



Using Quality Improvement Methods to Combat Poverty

Northeast Wisconsin's POINT Initiative

In the larger towns and cities along the Fox River and Lake Michigan in the northeast corner of Wisconsin, it would be easy to overlook poverty. The eye is more likely to be drawn to the glittering new buildings in Appleton or the bars and restaurants in Green Bay's Titledown, a tourism complex built around the home field of the beloved Packers football team.

Even in Oshkosh, where poverty rates exceed the state average, there's evidence of a humming economy: military vehicles produced by Oshkosh Corp., one of the region's largest employers, parade through the streets while shiny fire trucks built at Pierce Manufacturing, a subsidiary, undergo inspection on a spotless factory floor. On the surface, it is a picture of industry. And in many respects the area has an enviable economy: a jobless rate below the state and national averages, even with the contraction of its lumber and paper industries in recent decades.

"We often call this Happy Valley," says Greg Vandenberg, Director of Giving and Community Engagement at U.S. Venture, Inc., an energy distribution and marketing company headquartered in Appleton. "People often don't see poverty and so the problems are really driven underground."

But look off Main Street, and you will see dilapidated houses, shuttered storefronts, and other signs of poverty. In the region's three most populous counties, the percentage of people living in poverty hovers near, and in some cases exceeds, levels before the 2008 recession. And a 2016 report from the

Key Takeaways

- The POINT initiative's first results-oriented project demonstrated that quality improvement methods are relevant to the work of nonprofits outside of the health care sector.
- Nonprofits used quality improvement methods to understand and improve their processes, enabling them to help more people find good-paying jobs, housing, and other resources.
- The initiative benefitted from continuous improvement coaches, on loan from local manufacturers.
- The close involvement of funders could lead to more strategic philanthropy and collaboration in the region.

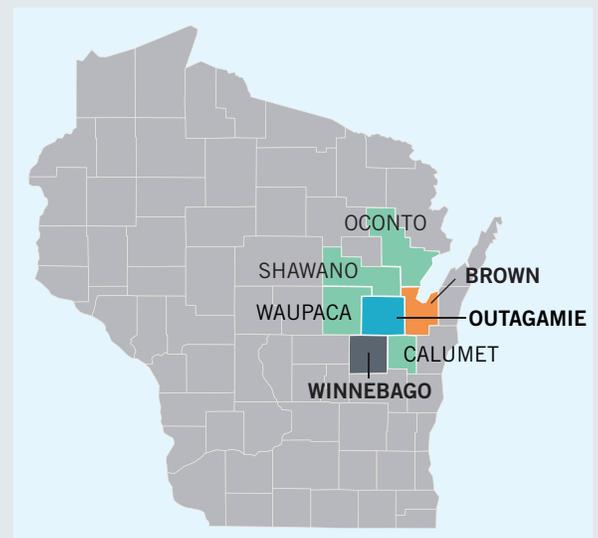
United Way found 41 percent of the residents of Winnebago County struggle to meet basic needs for housing, food, and health care.¹

The fact that poverty rates remained high in the region after the economic recovery was troubling to local philanthropists, who were concerned their investments were not making a difference. “We just haven’t seen the needle moving as we’d like it to,” says Jon Stellmacher, an Appleton resident who has served on numerous foundation and nonprofit boards. At the same time, corporate leaders often expressed frustration that they had trouble filling their higher-paying, higher-skilled jobs (many in the manufacturing sector) due to a lack of trained workers.

After discussing various factors fueling poverty in their region, including early childhood trauma as well as low wages and generational poverty, philanthropists and corporate leaders landed on the idea of bringing the tools of industry — using data to measure performance and other quality improvement methods — to nonprofits on the front lines of fighting poverty.² By helping nonprofits expand their capacity and become even better at what they do, they hoped to raise more people out of poverty. The ultimate goal was not just to address people’s basic needs but give them the tools to find good jobs, stable housing, and other resources needed to become self-sufficient.

The Northeast Wisconsin POINT Region

The POINT initiative extends across seven counties. In the three most populous — Brown, Outagamie, and Winnebago — poverty rates have fluctuated but remain high even though the jobless rate is now below state and national averages.



		Population	Jobless Rate
-----	BROWN	170,414	2.7%
————	WINNEBAGO	71,492	2.9%
———	OUTAGAMIE	262,052	2.9%



Sources:
 Poverty rate: US Census Bureau, [Small Area Income and Poverty Estimate, all ages](#).
 Jobless rate: [Bureau of Labor Statistics](#), March 2018 rates, not seasonally adjusted. [Population estimate as of 2017](#).

Pivoting to POINT

The Poverty Outcomes and Improvement Network Team (POINT) initiative was launched in 2016 by the [Basic Needs Giving Partnership](#), a consortium of regional funders including among others U.S. Venture, J. J. Keller Foundation, Oshkosh Corp., and ThedaCare, that makes grants to promote healthy child and youth development, strengthen families' financial self-sufficiency, support the elderly, and help people manage their chronic health conditions.

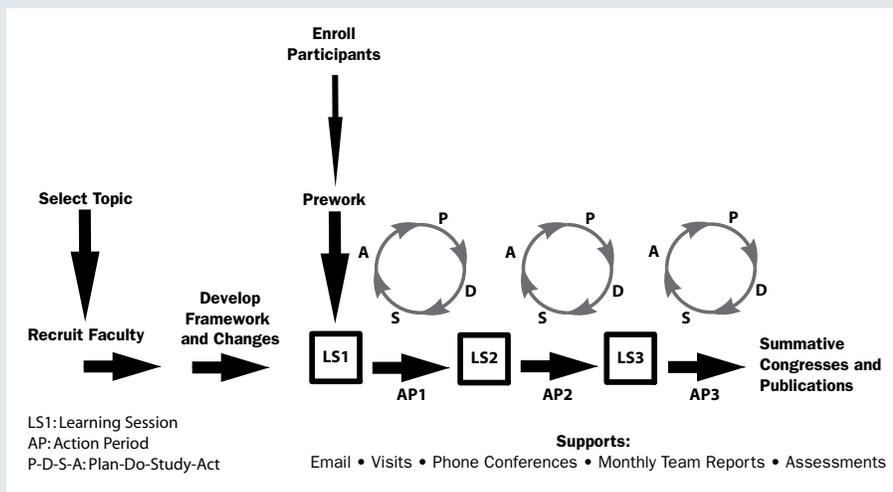
The first results-oriented project of the multiyear effort to reduce poverty was an 18-month Improvement Collaborative that introduced Northeast Wisconsin nonprofits to basic quality improvement methods, a set of interdisciplinary practices, tools, and behaviors to improve processes and achieve better results for those they serve. Participants learned how to set aims, map

their work processes, and use run charts, client surveys, and other data to gauge their progress. The goal was to help these organizations become even more effective by coaching them in *how* to improve. This included testing new approaches that, for example, might help individuals experiencing homelessness secure permanent housing, or help families recover from domestic violence, drug addiction, and other issues.

To launch and help develop the POINT initiative, the funders turned to the Institute for Healthcare Improvement (IHI), a Boston, Massachusetts-based not-for-profit organization whose mission is to improve health and health care worldwide. IHI has helped thousands of health care organizations in the US and abroad implement an approach to quality improvement that encourages small tests of change and continuous learning, fueled by measurement and a fail-forward philosophy.

