able to work fulltime and tirelessly on behalf of the community-wide efforts which has resulted in successful planning, coordinating and organizing of a common agenda, a shared measurement system for success, mutually reinforcing activities and continuous communication for all its stakeholders (Shared Prosperity Philadelphia, 2014). Furthermore, CEO has been successful in convening partnerships with key stakeholders from the community such as the Penn Presbyterian Medical Center, the School District of Philadelphia, Drexel University, Temple University, the Local Initiatives Support Corporation and several City Departments, most noticeably the Philadelphia Police Department. Although only a few of these stakeholders actually lead any initiatives of their own, they are contributing partners to many of the programs and initiatives underway. The Academic Institutions have played indirect but important roles in early childhood educational aspects as well as advocates for more state and federal funding. The Police Department has been more direct in starting the 22<sup>nd</sup> Police District Youth Violence Prevention Initiative during the month of September in 2013.

What SPK could benefit from incorporating (and to some extent already has) from examining the Philadelphia model, is an established central organization of full time employees

to plan, coordinate and organize the poverty reduction efforts. Right now the SPK efforts are handled by part time devoted workers such as a City Commissioner, the Mayor, a County Commissioner, 3 interns, another employee of the City Government, a WMU faculty member and other local expert leaders in certain areas of importance. However, as devoted as these individuals may be, they do not have the capacity to devote the full attention that is needed to carry out a community-wide initiative. In addition, SPK could benefit from focusing on small sections of the community to implement target programs and generate small success that can be built upon. Part of gaining many funding resources, partners and momentum for community-wide initiatives requires marketing the seriousness and sufficiency of the efforts. Philadelphia has been able to acquire serious attention and support from their local community and the Federal government because they have made serious headlines in areas of improvements. Likewise to Philadelphia, Kalamazoo is rich in funding resources from Foundations, to businesses and anchor Institutions such as Bronson, Borgess, Western Michigan University and more, but few of these entities have seriously bought in and acquired to take on a serious commitment in tandem with SPK's efforts such as what Drexel or Temple University has done in Philadelphia. Furthermore, the Academic Institutions here in Kalamazoo such as Kalamazoo Valley Community College, Kalamazoo College and Western Michigan University could not only become major contributors but also beneficiaries of SPK's initiative either direct or indirect if they were to help with workforce development programs for low income and structurally unemployed residents of the City of Kalamazoo. When success is generated even a little bit from SPK, greater prosperity will be reaped by everyone because these key employers will receive better and more qualified local employees while the local employees will receive jobs that were always beyond their reach.

Before moving on to the Minneapolis model I will say that however successful the Philadelphia model has been, there have been setbacks and or weaknesses such as in partnering with the private sector due to unsuccessful attempts with methodology of networking with the many businesses abound. It is this I think SPK has a better chance at being successful with because of Kalamazoo's size and closeness in communal relationships. Mayor Hopewell has been able to be very successful at using his relationships formed with many businesses to get their buy in and support.

**Minneapolis, MN:** The NorthWay Plan for Poverty Reduction and Wealth Creation in North Minneapolis is very different than Philadelphia's model mostly because it was a decade long-run program that fell short of its goal while the Philadelphia model is only about 5 years old and that is only if you count the 3 year planning stages. Also, this Minneapolis model was not spearheaded by the City Government but rather a local Community Foundation which is a major factor to why it did not last. In short, SPK can benefit more from the shortcomings of this initiative as oppose to the strengths which provides a nice counter balance to the Philadelphia model.

The NorthWay Plan was a very idealistic plan that began in 1998 and lasted until 2008. Unlike SPK and the Philadelphia model, this was never designed to be a plan for the entire city only a significantly poor segment of the city. More specifically, it was designed for the 13 neighborhoods of North Minneapolis which is where 20% of the City's population, those with the highest levels of ethnic diversity and the largest concentration of low income residents in Minnesota resided (Northwest Area Foundation, 2011). The Northwest Area Foundation of Minneapolis formed a North Minneapolis Team of staff members from the Foundation to look

into the area of North Minneapolis in hopes of identifying possible solutions to addressing the poverty there. What began as a simple review of the area from the Foundation suddenly became strategy circles, working groups and a “New Planning Working Group” filled with individuals who lived in, worked in or were affiliated with North Minneapolis. There was a huge amount of community input at every stage of the inquiry which enabled the “New Planning Work Group” members (heads of every working group that was established to focus on specific community identified issues) to write up a draft of goals that could be submitted under Community Review which after community feedback through surveys became a final plan called “NorthWay Plan for Poverty Reduction and Wealth Creation” and these individuals from the Northwest Area Foundation became the founders of this plan. Much of the latter took 5 years of the decade long-run that the Poverty Reduction Plan actually operated.

