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Ten Years After: How the Omaha System Helped Save Colorado Springs Community Centers From Closure

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On the eve of the 2010s, Colorado Springs was in dire economic straits. Faced with nearly $20 M of revenue shortfall, it became apparent to even the most optimistic forecasters that radical change was needed. One such change took place in October 2009 when a majority of members of City Council agreed to provide only first-quarter funding to each of the four city community centers for the coming year. At that moment, the edict was that either a new business model would be developed that was less financially dependent upon the cash-strapped local government experiencing its most profoundly negative financial crisis in its history, to later be known as the Great Recession, or else all facilities would be shuttered and services suspended by May.[1] Serving predominantly low-income families in underserved neighborhoods for more than 30 years each, these centers had been hubs of service and social connection since their inception, be it out-of-school programming for area youth, hot meals for older adults, or holiday celebrations and numerous other special events for both. As part of the city's Parks, Recreation, and Cultural Services Department, the community centers had, up to that point, been largely regarded as places of leisure and respite but not essential services such as public safety and public health, despite its role in preventive health and crime prevention. Now even the short-term future of every one of those services, and that of the children, adults, families and residents who accessed them, was very much in doubt.

It became clear to those involved in the effort to keep these facilities open that to survive into even the near future, a call to action was essential. Of paramount importance was to inform city residents of the contributions that community centers made not just in the overall quality of life of the roughly 250 000 annual visitors, but of the health and welfare of four prominent neighborhoods on the city's south and west sides. A rebranding and reeducation effort was needed that clearly defined the role that centers play in a government's quest to establish and maintain an equitable world by ensuring that necessary services were made available, particularly for those most vulnerable and most in need. No longer was it sufficient to simply provide services that seemingly, and without evidence, supported its users in beneficial ways.

To that end, a concentrated focus on the centers' impact on community health was incorporated early in 2010. Community partners were sought to assist with this focused effort, most of whom had little if any prior involvement with these facilities, including the county health department, nursing college at the local university, area hospitals and clinics, faith-based churches, and nongovernmental organizations that were involved in similar health equity efforts and local philanthropic foundations. From this outreach, a network—the Colorado Community Center Collaborative (CCCC)—was established to bring together multisector professionals to develop strategy around common challenges. One of the first byproducts of the CCCC was the development of a logic model that illustrated the direct impact that services offered at the centers had on center participants' overall health and wellness. This model, developed by the academic and community health professionals with input from community stakeholders, was an important first step toward establishing a roadmap from which quantitative data could be gathered and the story of community center impact told not just by spoken word but by numbers that illustrated statistical significance between services provided and positive outcomes. An example of this is illustrated in Figure 1, where nutrition literacy is enmeshed with out-of-school time recreational programming to provide knowledge in core health areas in an interactive and immersive environment.

Next, to advance beyond a logic model and to better illustrate this correlation, an evidence-based evaluation tool was actively sought. The Omaha System, used by faculty at the local University of Colorado–Colorado Springs and widely praised for its simplicity and adaptability, was incorporated within select programs such as youth summer camps, the *Girls on the Run* program[2] and gardening club, with all yielding several favorable results. Chief among them was the newfound ability to tell a compelling story of the impact of services in a manner that spoke to city leaders, including the very City Councilors who withheld center funding. Now there are data to complement the petitions, testimonials, phone calls and in-person meetings that showed demonstrably and in a format that was familiar to this body how the centers play an essential role in the government's ability to effectively serve its residents.

Due in large part to the ability of the Omaha System to assess services and provide quantitative data that, when compiled, made arguably the most compelling case for funding

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of facilities and services without error, bias, or challengeable opinion, approval was granted to extend funding for centers throughout the remainder of 2010 and each year henceforth. In addition, another significantly beneficial offshoot of this evaluation tool was the centers' heightened competitiveness for health-focused grants, which, with over a dozen received totaling over $300 000 since 2010, has relieved pressure from the city's general fund and increased the ability to improve lives of residents through a collective impact approach.[3] Now, at present, all but a small minority of services offered by each center is tethered to evidence-based programs that allow for accurate measurement and accounting that did not exist a decade ago.

FIGURE 1. Nursing students from University of Colorado-Colorado Springs taught nutrition education, featuring MyPlate, to youth participants and their parents/caregivers in Meadows Park Community Center after school program.

Today, the centers are not only surviving, but also prospering. Participation has steadily increased, and longitudinal studies indicate that health and wellness will improve for the majority of service users. In regard to the CCCC, the small collaborative has extended beyond Colorado Springs and linked with a statewide network borne of the similar interest in uniting health and recreation professionals together to undertake efforts that each is uniquely adept to address. The Colorado Public Health Parks and Recreation Collaborative, since its inception in 2014, now has over 100 members who have sought innovative approaches toward obesity, improved built design, reduction of tobacco use in public spaces, creation of park prescription programs, reduction of screen time, and increase in social interaction and quality time for children to enjoy unstructured play in natural environments, just to name a few. It may have taken a time of crisis to bring together people from who previously did not fraternize, but it should be a common practice among those who aspire to reach their respective communities full potential.

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