



Online Communities as a Tool  
for the Nonprofit Field:

**A Snapshot of the  
Community Clinic Voice**

## INTRODUCTION

Social Web sites, which became popular with mass audiences at the beginning of the new millennium, have rapidly grown into large, sophisticated networks that can span the globe. Terms such as “online community,” “social network site” and “virtual community” are sometimes used interchangeably to refer to an online site where people connect with others around a common interest, bridging time and geographic distance to enhance people’s ability to share information, hold discussions and work collaboratively. This report provides a snapshot of one nonprofit online community—the Community Clinic Voice.

## WHAT IS THE COMMUNITY CLINIC VOICE?

The Community Clinic Voice (Voice) is a free, online community that aids health care safety net professionals in building stronger, healthier communities. The Voice is supported by the Community Clinics Initiative (CCI), a project of Tides and The California Endowment. CCI is a \$113 million nonprofit initiative established to enhance California community clinics’ capacity to ensure health equity for traditionally underserved communities. In July 2001, CCI launched the Voice as a tool for grantees to communicate, exchange information and ideas and network across the state.

This brief explores the Voice model, including its structure, evolution, members and the benefits that they gain from utilizing the Voice. It also summarizes CCI’s approach to online community management and considerations for those who are interested or involved in developing or maintaining online communities as a tool to support the work of the nonprofit sector.<sup>1</sup>

As described in Exhibit 1 below, the current Voice structure provides members with a one-stop center to access news stories as well as peer-reviewed and vetted resources (e.g., standard procedures, definitions, reporting requirements), participate in discussions and connect with colleagues. Members also have the ability to self-form groups, send private messages and write or read blogs. While anyone surfing the Web can view certain pages of the Voice (e.g., home, news, jobs, calendar), only registered members are allowed to access the library, discussions and issues pages.

**Exhibit 1**  
**Overview of the Community Clinic Voice**

Home						
Read about recently posted discussions, news stories and events. Join a group, send a message to a colleague or submit a blog entry.						
News	Library	Discussions	Jobs	Calendar	Directory	Issues
Read, submit or subscribe to daily news articles about developments in the health care safety net field.	Browse or keyword search for tools and resources. Submit resources to the Editorial Board for review and posting.	Start a discussion, ask a question or comment on members’ posts.	Find or post employment opportunities.	View or add upcoming conferences, events and trainings.	Find other Voice members by name, group, region or interest area.	Select interest areas (e.g. clinical, financial, fundraising, IT, operations, quality improvement), to see all content related to the issue.

<sup>1</sup> Data collected to inform this brief include a telephone focus group with five Voice members, a telephone focus group with five Editorial Review Board members, telephone interviews with six Voice members and two former Voice consultants, as well as a review of Voice-related materials, membership data collected by Voice staff, documentation of 27 interviews from CCI’s past program evaluations that included questions about the Voice and data from discussion questions posted on the Voice.

The Voice also provides an easy-to-use structure for groups to communicate with their members (e.g., professional and peer networks, grantmaking programs) using a virtual mini-Voice within the larger online community—groups have a similar layout for library

*“You can get as much content and useful information from spending 15 minutes on the Voice as you would if you attended a one-day workshop.” —Member*

resources, discussions, a calendar and member directory. Members who want to start a group can determine if their space is for their group only or public to all Voice members. This pre-existing, private structure set up by the Voice allows groups to collaborate on projects, share private information and manage internal group communication. Currently, the Voice hosts 18 groups that are primarily set up for specific purposes or time-defined initiatives (e.g., health information technology implementation, foundation initiatives, clinic restructuring planning).<sup>2</sup> CCI is involved in some of these groups as part of grantmaking efforts that grew out of CCI; however, most of these groups involve other organizations that support community clinics or the broader health care safety net.

