COLLABORATING FOR IMPACT: THE PARTNERSHIP MODEL OF AN EARLY CHILDHOOD OBESITY PREVENTION INITIATIVE

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APHA Annual Conference
Wednesday, November 2, 2011
OUTLINE

- Background
- Partnership Model
- Evaluating Partnership Benefits
- Lessons Learned
PARTNERSHIP & COLLABORATION

- **Partnerships**
  - Contractual relationship between two or more parties, specified, joint rights and responsibilities
  - Each party has an equal share of the risk as well as the reward

- **Collaborations**
  - Most immediate, economical way to enhance the services an organization can offer
  - Involves cooperation not necessarily bound contractually
Public and private funding require collaborative partnerships

Limited evidence on how to structure such partnerships

Limited evidence on impact of partnerships on health outcomes generally, childhood obesity specifically, and overall partner benefits
CHILDHOOD OBESITY
PARTNERSHIPS IN BOSTON
HEALTHY KIDS, HEALTHY FUTURES (HKHF)

Institutional Funding Partners/Conveners

Northeastern University

Community Partners

Children’s Hospital Boston

Boston Centers for Youth & Families

Thomas M. Menino, Mayor
Daphne Griffin, Executive Director
# HKHF Partnership Timeline

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
<th>Feb 2010 - Jan 2011</th>
<th>Feb 2011</th>
<th>Year 1, Feb 2009 - Jan 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Project Manager Hired</td>
<td>MOU Signed</td>
<td>All Partner SWOT Analysis</td>
<td>Assessment</td>
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<td></td>
<td>Partnership Structure &amp; Planning</td>
<td>Mid-term Evaluation</td>
<td>Review and renew agreements</td>
<td>Pre-partnership 2008</td>
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<tr>
<td></td>
<td>MOU Signed</td>
<td>Mid-term Evaluation</td>
<td>MOUs resigned</td>
<td>Community Partner Survey</td>
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<td></td>
<td></td>
<td>Final Evaluation and Celebration</td>
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<td>Final Evaluation and Celebration</td>
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**Feb 2011**
- Review and renew agreements
- MOUs resigned

**Year 1, Feb 2009 - Jan 2010**
- Assessment

**Pre-partnership 2008**
HKHF PARTNERSHIP APPROACH

Adapted from Facilitative Leadership Framework, Interaction Institute for Social Change

Relationships
Structure & Governance
Process
Results
HKHF PARTNERSHIP STRUCTURE

Institutional Funding Partners
- Primary Partner Contacts
- Partner Liaisons

Community Partners
- Primary Partner Contacts
- Partner Liaisons

Other Collaborators
HKHF PARTNERSHIP STRUCTURE

Institutional Funding Partners
- Primary Partner Contacts
- Partner Liaisons
- Project Staff, Evaluation & Planning Teams

Community Partners
- Primary Partner Contacts
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- Evaluation & Planning Team Members

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- Consultants
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HKHF PARTNERSHIP CONTRIBUTIONS

- Northeastern University: Financial Support, In-kind liaison support, Administrative Space, Students
- Children’s Hospital Boston: Financial Support, In-kind liaison support, Clinical and evaluation expertise
- Red Sox: Financial Support Year 1, In-kind incentives
- ABCD Head Start: Space, In-kind liaison support, Families and preschoolers
- Boston Centers for Youth & Families: In-kind liaison support, Community center
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HEALTHY KIDS, HEALTHY FUTURES (HKHF)
HKHF GOALS 2009-2011

**Head Start**
- To improve the capacity of early childhood providers (ECPs) to prevent childhood overweight and obesity among pre-school age children and their families.

**Head Start & BCYF**
- To increase opportunities for caregivers of young children to build skills that support healthful food choices, increased physical activity, and reduced recreational screen time.

**BCYF**
- To increase opportunities for young children to be physically active with their families in safe, accessible and age-appropriate settings.
EVALUATING PARTNERSHIP BENEFITS

- Community Partner Survey
- All Partner SWOT Analysis
- Partnership Outcomes
<table>
<thead>
<tr>
<th>MOSTLY OR VERY SATISFIED</th>
<th>STRONGLY AGREE</th>
</tr>
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<tbody>
<tr>
<td>▪ Functioning</td>
<td>▪ Productive meetings</td>
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<tr>
<td>▪ Communication</td>
<td>▪ Trust</td>
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<tr>
<td>▪ Clarity of goals and objectives</td>
<td>▪ Input into decisions</td>
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<tr>
<td>▪ Activity implementation</td>
<td>▪ New resources provided</td>
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<tr>
<td></td>
<td>▪ Increased knowledge and capacity</td>
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<tr>
<td>Strengths</td>
<td>Weaknesses</td>
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<tr>
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<tr>
<td>Collaborative nature of partnership</td>
<td>Community program schedule depends on university academic year schedule</td>
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<tr>
<td>Right mix of partner engagement</td>
<td></td>
</tr>
<tr>
<td>Alignment of activities w/ community partners</td>
<td></td>
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<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
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<tr>
<td>Connect with other organizations serving same age group (3-8) to coordinate resources</td>
<td>Funding cuts and priorities</td>
</tr>
<tr>
<td></td>
<td>Other programs</td>
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PARTNERSHIP BENEFITS

“It’s a safe and free place for physical activity.” - Caregiver, Summer 2009

“It's rare to find an indoor activity that happens on a regular basis that is affordable.” – Caregiver, Fall 2010
“Pediatrics has always been an interest in my mind. I can't tell the future but this experience definitely grabbed my interest again” - Student Activity Leader, Summer 2010
KEY FACILITATORS

- Partner belief childhood obesity can’t be solved alone
- Partner relationships working together
- Attention to process and opportunities for input
- Financial, non-financial and legal commitments
KEY CONSTRAINTS

- Partners’ institutional policies
- Multiple institutional priorities
- Lack of visibility of high level institutional champions after the initial year
- Knowing when work has been accomplished
- Balancing service delivery and coordination
LESSONS LEARNED

- Define governance structure and establish agreements
- Use management tools
- Agree on success measures go beyond results
- Consider size, cast the net small
Thank You!
CONTACT INFORMATION

www.neu.edu/healthykids

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