Like the Philadelphia model and even SPK, this NorthWay Poverty Reduction Plan took a very holistic approach to addressing poverty. Its fundamental principles were founded upon interconnectedness of the community, widespread participation and engagement from as many stakeholders from within the community as possible such as citizens, businesses, service providers, Government Agencies, Non-Profits, Schools, Youth Groups, Faith Centers, Block Clubs and more. No one was turned away. Its mission was “to reduce poverty and create wealth through the development and support of sustainable, social, economic, and political practices and structures in the nonprofit and for-profit sectors to assist people in accessing opportunities” (Northwest Area Foundation, 2011). Needless to say, there was a ton of technical jargon to support this idealistic mission that all sounded great but could not actually be lived up to. The overarching goals of NorthWay Plan were to:

- **Build connection and capacity:** Strengthen social connections among residents that enhance trust and collective efficacy, and lead to mutually beneficial relationships among residents, faith communities, businesses, schools, agencies and other organizations.
- **Build community wealth:** Reduce personal debt, increase household income, and foster the accumulation of assets by low-income residents of North Minneapolis through employment programs, strategic use of financial tools, educational campaigns, and business partnerships.
- **Create truly affordable housing:** Direct resources to increase the supply of housing affordable to people who earn 50% or less of the City of Minneapolis median income, and ensure safe occupancy of affordable housing in North Minneapolis through educational initiatives.
- **Address health disparities:** Direct resources to address health disparities through education and prevention campaigns, by creating new access to affordable health care, and by intervening in community affairs in ways that enhance health and reduce risk behaviors for all members of the North Minneapolis community.

**The Plan of Approach:** Within these goals were strategies and objectives for this Poverty Reduction Plan which are comparable to the methodology of the treatment model I am advocating for as well as the SMART approach, although, the goals were very broad and idealistic. As a brief example, for the goal of building connection and capacity among the community of North Minneapolis the objective to accomplishing this consisted of getting community organizations and residents to work together. This was sought after, to a certain

extent, in several strategies that *attempted* to be specific, measurable, attainable, somewhat realistic/relevant and timely (SMART approach):

1. NorthWay members will partner with the community to create educational forums biannually at NorthWay headquarters (1501 W Broadway Ave) for residents and members of Community Based Organizations to come together and learn from one another.
2. NorthWay members will partner with youth groups of the Harrison and Hawthorne neighborhoods every summer to establish mentor groups for youth involvement and engagement as stakeholders in the NorthWay Plan.
3. NorthWay members will partner with the community to create recruitment fairs 3 times a year at NorthWay headquarters (1501 W Broadway Ave) for community residents and Community Based Organization members to serve on subcommittees together that seek to address issues and support the NorthWay Plan.

While the treatment plan model and SMART approach has demonstrated its application to the NorthWay Poverty Reduction Plan (in similarity to Philadelphia's and SPK's initiatives) where this model takes a stark turn from SPK and the Philadelphia model is how much control the Foundation continued to have on everything as well as how unilaterally the Foundation acted as oppose to collaboratively.

The Poverty Reduction initiative became a program of the Foundation rather than a community-wide effort which was initially theorized. The Northwest Area Foundation took a parent role to the NorthWay Poverty Reduction Plan and established a separate collaborative entity to serve as a local intermediary or central point of focus for fostering collaborative and

systemic reforms. This entity became known as NorthWay Community Trust (NWCT) and eventually became a Non-Profit Community Support and Membership Based Organization operating under the auspices of the Foundation while at the same time also engaging in fundraising to hopefully become more self sufficient. However, over the following years (from 2001-2008) the Northwest Area Foundation allocated annual funds of \$200 million (both designated and donor adviser funds) to fund the resourcefulness of NWCT and for NWCT to disburse to community organizations who were in tandem with the poverty reduction efforts of NorthWay Plan. This turned out to be a huge mistake in investing in an idealistic experimental program especially since most of the community organizations who received the disbursed funds were usually new and up in coming organizations that showed promise for helping with the initiative but ultimately failed to last. No to mention, the complete establishment of NWCT took much longer than expected.

In short, this NorthWay Poverty Reduction Plan created various programs that actually connected the residents to resources and established small organizations to continue serving the resident of North Minneapolis. Noteworthy are the Twin Cities Center for Arts and Technology, the North side Economic Opportunity Network, and Kindred Kitchen, which offers business services for chefs and caterers (Northwest Area Foundation, 2011). In addition, more than 100,000 people in 283 communities received leadership training with support from the trust (Northwest Area Foundation, 2011). However, the successes were nowhere near what were expected after 10 years of operating under substantial funding from the Foundation. It was not until February 2011 (3 years after the NWCT's end) that the Foundation admitted to the failure of the NorthWay Poverty Reduction Plan citing unrealistic expectations with what NWCT could accomplish, poor investment choices in community organizations that could not deliver, too

idealistic with goals and unable to adapt to the reality of what was occurring as well as the inability to truly become collaborative with the public sector and other funders (Northwest Area Foundation, 2011).

