Health Partnerships of Recreation and Park Organizations: Results from a Nationwide Study

Andrew Mowen  
Geoffrey Godbey  
Toni Liechty  
Deborah Kerstetter  
The Pennsylvania State University

Laura Payne  
University of Illinois

Elizabeth Orsega-Smith  
University of Delaware

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More information about this study may be obtained by contacting:

Andrew J. Mowen, Ph.D.
704A Ford Building
Department of Recreation, Park and Tourism Management
The Pennsylvania State University
(814) 867-1751
amowen@psu.edu
http://www.hhdev.psu.edu/rptm/faculty/mowen_a.html
Executive Summary

Project Background
The obesity and physical inactivity crisis has reached epidemic proportions in the United States and North America. Emerging scientific evidence across multiple disciplines indicate that parks and recreation have the capacity to make an immediate impact on improved physical activity and health across a broad population of Americans. However, to successfully leverage existing leisure time physical activity opportunities and to create policies and environments conducive to population-levels of physical activity, multi-disciplinary health partnerships with disciplines outside of parks and recreation are needed.

The National Recreation and Park Association (NRPA) proactively sought to develop national initiatives and programs designed to promote best practices in physical activity and community health. One gap that was acknowledged was the lack of baseline information on current health partnership activities within the profession and the need to evaluate how the profession is benefiting from and contributing to health partnerships. To date, there has been no systematic documentation of partnerships, their successes and their challenges. As a result, much of the knowledge gained from successful (and unsuccessful) health partnerships has not reached a wider audience of park and health professionals who may be interested in forming such alliances. Such challenges could be minimized if the experiences of existing health partnerships were documented, shared widely, and used to develop a comprehensive program to train practitioners in health and physical activity promotion.

Project Objectives and Methods
In response to these needs, NRPA (with generous funding support from the National Recreation Foundation), contracted with a team of researchers from The Pennsylvania State University, University of Illinois at Urbana-Champaign, and University of Delaware to gather and analyze baseline nationwide health partnership data within the park and recreation profession.

This research was designed to generate baseline statistics regarding park and health partnerships in the United States and how these partnerships are perceived by park and recreation professionals. This study included both an online survey of park and recreation administrators as well as in-depth interviews with key informants. In-depth telephone interviews with sixteen recreation and park professionals were conducted in order to understand key partnership themes and issues. These informants had some organizational and personal experience with health partnerships and were selected to represent the eight NRPA regions nationwide. An effort was also made to ensure that a balance of large and small recreation and park organizations were represented in these in-depth interviews. These professionals were contacted by the research team, invited to participate in the interviews and (to facilitate accurate answers and quality dialogue) were given a list of questions to review in advance of the actual interview. Participants were then contacted via telephone and the dialogue followed a standard question and answer format.

In addition to these interviews, the NRPA membership database was used to select a sub-sample of members who identified themselves as a director, lead administrator, or senior manager at their organization/agency. These senior managers were then asked to participate in an on-line survey. The decision to survey directors was made in order to reduce the probably of multiple agencies being represented and because it was thought that directors would be in the best position to answer survey questions or find the information necessary to complete the questionnaire. From
the initial contact list of NRPA director members, 1,217 completed the on-line survey for a response rate of 32%. The reader is cautioned that, although this nationwide sample is reflective of NRPA members who identified themselves as directors or senior managers, there are other park and recreation professionals who either (a) chose not to complete the questionnaire or (b) were not a member of the National Recreation and Park Association. Study results and implications should be considered through the lens of these delimitations.

Major Topics Examined as Part of this Project
Using both interview and survey methodology, study researchers were able to document the following data and generate implications/recommendations for health partnership practice:

- Prevalence of Health Partnerships
- Types of Partner Organizations
- Reasons for Participating in Health Partnerships
- Barriers to Forming and Sustaining Health Partnerships
- Types of Health Partnerships
- Partnership Strategies to Promote Physical Activity
- Evaluation of Agency Health Partnerships
- Comparison of Partnership Participants vs. Non-Participants
- Characteristics that distinguish effective Health Partnerships
- Benefits provided and received as a member of a Health Partnership

Key Study Findings
Based on content analyses of interview transcripts and statistical tests (means, frequencies, comparative analyses), several key findings emerged. These findings are briefly highlighted in this executive summary.

- A large majority of respondents noted that their organization was involved in a health partnership. There were a number of on-going partnerships with a median of four partnerships per agency.

- Agencies that did not participate in health partnerships mentioned that “not having resources to initiate the partnership” was a key reason for non-participation.

- Health partnerships focused primarily on general wellness or physical activity promotion. Schools, public health agencies, and non-profits were the most prevalent health partners. Partnerships that focused on promoting physical activity used a programmatic approach (e.g., physically active programs, special events).

- Shared goals, expansion of services, leveraging resources, and improving the quality of their constituents’ lives were reasons cited for engaging in health partnerships.

- In terms of realized outcomes, respondents were most likely to indicate that their partnerships resulted in meeting their organizational mission and improving visibility, but they were less likely to indicate improvement to physical features within the community, links to funding, and policy changes.

- Lack of stakeholder buy-in, limited funding support, unclear roles and responsibilities, lack of commitment and follow-through, communication, and turf issues were frequently cited as health partnership challenges.
• Management of facilities and access to the public were the key assets that recreation and park organizations brought to their health partnerships.

• Current health partnerships in the profession were characterized by a high degree of goal agreement, cooperation, empowerment, trust and support from top management.

• However, there were instances where partnership improvement was needed. For example, respondents were less likely to note that their health partnerships included a broad representation of stakeholders, that stereotypes had been broken down, and that partnership resources were equitably distributed.

• Respondents were very satisfied with their health partnerships, but were only moderately enthusiastic about the effectiveness of these partnerships.

• The importance of health partnerships and the desire of agencies to become more involved in them were main themes identified by study participants. Other important topics included both experiences of success and discussion of barriers as well as advice to those interested in utilizing health partnerships.

• Organizations that had trails/greenways, multi-purpose recreation centers, outdoor courts and outdoor aquatic facilities were more likely to be health partnership participants.

• Organizations that provided aquatic, fitness, special events, or age-specific programs were more likely to participate in health partnership(s).

• Organizations with larger operating budgets and larger populations were more likely to participate in health partnerships.

• Non-profit organizations were more likely than state/federal parks and forest agencies to indicate that health partnerships improved their image and enhanced funding opportunities. However, non-profits engaged in health partnerships at the same rate of local, municipal park and recreation agencies.

• Organizations who conducted evaluations of their health partnerships were more likely to perceive them as being more effective and were generally more satisfied with their partnership activities. Moreover, organizations who evaluated their partnerships were also more likely to exhibit characteristics of successful partnership (e.g., high levels of trust, partnership support, recognized need, etc.).

**Conclusion and Study Implications**

This report provides a baseline from which to evaluate the growth and success of future health partnership initiatives. NRPA is encouraged to continue their evaluation and support of local, state, and national health partnership initiatives. Study results suggest that health partnerships are well established and well received across most recreation and park organizations, particularly at the local/municipal level. Increasingly, professionals are pursuing health partnerships and are using a variety of mechanisms, particularly programmatic, to promote active lifestyles. Most organizations were experienced collaborators. While the larger and more urban recreation and park agencies are most likely to engage in health partnerships, there was a strong interest in growing health partnerships from the smaller, more rural populations.
Current health partnerships within the recreation and park profession are characterized by a high level of trust and a clear recognition of the problem (e.g., obesity, physical inactivity). However, there were concerns about partnership equity, sustainability, and inclusiveness. Moreover, few health partnerships had any sort of evaluation tied to them, making it difficult for participants to know and communicate the merits of their efforts to a broader audience. Another concern raised by partnership non-participants was the difficulty in doing the “front work” and gathering the resources to initiate health partnerships. Based on these results, several strategies and actions to promote additional (and more effective) health partnerships could be pursued.

- Encourage state organizations (e.g., state park agencies, state health agencies) to establish seed funding to encourage development of health partnership programs and initiatives in their state. Some states are already providing these resources on a competitive basis and this effort may jump-start non-existent or fledging partnerships.

- Provide a resource guide that can be distributed to health organizations (e.g., public health agencies, managed care, health non-profits) that educates them on the background, purpose, and capacity of the recreation and parks profession. Such a tactic may further position the profession as a player in addressing the nation’s health.

- Develop and promote a range of evaluation tools to demonstrate the merits and challenges of specific partnerships. Ensure that partnership resources are directed toward those agencies that conduct evaluations.

- Continue on-going partnership training efforts and publications that are designed for promoting health partnerships to board members, elected officials, and staff.

- To ensure more sustainable partnerships, it may be necessary to branch out from the current emphasis on programmatic approaches. Health partnerships should expand their efforts into policy and built environment changes. Moreover, the current focus of many partnerships is on obesity and physical activity. Future partnerships might consider the role of park and recreation services/facilities in addressing other community health needs (e.g., chronic disease self-management, mental health, stress management, etc.).

- Utilize current study statistics as a baseline to evaluate future health partnership growth, content, and effectiveness. Revisit this evaluation five years in the future to determine gains and gaps in health partnership practice and policies.

The key findings and recommendations highlighted in this study report represent an early step in understanding and leveraging the park and recreation profession as a major partner in promoting physical activity and health. As these types of health collaborations increase, formal partnership evaluations and more equitable sharing of partner resources will be paramount. A key litmus test for health partnerships within the park and recreation profession will be increased levels of physical activity and improved health in partnership communities.

More information on this study and on NRPA’s National Partnerships may be obtained at the following website: http://www.nrpa.org/partnerprograms
# Table of Contents

Executive Summary ........................................................................................................ iii

Part One:  
Introduction ................................................................................................................ 1

Part Two:  
Key Informant Interviews with Recreation & Park Professionals .......................... 4

Part Three:  
On-Line Survey of Recreation and Park Administrators ..................................... 10

  - Characteristics of Survey Respondents and their Respective Agencies .............. 11
  - Perceived Benefits Provided by Recreation & Park Agencies ............................ 14
  - Health Partnership Participation ....................................................................... 16
  - Health Partnership Characteristics .................................................................... 18
  - Motivations to Participate in Health Partnerships ........................................... 21
  - Perceived Outcomes and Benefits of Health Partnerships ............................... 22
  - Difficulties/Challenges of Health Partnerships ............................................... 22
  - Agency Contributions to its Health Partnership(s) ......................................... 23
  - Characteristics and Evaluation of Health Partnership(s) .................................. 24
  - Summary of Open-Ended Comments ............................................................... 25
  - Comparative and Predictive Analyses .............................................................. 27
    - Correlates of Health Partnership Participation .............................................. 27
    - Correlates of Health Partnership Effectiveness and Satisfaction ..................... 28

Part Four:  
Conclusions and Recommendations for Health Partnership Practice ........... 29

Appendix A. Transcript of Key Informant Interviews ............................................ 31
Appendix B. On-Line Survey Recruitment Letter .................................................. 108
Appendix C. On-Line Survey Questionnaire ........................................................... 110
Appendix D. End-of-Survey Comments – Full Transcript ...................................... 118
Part One

Introduction

Study Background

The need to promote physical activity and health in North America has received national attention from numerous health organizations, policy makers, foundations, and community leaders. Since no single discipline can address the nation’s physical activity and obesity crisis, multiple disciplines and stakeholders are now partnering to promote health-related programs, initiatives, and policies in order to increase physical activity and other aspects of health. In particular, the park and recreation profession is a key player in promoting physical activity and providing low-cost, close to home access to leisure time physical activity opportunities. Nationwide, park and recreation agencies already manage an extensive number of trails, fitness centers, sport facilities, and open spaces for the benefit of the public. Parks and recreation professionals are also experienced in facilitating a wide variety of physical activity programs, which provide participants with an opportunity to reduce stress and improve their health. A growing number of studies suggest that use of and exposure to parks and park-like settings can improve moods, perceived wellness, and increase longevity (Godbey & Blazey, 1983; Hull & Michael 1995; Takano et al., 2002). In particular, access to and use of local park and recreation opportunities (e.g., walking, bicycling, exercise programs) has been associated with increased levels of physical activity and such park activities are associated with improved health outcomes such as lower blood pressure and perceived physiological - psychological health (Iwaski & Mannell, 2000; Payne, Orsega-Smith, Godbey, & Roy, 1998; Orsega-Smith, Mowen, Payne, & Godbey, 2004). Collectively, this evidence suggests that parks and recreation professionals have the capacity to make an immediate impact on improved physical activity. However, to more effectively promote leisure time physical activity across entire communities and throughout the nation, multi-disciplinary health partnerships with disciplines outside of parks and recreation are needed. Professionals representing disciplines including, but not limited to, transportation, exercise science, public health, law enforcement, landscape architecture, urban planning and parks and recreation are now collaborating to enhance physical activity in their communities.