### WHAT IS CCI’S APPROACH TO ONLINE COMMUNITIES?

Currently, the Voice is a tool to support the broader health care safety net field. This has shifted from its origins, which focused more specifically on CCI and the community clinics field. Initially CCI utilized the online community as a platform for its grantmaking (e.g., releasing RFPs, communicating with grantees); however, CCI staff soon decided to separate the initiative’s grantmaking from the Voice to facilitate its use by other members, in addition to CCI grantees. Now CCI provides staffing and financial resources for the Voice (see box on the right), but utilizes its own Web site for grantmaking purposes.<sup>3</sup> Members are free to determine the content of the Voice by starting discussions, submitting resources and posting news stories that are relevant to their work and organizations. Even so, the content of the Voice has generally paralleled CCI’s grant programming, which has focused on key needs of the field (Exhibit 2 on page 4).

Current Annual Costs of the Voice	
Community manager staffing (1.35 FTE)	= \$89,000
Site hosting and customizations	= \$17,000
In-person members meetings	= \$15,000
Stipends for guest speakers or Editorial Review Board members	= \$15,000
<b>Total = approximately \$136,000 per year</b>	

CCI actively involves members in the Voice’s planning, management and maintenance. For example, every one to two years, CCI holds in-person meetings for members to brainstorm about specific topics of interest and obtain suggestions on how the Voice could best support members’ work. These meetings provide another venue to nurture relationships among Voice members.

CCI also recruits members to participate on various committees to manage the Voice. As a former Voice consultant notes, “Members love what they help create.” These management positions contribute to members’ sense of investment in the community, while also creating opportunities for members to take on new leadership roles and develop additional expertise. Currently the Voice has four committees:

- **The Advisory Committee** consists of volunteers who discuss the community’s emerging needs, provide guidance on the direction of the Voice and advocate for the site among the rest of the health care safety net field.

<sup>2</sup> This includes groups that have seven or more members. The average group size is 25 members (range: 7 to 136 members).

<sup>3</sup> CCI’s organizational Web site is available at: [www.communityclinics.org](http://www.communityclinics.org).

- **The Editorial Review Board** members, most of whom receive small stipends for their work, determine the focus of the library, identify resources and review materials for relevancy, validity and credibility in the health care safety net field.
- **The Discussion Hosts Team** consists of volunteers who monitor discussion topics in respective issue areas and offer members assistance by finding answers to questions, offering resources and encouraging participation in discussions.
- **The Welcome Wagon** consists of volunteers who welcome new users of the online community by sending personal e-mails to them, suggesting areas of potential interest and offering their help as needed.

Along with members' involvement in the management of the online community, the Voice also requires dedicated staffing to manage the member committees and serve as a resource for members. Currently, CCI employs one full-time and one part-time community manager to oversee the site and its members. CCI invests in dedicated staff members to ensure that the Voice has high-quality and up-to-date content. The managers also provide a news service through a monthly e-mail News Digest that summarizes the latest news stories and a bi-weekly "What's New" update about the latest discussions and announcements. They also identify and engage field experts, who receive small stipends, to hold time-limited discussions on specific topics. The Voice's management levels have varied over time; as the Voice has grown and matured, the level of dedicated staffing has increased.