**Comparative Analysis:** What SPK can learn from this (and to some extent already has) is balancing idealism with realism. If you are stating generalized and holistic goals, you have to make sure you are able to really put in the work to make the goals a reality. There should always be an evaluation piece to everything that is being done to make sure your efforts are on track with your goals. In addition, while a group of part time committed and devoted citizens of the City currently operates as the intermediary group (City and County Commissioner, Mayor, WMU faculty, interns etc) which keeps everything together, serves as the data keeper, networker, planner, coordinator etc to SPK, the initiative can benefit from establishing a fulltime entity like what Philadelphia has done, but if so, this entity should have the freedom to operate as a catalyst, specialists or organizer to the community wide efforts of SPK unlike what the NorthWay Plan displayed. It should not adhere simply to the guidelines of the City Departments as such would make it too inflexible to meet its community-wide responsibilities as was the NWCT that had to consistently adhere to the Northwest Area Foundation's regimen. Furthermore, this full time entity (or continued part time entity of the City) should not become bureaucratized in its operations. The NWCT composed of Board of Directors, an Executive Director and elected members. And lastly, this full time entity (or continued part time entity of the City) should not have the *complete* control of community-wide assets such as funding because controlling money only adds to the complexity and confinement of what this intermediary organization or entity ought to be doing as a centralization hub for the community-wide initiative of SPK.

**Summary of Comparative Analysis:** In the end, both practices displayed vital strengths and weaknesses in which SPK can benefit in learning from. The Philadelphia model served as a great example of what can be taken away from a somewhat successful and up in coming model while the Minneapolis model demonstrates what not to do, which is vital as sometimes failures can become the best teacher. What comes next are the visualization and timeline for how these incorporations and lessons learned can be applied or already has been applied to better equip SPK in its community-wide efforts to reduce poverty and garner increased prosperity for the City of Kalamazoo's residents.

### **The Vision**

My goal thus far has been to demonstrate how a macro treatment plan for poverty here in the City of Kalamazoo could be possible with the usage of the SMART approach; as such a model and approach has already been utilized in other models (Philadelphia and Minneapolis). In retrospect, SPK functions as a treatment plan based on its overarching goal of fostering independent actions from all stakeholders involved that all contribute to the collective goal of garnering prosperity for everyone (in the process, reducing poverty for the impoverished). This overarching goal to gain prosperity for everyone is centered on the notion that a City with high levels of poverty hurts everyone not just the impoverished.

The stakeholders involved in this collective effort are many, but mainly low income residents, community based organizations and for-profits. As stated before, low income residents are to be involved as full participants in planning and helping to evaluate effectiveness. It is extremely important that SPK maintains its communication and transparency with community members to keep them engaged. The community based organizations are to deliver a more coordinated approach to services in tandem with other community based organizations to cover a

wider category of needs which better meet community member's needs. Lastly, private sector employers are to be involved as full partners in job creation and job training. SPK members realize that businesses cannot be made to do anything that are not in their best interest, therefore; the discussion with employers must concern what more we can help them all do to meet the needs of perspective workers in the City, as well as their current employees which garners more qualified workers that they themselves are in need of. In the end, businesses enjoy greater prosperity when the workforce meets the needs that they are seeking and this is what must be communicated effectively to garner their support (Cooney, Moore & Ready, 2014).

Operationally speaking, the Mayor and Commissioners on board with SPK goals are expected to exert leadership (those powers that are within their capacity) by focusing the attention of community leaders (public, private and non-profit) and SPK members are expected to oversee the implementation of the initiatives. This has already been done by establishing a CEO group of local business leaders and convening with them monthly (sometimes shorter timeframes) to see what they all can do to help and how SPK members can support them. In addition, a huge convening of employers has already occurred (May 15, 2015) in which employers were highly encouraged to support SPK behind the legitimacy of the City Government. SPK members have been working to continue and maintain communication and hold every employer accountable on what they stated they are capable of doing in terms of developing workface training programs, encouraging local sourcing, encouraging entrepreneurial efforts etc. The next target area will be youth and SPK members are currently in the process of establishing a youth program inventory to help SPK members become more knowledgeable about what is already going on in the City and preparing a convening of youth service providers here in the City to inform and garner participation for SPK youth aspects. Afterwards, the family

aspect/goal will follow much in the same process of convening, informing, supporting and holding people and organizations accountable as well as keeping everyone united and abreast. Holding people and organizations accountable is what establishes a reasonable and agreed upon timeframe. It is upon SPK members to help and support each stakeholder to deliver upon their stated action that aligns with the overarching goal of creating prosperity at the level that they are able to. At the end of the day, everyone has separate time tables and no one can be forced to go at a pace they do not want to or cannot meet, especially since participating in SPK is all voluntarily based. However, SPK members can directly keep everyone on par with carrying out their own well informed actions and sharing emerging successes to encourage continued work among everyone.