IHI Breakthrough Series Collaborative Model

The POINT initiative — a multiyear regional effort to reduce poverty in Northeast Wisconsin — drew upon the [IHI Breakthrough Series Collaborative model](#), an evidenced-based approach developed by IHI in which teams from different organizations come together to learn from each other and experts in the subject matter and in improvement methodology.



During a Breakthrough Series Collaborative, teams set specific aims and work together over 12 to 18 months in face-to-face Learning Sessions and during interim Action Periods to test changes and measure the results.

Previous IHI Breakthrough Series Collaboratives have demonstrated that when people, armed with an improvement methodology to rapidly test changes and track data to measure results, rally around an ambitious shared aim and adopt an “all teach, all

learn” credo, dramatic improvements — reducing ICU costs by 25 percent, reducing hospitalizations among patients with congestive heart failure by 50 percent, and reducing waiting times for medical appointments by 50 percent, for example — are possible. “We’ve proven again and again we can accomplish more together than we can separately,” says Niñon Lewis, an Executive Director who leads much of IHI’s population- and community-based work.

IHI has in recent years expanded from accelerating improvement within health care organizations to also promoting community-wide improvements in population health and wellbeing through initiatives such as the [SCALE](#) initiative (Spreading Community Accelerators through Learning and Evaluation), [Scotland Early Years Collaborative](#), and [New York City Early Years Collaborative](#). In each of these initiatives, as well as in large-scale campaigns such as the [100,000 Homes Campaign](#), the use of quality improvement tools and principles has built IHI's confidence that these methods can be used to make progress in key areas that affect health outside of the health care industry.³ While IHI has been engaged in efforts to apply these methods and tools to impact early childhood, homelessness, education, infant mortality, and other complex issues within communities, the POINT initiative was IHI's first foray into applying quality improvement methods to combat poverty.

The POINT Improvement Collaborative drew staff from nearly 100 organizations across the region who attended six Learning Sessions and received hands-on coaching

from IHI and local quality improvement coaches over the course of 18 months (February 2016 to September 2017). An explicit goal of the initiative was to promote collaboration across nonprofits working on similar issues. The effort continues today within the 50 participating organizations, and through "action groups" in which staff from different nonprofits work together to tackle shared goals using the quality improvement approaches they learned in the POINT Improvement Collaborative.

The goal for participating organizations was to build on work they were already doing to provide support to individuals living in poverty by:

- Improving how they provide services to clients to better meet their needs and expand capacity to serve more people;
- More closely coordinating their efforts across organizations; and
- "Designing for the margins," or focusing their improvement efforts on the most vulnerable individuals.

Aims Established by Nonprofits in POINT: A Sample

Organization Name	Aim Statement
Golden House	Increase the number of Golden House residents leaving the shelter with safe, independent housing from 29% in 2015 to 35% by the end of 2017.
LEAVEN	Reduce recidivism, from 27% to 22%, of individuals and families who access basic needs financial assistance from LEAVEN three or more times in a four-year period, by increasing the percentage of completed referrals to partnering agencies by 2020.
House of Hope	Increase the percentage of 18- to 24-year-old pregnant and parenting women and their children in Northeast Wisconsin who exit our emergency shelter program into safe, stable, and affordable housing from 72% (147 of 202 families over a four-year period) to 80% by the end of 2019.
Samaritan Counseling Center of the Fox Valley	Increase the percentage of clients discharged from care who reached or made progress toward treatment goals from 74% to 80% by the end of 2017.
Boys & Girls Club of Oshkosh	By the end of school year 2016–2017, 10 of the "52/104" (i.e., those who have come to the Club at least 52 times in a year) have a positive post-high school path (i.e., enrolled, enlisted, or employed, or have a plan, by graduation).

Elements of the POINT Improvement Collaborative

The Collaborative's first Learning Session in February 2016 drew 450 staff members from nearly 100 nonprofits in Northeast Wisconsin, a far larger turnout than organizers had expected. Some people were there because they understood it was what their funders expected; many were unclear what "quality improvement" entailed or how it could help them do their work. "We were a little bewildered and wondered what we had gotten ourselves into," says Lisa Strandberg, Development and Communications Director for Samaritan Counseling Center in Menasha, a nonprofit that combines mental health counseling and spirituality.

Among the participants were Beth Hudak and Shannon Wienandt from [House of Hope Green Bay](#), an emergency shelter and housing program for young parents and children experiencing homelessness. Nearly half of those living

below the federal poverty level in Green Bay's Brown County are women ages 18 to 24 and their children, the shelter's target population. In addition to providing housing and supportive services, House of Hope offers programs on positive parenting, life skills, nutrition, hygiene, education, budgeting, and employment. The majority of residents are survivors of domestic violence and/or sexual abuse and many have aged out of foster care. Ultimately, the mission of House of Hope is to help them become good parents and healthy, contributing members of the community; each year, some 80 percent remain in stable housing 18 months after leaving the shelter. "Our program is really aimed at ending the cycle and eliminating the need for our services," Hudak says.

Also attending the Collaborative was Katie Talken, Grants and Outcomes Measurement Coordinator for the Boys & Girls Club of Oshkosh, which like other such clubs offers tutoring, sports, and other after-school activities. For kids whose parents struggle to cover their basic needs, the Oshkosh Club also offers free meals, use of showers and laundry, and help getting to medical appointments.

Like Talken, many of those who participated in the POINT Collaborative were staff members whose job responsibilities included writing grant applications and documenting the impact of their efforts to funders. They came from the Green Bay, Oshkosh, and Fox Valley regions. Despite an effort to dub Northeast Wisconsin "the New North," POINT's leaders say these three areas don't really have a shared identity, and their nonprofits have had little history of working together.

During the initial one and one-half day Learning Session, participants discussed the basics of the [Model for Improvement](#), which promotes rapid experimentation and learning in real-world settings. It does so by encouraging people to consider three questions — *What are we trying to accomplish? How will we know that a change is an improvement?* and *What change can we make that will result in improvement?* — and then try small tests of change using Plan-Do-Study-Act (PDSA) cycles.

During the Collaborative, nonprofits also learned how to use customer surveys, driver diagrams, process maps, and run charts, among other improvement tools.



Katie Talken, Grants and Outcomes Measurement Coordinator at the Boys & Girls Club of Oshkosh

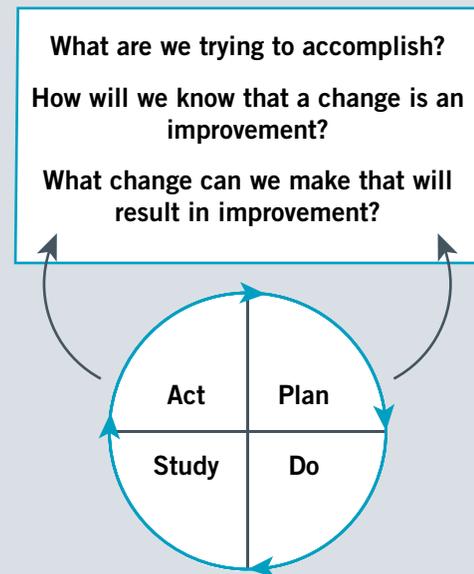
Eliciting the Voice of Clients

As an explicit part of their improvement work, nonprofits were encouraged to elicit their clients' views on what was and wasn't working — something that many hadn't done routinely. At the House of Hope, for example, staff were surprised to learn from interviews with 15 young women that they appreciated the budgeting skills they gained from having to turn in their receipts and review their bank statements. "They don't seem to like it very much when we're asking them to participate in the budgeting program," Weinandt says. "But once they leave the shelter and have to manage finances on their own, they tell us they see the value of the tools." House of Hope now interviews clients throughout their tenure in the program, rather than just upon leaving as they had done in the past.