## HOW HAS THE VOICE EVOLVED?

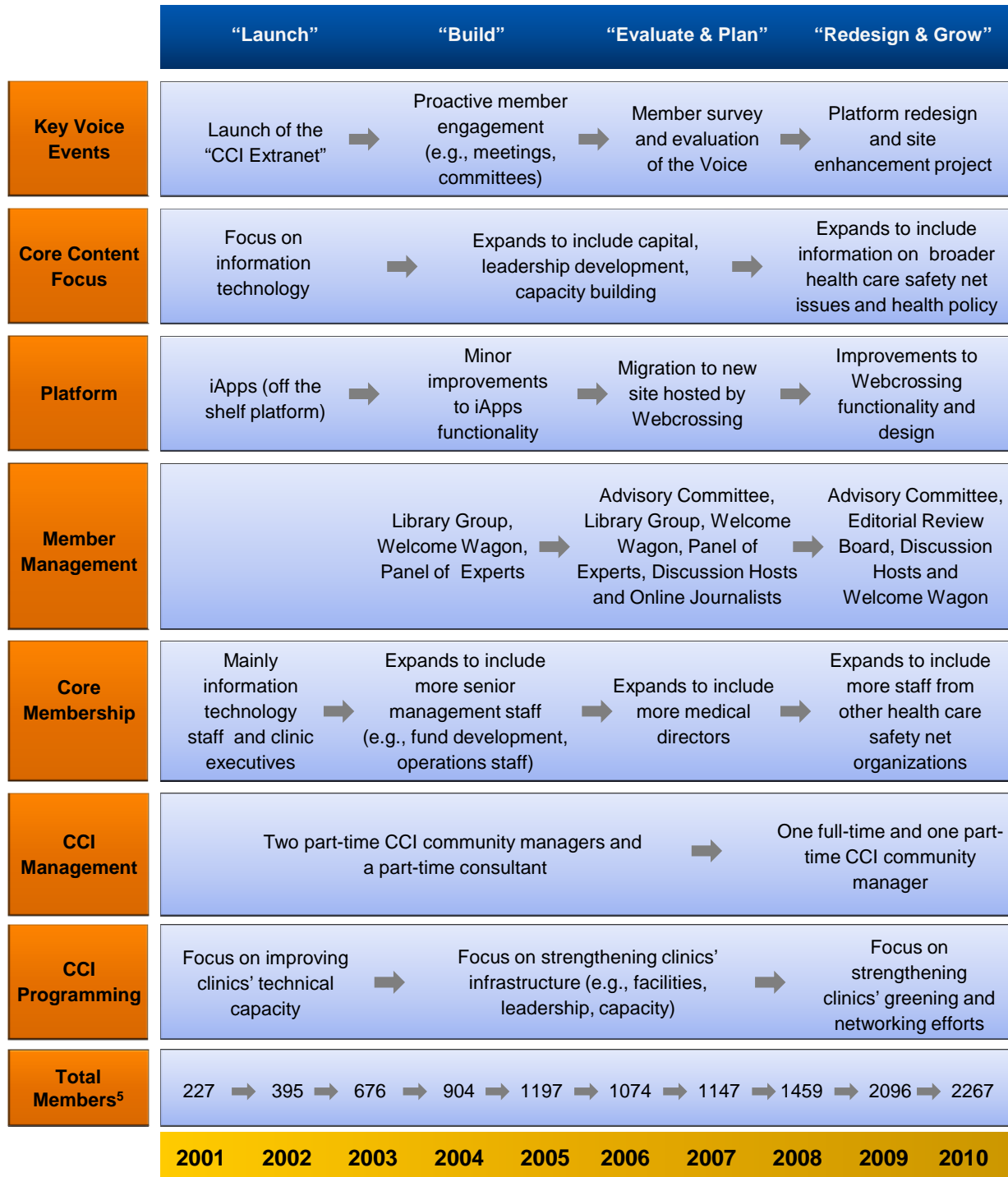
The Voice community is organic and dynamic, similar to CCI itself. Throughout the life of the initiative, CCI has paid close attention to the current and anticipated needs of California's community clinics field and has adjusted its grant programs to support a wide range of issues, including information technology, capital investments, technology-enabled quality improvements, clinic leadership and community networking efforts. Since the Voice's launch in 2001, the online community has similarly evolved to adapt to and address members' needs. This has been important to ensure that the Voice stays relevant. A variety of factors have contributed to the evolution of this community, including the growth and type of members; changing organizational, network and field needs and foci; and the evolving nature of technology (e.g., emergence of commercial networking sites, prevalence of blogging, new online collaborative tools).

As the Voice community has grown and matured, both Voice members and health care funders have recognized the importance of the online community to the health care safety net field. In September 2008, the California HealthCare Foundation partnered with CCI to launch a comprehensive enhancement project. The project grew out of a members' survey that CCI conducted to gather feedback on ways to enhance the Voice's utility. The California HealthCare Foundation provided financial support for a number of aspects of the Voice, including a redesign of the Voice's user interface. As a result, the Voice made some significant changes to the design, functionality and quality of resources available on the site (e.g., modernized design, improved group functions, enhanced peer-reviewed library). Exhibit 2 on the next page illustrates the Voice's evolution over the past nine years, including key Voice events, changes in core content, site platforms, management and core membership. The exhibit also shows CCI programming to illustrate how the Voice has been a tool for CCI, the community clinics field and over time the broader health care safety net field.