To promote the capacity of community level trans-disciplinary partnerships, the National Recreation and Park Association developed their Step Up to Health initiative. This national initiative includes training programs/events, model programs/resources, communications, and pursues health policy initiatives. One gap identified through the development of Step Up to Health was the lack of baseline information on current health partnership activities within the profession and the need to evaluate how the profession is benefiting from and contributing to health partnerships. While partnerships between municipal recreation and park agencies and health care organizations are becoming more common, there has been no systematic documentation of such partnerships, their successes and their challenges. As a result, much of the knowledge gained from
successful (and unsuccessful) health partnerships has not reached a wider audience of park and health professionals who may be interested in forming such alliances. For example, little is known about how partnerships form between health providers and park agencies, what partnership activities are currently being pursued, what barriers are encountered in forming health partnerships, what resource benefits that recreation professionals derive from such partnerships, and what the potential for future, more ambitious, partnerships are. As a profession, park and recreation professionals are beginning to ask: “What are we gaining through these health partnerships and how have they enhanced our ability to deliver park and recreation services?”

The Need for a National Assessment of Health Partnerships

In spite of health partnerships becoming increasingly diverse, a number of partners are unfamiliar with the language, mission, operating environments, and constraints faced by other co-partners. For example, park and recreation departments already control substantial physical and program resources, which provide opportunities for physical activity and other health behaviors. Yet these resources are not widely recognized among health professionals (e.g., public health professionals, doctors, therapists) and/or they may not be properly positioned or promoted by recreation and park professionals to be a facilitator of community health. This level of partner unfamiliarity often wastes resources during the formative stages of health partnerships and compromises the diffusion of health programs into other communities. Such a challenge could be minimized if the experiences of existing health partnerships were documented, shared widely, and used to develop a comprehensive program to train practitioners in health and physical activity promotion.

Obtaining and disseminating information based on the shared experiences of these kinds of health partnerships will accelerate the diffusion and adoption of other health partnerships across the nation. It will help those forming health partnerships to recognize (and possibly avoid) health partnership pitfalls and will identify which kinds of activities will yield early successes in a health partnership. This information will also assist health care organizations and park and recreation agencies in identifying where they need to allocate their programming and resources. In light of these informational gaps and to establish baseline data from which to evaluate on-going health initiatives, NRPA contracted The Pennsylvania State University to conduct a nationwide health partnership assessment study. This study documents and evaluates park and health partnerships that are now occurring across the country and how they are perceived by park and recreation professionals across the United States. Both in-depth interviews and an on-line survey were used to answer the following questions:

- To what extent are municipal park and recreation agencies aware of the potential for health partnerships in promoting health and physical activity, and have they considered becoming involved with these kinds of health partnerships? What accounts for such levels of awareness?
• Why do recreation and park professionals choose to engage in health partnership initiatives and activities?

• What percentage of municipal park and recreation agencies are involved in a health partnership?

• What types of health and physical activity partnerships and partners are parks and recreation agencies currently involved with?

• What strategies/activities are current health partnerships using to increase physical activity (i.e., programmed events, physical exercise referrals, community trail/path planning)?

• What types of health partnerships are perceived as successful/unsuccessful? On what basis are they judged as successful/unsuccessful?

• Are there circumstances or factors (i.e., region, budget, organizational, type of community infrastructure, programming) that distinguish park and recreation agencies who participate in health partnerships from those who do not?

• Are there circumstances or factors (i.e., region, budget, organizational, type of community infrastructure, programming) that effective partnerships those that are not perceived to be effective?

• What are the perceived barriers to entering into or growing health partnerships?

• What assets do park and recreation bring to the table or contribute to their health partnerships?

• What outcomes (e.g., monetary, increased service capacity) do recreation and park agencies gain from participating in a health partnership?

• What other kinds of organizations have not been involved in health promotion partnerships but should be?

This study included both an online survey of park and recreation administrators as well as in-depth interviews with key informants. As such, this report is divided in two sections describing the results of each of these efforts. Section One describes the results from the in-depth interviews; Section Two presents and interprets the data from the on-survey. The methods used to gather and analyze data from the survey and in-depth interviews are described further in their respective report section. Section Three offers key recommendations based upon the core findings of the overall study. Finally, ancillary study materials (e.g., questionnaires, study documents) and open-ended interview and survey comments are provided in the Appendices at the end of this report.
Part Two:  
Key Informant Interviews with 
Recreation & Park Professionals

Interviewing Methods

Initially in-depth telephone interviews with sixteen recreation and park professionals were conducted in order to understand key partnership themes and issues. These informants had some organizational and personal experience with one or more health partnerships and were purposely selected to represent the eight NRPA regions nationwide. An effort was also made to ensure that a balance of large and small recreation and park organizations was attained in these depth interviews. These professionals were contacted by the research team, invited to participate in the interviews and (to facilitate accurate answers and quality dialogue) were given a list of questions to review prior to the actual interview. Participants were then contacted via telephone and the dialogue followed a standard question and answer format, with follow-up probes. These in-depth telephone interviews covered issues such as health partnership participation, types of health partnerships pursued, longevity of partnerships, core partners associated with their collaborations, and keys to partnership success and failure.

This section of the report summarizes the main comments, themes, and examples from the sixteen interviews. The full interview transcripts are provided in Appendix A. This qualitative information provided a basis for the design of a subsequent on-line survey and it highlighted the core themes associated with various health partnership topics. The themes and examples provided in this summary are organized according to the individual questions from these in-depth telephone interviews:

Involvement with physical activity, health, or wellness initiatives

Question: How are the park and recreation agencies involved in physical activity, health or wellness initiatives?

Of the park and recreation agencies interviewed via phone, there were a variety of ways in which the agencies were involved in partnerships. For instance, a number of agencies interviewed included the concept of health and wellness from a community perspective in their mission statements. Other agencies mentioned that they see parks as the “largest wellness centers in the state”. Other agencies specifically stated that their interest in physical activity and health dictated the nature of the programs that they offered and the onsite fitness facilities.
Question: What are some of the specific wellness initiatives?

The majority of the agencies stated that they were involved in overall community wellness or physical activity initiatives. Some of the general wellness initiatives included agencies holding classes on a regular basis. Others were active in specific physical activity programs such as “Moving More”, “Keystone Active Zone”, and “Health Active Oregon”. Agency interviewees talked about being part of alliances or coalitions (adopting the Step Up to Health program such as “Brookline on the Move”, working with hospitals and local agriculture extension services to sponsor an obesity program, and serving as part of the Oregon Alliance for the Promotion of Physical Activity and Nutrition). Others took their role a step further in terms of offering classes in specific disease rehabilitation settings (arthritis, cancer, falls prevention) or as an additional level in the rehabilitation process following physical therapy. Few agencies were actively involved in nutrition programs. However, South Dakota collaborated on a cookbook: “Roughing it Light.” In addition, they also had a number of outdoor cooking demonstrations with a focus on healthy eating.

Question: How did they get started?

The initiatives in the park and recreation agencies seemed to have been initiated via several routes. Some started through networking at conferences and trying to spread a similar message or from partners approaching each other simultaneously to get a health project or grant initiative started. Others started to focus on health/wellness gradually over time while in some cases the demand from the community to provide quality health/wellness services drove the agency towards a health/wellness agenda.

Question: Are these wellness initiatives ongoing or have they stopped?

There were a variety of responses to this question. Some of the programs have been discontinued due to a lack of funding or personnel. In one case, the wellness manager had left and the responsibility of continuing the wellness initiatives was placed on the rest of the staff. Other agencies were in the process of re-packaging the wellness initiatives in order to acquire additional funding. However, most agencies continued their programs (e.g., continued fitness programs, provided health fairs, continued to work on youth activity books). Some agencies have been able to expand their program (e.g., Texas, developed a wellness program for their employees before taking it statewide).

Participation and description of health partnerships

Question: Does your agency partner or collaborate with health organizations?

All of the organizations reported having some type of partnership with a health organization. There were variations by organization regarding the type of partnership and the duration of the partnership, which is discussed in the next section of this report.
Question: What types of health partnerships is your agency involved with?

Interviewees reported a variety of relationships and specific examples are provided in order to illustrate the types of relationships mentioned. The research study team divided these relationships into various categories based on partnership type and partnership duration. A description of each type of partnership and some examples are provided below. Some of the relationships mentioned in these interviews involved contractual agreements. Such arrangements should not be confused with the more voluntary and strategic types of partnership initiatives.

1. **Service Contracts**: These are relationships where two organizations enter into a mutually beneficial arrangement. It appears both parties recognize their strengths and weaknesses, and seek out the partnership for mutual benefits in a specific area(s) i.e. programs, facilities etc. Examples are as follows:
   a. City of West Hartford, Connecticut: The aquatic center has a contract with the University of Connecticut health center to provide aquatic therapy. They also have a long-term land lease with the University of Connecticut for West Hartford park use.
   b. City of Munster, Indiana Parks and Recreation Department conducts marketing and registration for hospital-based fitness classes. The hospital-based wellness/fitness center provides instructors and there is revenue sharing.

2. **Grant Writing/Submission Partnerships**: These are situations where both organizations collaborate on grant seeking and resource acquisition, writing and submission as collaborators.
   a. City of Lakewood Parks and Recreation (Colorado): The park district has collaborated with the Coalition for Older Wellness on several grants to fund the 'N Balance Fall Prevention Program and other health and wellness programs for older adults. They are also submitting a grant with a health care organization for the American Heart Association’s “Go Red” program and plan to get funding for a joint cardiac rehabilitation program to take place at the park district.

3. **Facility Sharing Partnerships**: These are common arrangements in which organizations share facilities for program use.
   a. South Dakota State Parks (South Dakota): Several local park and recreation departments, State Parks and the health department have teamed up on programming with the State Park’s disc golf course. There were nine disc golf courses installed in State Parks. Local park and recreation departments, health organizations provided the programming and promotion of these courses.
   b. The School Town of Munster (Indiana): The School Town of Munster uses the hospital fitness center and the Salvation Army facilities for programming.
c. City of Lakewood Park and Recreation Department (Colorado): A physical therapy clinic is onsite at the park district recreation and wellness center.

4. Program Partnerships: Many of the partnerships involve “wrapping around” programs that compliment each organization’s mission and goals. Examples are below:
   a. City of Munster Parks and Recreation (Indiana) works with Purdue Cooperative Extension on nutrition programming and adopting national programs developed by the National Football League and Major League Baseball.
   b. Colorado, Indiana, South Dakota, Oregon, Utah, and Texas all collaborate with school districts on programming. The collaborations are generally focused on youth physical activity and nutrition programs.
   c. Bend Park District (Oregon): The Bend Park District worked with a local chapter of AARP on a walking for health program. For example, The Park District held kick-off events that included a healthy living fair with community partners, fitness equipment, and health screenings. The Recreation Director spoke to participants about the benefits of walking and the resources available through the Park and Recreation District. Also participating in the event was State Executive Council president for AARP as a keynote speaker.

5. Technical Assistance/Resource Partnerships: A number of partnerships relied on the voluntary sharing of resources. Health organizations, in particular, provided pamphlets, fact sheets, and other tips using park and recreation programs and communication channels.
   a. Bend Park District (Oregon): The American Association of Retired Persons (AARP) provides educational materials distributed through the park district on walking for health and other topics.

6. Sponsorships and Donations: Several park and recreation agencies have described sponsor and donor relations as partners. These usually take the form of event sponsorships (arts festivals, health fairs, physical activity programs/initiatives).