Creating Driver Diagrams

Participants also were encouraged to develop **driver diagrams** in order to break down large improvement goals into smaller, actionable steps. For example, staff from LEAVEN (Limited Emergency Assistance Valley Ecumenical Network) — a Menasha nonprofit offering short-term financial assistance to help people with things like rent and utility bills and case management to find longer-term supports — set an aim of reducing recidivism from 27 percent to 22 percent. To achieve this, LEAVEN staff worked with staff from 12 organizations to which they refer clients to create a driver diagram outlining the primary and secondary factors that keep people coming back for more help (e.g., insufficient income or poor health), then drilled down to what steps might break that cycle (e.g., more targeted trainings and work placement, more holistic health assessments, and different types of mentoring and navigation).

Model for Improvement



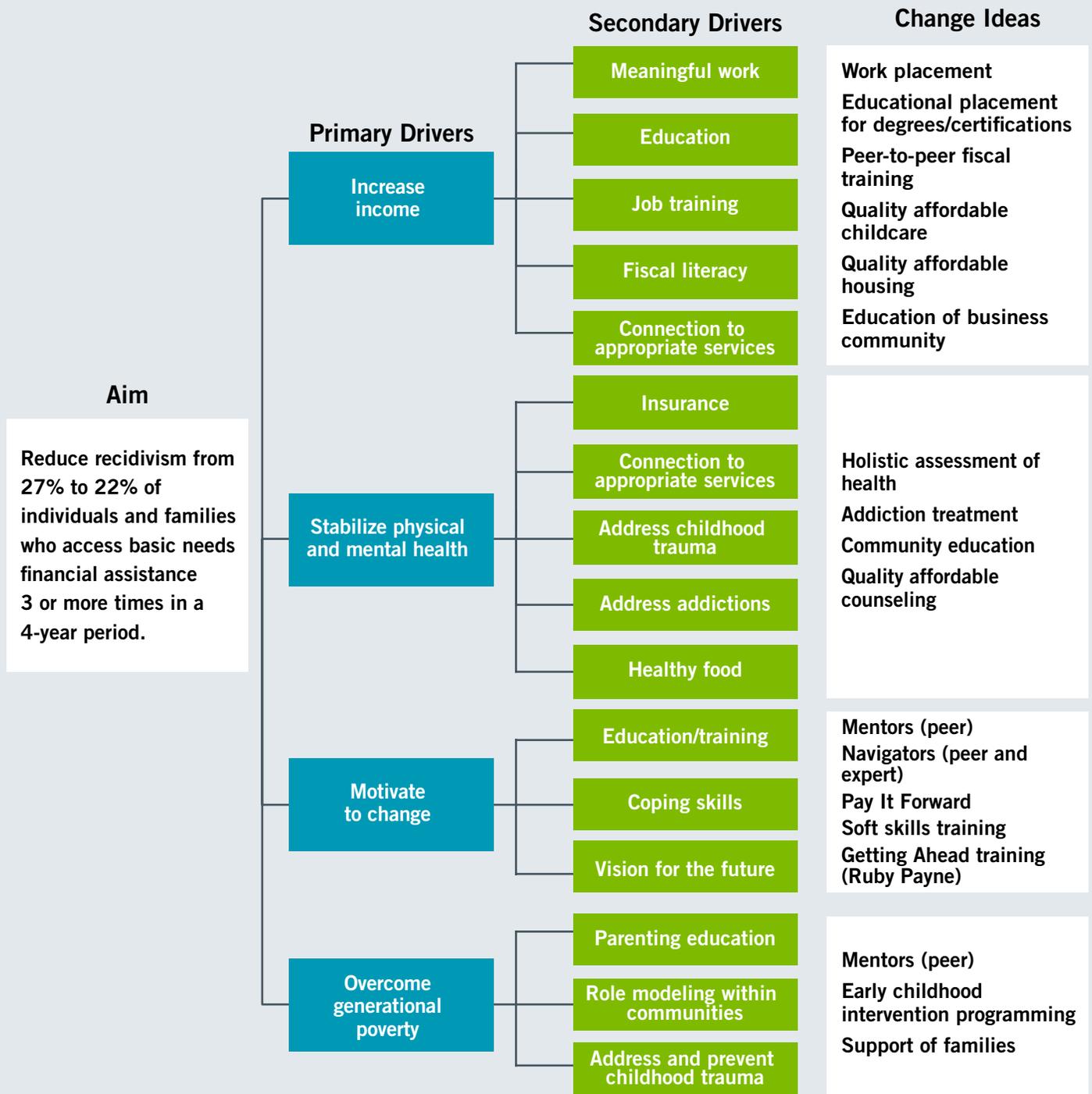
Source: Associates in Process Improvement

Mapping Work Processes

In between the Learning Sessions, teams incorporated what they were learning into their work, both so that it would be visible to other staff members and wouldn't unduly add to their workload. POINT's leaders sought to make the "value case" by demonstrating that improvement methodology could make their work even more effective and save time by streamlining processes, ultimately enhancing the services they provide to clients.