*"I think CCI has taken every member suggestion to heart and incorporated virtually everything that they could."*

—Member

**Exhibit 2**  
**Evolution of the Community Clinic Voice<sup>4</sup>**



<sup>4</sup> Data reflects total membership at the end of each year. For 2010, the most current membership data as of May 2010 is shown. CCI does not regularly delete members from the database. The one exception was a database purge in mid-2007 when CCI was preparing for the site’s migration to a new platform.

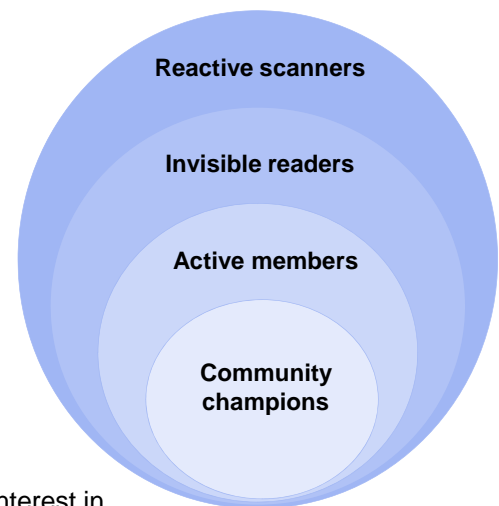
## WHO ARE THE VOICE MEMBERS?

Voice members span a wide range of organizations, locations and position types. Most members work in California—the Voice started as a specific tool for community clinics in California—although, over time, membership has expanded to include a growing number of members from other states. As previously shown in Exhibit 2, the Voice’s total membership has grown from about 200 to over 2,000 members. It has also evolved in terms of members’ position within and employment at different types of organizations. Whereas initially the core membership consisted of information technology staff and executives from California community clinics, the membership now includes other clinic staff (e.g., grant writers, operations managers, medical directors) and representatives from broader health care safety net organizations (e.g., medical centers, clinic consortia, public health departments). This transition is most likely due to the fact that the Voice’s core content has expanded to include new issue areas, as well as the expansion in the number of individual and group members over time.

Most members note that they initially heard about the Voice from colleagues (e.g., executive directors, board chairs, staff) or through their participation in a CCI grant program. Their motivations for joining and staying involved with the Voice include having a place to obtain specific information, share resources, stay abreast of field trends and take part in a learning community. Beginning in 2007, members could access several sections of the Voice without logging in; therefore, consistent data is not available about members’ utilization over time. However, we do know members’ utilization varies in frequency, with four levels of membership engagement as shown in Exhibit 3 and described below:

- **Reactive scanners** are members or non-members who rely on “push” technology, such as e-mail newsletters (e.g., News Digests, What’s New) to prompt their engagement with the online community. They usually scan e-mails and determine if information is pertinent to their interests and responsibilities. If a topic interests them, they visit the Voice to locate more details; however, they rarely visit the site without a prompt.
- **Invisible readers** are members who log in to the Voice to browse the site, but rarely participate in discussions or post items on the site. They usually find the community useful as an information resource, rather than a dynamic networking tool. New members often start their online community experience as “invisible readers” and have the potential to elevate to “active members” over time.
- **Active members** are members who are visible within the online community and engage with others frequently. These members ask questions, participate in discussions and post items of interest to others (e.g., news stories, resources). These members are essential to a dynamic online community. “Invisible readers” often rely on these members to provide site content.
- **Community champions** are members who take an active interest in managing and promoting the online community. Community champions volunteer for committees (e.g., editorial review board, discussion hosts), start group projects and are usually active members on the Voice. They also promote the online community within their own organization or more broadly to other colleagues and encourage others to register and utilize the Voice.

**Exhibit 3**  
**Key Levels of Member Engagement**



Members note that their engagement level is not static throughout their tenure as a Voice member. Some transition occurs between engagement levels based on a variety of factors such as their career's current tasks and responsibilities and volunteer committee participation.