In addition to defining the partnership based upon the type or nature of the collaboration, we also discovered that health partnerships often involved long term, sustained activities and/or incorporated a referral system to link community health resources services with local park and recreation assets. A number of examples are briefly summarized below. More information about these kinds of long-term and referral partnerships may be gleaned from the full interview transcripts (Appendix B).
1. Long term:
   a. City of Orem Parks and Recreation Department (Utah): Arthritis Foundation: partner on aquatic and land-based exercise programs.
   b. City of West Hartford Parks and Recreation Department (Connecticut): University of Connecticut in West Hartford: Long-term land lease for public open space use. They also have a health advisory board and plan.
   c. Corpus Christi Parks and Recreation Department (Texas): Parks and recreation is a partner in a Centers for Disease Control and Prevention (CDC) funded grant with several other organizations (hospital, University of Texas-Austin, Texas Extension Service, etc.).
   d. Berks County Parks and Recreation (Pennsylvania): They partner on programming with aging organizations in the area- the Berks County Office of Aging and Berks County Senior Citizens Council.
   e. Town of Munster Parks and Recreation Department (Indiana): They have several long-term partnerships including one with the community hospital, Heartsfield Village (senior housing), the Salvation Army, Purdue Extension, and Bridges, a non-profit for individuals with disabilities.
   f. City of Lakewood Parks and Recreation (Colorado): They have a collaborative Cancer Exercise program with an organization called Summit Cancer Solutions. They also partner with the Consortium for Older Adult Wellness on Fall Prevention Programming and they have a partnership with a physical therapy clinic. Lastly, they are planning a phase III cardiac rehabilitation program with Lutheran Hospital (in a nearby town).

2. Referrals: Many parks and recreation agencies described relationships in which the cooperation appeared to be that of a referral. For example, physicians or rehabilitation clinics would refer patients to park and recreation programs and/or services. Several examples of these referral relationships are mentioned below.
   Utah:
   a. Slim for Life program
   b. Timpanogos Regional Hospital
   c. Alpine School District
   Connecticut:
   a. Senior centers
   Indiana:
   a. Community hospital referrals and advertising in program brochures
   b. Housing program – Heartsfield Village
   c. School Town of Munster
   d. Purdue University
   Massachusetts:
   a. Local business: New Balance/ Dick’s Sporting Goods
   Ohio:
   a. MetroHealth (An non-profit health care provider)
   Colorado:
   a. Consortium for Older Adult Wellness
   b. Fit Physical Therapy
c. Middle School  


d. Hospital  

e. Pfizer Pharmaceuticals provides the district with educational materials on chronic disease and other health related topics  

**Health Partnership Evaluation and Outcomes**

*Question: How did you evaluate the success of your health partnerships?*

Very few agencies conducted formal evaluations to measure the success of their health partnerships. Most rated their partnerships as successful in terms of output measures such as participation rates, participant/community approval ratings, or the integration of health into their mission statement and agency objectives. Very few impact measurements were used. One agency mentioned that success was assessed in terms of bringing the larger community together to address a common health/wellness goal. Some agencies measured their partnership based on participant fitness levels after their involvement in a health partner program.

*Question: What were the barriers to successful partnership implementation and goal achievement?*

Barriers to the partnerships mainly centered on resources and logistics. For some the strongest barriers were in actually getting the partnership started and trying to determine who the lead agency was and if the partners were actually willing to devote time and energy to the project. Several respondents mentioned communication and scheduling issues as barriers to partnership building. Another barrier cited was the financial and physical resources along with added time to workloads.

*Question: What were the benefits of your health partnership(s)?*

There were many benefits associated with participation in partnerships. Increasing the reach and impact into the community was cited as a benefit of many of the partnerships. In some cases, partnering with a big name organization (i.e. American Heart Association, Arthritis Foundation, AARP) helped the park and recreation agency to gain more respect and trust from the community. The partnership also provided the agency access to informational materials from credible and recognized organizations. The partnerships allowed the agency to have a role in health/wellness and achieve their mission statement. Other benefits cited focused on sharing expertise, capitalizing on strengths (e.g., hospital-based fitness facility and trained instructors complements park and recreation agency’s strength in marketing and getting classes filled), reducing agency weaknesses (e.g., lack of facilities, educational materials, funding, access to populations), increasing impact, and reducing duplication of services and competition.
Part Three:

On-Line Survey of Recreation and Park Administrators

Survey Methods

Data Collection

This section describes the results from a nationwide on-line survey of park and recreation administrators and directors. The entire National Recreation and Park Association membership database was used to select a sub-sample consisting of every member who identified themselves as a director, lead administrator, or senior manager at their organization/agency. The decision to survey directors was made in order to reduce the probably of multiple agencies being represented and because it was thought that directors would be in the best position to answer survey questions or find the information necessary to complete the questionnaire. For this sample of directors (4,338 contacts), a pre-survey invitation was sent out to encourage participation. Following this first invitation, the sample received a second e-mail letter that described the survey in general and encouraged their participation. A link to the on-line survey was provided in this second letter and an opportunity to opt out of (refuse) the survey was also provided. Reminder notices were sent to non-respondents every 10 days, until the research team determined that the sample size and time allowance was sufficient to terminate the data collection. From the initial contact list of 4,338 NRPA members, approximately 558 e-mails were returned as “undeliverable” resulting in a usable sample of 3,780. Of these 3,780 potential participants, 1,217 completed the on-line survey for a response rate of 32%. The on-line survey recruitment materials are provided in Appendix B.

Questionnaire Content

It was felt that if NRPA members knew that the survey was specifically examining health and health partnerships (and their organization did not participate in such partnerships), they would be less likely to participate in the survey and could possibly skew the results (e.g., the percentage of organizations actually participating in health partnerships across the nation). As such, the decision was made to partially mask the survey purpose. The survey was, therefore, divided into multiple sections. The questionnaire began by collecting basic information concerning the respondents’ organization, its programs, facilities, and organizational goals. Respondents were then asked to provide information about themselves (years in the profession, title, formal training). Next, respondents were asked if, within the past 5 years, their organization participated in a partnership or collaboration with an outside organization specifically to promote health and/or wellness. If the respondent indicated that their organization had not participated in the survey (or if they were unsure), then they were asked if there were any reasons why their organization was not involved in health partnership, they were then forwarded to the last page of the survey and thanked for their participation. If the respondent
indicated that their organization had participated in a health partnership, then they were asked a series of questions about those partnerships, their content, purpose, partners, and perceived effectiveness. What follows is an overview of these on-survey findings. A paper copy of the on-line survey is provided in Appendix C. Descriptive results from survey questions are provided in the following narrative (e.g., frequencies, percentages, averages). In addition to these descriptive results, NRPA was also interested in understanding whether there were any patterns or circumstances that shaped participation in health partnerships as well as the perceived effectiveness of health partnerships. The results from these comparative analyses are provided at the end of this report section.

Survey Results

Characteristics of Respondents and their Respective Agencies

Respondents were well-educated senior managers who had an average of 22 years in the recreation and parks profession.

In order to better understand who respondents were and the agencies they worked for, they were asked to provide information about themselves and about the programs and facilities offered through their organization. Given the scope of the sample, it is not surprising that respondents were primarily agency directors/senior managers (81%) or park managers/superintendents (11%). These respondents tended to have advanced degrees in park, recreation, leisure, or natural resource management (86%) and had an average of 22 years working within the recreation and park profession.

Agencies were primarily local/municipal park and recreation departments that served populations under 60,000 and provided a wide variety of special events and age-specific programs. They also tended to offer parks, playgrounds and athletic sport facilities.

Respondents from this survey represented local/municipal park and recreation departments (73%), county park systems (8%), and special districts (7%) (Figure 1). The reader is cautioned that the Midwest NRPA member region was somewhat over-represented in this study given their high response rates compared to other regions. A majority of the organizations represented in this survey (61%) served smaller populations (60,000 people or less) (Figure 2). The median annual operating budget for agencies represented in this survey was 2.8 million dollars. When asked what types of programs were provided through their agency, respondents cited a wide array of content-based and age group relevant programs. Special events (93%), youth programs (92%), adult and family programs (90%), and sport programs (87%) were the most frequently cited programs, while lifelong learning skills (44%), aquatics (39%), and day care services (32%) were the least frequently cited programs (Figure 3). Only 1% of the sample indicated that their agency offered no programs.
Figure 1. Type of Agency Represented in the On-Line Survey

- Local/Municipal Park and Recreation Dept.: 73%
- Other: 10%
- Special District: 7%
- County Park System: 8%
- Forest Preserve System: 1%
- Federal Park of Forest System: 1%
- Does not Work for a Park & Rec. Dept.: 1%

Figure 2. Population Size Served by Respondent Agencies

- 30,000 or Less: 39%
- 30,001 to 60,000: 21%
- 60,001 to 100,000: 13%
- 100,001 to 250,000: 12%
- 250,001 to 500,000: 5%
- 500,000 or More: 10%
When asked about the facilities their agency provided, respondents frequently cited parks (94%), playgrounds (93%), athletic fields (90%), outdoor courts for sports (86%), and trails/open space (85%). Respondents cited golf courses (38%), arts/cultural centers (31%), and day care centers (15%) less frequently (Figure 4).
Perceived Benefits Provided by Recreation & Park Agencies

Respondents were most likely to cite numerous individual and community benefits provided by their organizations. In particular, providing a sense of community, improving health, and preserving open space were cited as the most important benefits.

A key concern in the profession has been in promoting the value and role of recreation and parks. To that end, considerable work has been done in identifying, promoting, and documenting the multiple benefits provided by recreation and parks (Driver, 1991). Fifteen years ago, a nationwide survey identified core benefits of local park and recreation services as perceived by citizens (Godbey, Graefe, & James, 1992). As a way of tracking if/how perceived benefits have changed over time as well as the types
of benefits that organizations are currently fulfilling, this survey asked respondents to rate the importance of several individual and community benefits. Respondents were also asked to select the single most important benefit that their organization provided to their constituency. Survey respondents were more likely to cite providing a sense of community, improving physical health, improving mental health, and open space preservation as somewhat or very important benefits provided by their agency (Table 1). When asked to select the single most important benefit provided by their agency, 42% indicated “providing a sense of community,” 28% “improving people’s physical health/wellness,” and 9% cited “open space preservation.” “Increasing property values,” “attracting tourists,” and “enhancing employee productivity” were the least likely to be perceived as the single most important benefit offered by their agency, at less than 1% for each (Figure 5).

Table 1. Perceptions of the Benefits Provided through Respondent Organizations

<table>
<thead>
<tr>
<th>Type of Benefit Provided through the Agency</th>
<th>% Somewhat or Extremely Important</th>
<th>Mean Score (5 point scale)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing a Sense of Community</td>
<td>80</td>
<td>4.7</td>
</tr>
<tr>
<td>Improving Physical Health/Wellness</td>
<td>78</td>
<td>4.7</td>
</tr>
<tr>
<td>Improving Mental Health/Wellness</td>
<td>76</td>
<td>4.5</td>
</tr>
<tr>
<td>Open Space Preservation</td>
<td>71</td>
<td>4.4</td>
</tr>
<tr>
<td>Community and Economic Development</td>
<td>71</td>
<td>4.2</td>
</tr>
<tr>
<td>Enhancing Employee Productivity</td>
<td>66</td>
<td>4.1</td>
</tr>
<tr>
<td>Reducing Crime</td>
<td>66</td>
<td>4.1</td>
</tr>
<tr>
<td>Promoting a Sustainable Ecological Environment</td>
<td>66</td>
<td>4.2</td>
</tr>
<tr>
<td>Attracting New Business</td>
<td>57</td>
<td>3.9</td>
</tr>
<tr>
<td>Attracting Tourists</td>
<td>56</td>
<td>3.7</td>
</tr>
<tr>
<td>Increasing Property Values</td>
<td>56</td>
<td>3.9</td>
</tr>
</tbody>
</table>
A large majority of respondents noted that their organization was involved in a health partnership. For each agency, there were a number of on-going partnerships with a median of four per agency.

Agencies that did not currently participate in health partnerships mentioned that not having resources to initiate the partnership a key reason cited for non-participation.