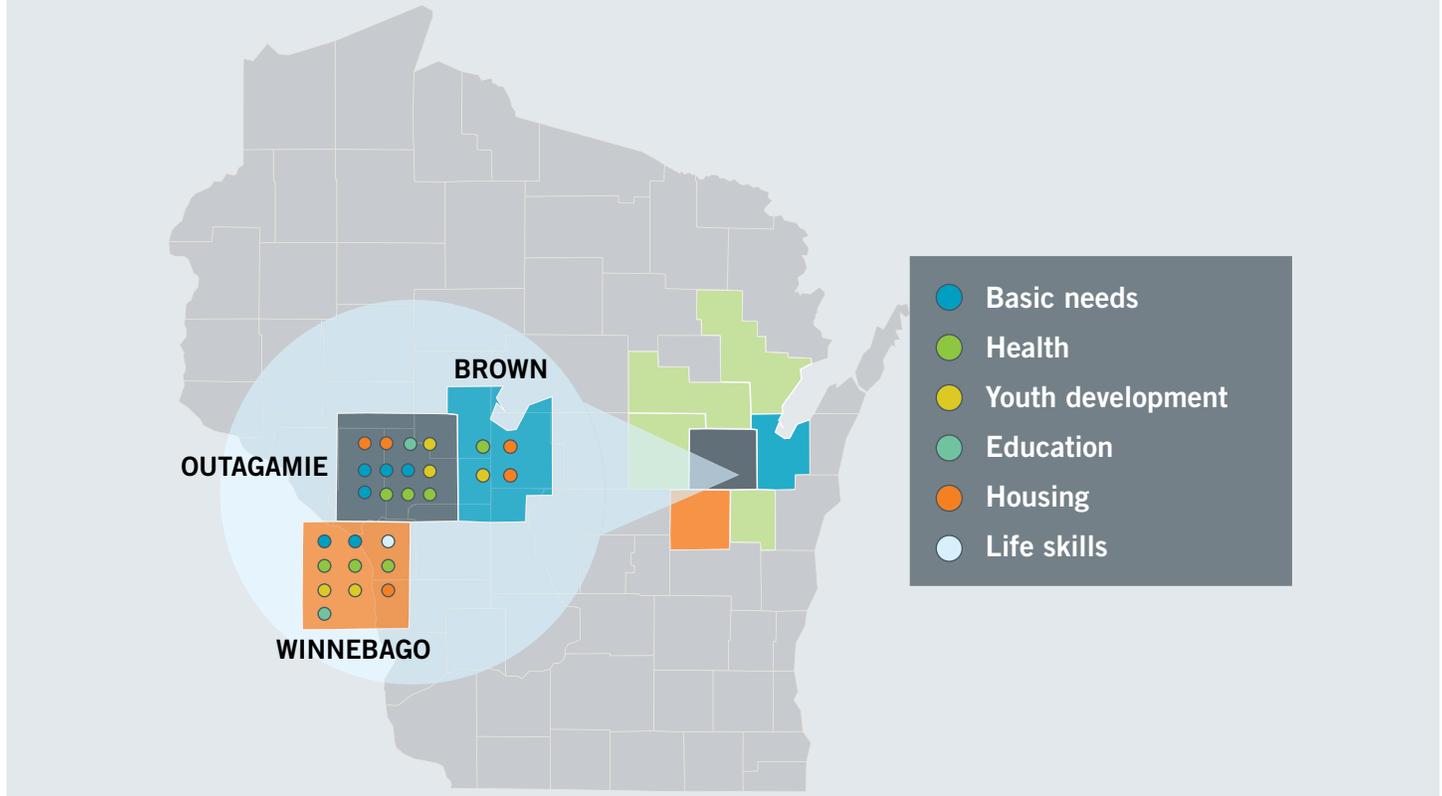
Some began by mapping out work processes to identify areas for improvement, including staff at Golden House, a Green Bay nonprofit that provides emergency shelter, counseling, and advocacy for victims of domestic violence and abuse. Its Executive Director, Karen Michaels, who has experience with improvement methodology and has seen the value of meticulously mapping out work processes to identify areas for improvement, encouraged her staff to apply this approach to routine tasks such as documenting police reports of domestic abuse arrests.

LEAVEN Driver Diagram: Reducing Recidivism Rates



Source: LEAVEN (Limited Emergency Assistance Valley Ecumenical Network)

POINT Included Organizations from Across Sectors and Communities



Making Small Tests of Change

Once nonprofits identified opportunities for improvement, they were encouraged to test different changes using rapid-cycle PDSA testing. Samaritan Counseling, for example, began by focusing on ways to reduce the number of people who missed their appointments. A small test using text messaging, rather than calling, to remind clients of upcoming visits led to a 4 percent decrease in late cancellations or no-shows — equivalent to \$30,000 in revenue recouped by having more completed appointments.

When data showed that a trainee therapist was losing more of her patients after initial visits than other therapists, Samaritan tried another tack. To encourage a bond with her patients (which has been shown to be key to retention), the therapist began using a structured tool to document clients' goals and the plans to achieve them as a way to demonstrate she had heard and prioritized their needs. Survey data showed that clients' perceptions of their treatment improved markedly after introduction of this tool.

All therapists and their clients now use a decision support tool to determine whether the goals of therapy were met, and Samaritan creates run charts to track this data over time. Moving from a traditional process measure (e.g., total number of clients served) to an outcome measure (e.g., total number of discharges for which therapy goals are met and symptoms reduced) was a big shift for the organization, Samaritan Counseling Center's Lisa Strandberg says. "POINT helped us see it's not a matter of simply serving more people; we need to ensure we're helping them meet their goals."

As more nonprofits experimented with small tests of change and tracked the results, they began to share their experiences and lessons learned with other organizations during the group Learning Sessions, which in turn motivated others and served as a learning opportunity for the presenters. "Sharing their experiences in front of 150 people was new for some of them," says Stellmacher, who chairs the POINT Regional Council. "And that's a little nerve-wracking, but it sure is a wonderful way to build leadership skills."



Steve Cole, Continuous Improvement Director at Pierce Manufacturing in Appleton

Understanding Cultural Barriers

Complementing the Learning Sessions' focus on improvement methodology were discussions about strategies to help raise people out of poverty beyond addressing their basic needs. At one Learning Session, Ruby Payne, author of *A Framework for Understanding Poverty*, led a discussion on the differences between situational poverty — prompted by the loss of a job, divorce, or other event — and generational poverty, which affects two or more generations of a family.⁴ While people who experience situational poverty tend to remain hopeful that their circumstances will change, people raised by poor parents or grandparents tend to see poverty as permanent. This can mean that instead of planning for the future (e.g., by prioritizing education or developing a career), they focus on getting by week to week. Payne emphasizes that her research, based on years of teaching in poor neighborhoods, is not meant to perpetuate stereotypes but rather to elucidate ways that people who work with the poor can provide tools to help them plan for the future, build emotional resiliency, and find role models. IHI faculty also highlighted the interplay between health and socioeconomic status to illustrate that drivers of poverty are not limited to one's upbringing.

Using Coaches to Help Nonprofits Apply Improvement Methods

Participating nonprofits were given the opportunity to work with an improvement coach. Drawn mostly from the region's many manufacturing companies, the 35 volunteer coaches were engineers, quality improvement experts, or others with experience in improvement methodology.

Tim Murphy, Quality and Continuous Improvement Education Manager at Oshkosh Corp., which manufactures trucks and equipment for the military, construction, and other uses, coached three nonprofits, including COTS (Community Outreach Temporary Services). An Appleton nonprofit, COTS offers shelter to people experiencing homelessness as well as services like addiction recovery and money management to help them live independently. In 2016, COTS and Partnership Community Health Center, a federally qualified health center (FQHC), launched a satellite health clinic for residents of the shelter, people experiencing homelessness, and those receiving transitional housing services. But the clinic was having trouble ensuring that people took advantage of its free services.

With coaching from Murphy, Amber Price, a health advocate who first worked for COTS and now for the FQHC, experimented with various ways of educating people about the clinic services and filling the appointments. Murphy helped Price make her run charts more useful by looking at overall results rather than provider-specific outcomes, enabling her to see more clearly which of the approaches worked best (e.g., use of flyers/health literacy materials or on-site appointment scheduling). The run chart data revealed that sending clinical staff to warming shelters to provide blood pressure checks and other basic services was particularly effective, as it forged bonds between providers and residents and thus helped staff fill appointments at the new clinic.