## HOW DOES THE VOICE BENEFIT MEMBERS?

Members most commonly utilize the Voice to benefit themselves, their work and their organizations in the four ways described in this section.

**Members access technical information and resources related to their day-to-day work, which can help organizations avoid “reinventing the wheel.”** Members note that they often log in to the Voice to find specific information related to their position or task at hand. They most commonly look for information when their organizations need to update specific policies or procedures or when government agencies update regulations and requirements (e.g., patient privacy laws, federally mandated reporting requirements).

*“Rather than thrashing around searching federal Web sites to find answers to our questions, we read discussions on the Voice to get quick access to the information we need.”*

—Member

### Examples of the Voice as an Information Tool

- To comply with federal patient privacy requirements, one member's clinic needed to update their information technology security policy. Before starting the anticipated month-long process of developing this new policy, he located information about other clinics' policies on the Voice and completed the project in a much reduced timeline of three days.
- When one member's clinic was looking to hire new staff, she turned to the Voice to find sample job descriptions before posting the job announcement.
- Members read the Voice to stay current on state and federal legislative updates, including the implementation of health care reform.
- Prior to changing her organization's sliding scale fee policy, one member scanned discussion posts from other clinics to obtain input on policy standards.
- Fund development staff utilize the Voice to keep abreast of newly released grant opportunities and requests for proposals.
- Some members use the Voice as an orientation tool for new staff and/or board members to help them more quickly learn about the health care safety net field and save valuable staff time.

**The Voice keeps members up to date on current news and broader trends in the health care safety net field.** Members report that the Voice is a valuable resource to stay aware of current news and trends. They specifically mention the monthly News Digest and bi-weekly “What's New” e-mail updates as effective ways to scan recently posted news and discussions, which enables them to determine if they want to access more detailed information on the site.

*“My learning curve was steep going into the clinic setting from the private sector. It would have been hard for me to progress without the Voice.”* —Member

**The Voice connects staff across organizations and within networks.** Members note that the Voice helps them to see what types of work other members are doing, across organizations and in different professional areas. It provides a venue to recognize similarities and differences between other organizations and networks. Peer and professional networks leverage the Voice's online infrastructure to facilitate communication and



networking among colleagues in different geographic regions. Some members utilize the Voice directory to find people at other clinics to coordinate site visits, find experts on a specific topic or directly connect with people with similar experiences (e.g., organizational restructuring, mergers). The level of connection among members varies from helping members have a better understanding of who is in the field, to deepening collegial and personal relationships.

**Members utilize the Voice’s pre-existing infrastructure to communicate and coordinate work within groups.** Currently, the Voice hosts groups, including peer and professional networks, grantmaking initiatives, health information technology groups, collaborative and clinic groups and Voice management committees. Group managers agree that the Voice is a useful central repository where they can store, share and receive input on resources (e.g., forms, tools, meeting agendas, notes) from others within their group. They report that the Voice’s listserv function is an efficient way to communicate and coordinate activities with large groups, rather than using e-mail. The “Voice within a Voice” structure is valuable because managers can have a private, specifically-focused place to conduct their work, but members also have access to the broader Voice community to ask questions or stay up to date on field-level topics.

*“I work in a very rural area and we tend to be isolated from other clinics. We consistently have to deal with very technical and arcane issues. The Voice is a good way to reach people who may have the best expertise, but who work far away from our clinic.”*