A core component of this evaluation was to understand health partnership practices within the profession. To that end, a series of questions focused upon health partnership participation, perceptions, evaluation, and outcomes. The first question asked was whether, within the past five years, their organization had partnered with an outside organization (e.g., health department, non-profit agency, health care...
organization) to specifically promote health, wellness, or physical activity within their community. A large majority (88%) indicated that their organization had such experience, while 10% said that their organization did not partner. If they had participated in a health partnership, respondents were also asked to indicate how many different health/wellness partnerships that the organization was currently involved with. The median number of partnerships was four, with a range from one partnership to 100 partnerships. The reader is cautioned that, for many large agencies, it was difficult for some respondents to accurately guess the number of on-going health partnerships. Moreover, survey questions focused on all of the organization’s health partnerships rather than each one individually. In several instances, survey respondents noted that their partnership responses (regarding partnership characteristics and performance) were quite different across various types of health partnerships within the agency. The inability to provide evaluation at this level of detail is common among large surveys of diverse organizations. Nevertheless, readers are cautioned that some data attenuation is possible when asking organizations about all of their health partnerships.

A follow-up question was also asked of respondents whose agencies had not participated in health partnerships, which asked if there was a particular reason that their organization was not involved in a formal health/wellness partnership. Not having enough resources to start the partnership and the fact that health/wellness was not a core mandate of the organization were the two most common reasons cited for non-participation. Over 21% said that they were unsure of why the agency had not participated in health partnerships. Interestingly, lack of experience and unfamiliarity in developing partnerships was not a major reason for non-participation (4%) (Figure 6).

![Figure 6. Reasons cited for Health Partnership Non-Participation](image)
Health Partnership Characteristics

Health partnerships were focused primarily on general wellness or physical activity promotion. Schools, public health agencies, and non-profits were the most prevalent health partners. Partnerships that focused on promoting physical activity used a programmatic approach (e.g., physically active programs, special events).

A number of specific questions focusing on health partnership characteristics and participants were asked in this study. For example, respondents were asked to indicate the types of agencies/organizations that their organizations had partnered with to promote health and physical activity. Schools (68%), public health agencies (e.g., county, state health departments) (65%), sports organizations (57%), and non-profit health promotion agencies (e.g., Arthritis Foundation, AARP) (57%), were the most frequently cited type of health partner. Health insurance companies (23%), planning organizations (20%), transportation agencies (19%), and assisted living centers/nursing homes (16%) were the least frequently cited type of health partner (Figure 7).

Respondents were also asked to describe the purpose or type of health partnership(s) that their organization had participated in. Promotion of physical activity (89%) and general health/wellness (86%) were the two most frequently cited types of health partnerships while mental/emotional health (33%), prevention/treatment of specific diseases (26%), and rehabilitation (9%) were the least cited types of health partnerships (Figure 8). If the respondent said that their agency was involved in a partnership that focused on physical activity, they were then asked a follow-up question about the specific types of strategies used by their partnership to promote physical activity. Here, a majority of respondents utilized programmatic approaches (e.g., special events - 71%, programs that include physical activity – 92%) to increase physical activity. Interestingly, a majority of these physical activity partnerships (69%) included the creation of active park features and environments (e.g., trails). Physician referrals to park and recreation programs/services was the least frequently cited mechanism to promote physical activity (10%) (Figure 9).
Figure 7. Type of Organization Partnered with to Promote Health
Figure 8. Focus or Purpose of the Health Partnership
Motivations to Participate in Health Partnerships

Shared goals, expansion of services, leveraging resources, and improving the quality of their constituents’ lives were reasons cited for engaging in health partnerships.

This study explored the multiple reasons or motivations that recreation and park agencies cited for initiating and participating in health partnerships. Respondents were asked to consider their organization’s current health partnership initiatives and list the reasons why their organization sought to partner with outside organizations to promote health. Respondents were asked to write in their response, rather than select from pre-determined categories. Analyses and coding of these comments revealed a wide range of reasons, including having common goals/interests, attempting to increase the reach and impact of services, enhancing the credibility and visibility of their organization, financial resource sharing/leveraging, the fact that they were asked to partner, improving health and quality of life, and to improve programs/services through leveraging expertise, knowledge, and facilities.
Perceived Outcomes and Benefits of Health Partnerships

In terms of realized outcomes, respondents were most likely to indicate that their partnerships resulted in meeting their organizational mission and improving visibility, but they were less likely to indicate improvement to physical features within the community, links to funding, and policy changes.

In addition to the motives for entering health partnership(s), respondents were asked about the perceived outcomes or benefits derived from their organization’s health partnership(s). Specifically, they were asked to what extent their organization’s involvement in health partnerships resulted in a number of outcomes (ranging from 1 = “not at all” to 5 = “a great deal”). Here, respondents cited that “meeting their mission statement” and “visibility” were the key outcomes realized from their health partnership(s), at 3.77/5.0 and 3.90/5.0, respectively (Table 2). Respondents were less likely to indicate “improvements to physical features within the community,” “linking to funding opportunities,” and “changes in policy” were realized outcomes of their health partnership at 3.26/5.0, 3.27/5.0, and 2.57/5.0, respectively (Table 2).

Table 2. Perceived outcomes of the organization’s involvement in health partnerships

<table>
<thead>
<tr>
<th>Partnership Outcome</th>
<th>Average Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visibility</td>
<td>3.90</td>
</tr>
<tr>
<td>Meeting the Mission Statement</td>
<td>3.77</td>
</tr>
<tr>
<td>Image</td>
<td>3.54</td>
</tr>
<tr>
<td>Leveraging Additional Resources</td>
<td>3.45</td>
</tr>
<tr>
<td>Linking to Funding Opportunities</td>
<td>3.26</td>
</tr>
<tr>
<td>Improvements to Physical Features of the Community</td>
<td>3.25</td>
</tr>
<tr>
<td>Changes in Policy</td>
<td>2.57</td>
</tr>
</tbody>
</table>

* Assessed on a 5-point scale where 1 = Not at all and 5 = A great deal

Difficulties/Challenges of Health Partnerships

Lack of stakeholder buy-in, limited funding support, unclear roles and responsibilities, lack of commitment and follow-through, communication, and turf issues were frequently cited as health partnership challenges.

The complexity of partnering with an outside group of organizations and stakeholders creates a unique set of challenges and difficulties. Understanding and documenting key health partnership challenges is a key step in shaping national programs and resources to sustain health partnerships. As such, survey respondents were asked to share some
of the difficulties or challenges that their agency faced in implementing its health partnerships. Again, respondents were asked to write in their responses and these answers were coded into several core partnership challenges. These challenges included, but were not limited to, “stakeholder buy-in,” “limited funding to support the partnership,” “defining roles/responsibilities of partner members,” “lack of commitment and follow-through,” “communication/coordination,” and “turf issues/bureaucracy.”

Agency Contributions to its Health Partnership(s)

Management of facilities and access to the public were the key assets that recreation and park organizations brought to their health partnerships.

Recreation and park organizations have much to offer in the promotion of health. Health partnerships are realizing these assets and are actively seeking collaboration with recreation and park agencies. However, it is unclear which type of resources or assets are being sought out for these partnerships. In this survey, respondents were provided a list of typical partnership resources and were asked their opinion on what the single most important contribution of their agency to the partnership was. The two most popular responses to this question were “facilities” (36%) and “access to the public or target markets” (20%) (Figure 10).
Characteristics and Evaluation of Health Partnership(s)

Current health partnerships in the profession were characterized by a high degree of goal agreement, cooperation, empowerment, trust and support from top management.

Organizations represented in this survey had a strong tradition of collaboration and noted that their community recognized the need for their health partnerships.

However, there were instances where improvement was needed. For example, respondents were less likely to note that their health partnerships included a broad representation of stakeholders, that stereotypes had been broken down, and that partnership resources were equitably distributed.

There is a considerable body-of-knowledge concerning the effectiveness of partnerships and the contribution of environmental, structural, and process characteristics in shaping partnership effectiveness and satisfaction. To gauge the perceived effectiveness on ongoing health partnerships nationwide, respondents were asked to answer a series of questions about the environmental (e.g., community recognition of a problem, geographic/cultural diversity), structural (partnership membership, formalization), and process (leadership styles, resource allocation, conflict resolution) characteristics of their health partnerships. Respondents were further asked to rate the overall effectiveness of their organization’s involvement and others’ involvement in these partnerships. Finally, respondents were asked to rate how satisfied their organization was with its health partnerships.

Several characteristics emerged with respect to current health partnerships in the park and recreation profession. Overall, respondents strongly agreed that their organization and their community had a tradition of partnership participation (4.0 on a 5.0 scale where 1 = strongly disagree to 5 = strongly agree). Moreover, they felt that their community was culturally diverse (3.6/5.0) and recognized the need for health collaborations (3.9/4.0). Furthermore, respondents indicated that partnership members agreed about the goals of their partnership (3.6/5.0), that partnerships had the full support of top management (3.8/5.0), and that partnership decision-makers willingly cooperated with one another (3.8/5.0). Finally, respondents noted that partner members were empowered to make decisions (3.6/5.0) and that there was a lot of trust among health partners (3.6/5.0).

However, there were instances of disagreement. For example, respondents were less likely to agree that all agencies that should be involved were actually involved in the partnership (2.7/5.0) and that their partnerships had a broad representation of
stakeholders (3.1/5.0). Respondents were also less likely to indicate that their partnerships involve structured rules/guidelines (2.9/5.0) or a formal organizational structure (3.0/5.0). Moreover, respondents were less likely to note that stereotypes about partners from other professions were broken down (3.2/5.0) and that partnership resources were distributed equally across member agencies (3.2/5.0).

**Respondents were very satisfied with their health partnerships, but were only moderately enthusiastic about the effectiveness of these partnerships.**

Overall, health partnerships were evaluated positively with 66% noting that their partnerships were somewhat or extremely effective (3.5/5.0). Respondents perceived that both their organization (3.8/5.0) and their health partners (3.8/5.0) were satisfied with their partnerships. Specifically, 76% agreed or strongly agreed that their agency was satisfied with its partnership(s) and 72% agreed or strongly agreed that their partners were satisfied with its partnership(s).

**Summary of Open-Ended Comments**

The importance of health partnerships and the desire of agencies to become more involved in them were a main themes expressed at the end of the survey. Other important topics included both experiences of success and discussion of barriers as well as advice to those interested in utilizing health partnerships.

**Moving Forward With Health Partnerships...**

The most frequently discussed theme of the additional comments involved the desire (and often the plans) to increase the number or quality of health related partnerships (N = 80). One respondent wrote, “We are pleased with what we do but would like to do more.” Many indicated that health partnerships are a relatively new area of focus for their departments and that such partnerships are still in the “beginning stages,” but “growing.” Another participant wrote, “This is an area where we are looking to expand greatly in the next few years.” Additionally, several respondents mentioned that they appreciated the assistance of NRPA in facilitating or motivating health partnership initiatives and would like to see this continued or increased. A full transcript of these end-of-survey comments can be found in Appendix D.

**Reiterating Partnership Challenges and Barriers...**

Many of the additional comments reiterated limitations to forming successful partnerships (N=73). Many participants commented that they would like to pursue health related partnerships, but they did not feel that they had the necessary resources, specifically staff, funding, facilities and time. Some also mentioned that their attempts at
partnering were not successful because of lack of advertising or lack of interest from the community. For example, one participant commented, “We lack the manpower needed to go and seek out and develop these relationships with health organizations. We need to get a strong marketing plan in place and the support of our board to welcome non-residents into our programs.”

Other participants struggled with partnership organization and cooperation, stating that difficulties were caused by lack of communication, feelings of “turf” conflicts, lack of focus on the ultimate goal, lack of expertise, and lack of a leader or “champion” to take initiative and coordinate efforts. One respondent mentioned, “Our community isn't that large and it was a struggle at times to bring the agencies together. It was something new, and often times something new scares people and has to be sold to agencies that are satisfied with the status quo.” This lack of “buy-in” was often mentioned as a barrier in regard to administration, boards, elected officials, in-house staff, and even the community at large. One administrator said, “Our agency has had a difficult time breaking barriers and dismantling the "old-time" beliefs that parks and recreation are just fun and games and sports.”

Sharing Their Success Stories...

Another common theme within the additional comments was the sharing of successful programs and experiences or simply to relay that currently they are “very satisfied” with their health partnerships (N=49). Many emphasized that developing relationships and high quality partnerships “often take time to cultivate” and that, while not all partnerships were successful, one good partnership tended to snowball into many partnerships. One reported, “We have been working over the last several years to involve partners in the health of the community in a collective way. Some partners work better with us than others. However, everyone’s goals have been to improve the physical and mental health of our community. The trust level is improving as we "walk the talk" with our partners. The economics of pooling resources is great for everyone involved.”