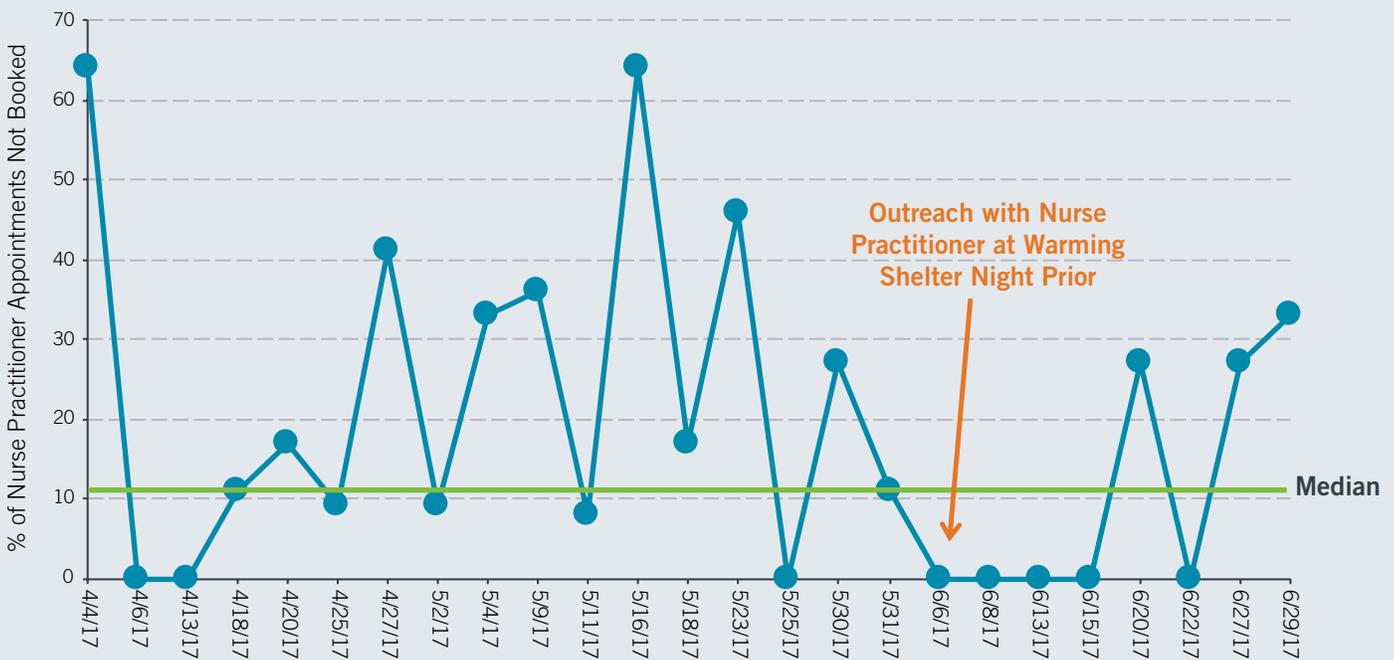
Steve Cole, Continuous Improvement Director at Pierce Manufacturing, an Oshkosh Corp. subsidiary that makes fire and emergency department vehicles, had as a student volunteered in a homeless shelter. Cole coached seven housing nonprofits involved in POINT, helping them explore ways to better understand the demand for housing and more quickly move people experiencing homelessness into shelters and then to supportive or other more permanent

housing. Many of these nonprofits had been working to adopt the Housing and Urban Development–mandated coordinated entry system, which was implemented in 2016 to track homeless clients, triage their needs, and refer them to the most appropriate programs (i.e., for rapid rehousing, transitional living programs, or permanent supportive housing). As part of that effort, Cole helped staff members map the coordinated entry process and leverage their ideas to improve the system while also making their jobs easier. “The team leader for this effort, Chris Lashock, put it this way: instead of this being something they *have* to do, let’s make it a best practice that people *want* to do,” Cole says.

In their coaching role, both Murphy and Cole found ways to translate the continuous improvement concepts they used in manufacturing to a nonprofit audience. “With nonprofits, you can’t come in and say we’re going to help you be a better problem solver,” Murphy says. “[The concept of] waste doesn’t mean anything.” Murphy says he made progress when he talked about how he could help staff achieve their mission. Cole found the same: “If you can get people to understand the value to them and to their clients, they’ll embrace change a bit more,” he says.

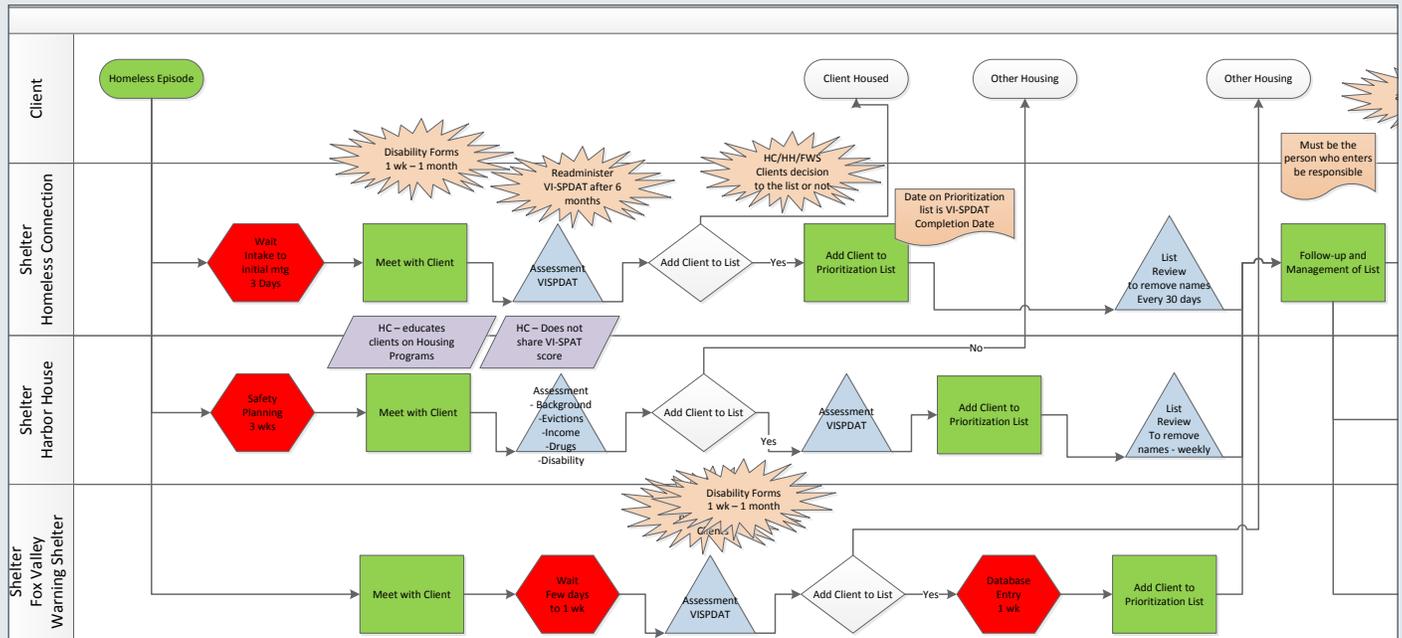
COTS Run Chart Showed Sending Staff to a Warming Shelter One Night Helped Fill Appointments at a New Clinic for the Next Two Weeks

April–June 2017



Each date represents a day the clinic was open
 Source: Community Outreach Temporary Services (COTS)

Mapping the Coordinated Entry Process for Homeless Shelters Identified Bottlenecks



Source: Steve Cole

POINT's Impact on Nonprofits and Their Clients

POINT is still very much a work in progress; many nonprofit staff continue to meet with their improvement coaches and some have formed “action groups” to delve into shared problems, as described below. After 18 months of experimenting with new approaches and measuring their impact, nonprofits have changed how they work, including adding or changing staff roles, launching new programs, and trying to continually build their effectiveness. “Continuous improvement isn’t going to solve poverty for us. It’s a tool — but it can demonstrate to people working in the trenches to fight poverty that ongoing improvement is possible,” says Vandenberg of U.S. Venture, Inc. “You really only need one breakthrough moment for an organization where their light can go on and they’re like ‘Oh my gosh.’”