## **Conclusion**

My initial findings from this extensive research project, entails many valuable indications for the work of SPK. I have learned that for any initiative which seeks to reduce poverty for an entire community, it takes a village to do. This village must buy in to help its members and there needs to be accountability across the grid as well as consistent evaluation. The constituents of Kalamazoo (all of them not simply the impoverished) must come to see how poverty affects everyone's levels of prosperity. There needs to be momentum built around such efforts and consistent advertisement and or branding of the issue to keep it on the public's agenda. Taking small but significant steps helps with this as programs and funders (which Kalamazoo has an abundance of) love to help initiatives that demonstrates seriousness, effectiveness and innovation. Targeting small sections of the City to begin with (such as the Edison neighborhood)

would generate small success that could elicit positive publicity and with that, funders from local, state and even the federal level.

In addition, I would highly recommend for any city wide anti-poverty initiative to learn how to begin and end a conversation with private sector stakeholders. Philadelphia lacks in this area because they have relied on philanthropic interest of CEO's and other business representatives to lead the way. In this area, the City of Kalamazoo has an advantage as Mayor Hopewell does in fact have a great relationship in such a small community with business leaders. He has been able to conveniently use the communal closeness to elicit conversations about how he and other SPK members can help these leaders help the community, which in term helps the businesses itself. It's about being able and knowing how to talk to these leaders and getting them all to see how they are impacted by poverty; as well as how they can benefit from helping to play a part in reducing it to gain increased prosperity for everyone involved.

What would benefit SPK going forward in its work is being able to establish an organizational entity with full time members that are tied to the City to plan, organize, coordinate, and maintain continuous communication with its stakeholders. Part time members cannot realistically be counted upon to devote the efforts, time and energy necessary to carrying out a community wide anti-poverty initiative. There needs to be a centralized intermediary organization that can act as a hub for its stakeholders and can act full time and independently on behalf of SPK. Its monetary assets should be limited as this would confine, derail and hinder its obligation to be free in its catalyst, organizer and specialist's role for the initiative. Furthermore, this entity should not be bureaucratized in its operations with senior leadership positions and the like as was the case with the Minneapolis intermediary Organization that failed in its poverty reduction plan. There should be criteria designed for who becomes a member, for what purpose

they ought to serve etc. In sum, there needs to be intentionality behind every decision made and every stakeholder needs to be communicated with consistently, from the community members to the social service agencies and businesses. Transparency is important in these efforts and enables trust to develop which assist with accountability.

Lastly are the major stakeholders in the community such as Bronson, Borgess, and our Academic Institutions such as Kalamazoo Valley Community College, Kalamazoo College and Western Michigan University. Few of these entities have seriously bought in and have acquired to take on a serious commitment in tandem with SPK's efforts which is disheartening as they can play a huge role in helping to bring prosperity to the City of Kalamazoo and reducing poverty. The greatest asset these stakeholders can provide (besides local sourcing to bring and keep money here in the City by way of supporting local businesses and creating more jobs) are efforts that are in the areas of early childhood development, research of funding possibilities, best practices and lending expertise as well as personnel especially students to gain real world/field work experience which is a win-win situation for the institution, the students and the community.

The biggest need in SPK's efforts are the Academic Institutions (as likened to Drexel and Temple University's role in Philadelphia) who can be an important either direct or indirect player in such a city wide initiative. Personally speaking, (as I am a student at WMU, not K College or KVCC) throughout my interning experience with the City of Kalamazoo and experience being involved with the Lewis Walker Institute, I have had many conversations with WMU faculty, staff and students who all seem to agree that having students involved in the community to mentor, research, do case management, intern, volunteer, tutor etc, would work well alongside the efforts of SPK. The research identity of the University would only be enhanced by having students working on City-wide issues which ultimately, enable the University to become more

appealing to the image of advocacy and or community oriented, which parents could feel confident and secure in sending their students to a safe and reduced impoverished surrounding community. As the research institution WMU prides itself on being, what better experience could WMU provide for its students (and faculty) than to assist and lend its "student centeredness" to SPK in becoming a combatant to the City of Kalamazoo's impoverished?

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