For many administrators, the development of a few led to the development of a united council or formal group, which provided more opportunities for collaborative efforts and an increased ability to receive funding. Similarly, several suggested that long term involvement allows for the development of experience, working relationships, creating “buy-in,” and other characteristics that are necessary for success. Many of the ideas expressed in these success stories are articulated by the following comment:

“Our agency has been a leader in partnership initiatives for almost two decades. We feel strongly that partnerships are more work to maintain success, but the benefits, perceived and real, are well worth it. We have leveraged partnerships in order to provide significantly increased services levels within our community and established huge advocacy for overall programs and facilities based on partnerships, performance, and close working relationships. We have found that, like in most communities,
relationships, whether personal, formal, or informal are how most things get accomplished. This is particularly true in smaller communities.”

The Importance of Partnerships…

In tandem with relaying experiences with successful partnerships, some participants emphasized the importance of partnering in order to achieve the health related goals of the organization (N = 27). For some this was because from the perspective of the agency, “without partnerships, [their] effectiveness would be significantly diminished.” Similarly, many advocated that “the Parks and Recreation industry recognize the importance of our involvement in this important health promotion message.” Many comments agreed with one who wrote, “This is the future of our health promotion. Cooperative groups forming partnerships must work together to obtain success. Having partnerships, but depending on one agency to ‘do it all’ will not work. Let’s all work together.”

Advice for Other Professionals…

Finally, some administrators took the opportunity to give advice about health partnerships for those in the earlier stages (N=16). Several stressed the importance of establishing (in writing) clear goals and objectives as well as the responsibilities or each partner at the time the relationship is established in order to avoid “turf” issues, miscommunication, and overly narrow focus. For example, one commented that “All partners need to be equal, and all must feel the "win." Clear specific goals and objectives are the most important element of a successful partnership so that the focus is on the goal and not what someone is getting out if it.” Additionally, respondents suggested that, as park and recreation professionals, it is important to be proactive, creative, dedicated, and to market the public sector as playing an important role in community health.

Comparative and Predictive Analyses

A final objective of this study was to determine if there were certain characteristics that defined or explained health partnership participation and the perceived effectiveness of existing health partnerships. What follows is a brief overview of those characteristics that were significantly related to health partnership participation and effectiveness. It should be noted that only a few characteristics separated partnership participants/non-participants and effective/ineffective partnerships.

Correlates of Health Partnership Participation

- Agencies serving larger populations and agencies from the southern NRPA regions were more likely to feel that their organization benefited from the NRPA Step Up to Health initiative.
• Respondents who were more likely to note that their agency provided a variety of individual and community benefits were more likely to be participants of health partnerships.

• Organizations that provided aquatic, fitness, special events, or age-specific programs were more likely to participate in health partnership(s).

• Organizations that had trails/greenways, multi-purpose recreation centers, outdoor courts and outdoor aquatic facilities were more likely to be health partnership participants.

• Organizations that provided parks and playgrounds were not more likely to participate in health partnerships.

• Organizations with larger operating budgets and larger populations were more likely to participate in health partnerships.

**Correlates of Health Partnership Effectiveness and Satisfaction**

• Non-profit organizations were more likely than state/federal parks and forest agencies to indicate that health partnerships improved their image and enhanced funding opportunities.

• Agencies that participated in multiple health partnerships were more satisfied with their partnerships (opposed to those participating in only one partnership).

• However, the number of health partnerships was not indicative of perceived overall partnership effectiveness.

• Agencies who said that they had benefited from NRPA’s Step Up to Health Initiative were more likely to be more satisfied with their partnerships, but were no more or less likely to indicate that their partnerships were effective.

• Organizations who conducted evaluations of their health partnerships were more likely to perceive them as being more effective and were generally more satisfied with their partnership activities. Moreover, organizations who evaluated their partnerships were also more likely to exhibit characteristics of successful partnerships (e.g., trust, partnership support, recognized need, etc.).

• Of those partnership characteristics, “there is a lot of trust between our partners” and “the administrative support from our respective partners has been strong” were the key contributors to perceived overall health partnership effectiveness.

• Those whose partnerships included structured guidelines and formal agreements were also more likely to evaluate the success or failures of their health partnerships.
Part Four:
Conclusions and Recommendations for Health Partnership Practices

The data collected from these studies provide a baseline from which to evaluate the growth and success of future park and recreation health partnership initiatives across the nation. NRPA is encouraged to continue their evaluation and support of local, state, and national health partnership initiatives. From this research, it appears that health partnerships are well established and well received across most recreation and park organizations, particularly at the local/municipal level. Increasingly, professionals are pursuing health partnerships and are using a variety of mechanisms, particularly programmatic, to promote active lifestyles. Most organizations were experienced collaborators. While the larger and more urban recreation and park agencies are most likely to engage in health partnerships, there was a strong interest in growing health partnerships from the smaller suburban and more rural populations.

Current health partnerships within the recreation and park profession are characterized by a high level of trust and a clear recognition of the problem (e.g., obesity, physical inactivity). However, there were concerns about partnership equity, sustainability, and inclusiveness. Moreover, few health partnerships had any sort of evaluation tied to them, making it difficult for participants to know and communicate the merits of their efforts to a broader audience. Another concern raised by partnership non-participants was the difficulty in doing the “front work” and gathering the resources to initiate health partnerships.

Based on these results, several strategies and actions to promote more (and more effective) health partnerships could be pursued…

- Encourage state park and recreation associations (?) to establish seed funding that encourages development of health partnership programs and initiatives in their state. Several states are already providing these resources on a competitive basis and this strategy may serve to jump-start new or fledging partnerships.

- Nationally provide a resource guide that can be distributed to health organizations (e.g., state health departments, non-profits, medical associations) that educates them on the background, purpose, and capacity of the recreation and parks profession. Such a tactic may further position the profession as a player in improving the nation’s physical and mental health status.
• Develop and promote a range of evaluation tools to demonstrate the merits and challenges of specific partnerships. Ensure that partnership resources are directed toward those agencies that conduct evaluations.

• Continue on-going partnership training efforts and publications that are designed for promoting health partnerships to board members, commissioners, and elected officials.

• To ensure more sustainable partnerships, it may be necessary to branch out from the current emphasis on programmatic approaches. Health partnerships should expand their activities into policy efforts and environmental changes. In particular the park and recreation field should proactively consider partnerships involving transportation and planning issues. Moreover, the current focus of many partnerships is on obesity and physical activity. Future health partnerships might consider the role of park and recreation services/facilities in addressing more psychological or sociological community needs (e.g., mental health, stress management, etc.)

• Utilize current study statistics as a baseline to evaluate future health partnership growth, content, and effectiveness. Revisit this evaluation five years in the future to determine gains and gaps in health partnership practice and policies.

The key findings and recommendations highlighted in this study report represent an early step in understanding and leveraging the park and recreation profession as a major partner in promoting physical activity and health. As these types of health collaborations increase, formal partnership evaluations and more equitable sharing of partner resources will be paramount. A key litmus test for health partnerships within the park and recreation profession will be increased levels of physical activity and health in partnership communities.

More information on this study and on NRPA’s National Partnerships may be obtained at the following website:  http://www.nrpa.org/partnerprograms
Appendix A.

Transcript of Key Informant Interviews with Health Partnership Participants
Full Transcript of Health Partnership Telephone Interviews

1.) First, is your recreation and park agency/organization involved with the physical activity, health, and wellness agenda?

_Utah:_

We are to a limited extent, but not to the extent we used to be at one time. Things have been kind of scaled back, cut back due to funding, restructuring; going to other courses or other avenues to do things a little bit differently.

_Texas:_

The parks and recreation is innately geared toward, one of the missions is to ensure the health and safety of the residents of our community. So, as part of our program development, that is a specific goal for us to address within our organization. So that’s one way.

_Pennsylvania:_

Well, we are a parks and recreation facility, so in addition to providing recreation or educational programs of course we’re very interested in physical activity and health and fitness because that is what makes people want to come our and enjoy the parks.

_Oregon:_

I think our organization has always felt that we are a health organization. We’re really more on the preventative side versus what you may traditionally call a health agency like a medical community, which does do preventative educational programs, but generally gets involved in the treatment end of it.

_South Dakota:_

About 6 years ago we started really focusing on looking at state parks as being the largest wellness centers in the state. And of course, that has influenced our decision making in terms of collaboration and grant writing and all of that, and what we offer as programs.

_Indiana:_

Ok, we’re parks and recreation. We’re here to promote healthy lifestyles for our residents…we have a mission statement if you’d like to know that. The primary goal with Munster Parks and recreation is to maintain quality parks, facilities, open natural spaces, education and recreation programs and services, which will enhance the physical, social, and emotional well being of all the citizens of Munster…we’ve always been involved with that [promoting health and healthy lifestyles] in our programming and also in our facilities.

_Washington:_

Sure, my title is events and marketing supervisor and I work for the parks, recreation, and cultural arts department for the City of Lynnwood. Lynnwood is a city of approximately 35,000 residents 10 miles north of Seattle.

We are [involved with health and wellness agenda] in that a lot of the programs we do are fitness programs.
It’s [health] basically more to what kind of things we will provide for culture/leisure, esthetic needs, being able to provide a healthy environ in which to live, work and play. So our current mission statement does not specifically say health and wellness, but I think that is central to what we do, and we are now in the process of discussing what does health and wellness mean for us, are we really going to focus on the physical side, or do we also need to focus on nutrition. And we are incorporating some of those nutrition standards to some of our programs in which we provide food, and we have within our recreation classes we offer cooking class, for our seniors, we offer a lot for food at our senior programs, so we are discussing what is our role and responsibility to provide nutritious food at our programs and events. We have a lot of volunteer events, and we are reevaluating if it is really appropriate for us to provide pizza and soda to those who show up to our events. Our last event, we still provided pizza but we didn’t provide soda, we only provided water. So we are in the middle of trying to determine what our role with respect to nutrition is.

Note: All the other states worked off the assumption that yes, they are.

2.) Tell me a little more about how your agency is involved with this agenda. How did these programs/initiatives/policies get started? Were these new programs or modifications/repackaging of your existing offerings?

Utah:

Oh, back in the early 90s, the City of Orem hired a wellness manager to work here at the Orem Fitness Center. I guess I ought to preface this by saying I work at the Orem Fitness Center. This facility provides all the recreation, wellness, fitness programs that we offer to residents in the area. This is a 94,000 square foot facility – well we just had an expansion so we’re about 110,000 square feet right now. We have an Olympic-sized pool, two full-sized basketball courts, 14 racquetball courts, indoor track, Jacuzzis, saunas, a large number of pieces of cardio equipment and we probably offer, between our adults, youth, the fitness center programs, inside, programs outside the facility, probably well over 100 programs different programs; outside the facility, all age groups of kids from 6 months old on up to senior citizens. So that’s a little bit about my background of where I’m coming from. Specific wellness types of things, is that what we’re looking at right now?

I guess as a recreation professional we look at any kind of a program that we offer as a health and wellness thing. But specific wellness types of programs…We began, back in the early 90s offering probably fitness evaluations, nutrition evaluations to people that were interested to help them get started exercising, becoming active, changing their lifestyle from sedentary to something that is going to increase their lifespan over who knows how many years.

Connecticut:

Well, about a year ago, we put together a community committee of about 11 or 12 people. And they met periodically throughout 2005 and at the end of their sessions, which ended in December; there was a long-range report that was put together. Now that report is on the West Hartford website, so it’s www.west-hartford.com. And on it, you and look at that, what we developed was a long-range plan. It’s about 66 pages long. In it the health component was a pretty important piece of it. Now where some of that came from was prior involvement with the National Recreation and Parks Association.

Right, and that’s really where it started. The healthy lifestyle initiative, which I had gone to some of their sessions both at a local level and a national level, was what prompted that, but as we got into our research last fall, we realized because of a variety of reasons including the baby boomers coming on board here in the next few years, that the whole idea of healthy lifestyles, doesn’t just mean young people working out, but also older people trying to keep themselves in better shape. So you’ll see we went ahead and you’ll see in that report, we went ahead and actually changed our mission statement to address that particular issue. [And that committee that came up with that was a combination of city administrators and community leaders].