LEAVEN: Using Small Tests of Change to Improve a “Big Idea”

LEAVEN’s Executive Director, Mary Parsons, was initially resistant to joining POINT because she felt it would be a distraction from her work at LEAVEN, which she describes as a financial emergency room: “We stop the bleeding, but then get people to the other services that address their more

chronic needs.” She had been concerned that clients were coming back to the organization for repeated assistance and not following up on the referrals that LEAVEN case managers offered to financial counseling, mental health counseling, public benefit programs, education or work training programs, or other partners. Parsons was preparing to launch a \$1 million capital campaign to build a new building large enough to house LEAVEN’s community partners, so that clients had convenient access to a “one-stop resource center,” and feared POINT would slow her down.

Murphy, LEAVEN’s improvement coach, liked Parsons’ idea but advised her to study the recidivism rate and test whether co-location would address the problem. He encouraged Parsons to look back at client activity over a four-year period, which revealed that while most clients (73 percent) had asked for financial assistance just once or twice, the rest had come three or more times. The data confirmed Parsons’ impression that, among all clients, very few were taking advantage of referrals that might help them avoid having to come back for future help. Only 9 percent had accepted financial counseling, for example, and only 21 percent had followed through to schedule a medical, dental, or behavioral health appointment.

To pilot the idea of a one-stop resource center, Parsons invited certain partners to meet with clients in LEAVEN's existing space. They found that having the ability to make "warm handoffs" was effective. For example, an education advocate working two days a week at LEAVEN met with 275 clients; of those, about 10 percent (28) enrolled in Fox Valley Technical College.

She soon found co-location did not solve all of the problems, however. Interviews with 20 LEAVEN clients revealed that many didn't follow up on referrals for practical reasons (e.g., lack of transportation or child care) and shame at having to repeat their story to multiple parties. Parsons and her team then ran PDSA cycles to try different approaches, and found that aligning the schedules of partner organizations so that clients could move from one appointment to the next on the same visit led to more completed referrals, as did creating waiting lists, so that if one person couldn't make an appointment someone else was lined up to take it.

LEAVEN also created a release form so that they would be able to share clients' personal information with partner organizations, rather than asking clients to retell their story multiple times, a process that may be facilitated by a shared electronic record LEAVEN is now developing.

With evidence of the effectiveness of the approach in hand, Parsons was able to raise \$1 million in just three months to build the LEAVEN Community Resource Center — a

“I was basing that need for a one-stop resource center on my gut instinct. And what POINT really taught us was to base our decision on meaningful data.”

Mary Parsons
Executive Director, LEAVEN

success she attributes to using the improvement methods and tools learned through POINT. “At the end of the day, POINT turned out to be the best thing we could've done,” she says. “I was basing that need for a one-stop resource center on my gut instinct. And what POINT really taught us was to base our decision on meaningful data.” LEAVEN has just recruited someone with an improvement background from the health care field to serve as the resource center's coordinator and monitor its overall effectiveness.



Rendering of the LEAVEN Community Resource Center

Habitat for Humanity: Targeting Limited Resources at Those Most Likely to Benefit

Kristi Clover, a Program Coordinator for Almost Home, a shared program of the Greater Fox Cities Area Habitat for Humanity and Goodwill Industries of North Central Wisconsin, says she didn't know what quality improvement was before joining POINT.

The Almost Home program, which offers case management support for those working to own homes, or those at risk of becoming delinquent on their mortgages, has a long waiting list for services and only one staff member. Clover's improvement coaches, Steve Cole and Melissa Christman, helped her map her interactions with clients to identify potential ways to increase efficiency, a process that underscored the challenges people in poverty face. "You might say to them, 'Here are your goals, let's do each one and then you are ready to go.' But then, oh shoot, the person loses their job, and gets a few more debts," she says. "So now we have to find a new job before we can pay off the debts. There's just so much stuff that happens in the life of someone living in poverty; it's like an onion with many layers."

A series of PDSA cycles — one having clients report their spending on electronic rather than paper budgets, and another using an additional staffer to screen clients — didn't streamline the process. (They found clients didn't like confiding information to one person on the phone, only to be introduced to another staffer later, and clients weren't always able to access the electronic budgets.) But looking at data, Clover observed a connection between clients' level of activation — indicated by their willingness to take small financial steps like securing a credit report — and success in reducing their debt enough to qualify for a home loan. "We found the number-one indicator of readiness to change is to actually take action," Clover says. She began taking people off the waiting list and found that those who met their financial goals within 60 days were most ready for help, so she focused on those people. This led to big increases in the number of clients meeting their financial goals, from 83.8 percent in 2016 to the high 97.3 percent in the first quarter of 2018. "It was an early indicator that we were doing the right thing," she says.

Golden House: Finding the Right Levers to Safely House Victims of Domestic Violence

Holli Fisher, a Program Manager at Golden House, used the improvement methods to monitor how well a new program was working to help victims of domestic violence find and stay safely housed. Golden House serves as a temporary shelter for some 450 Green Bay women, men, and children per year and offers counseling and other services to many more. Knowing that people are at risk of returning to their abusers if they don't secure their own stable housing, Golden House staff launched the Safe Home initiative in 2016 to help domestic abuse victims find housing.

Safe Home provides financial assistance, which can be used in a variety of ways: to pay rents and security deposits, change locks to discourage abusers from entering, and take steps to help people get back to work like paying off traffic violations so they can get back their driver's licenses or buying appropriate clothes. Among people receiving this "housing first" service, recidivism rates dropped precipitously — from 25 percent to just 3 percent. The number of people leaving the shelter with a signed lease or supportive housing option increased from 29 percent in 2016 to 40 percent in 2017.

Fisher used PDSA cycles to monitor the program's impacts and identify successful strategies, which included having advocates work with clients to manage problems before they lead to loss of employment or housing and encouraging them to reach out when they are struggling.

Karen Michaels, Executive Director of Golden House, is now encouraging Fisher and other staff to see how they might continue to refine Safe Home to make it more effective, a process that begins by understanding why it hasn't worked for everyone. "Some may have so many evictions no one will ever rent to them again. Others may have mental health issues that don't even allow them to get out of bed in the morning," she says.

Lessons Learned and Challenges

The POINT Improvement Collaborative introduced scores of nonprofit staff in Northeast Wisconsin to a new way of working; some ran with the quality improvement approach, while others moved more slowly to engage with it. From the positive impacts the approach had on several organizations, it seems clear that IHI's Breakthrough Series Collaborative methodology and improvement approach can be applied to the work of nonprofits fighting to reduce poverty and its ill effects. The initiative yielded other important lessons.

Nonprofits that engaged most fully were often at an inflection point. Some nonprofits participating in the POINT Improvement Collaborative had a new executive director; others were launching a new program or considering a change in their operations. Perhaps because of this, they appeared to be most open to experimentation. Nonprofits that had support from their executive leadership and boards also did well.

Support and investments by local corporations, particularly the contributions of the improvement coaches, strengthened the initiative. Coaches, with the approval and support of their companies' senior leaders, contributed significant time to the initiative, and many nonprofit staff said their efforts to gather and analyze data gained traction only after they began working with them. IHI leaders say the participation of local manufacturers and their strong sense of social responsibility were distinctive. "I've not seen that happen in any other community," says IHI's Niñon Lewis. Jodie Larsen, Vice President of Community Engagement at Oshkosh Corp., says having improvement coaches work with nonprofits also benefited their companies by "educating our team members on the issues facing our communities. We also think it is important for our team members to give back their time, talent, and resources in the communities where they live and work."