—Member

#### Examples of the Voice as a Tool for Networking and Collaboration

- **Grantmaking Programs** – Initiatives such as the Kaiser Permanente and California HealthCare Foundation Specialty Care Initiative, California Networks for E.H.R. Adoption and the Integrated Behavioral Health Project have formed Voice groups to communicate with grantees, post relevant documents (e.g., convening materials, technical assistance resources) and provide a venue for grantees to connect with others involved in similar grant-funded work.
- **Community Collaboratives** – Healthy and Active Before 5, a countywide collaborative consisting of a hospital, child care agencies and a county health agency, access the Voice platform to coordinate their work to address childhood obesity. Also, a clinic has established a group of board members, community stakeholders and clinic staff to plan for an upcoming organizational restructuring project.
- **Information Technology User Groups** – Groups have formed on the Voice to share information and resources about the implementation and utilization of various health information technology systems. Currently, members have formed groups to share information about a pharmacy management system. In the past members have formed user groups around electronic health records and patient management systems.
- **Peer and Professional Networks** – The California Primary Care Association has formed three online groups to support their broader peer networks, including the Clinic Emergency Preparedness Peer Network, the Human Resources Directors Peer Network and the Compliance Officer Peer Network. The Western Clinicians Network, a peer-led, professional association of medical and dental leaders, also utilizes the Voice to share best practices, information about various projects and obtain input on documents.



### What Factors Hinder Utilization?

Similar to other online communities, Voice members cite a variety of factors that deter them and others from using the Voice more often:

- **Lack of dedicated time at work** – Members are challenged to find time to browse the site and read news articles at work due to their busy schedules and restrictions on how much time they can utilize the Web.
- **Pre-established online routines** – Members note that they have pre-established online habits (e.g., checking e-mail accounts, searching on Google) which make it more difficult to integrate other sites into their routine.
- **Limited member-to-member conversation** – Members are less likely to log in and participate in an online community when there is a low level of conversation or “back-and-forth” between members.
- **Low levels of technological savvy** – Some members note colleagues who have low technological abilities. This makes it difficult for them to keep up with the rest of the community, especially as technology evolves and new tools become available.
- **Fear of public expression** – Some members have reservations about expressing themselves in a public domain (e.g., asking questions that may display ignorance, taking a strong viewpoint). This fear is compounded when other members present a perceived or real power dynamic (e.g., supervisors, funders, government officials).
- **Concerns about confidentiality or copyright infringement** – Some members have concerns about confidentiality of online documents that are “works in progress,” while others hesitate to share tools and resources online due to uncertainty about how the site handles copyright issues.
- **Adjustment time to navigate new sites** – Members note an adjustment period after a site launches or is redesigned. Start-up time is needed to re-learn how to navigate and efficiently utilize their time on the site.

## CONSIDERATIONS WHEN FUNDING, DESIGNING OR MANAGING AN ONLINE COMMUNITY

Based on the successes and challenges of the Voice, the following are considerations for others who may be interested in funding, designing or managing online communities within the nonprofit sector. We also factor in our own knowledge about and experience with online communities. Since every online community is unique, with distinct content and membership characteristics, it is important to keep in mind that some of these considerations may not be applicable to every online community.

*“I need to use the Voice at work in a very structured and targeted way because I am using it in between meetings and seeing patients.” —Member*

### Design

- **Assess your constituency’s needs for an online community.** Understand the goals of your constituency and the sponsoring organization and have clarity about how both of these can be enhanced through online interaction (e.g., support, technical expertise, learning). Ask yourself, what’s in it for the members? How does participation in the online community add value to their work? How does this contribute to your organization’s vision and goals?

- **When funding an online community, recognize potential power dynamics that may exist between a sponsoring organization and a community.** Assess the extent to which the online community will be branded (e.g., name, logos, colors). Also determine the extent to which staff from the funding organization (e.g., program officers) will be visible within the community.
- **Periodically revisit the vision and goals of an online community.** Take into consideration how online communities evolve over time, and think about the broader context and environments in which members are working. Revisit the goals throughout the life of the community as it develops and changes.
- **Consider ways in which the online community can benefit others who work with your constituency on similar issues.** Given the resources and time to launch such a community, look at the ways in which this tool can benefit a wider circle beyond your own constituents (e.g., members of a specific grantmaking initiative or field). Identify other individuals and groups who can tap into the existing infrastructure rather than pursuing their own parallel efforts.