33
The first thing we did, as you can see in the report is that we’ve changed our mission statement. The second thing we did is the department of what would be called human services, which is our social services division among other things, was brought over to our department, so we are no longer just the department of leisure services, we are now the department of human and leisure services. In doing that we are in the process of trying to get a couple of job descriptions approved, but we’re creating two division level manager positions. One that would be in charge of the whole area of healthy lifestyles and another one in terms of community partnerships. So we’re moving in that direction.

I’ll be very truthful with you. This long-range plan helped us sell the concept and the idea and gave us a direction for the future. So far I have gotten significant support locally for the things that we’re doing in both those areas.

I think it was the long-range plan that really did it and the community involvement. Those two things really made a difference.

Well, no, it was a combination [of ways that community members got involved]. What we didn’t want was just people who were supportive of our programs. We wanted people who had no contact with our programs as well. The group was made up of some people with a financial background, some people with a diverse community background, some people who had never touched our services and others that were involved in our programs.

If I were to do it again [recruit from the community for participation in the council], I would do it a little differently. What we did was we took about four of us in town here that had contacts with key leaders, and we actually asked them to be involved with the committee. We did not seek out or put an advertisement in the paper saying look we’re going to be doing this, would you be interested in assisting us? That is certainly another way of going about it. We wanted to complete this within a reasonable timeline, so we did not do that, but quite honestly, I think that would be another way of gaining members. The reality of it is, we wanted key people that we knew were committed to public service and the community, I should say community more than public service, and we wanted their input. And these were leaders within the community. So yea, we kind of hand-picked people, but we hand-picked them with a variety of different backgrounds.

Texas:

It’s included in our mission statement. Yes. The other way is that we were also…I’m with the senior community services division within the department, one of several divisions. We were approached by…actually through the University of Texas, they were doing a project where they were selecting…It was an obesity grant, for our community to develop a plan that would address obesity issues, not just for the elderly, but for the general community and also the youth. So that was the second way we got involved most recently in direct health issues, through the obesity grant, and from there has stemmed the most direct partnership with other health organizations in the community.

I’d say probably within the last five years [we’ve really started to push or prioritize health] because we’ve been reviewing our strategic development plan for the department within the last five years and just this year, we’ve been working with…we’ve had two in service or retreat days where we’ve specifically addressed the direction of the department and where we’re going in terms of accomplishing the mission and the goals, and that’s how we’ve been revised most recently, has been this year.

Not all [health programs have been] brand new. There have been program enhancements to existing and there has been a concerted effort to develop new projects in area of obesity, not just education-wise, but also in offering more programs specifically targeting individuals that may not know about healthy lifestyles and so were trying to develop project that would encourage participation and we’ve got incentive programs and things for the children or the youth in our summer programs as well as those attending recreation programs trying to educate the public about the services or the programs that we are offering directly to address that. And I’m sure you’re familiar with our high incidence rates of diabetes in this area.
And so that is basically and in hand. The obesity and diabetes are a big emphasis right now in our area. And that’s how we’re working with that grant specifically to try and address those issues and...how they’re so inter-related.

Pennsylvania:

It’s always been a part of our mission. We’ve been more focused on it lately with some of the issues that keep appearing. There’s more evidence of childhood obesity and just overall the health issues for Americans. And we’ve been part of the Keystone Active Zone since they started offering it to the other counties in Pennsylvania and we’re very interested in promoting that program as much as we can.

It was me and also my executive director, Bill Simmel [who first heard about the Keystone Active Zone program]. We had heard about it, I think it was at our conference, not this past March, but the one before that in 2005 [in Hershey].

Exactly, [when we heard about it, it resonated because we were already aware of the issues behind it], and I was hearing more and more about it. And that was the first time I had ever heard about the program. And after talking to my executive director, he was very interested in the program. Although he couldn’t run with it, he wanted me to take and continue it for our county. So then we started putting together a partnership. I know I’m kind of running ahead, but that’s kind of how we began with it.

Oregon:

It is [part of our mission statement], we actually have part of our mission statement that we are to enhance the vitality of our community by promoting healthy lifestyles.

Absolutely [that has always been a part of our mission statement.] It’s really in everything that we do. All the programming, all the facilities that we create are all directed to getting people out, active, interacting, to...help give them the opportunity, that support to be physically active and stimulate themselves mentally and physically.

Absolutely [that has always been a priority of our organization]. I think probably the thing that has geared us in that direction was...Our particular agency was one of the original groups that brought the whole benefits of parks and recreation to the U.S. from Canada. We really believe in that philosophy and if you look at the various benefits statements, they are definitely geared toward healthy lifestyles.

We applied [for a grant]...this committee, which is part of Central Oregon Health Council, which is a formation of a wide variety of agencies in our community, they basically got together this little sub-committee and made this application. And was kind of created through contributions made by Kaiser, Perm, & Eddie, Care Oregon, Pacific Source, which is a health care provider, and Northwest Health Foundation. But it is specifically geared toward basically improving facilities or opportunities to help kids be more active, so this money is primarily going to go toward improving the walking and biking opportunities around a certain area in town that will further connect our trail system and things like that. And not only help kid walk or bike to and from schools, it will connect them to the larger trail system too and help maybe improve some of those areas that we have gaps in.

South Dakota:

[That is part of our mission as an organization.] We do a lot [of specific programs or initiatives that are specifically targeted at health and wellness] actually, so I’m kind of of not knowing where to start. But we have what we call “walk in the parks”, and we have a series of the. We do them jointly with the department of health. They don’t have staff or facilities to handle having hikes and leading them, and we do, but we don’t have much funding for the extras, so for like binoculars or nature knapsacks or mile pins that we give out to people, so they provide us with those items and then we actually lead and do them. So that is just one element, but I could talk about the GPS units, disc golf courses...the list is really long.
I can [give some history as to how a focus on health began]. I started here 7 years ago in the division of parks and recreation and about 6 years ago a really good friend of mine started in the department of health. And so we spent a lot of time on the road together talking and so it kind of evolved from there, saying you know what…and so we started brainstorming and about that same time the department of health was getting some grants in and we were in need, and one of the real advantages the department of health has in working with us is we’re statewide, so we’re not just one school in one community, we’re not just one city. We are statewide, so when they fund us, we really can maximize the dollars that they have.

Indiana:

I think just because it has become a priority nationally that we’ve been looking for more partnerships. We do, as we go through this interview you’ll see that we do a lot already, but we’re probably looking to increase it more.

We’ve probably done more programming since I arrived. I’ve been here 4 years. They decided to add an additional staff member and it’s allowed us to do a lot more programming than we have in the past. That’s overall, though, it’s not just for health.

[Was there anything specific like an internal decision or initiative? Did it slowly start to happen over time?] Just slowly. We know that it’s important. I have attended some…parks and recreation has made it more of an issue and we had some initiatives like Step Up to Health. I’ve attended some of those workshops. I also, when I came here was in charge of our senior members, so I saw a definite need there to do things wholly for them.

We do both [start new programs or re-package existing programs]…we have lots of new programs that we try every season. We have three seasonal brochures that come out and we always try to make it half continuing things that we are doing well and then add new things.

We did [initiate a series of health classes.] Sometimes we’ll have someone call us and say, I want to do a class on this, and then we follow up with that, but most of the time that’s our job. I am a superintendent of recreation. I have three site supervisors below me and they are programmers.

Massachusetts:

Oh, sure, in the Spring of 2005 I attended one of the Step Up to Health workshops that was offered in Connecticut. At that point they were doing them in person only, not online. After leaving that I felt strongly that our department would be a great candidate to join the move for the Step Up to Health initiatives and when I came back to Brookline, at that time, I said the first person I would call would be the health department, we have a very active and large health department that does a lot of community outreach, and when I did speak to them, the town was in the process of celebrating it’s 300th birthday, so there were a lot of initiatives in the department going on just to recognize the birthday, and the health department had created a fitness directory, and their contribution to celebrating the birthday, so from that we had already had a whole directory of all of the agencies in town that offered fitness in some way shape or form, whether it was yoga, personal training one on one, if it was weight loss, anything like that if it was offered to the public, public or private agencies were all in one place.

So the health department and I got together and we looked at the criteria for becoming a Step Up to Health agency and we held a forum and we invited all of the agencies from the directory to come. So it included fitness centers and all the different dance studios. It included the athletic department, the recreation department, the council on aging, all of the different town sponsored agencies that offer community things. We had a forum and we asked them what they thought about the idea of initiating more health-driven promotions throughout the town to get people moving, and they were all very for it. No one was looking to see who would make more money. It wasn’t a competition thing. Everyone was just at the table to say, let’s get everybody going. So from that we decided to incorporate…The whole initiative for our event was going to be during National Public Health Week. And we called our programs, instead
of just calling ourselves a Step us to Health agency or department, we renamed it and it’s called “Brookline on the Move” and we now have 26 partners who are public and private agencies that are part of the Brookline on the Move campaign. We had free open house during the entire week of Public Health Week, which was in April where each partner of the initiative had to offer a minimum of three free opportunities at their facilities throughout the week. Most places offered three or more each day, so that people were able to go in and sample different things before they paid large amounts of money for memberships that they wouldn’t stick to and they were able to go in and sample classes.

We had anything from ballroom dancing to yoga, to…you could go in and do the circuit at a physical fitness place. We had things at our golf course. We had golf lessons. We had swim time, our aqua-aerobic classes open and then there were things for children as well…as well as at the high school we had dance classes at the high school that were available through the performing arts. We have a couple of the preschool programs that do alphabet fitness and movement for children, so they were able to go in and try some classes through that. We also had a couple of places where they were more one on one trainers, where they offered free workshops where people could come in and listen to how you can take that step and introduce physical activity in to your life, where it wouldn’t be overwhelming…it could be as easy as taking a 20 minute walk three times a week during lunch just to get your self going and really absorbing it into your lifestyle, so there was really a variety of all of that and I can give you our website link that would describe everything that we had, that has the calendar of Brookline on the Move. So from that we took the pros and cons of how well the National Public Health Week went and from that our next step was we wanted to do a physical fitness challenge and before we opened it up to the community to have all the public go, we’re actually right now in the middle of our pilot program.

We are piloting our program with our employees, and right now we have over 350 school and town employees that are in team based activities, with between 8, 9, and 10 people on a team and they are competing each week to see who can move the most minutes. It’s not during work, but it’s a work initiative, and it’s a 10 week fitness challenge, and what we’re hoping to do is that after this we will be able to introduce it to the community that people can become Brookline on the Move members and they would then all incorporate more physical fitness and healthy lifestyles into their daily life and routines. So we do that as part of a large town wide initiative that we’re working on right now. In terms of the department and what we’re doing, we’ve been trying to mirror the wellness policies that the schools now have to follow in terms of snacks and food lunches, so we’ve been incorporating those types of healthy initiatives into our programs when we provide snacks and lunches and giveaways for our after school program, our early education programs, our special events, our dances, our snack machines. We’ve really been trying to focus more on healthy choices, so obviously there are still the candies and the chips and things as choice, but we’re now adding healthier choices, so that at least the kids have that option...as well as the adults...even with our soda machines. So we are incorporating it into our individual programs as well.

[We initiated that group. There wasn’t any of that going on before.] The only thing that was in place already was the health department had collected all of the agencies in town and created this directory, but prior to me attending the Step Up to Health initiative it was not even on the table.

[When we approached them,] they were very open; they were very excited about it because they are very aware of the effects of obesity for children all the way through adults. So as a health department they were aware of it and have been following it in terms of trying to do one day workshops, or sending out bulletins to the public about it, but there was nothing formalized.

We have a link to the recreation department, and link to the human resources, a link to the health department, then we have a link to our Minutes in Motion. And then we have a resources link, which is different types of resources that we have listed whether it is just a link to the Blue Cross/Blue Shield or we’ve had different things listed like places like Stop and Shop, I never knew this, but Stop and Shop has a great ideas/healthy ideas link on their webpage that gives you ideas for better cooking and things like that, so we’ve been adding links like that. We haven’t approached Stop and Shop to be a partner or anything like that, but when we come across anything that we think would be useful in our initiative, we
include it. [We are providing the participant with information and education as well as the actual physical programs.] Yes

Ohio:

Well, it was basically by project. I don’t think overall we have a direct tie or an on-going tie to any kind of health agency, but when projects present themselves that seem like a good match, we basically try to put that kind of a deal together.