But even at nonprofits that didn't accept coaching, or only worked with coaches for a brief period, some staff members continued to test new approaches on their own. "Something transformed both the individual leaders and the inner workings of their organizations when they learned quality improvement, in ways we didn't initially anticipate," says Lewis. Todd Sutton, Continuous

"Continuous improvement isn't going to solve poverty for us. It's a tool — but it can demonstrate to people working in the trenches to fight poverty that ongoing improvement is possible. You really only need one breakthrough moment for an organization where their light can go on and they're like 'Oh my gosh.'"

Greg Vandenberg

Director of Giving and Community Engagement at U.S. Venture, Inc., which helped fund the POINT initiative

Improvement and Grants Manager at the Boys & Girls Clubs of Fox Valley, for example, has reproduced many facets of the POINT Improvement Collaborative within his organization, including designating four staff to serve as continuous improvement coaches. He now oversees 19 improvement projects, with teams meeting weekly to compare progress on different ways to develop supportive relationships with Club members, including mentoring, case management, and hosting family-style dinners. "Those deep cultural and structural changes — dedicating staff to quality improvement efforts, incorporating these methods into standard staff and volunteer training and mentoring protocols, linking frontline quality improvement work to senior leadership and boards of directors — we can't even get hospitals to do some of that stuff," Lewis says.

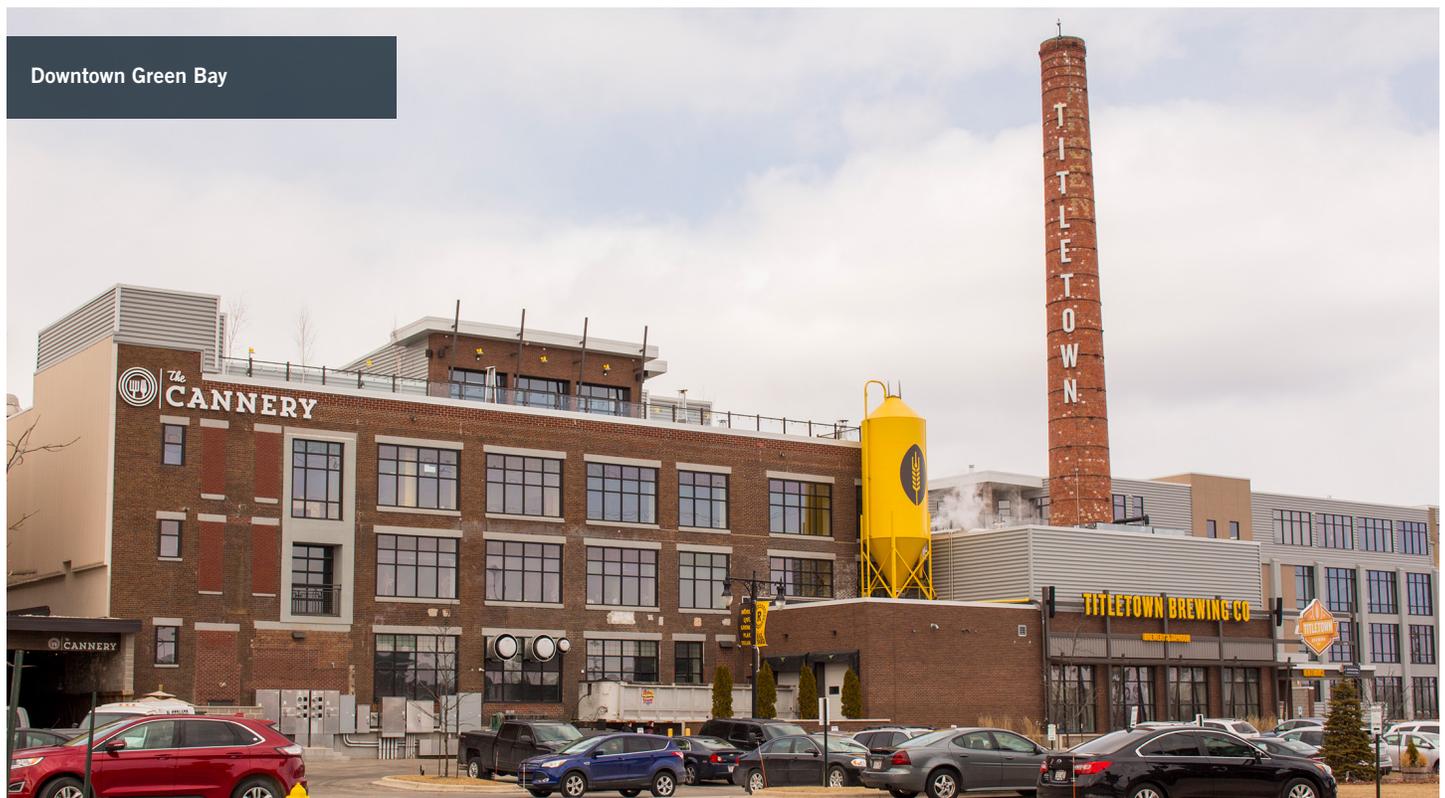
Setting an ambitious aim (i.e., that all people in Northeast Wisconsin are self-sufficient and able to fully participate in the life of the community) and learning from success elsewhere had value. POINT participants heard how leaders in other communities had tackled daunting problems — including Nate French's use of data-driven interventions to reduce chronic homelessness in Los Angeles — which emboldened their own efforts. The most indelible impression may have been made by a group of school children from nearby Algoma, Wisconsin, who worked with grocery stores and food pantries to make use of food that would be otherwise wasted in the school cafeteria. “Seeing fourth graders accomplish something like that made me think, ‘If they can do it, I can do it,’” says Talken from the Boys & Girls Club of Oshkosh.

Demonstrating the impact on shared measures related to poverty is a work in progress. The impact of these nonprofits, which serve a relatively small number of clients, may not be evident in regional data. Moreover, the benefits that come from changing people's behavior or life circumstances may take years to manifest. “We're not equipped or resourced well enough to measure whether

any particular change we implement today is going to have a lasting impact on the income level of, say, a 12-year-old today,” says Todd Sutton. “At some point you have to have a bit of faith in the fact that we're using research-based methods and practicing principles we know work.”

Success may depend in part on supportive policies from federal, state, and local governments and the private market. Golden House, for example, has found its ability to place shelter residents in safe housing fluctuates with the availability of housing vouchers from the state and the willingness of local landlords to rent to low-income tenants. To be successful, nonprofits may need to generate their own solutions: “If landlords and private entities are unwilling to rent to victims, we have to explore other options to build housing capacity,” says Michaels of Golden House.

When it comes to advocating for policy changes, there may be little agreement on the best path forward. Pursuing family-friendly workplaces that, for example, offer flexible hours and/or child care may be one option, but one that may not be well received by all companies, some of which are donors, says Peter Kelly, President and CEO of United Way Fox Cities.