### Functionality

- **Ensure that the functionality of the site matches members' needs.** Continually assess how people are utilizing the site and what they find useful; redesign as relevant. Based on communities' needs, sites will require different functions. For example, an online community that most commonly reads news and reports will need different functionality (e.g., a browsing layout) than a community that needs quick access to technical information (e.g., powerful and prominent search engines), or a community that works collaboratively online (e.g., document sharing, editing abilities, discussion forums) or a community that shares confidential information (e.g., privacy controls). Most communities need some combination of functions.
- **Allow for member-driven conversations and content.** Instead of using the community as a voice piece for the sponsoring organization, allow members to interact so that they derive the greatest value from the community. If they don't find it valuable, they won't use it. Create space for members to ask questions and engage in conversations and conduct collaborative work with one another.

### Management

- **Invest in human facilitation and management.** Especially at the launch of a community, think about investing in a community manager or similar position to guide and maintain the community. This type of facilitation of the community helps to ensure that the site's content is current, dynamic and relevant for members. Gauge the level of management structure based on the purposes of the community (e.g., discussion based, news based) and reassess the structure as the community evolves (e.g., engage more volunteers as the community grows or becomes more active).
- **Offer opportunities for members to get involved with the community's planning and management.** This can help build leadership, online expertise and members' personal investment in the success of the community.

### Utilization

- **Stimulate utilization, discussion and online activity.** Although there is no "gold standard" to measure a successful online community and no community can be measured solely by the number of active members, active utilization can be deterred if member-driven conversations are lacking. As a result, it is important to consider different ways to encourage conversation to engage existing members and entice new ones (e.g., identify experts in the community, e-mail updates about ongoing conversations, provide incentives for participation).

- **Promote integration of the community with members' online habits.** Prominently display tips for members to better integrate their utilization of the online community with their day-to-day work or personal online habits (e.g., instructions on how to set up RSS feeds, alerts through e-mail inboxes, bookmarks in browsers).

### Outreach & Engagement

- **Engage in outreach strategies to build your member base.** Word of mouth is a powerful tool, especially among close-knit, well-defined communities. Consider appointing “advocates” or “champions” to help spread the word about the community among their peer and/or professional groups. Take advantage of in-person meetings (e.g., professional conferences) to provide online community demonstrations or trainings. Make it easy for members to forward posted stories, discussions and news items to their colleagues to help spread the word and facilitate engagement on the site.
- **Promote the social aspects of the online community.** Consider tapping into third-party social networking sites (e.g., Facebook, LinkedIn, Twitter). Members may be more active in other communities and holding conversations in other venues. Consider promoting social networking on your in-house site (e.g., private messaging, instant messaging, allowing contact or “friend” requests).
- **Consider providing complementary opportunities for members to network offline.** Meetings, teleconferences or trainings can increase connections and nurture relationships; focus on gatherings that would take place already in which the site can serve as a tool to reinforce and build on in-person connections. If resources or time constrain abilities to meet in person, consider holding webinars or trainings where members can come together virtually to participate in a common activity. Also consider utilizing these venues to obtain feedback about the online community from members.

### Assessment & Continuous Improvement

- **Determine appropriate metrics to understand members' online habits.** This involves establishing systems to capture data about membership activity, both the frequency and the ways in which members utilize the online community (e.g., page views, most frequently accessed information, geographic location of visitors, average time on site). Utilization information can guide conversations about the future of the community, including its focus and costs relative to the number of members and their usage. Also, consider gathering complementary information from non-active users.
- **Brainstorm how the online community will be sustained over the long term.** Online communities may need time to ramp up and form a core group of active members. Determine whether the community has a sustained funding source to allow for the growth and evolution of the community. If not, consider other potential revenue sources (e.g., member fees, group fees for private access, advertising, co-funding opportunities).

This document was produced in June 2010 by Regina Sheridan and Kim Ammann Howard at BTW *informing change* (BTW). For more information about BTW or this document, please contact Kim Ammann Howard at [kahoward@btw.informingchange.com](mailto:kahoward@btw.informingchange.com) or visit our Web site at [www.btw.informingchange.com](http://www.btw.informingchange.com).

For more information about the Community Clinic Voice or CCI, contact Sarah Frankfurth at [sfrankfurth@tides.org](mailto:sfrankfurth@tides.org) or visit the Voice at [www.communityclinicvoice.org](http://www.communityclinicvoice.org).