It’s [health and wellness] not in the mission statement, but it definitely is a subgroup…is definitely a good fit from a standpoint of trying to bring in sponsors or partners in initiatives where…because we have facilities and places where people can do health related things, it’s good to bring in another partner that might also see the advantages of that.

[So in relation to health and wellness, it’s not like you have a specific mission, but just as the projects come up?] Right, certainly knowing that somebody would have a goal of health or wellness, we have the venue for that a lot of the time, so matching those two…a need and a want kind of a thing together with the facilities that we have makes a lot of sense.

California:

Five years ago when the obesity crisis was kind of coming to the forefront…even though we all knew about it. It was finally getting national attention. It was getting attention everywhere and we’re going, well as parks and recreation people…let’s make this our thing. Let’s do something because the health department can’t do it by themselves, and they’re not doing a very good job, god bless them, because they’re trying to do it themselves and they’re not connecting the community and where parks have always been that community connection, it made sense that we became the focal point in communities, where we would bring health and wellness activities and things to the community through the health department. It was kind of a natural fit…so we just started…I was downtown at the time and I had a lot of the connections because I’ve always worked a little bit out of the box and I said, well listen, I have connections with the health department because we’ve already done these kind of things, just not on a mass scale. We’ve done these kinds of things…We have 134…we have so many more now, like 140 something parks in LA county and each one is separate and unique.

I’ve been a supervisor at parks to a manager that’s moving up the chain. I said we’ve always done these kind of things with partners in our community. Let’s do it on the county level to get a little bit more attention and make the county just understand that we’ve always done this and let’s get a new name on it and a new title, and let’s market it different. And what happened? Healthy Parks was developed. And we did informational sheets with outcomes being weight-loss and just community connections and blah, blah, blah. And with the connections that we had with the Health Department, we kind of started off at the beginning where we started training staff. Our whole idea was if we’re going to be moving in the health movements and our recreation staff don’t really have a lot of health experience…they’re rec-ies…They can run tournaments and do things and maybe have a little general knowledge of some stuff, but a lot of them weren’t in the best shape themselves. So we’re starting as Healthy Parks program where we’re trying to add a physical fitness component to everything we do. So that became our mantra. We’re not going to make any new programs, per se, but many new programs evolved because of our new outlook with health and wellness.

We have an after school programs, what we did is we mandated every park, that any program after 3 hours needed to have a least half an hour of vigorous physical activity as part of the program. We had all started because of the computers and stuff and because of the kids not doing well in school…We became tutors, so kids would come to our parks after school, but we became tutoring sessions, and we dropped the ball as well. Because it was about scores now, huh? People didn’t want their kids going to the parks and just playing after school, they wanted their kids going to the parks instead of going to the schools, but they still wanted us to concentrate on schoolwork. So we all were part of the issue. So we did that as well…
So our first event, about 4 years ago now, was our healthy...our event at LA coliseum where we brought in legislators from all over the county, people from all over the state and we used the area as a media event to kind of say this is what we’re doing. LA county parks and recreation is taking the lead to help fight obesity issues in LA county. So we got kind of the kudos, good job. And health department director was on the stage with our director and directors from all over the other cities’ parks and recreation, legislatures, a couple of senators. Then we had Gayle Deavers as one of our keynote speakers. We kind of got a big media event. You know how that is, you need to do that to get your name out there like you’re doing the right thing. So we had coverage on channel 4...coverage on the news and blah, blah, blah.

And then from that day forward, our director mandated like I said, the 30 minutes of vigorous physical activity and then all of a sudden the nutrition component. When we get those kids after school, we also started talking to them about nutrition and what they should be eating. We started working with the kids about not bringing the bad snacks to after school. We didn’t ourselves start providing those anymore even though it was cheaper to give them the junk. We started setting the example, so it was kind of...we couldn’t make our staff do that because it wasn’t mandated anywhere. It wasn’t a county rule or anything that you had to provide healthy snacks. We just started doing it.

And as we started educating our staff on the importance of nutrition and physical activity, they started making their own personal changes. We educated them. Our health department came in and talked to our staff about obesity, talked to them about diabetes, any kind of important topic, because we wanted to give our staff in the field – these are the line staff doing the programs out in South Central or in Watts or in Lancaster, in the middle of the desert, we had to give our staff some tools to be able to answer some of these questions and know what to do when kids and families came to them with overweight issues. So we started empowering them with a little bit more knowledge and our health department of course was the ones to give us that. We weren’t those people, but our whole thing with them is...listen, we’ll be your best partner. We’ll do the things that you’re mandated to do through our recreation centers.

… We talk to our little league people...We’ve got 12 million people who come to LA county parks in a year. That’s reaching a lot of people, so if we stop having sodas and we stop doing that stuff. We talk to coaches about the importance of nutrition. Instead of giving the kids after they finish a game a Coke and a candy bar, how about giving them some water and some granola bars? Is that making a difference? Yes. And what happens? You start changing those kinds of values in people and the parents start getting into it and they go oh my goodness, I didn’t know...and what happens? The ball starts rolling and you start making a difference even if it’s a small one. When I was brought downtown to further this program, They called me the food police downtown at our executive office and I never told anybody about anything. But what happened? Doughnuts started disappearing. People started thinking about what kinds of things they bring. We just passed the LA county food policy just 3 months ago with the board of supervisors. The first one in the county. We’re the largest county in the country and now they’re doing that. So what happens? Political change occurs after you start the ball in motion and you start laying the foundation and you’ve already talked to people about it. Then it goes up the chain and all of a sudden if you’ve already got the baseline support. You’re not going to have people rioting because now they already know this is good. So what happens? Now the change becomes mandated, which means all the meetings...50% healthy choices and next year it’s 75% and blah, blah, blah. So the kind of stuff we did helped to further political change later on.

Colorado:

We’re a municipal government, a city of about 145,000 people in the outskirts of Denver, so really within the Denver Metro area. And we provide a wide variety...we have four full use recreation centers that are one in each quadrant of the city of Lakewood and each of the recreation centers has both wet and dry sides, so there is a pool, and there is also indoor workout facilities at each rec center, so we have... Every rec center has a circuit line of equipment plus free weight area, plus cardio machines and then in addition to that, at each rec center we offer both wet and dry aqua exercise classes. We have a fairly large population of older adults who utilize our recreation centers. We have a pretty large population of people who are over 60 in the city and I’m trying to think what it is right now. It might be something like...
think it’s about 16 percent right now and we’re expecting that to continue to go up obviously with the baby boomers aging. So we do everything from tai chi, yoga, weight training, aerobics, spinning or cycling and then we also do outdoor adventure exercise programs also.

Well, it’s [getting involved with the health and wellness agenda] sort of been something that happened over a long period of time. It’s sort of a recreation agency kind of a… in the public sector, it’s been kind of a transition in our sector, because as the public has become more and more willing to fund, through taxpayer dollars, having these amenities as a part of their public facilities, the recreation center itself has sort of evolved. When the first recreation centers were built in the state of Colorado, they had very small…it was more Athletically based, gym space, racquetball space, running track and there was equipment, but it was on a much smaller scale. And as time has passed, it’s just sort of developed, in the state of Colorado anyway, it’s developed into a large…we serve a large, large base of the population with our centers and I think probably it was sometime in the 70s when…I guess maybe Jazzercise might have been one of the first things, you know organized group exercise that kind of started, because we used to rent space, way back in the day, when I was kind of starting my career, we used to rent space to those sorts of organizations who sort of did their own templated exercise programs, so that’s the first thing I remember…jazzercise and then eventually the thinking was well, we can do that kind of thing, too, and probably do it cheaper. So over time we’ve just sort of gone through a whole evolution.

[It wasn’t like someone in administration created an initiative or policy, it just kind of evolved as to what people wanted or needed.] Yea.

We’ve done a variety of programs over the years. So things have evolved with the programs we offer in terms of what kinds of partnerships we can get, what kinds of support we can get from the community.

Absolutely [there is more demand for health related programs]. Healthcare is changing. There is way more demand now. Healthcare is very expensive for people, especially as they get older and I feel like our purpose should be to fill these gaps in healthcare and in the community whatever they may be. One of the things that happened in recreation many years ago…probably 17 or 18 years ago, public recreation agencies started to do childcare and now that’s become a whole new component of our field, which is before and after school childcare as well as actual day care. So I think just as communities…as we hear the problems that communities have, we try to fill gaps for people and one of those gaps right now is huge, it’s this healthcare gap where people can’t afford what they really need and so they end up at our recreation centers looking for…to stay healthy so they don’t have to end up at the doctor taking a lot of medicine and all that sort of thing.

It’s [health and wellness] not actually [part of our mission statement], but our mission statement is extremely broad so it’s encompassed within our core purpose, but it’s not actually in the statement. [It’s more of something that we have found a need for on a practical level.] Exactly.

Washington:

Sure, well from a basic standpoint, part of our mission is to provide activities for our customers that are geared at making them well individuals. So the kinds of programs that we support or that we run, which support being physically active are swimming lessons, particularly those levels of our swimming lessons that are at a competitive level, or designed specifically for maintaining or achieving a fitness level. We have an adult master swim team that is both competitive in nature and designed to maintain physical fitness. We have water aerobics classes that range in movement from water walking to water running, to aerobic exercise in the water. We have a gym, so we support physical fitness through cardiovascular activities on treadmills, bikes, Stairmasters, elliptical machines, plus resistance training, other physical activities like racquetball courts. And we have fitness programs like yoga, Tae Kwan Doe, aerobics. So we offer a variety of recreation programs through our recreation center and support athletic programs, with softball leagues and we run a gym that has open gym for basketball, volleyball and pickle-ball.
Through our senior programs we also do walking club hiking club, walking club. Our outdoor programs include with cross-country skiing, snow shoeing. We run a full parks and recreation program that offer physical fitness activities.

I would say that the majority of our programs/efforts are through programs, however our youth programs supervisor is well-connected in our community with the school district and was on the organizing group that had to define what the nutritional/eating standards in the schools, and she’s adopted the same eating standards for the snacks that they serve for the after school program. We have an after school program, we have a camp program and a lot of our programs for the 21st century grant students which fall below a certain percentage of income. So there are elements of our youth programs that involve education as well.

I would say that parks and recreation in general has always had its eye on physical fitness. That’s a long tradition in our field because recreation activities tend to be seen as physical fitness activities, even though we also have a lot of cultural arts activities as well. I would say that the youthful obesity awareness has been taking root for about 5 years. In slow measure we have been adding educational measures to our youth programs, from a philosophical standpoint we have been discussing what our vending machines should carry, and what role do we have a role in marketing to our customers about what it means to be a healthy individual. We are very good about promoting physical addressing physical fitness side of things; we are in the beginning stages of exploring how do nutrition and wellness and being wholly well as an individual fit with our mission and who we are as parks and recreation professionals.

We have offered new programs because of the youth obesity, for example there is a program in our county that’s called Get Moving’ and this program was started through the county parks dept in partnership with the YMCA, the boys and girls club, and several city parks and recreation depts. To offer a program that educated, supported, and provided an incentive for the kids to remain active during the summer months of their school break. A year ago, our city, as well as several other cities, joined into that program and hosted a kickoff event specific to our region, and there were booths and venders and information there that address health and nutrition.

**What kinds of specific health or wellness issues have you addressed (e.g., general PA, obesity, hypertensions, etc.)?**

_Utah:_

[Arthritis, physical activity, nutrition]

_Connecticut:_

It’s pretty much a wellness concept. What can we do as a town, city, department to help promote healthy lifestyles within the community? And right now one of my programs supervisors is working very closely with the board of education’s health advisory group and from an education standpoint they’re dealing pretty heavily with the issue of child obesity, so he’s involved with that. What we’re saying is, let’s not just make child obesity a classroom educational issue, let’s deal with it from a community perspective, and they’re kind of buying into that, slowly, but they are buying into it.

_Texas:_

Obesity is specifically, in terms of the partnership we have with other health organizations, like hospitals, the Texas Agricultural Extension agency, and other partners that we have in the community. So that is one focus and then…for general health and wellness is a core service through the department. Does that make sense?