Sustaining Momentum

To chart a path forward, the POINT initiative is supporting “action groups,” in which nonprofit staff and others have come together to identify strategies that may have the greatest impact on poverty. Participants are using improvement methods to find and test new ways of working together to maximize their impact. An action group focused on jobs, for instance, includes employers, faculty from technical colleges, and addiction recovery specialists; members have been poring over data in concert with Jeff Sachse, an economist from the University of Wisconsin Oshkosh, to determine how many people with full-time jobs are living below the poverty line and what is considered a living wage in the region.

Preliminary research suggests the action group might achieve the fastest result by supporting individuals who are working part time, but may face challenges with child care or transportation, as these individuals are on the cusp of achieving salaries that would lift them out of poverty. “We’re just beginning to have conversations across organizations and sectors about whether we should start with those clients or work with those who are struggling the most, or potentially do both,” says Kristi Clover, Program Coordinator for Almost Home.

While the POINT initiative familiarized nonprofits with quality improvement methods and tools, the initiative also gave funders new insights into the challenges nonprofit staff face in sustaining their day-to-day operations. Moving forward, some local funders are exploring how they might support the back-office operations of nonprofits. The leaders of the POINT initiative are also exploring ways of generating support among philanthropists for a more systemic approach to reducing poverty. “We’ve just dipped our toe into looking at it from a social investment standpoint: what does it look like to invest in systems change, data, and measurement? We want to push that envelope,” Vandenberg says.

Dennis Buehler, President and CEO of the Greater Green Bay Community Foundation, sees the opportunity. “Community foundations are uniquely positioned to share knowledge with donors and nonprofits, especially what we’re learning through the POINT initiative, while engaging

POINT Action Groups

The **trauma-informed care** action group is working to develop universal screening tools for businesses, school districts, and social services to use to recognize the signs and symptoms of trauma.

The **coordinated entry** action group is bringing housing agencies and nonprofits together, with the long-term goal to quickly and sustainably house people, so that homelessness is a one-time event.

The **life skills building** action group is focused on developing a strengths-based assessment tool to share among organizations and a database of all programs in Northeast Wisconsin that offer life skills programming.

The **connecting people with jobs** action group is determining which levers would help more Northeast Wisconsin residents find jobs that offer sustainable wages.

them in important conversations that align our collective strengths. All of this will advance the quality of life in our ever-changing communities,” he says.

Scaling up the high-leverage changes and programs initiated under POINT is essential to fulfilling its mission, says Kevin Nolan, a Senior Fellow at the Institute for Healthcare Improvement. “To get processes and structures in place to move from helping less than 100 people to helping thousands is a complex improvement issue.”

This may require more coordination among organizations and across the region, as well as the involvement of local politicians, educators, and others. “We recognize that greater collaboration across sectors is needed to get to the goal of population change,” says Lynn Coriano, POINT Project Director. “This process helped us understand there’s great value in individual organizational learning, but we have more work to do in relationship building, capacity building, and coordination both within and across communities.”

Winning support for deeper investment in fighting poverty may require positioning it as an investment in human potential, one that could mitigate the risk that the area's now robust manufacturing sector could be weakened by competition from overseas or parts of the country that offer better tax incentives. Such an argument could further bridge the business and social sectors. "In the end, we all want the same thing: a thriving community," Vandenberg says.

References

1. *ALICE: Asset Limited, Income Constrained, Employed: Study of Financial Hardship*. United Way of Wisconsin; Summer 2016. The percentage of households struggling to meet basic needs is slightly lower in Brown County (38 percent), which includes Green Bay, and in Outagamie County (34 percent), which includes Appleton.
2. The terms "continuous quality improvement," "continuous improvement," and "quality improvement" are often used interchangeably.
3. The 100,000 Homes Campaign was led by Community Solutions, with strategic advising by the Institute for Healthcare Improvement.
4. One of the nonprofits that participated in POINT, [St. Vincent de Paul](#), a Green Bay Catholic charity, offers Bridges Out of Poverty training to area policymakers, social service providers, and others. The national training program, based on Ruby Payne's work, aims to help people understand generational poverty and be more effective in helping people overcome it. There have been some criticisms that Payne's work misrepresents the experiences of those living in poverty or perpetuates stereotypes; see for example: Bomer R, Dworin JE, May L, et al. Miseducating teachers about the poor: A critical analysis of Ruby Payne's claims about poverty. *Teachers College Record*. 2008;110(11).



Authors

Martha Hostetter, MFA, Partner, Pear Tree Communications
Sarah Klein, AB, Partner, Pear Tree Communications

Acknowledgments

The authors wish to thank the many individuals who shared information and insights for the case study: Dennis Buehler, President and CEO, Greater Green Bay Community Foundation; Kristi Clover, Program Coordinator for Almost Home, Greater Fox Cities Area Habitat for Humanity and Goodwill Industries of North Central Wisconsin; Steve Cole, Continuous Improvement Director, Pierce Manufacturing; Lynn Coriano, Project Director, POINT; Holli Fisher, Program Manager, Golden House; Beth Hudak, Community Engagement Manager, House of Hope Green Bay; Peter Kelly, President and CEO, United Way Fox Cities; Jodie Larsen, Vice President of Community Engagement, Oshkosh Corp.; Niñon Lewis, Executive Director, Institute for Healthcare Improvement; Afiesha McMahon, Senior Project Manager, Institute for Healthcare Improvement; Karen Michaels, Executive Director, Golden House; Tim Murphy, Quality and Continuous Improvement Education Manager, Oshkosh Corp.; Kevin Nolan, Senior

Fellow, Institute for Healthcare Improvement; Mary Parsons, Executive Director, LEAVEN; Amber Price, Health Advocate, Partnership Community Health Center; Jane Roessner, Senior Writer/Editor, Institute for Healthcare Improvement; Jon Stellmacher, Chair, POINT Regional Council; Lisa Strandberg, Development and Communications Director, Samaritan Counseling Center; Todd Sutton, Continuous Improvement and Grants Manager, Boys & Girls Clubs of Fox Valley; Katie Talken, Grants and Outcomes Measurement Coordinator, Boys & Girls Club of Oshkosh; Greg Vandenberg, Director of Giving and Community Engagement, U.S. Venture, Inc.; Val Weber, Senior Director, Web and Publications, Institute for Healthcare Improvement; and Shannon Wienandt, Director, House of Hope Green Bay.

The Institute for Healthcare Improvement is grateful to its team members and the Wisconsin leaders who devoted their time and passion to this work, including John Whittington, Brandon Bennett, Andrew Williams, Jon Stellmacher and other POINT Regional Council members, the Basic Needs Giving Partnership, and all participating improvement teams and coaches in the POINT initiative.

The Institute for Healthcare Improvement (IHI) is a leading innovator in health and health care improvement worldwide. For more than 25 years, we have partnered with visionaries, leaders, and front-line practitioners around the globe to spark bold, inventive ways to improve the health of individuals and populations. Recognized as an innovator, convener, trustworthy partner, and driver of results, we are the first place to turn for expertise, help, and encouragement for anyone, anywhere who wants to change health and health care profoundly for the better. Learn more at ihi.org.

Copyright © 2018 Institute for Healthcare Improvement. All rights reserved. Individuals may photocopy these materials for educational, not-for-profit uses, provided that the contents are not altered in any way and that proper attribution is given to IHI as the source of the content. These materials may not be reproduced for commercial, for-profit use in any form or by any means, or republished under any circumstances, without the written permission of the Institute for Healthcare Improvement.