_Pennsylvania:_
More wellness in general. Just because of the type of facility we are, we don’t hit any particular age group, so we try to offer programs for every age group. In addition we try to help promote health and fitness for whatever age you are. I know that was kind of general…

Oregon:

We have been sitting on a local committee here, the Alliance for the Promotion of Physical Activity and Nutrition, the Healthy Active Central Oregon is what it’s called. And we have had staff sitting on that committee and we have just received a grant to help kind of direct things more toward the epidemic of obesity in young children, even though that has always been an underlying agenda for us with all of our youth programs, we incorporate everything from having healthy food on our overnight trips, things like that especially with youth… And we promote it through our fitness programs and just the physical activity of our sports programs.

South Dakota:

We focus on two parts. One is physical activity, trying to enhance that for all age levels and the other is we try to tie some to nutrition and in state Parks that is a little bit more difficult, but one of the things we did is we collaborated on a recipe book, a cook book for outdoors, and we call it “Roughing it Light.” And we…both departments, health and ours combined our recipes, got them from different people, and put them in this recipe book and the department of health provided us with a lot of outdoor cooking equipment like dutch ovens and so then the people who come to our outdoor cooking demonstrations, which by the way we also tie in food safety issues, then would be able to get a recipe book when they leave. And we also have added to that cutting boards from the department of health and spatulas [that people can take home with them]…Yes, and then of course it has South Dakota…healthysouthdakota.gov, because that’s our website and everything that we distribute has that on it, trying to get people focused on going back to that website from the department of health.

Indiana:

It’s more wellness as a whole concept… Not concepts, but class-wise, like just in 2006, new programs that we’ve done…In the fall we did, well let me start with winter/spring. In winter/spring we did a program on help for headaches, oh my aching feet, running basics from start to finish, and in summer we followed it with osteoporosis screening, spinal wellness, improving your memory. This fall we had a class on hormones, last to live yoga, seeing your way to healthy eyes, we had another back class called peak performance.

[So it’s been a series that addresses different issues.] Right, different issues and we’ll get together and talk about 3 or 4 classes that we want to run. Most of these run for free with our partnerships, they may pay for an ad in our brochure and by paying for that add, they get to run their classes for free, and the concept there is that if we run a class for free we’ll have more people come out for it, than if they had to pay.

We set up these classes through different organizations and we just get together and decide what we think would be good. The other thing is that after every one of our classes, not only our health classes, but all of our classes, participants fill out an evaluation and tell us what they want to see and we do a lot of going off of that.

Massachusetts:

Our goal right now is just to get people moving and our hope is that if this initiative continues and people really grasp to it, that it would be able to then branch out and offer different workshops on health specific things. We haven’t gone anywhere near offering diet advice. We haven’t gone into any of that. All it is is showing you how easy it is to add physical activity into your daily life by taking the stairs, by parking farther away from the front door of a building. So we’ve done those small things because we felt like our target audience that we’re trying to get are the people who are couch potatoes, and if we offered them a
ton of information then it would just be overwhelming and then they would just look past it. So we’re just doing some very small steps right now to introduce it with the hopes that someday this could be a very large initiative.

[We want to just introduce things step by step rather than risk overwhelming people.] Right and we also have attended the Massachusetts Healthy Weight Partnership. It’s something that the state sponsors through public health and we did join that partnership and attended one workshop so far and I know they are going to be doing a series of them and they’ve created a listserv on the state level for all of us to throw out questions about what’s been working in your community and what worked well and what didn’t and they on the state level are very aware of this and very interested in partnerships with YMCA and local recreation departments and Boys and Girls Clubs, right up to the senior centers.

Ohio:

With the walking program, with the kits and now Marjorie has kind of morphed the kit thing into…first we had the walking club, but the walking club kind of turned people off, so we made it a walking program and we had I think 3 or 4 thousand people sign up this year. All of the people who actually completed the program, those things are still coming in…the proof that they did the program, those are still coming in, so I don’t know how many out of that 3 or 4 thousand actually finished it, but definitely sort of that overwhelming response to that kind of program and part of the goal to that program, it was in the brochure and other things was health and wellness kinds of things and just saying, here at Cleveland Metro Parks it has great places to enjoy nature, it really talked about how walking is a good way, a low impact way to maintain a healthier lifestyle.

[We focused] A little bit [on specific health issues]. We had a partner…just talking about this walking program, National City actually sponsored that – not a health organization. It had been Medical Mutual in the past, which is a health insurance company, but they passed on it this year, so Nation City had picked it up. But we still brought in….we went back to our friends at Metro Heath at the county hospital here and used a lot of their materials about the benefits of walking in a campaign that we bought on Cannel 3, which is the local NBC affiliate and they did a whole bunch of 10 second spots for us. They ran a couple hundred of them leading up to the push to join the club kind of thing and those were more 10-second health things - did you know that walking was good for you – blah, blah, blah, that kind of stuff. They also backed up that campaign on their website, channel 3 did, with the same kinds of banner ads and look here for more walking information, why walking is good for you kind of stuff. [Our collaborations have focused on walking as a form of physical activity primarily.] Correct.

California:

With childhood obesity, it was because of that issue and the national attention that that became our issue. It was all a timing thing. And we started with that, but then it became about health and wellness in communities. It became everybody, but of course you need to start out somewhere and because the money was getting into childhood obesity, right? So follow the money. That’s where the grants are going to start coming from because everybody is going to get onto this bandwagon pretty soon. What do we do to figure this out? So that’s why we started with childhood obesity.

We don’t focus on them [specific health issues]. We kind of just have that information available and we have information in our parks available when people come in with these kinds of concerns or issues. We can get on the website and show them where to go to, where to find more information. We become that conduit. We become the place where they can come to find information where there’s no cost. There’s no stigma attached. They can come to the park and just walk around the park and get exercise. That’s what we can do for them and it’s not a specific program although we do have a lot of tai chi programs…we’ve started a lot of things that are real different…mommy and me, daddy and me classes, where we encourage families to come and participate together and we kind of do that whole thing, but we’re not addressing any health…because we’re not health experts.
We’re just that place where people can go for exercise and they can go for basic nutrition, they can go for those things and maybe improve the quality of their lives just by coming to our parks. So it’s not about addressing issues...because...I’m sure you got that, because we’re not health...We’re not the health people. We don’t want to give them false information or information that we’re not sure of and we can’t articulate as well as a doctor can about what they should be doing, but how cool is this? How cool is going to a doctor’s office and have them prescribe walking at the park as a prescription? We’re developing those kinds of partnerships. It’s nothing written down, but how cool is that when people can refer to...this is what you can do. If you want to lose weight...exercise. Go to your park and find our what they have for you. And that’s kind of where we’re going. It’s about changes for everybody about health and wellness and what is that stuff, so it’s not just about obesity...and it really became not about that really when you started learning about BMI. Some kids, especially when you’re talking about African American communities or Latino, a little more meat is good in those cultures, so how do you tell somebody who feels they’re good being that weight...they think it’s acceptable, what do you do? You give them information about BMI...it’s about how you are physically in that body you’re carrying that shows you how healthy or not you are. So we had to kind of re-think those kind of areas.

But what happened, we started training our staff and guess what...some of them started losing weight, some of them started doing that because of what we did and we didn’t know that was going to happen. Then we started sending Health information out through email, through our county email tree. I started sending out health information from our health partners because they send me stuff on one of our list-serves and I started sending out that to all our park and rec users. So we had 1500 staff getting my health messages. Guess what...some of those staff came back in 3 months said I started reading the stuff you sent and I made some changes, I started losing weight, oh my gosh, What happened? We get those kinds of things just from sending information out, just from people getting information. But who do health messages usually go to? Health people. They know it. So we were included in that tree and then I started sending it out to people and I get back success stories about what happened to people when they started just reading information, so all we’re basically saying is knowledge is power. We become that conduit. We give people that information. We can’t make them use it, but everything we do at our parks can be supporting it.

**Colorado:**

Well, generally getting people active – just getting people to move and stay healthy – lifestyle changes is really the main focus. However, as we’ve been able to, we’ve tried to focus on particular issues. One thing that we’re doing right now is a physical activity program for kids, middle school kids mostly. And then another thing that we did in the past. We actually continue to do this, but there’s not classes going right now, but we’ve done a fall-proof class with older adults, so trying to prevent people...As they get older they fall more and more often, so that is an issue we’ve addressed. And actually today or tomorrow we’re submitting a grant to the Colorado trust for a cardiac rehab program. So...Oh, another thing that we do is physical therapy, so we have a physical therapy office right in our rec center so people who may transition in and out of therapy depending upon what is going on in their lives.

[We focus on issues as they come up or are needed.] Yes...breast cancer is another...cancer in general. We started with a breast cancer rehab program and now that program has expanded to be a full... for any type of cancer, so we offer that program at our rec centers too, where people get specialize care with a cancer exercise specialist, exercise physiologist to help them...[The program is for] people who actually have cancer.

**Washington:**

I would say [along with the childhood obesity issue we have focused] more on the safety side of things, like getting more bike helmets for the kids, learning to swim/drowning prevention has been big for us. We’ve easily incorporated safety into those programs as well. I don’t think we’ve really addressed HTN or stress management except for perhaps through our adult programming, such as yoga and meditation, which address stress and managing stress.
Are any of these programs discontinued or are they ongoing? If discontinued, why?

Utah:

Not to the extent that they used to be. The wellness manager is no longer here. There was some restructuring. That responsibility is now with our personal trainer that we have on staff and we don’t buy the equipment and a lot of the things that we used to the extent that we had before due to funding issues. And being a taxpayer-based entity with the city, we have to be real careful and the city manager will evaluate things every year. Is it really beneficial, is it not? Let’s get rid of it, let’s keep it. Those kinds of issues come up each year.

Connecticut:

Well, we have a variety of health related programs, what we’re trying to do is repackage them, so that the priority is on the whole idea of community wellness and programs that will elicit healthy lifestyle involvement. One of the things in that plan, you will see a variety of capital improvements that are recommended. One of them happens to be an expansion of walking and hiking and biking trails. And that’s something that will take place over years. It’s not something that is going to happen tomorrow. But we’re in the process of looking at, how can we connect one of our existing trails from the south end all the way up to the center and then up to the North end? The way West Hartford is built up, it’s a very mature community with 61,000 people in 21,000 square miles, so there is not a lot of opportunity and open space. So this is going to be a very tricky way of handling this and it’s going to take a lot of effort and work to be able to acquire the funding and the land to be able to do what we’d like to do. What we would like to do is create a trail system that is not only a walking and running system, but also a biking trail as well. So we’re looking at that and again that may be a little more difficult to accomplish but it was one of the recommendations in that report.

Texas:

They’re ongoing. As a matter of fact, we’ve developed as an extension of the obesity program, there’s also been a development for kind of a pilot project for establishing or creating a wellness program for employees and so this is the first year that we’ve been doing that. The name of the program Corpus Christie in Motion. So the pilot project right now is involving just parks and recreation employee and then based on the progress, whether is a success or not, then we will expand that to other city of Corpus Christie employees, which is approximately 3,000 plus employees, to develop a wellness program within the city.

Pennsylvania:

No they’re still ongoing. We’ve already concluded our first summer of our passport program. From the Keystone Active Zone campaign, we created an activity book for elementary aged school children and we promoted that this past summer in our county. So we’ve just gotten the results back from that. And we are working on looking ahead to next summer’s book. And we are also putting together a map of all our parks and trails in the county. So those are two of the programs we are working on.

Right, exactly [if anything it’s growing in scope since it was first adopted]. We have pretty many school districts in our area, so we only introduced it to three school districts and we’re hoping to expand that into two more school districts this year.

Oregon:

Well, all of our fitness programs that we do, whether those be water or dry land fitness programs, the curriculum and the training that has gone into the instruction of those programs has all been cohesive as
far as mental health as well as physical activity and the promotion of a socialness with all of those activities that helps promote that interaction which we think is vital to everybody’s health and wellness.

For the most part [we’ve tried to promote health through existing programs.] We do have a few…throughout the year we have health fairs where we collect 40 or 50 agencies that are various types of private, public, health care providers and bring them together for everybody to gain additional information. It’s everything from AARP to the arthritis foundation to the medical community to mental health to the county health department. It’s a wide variety of agencies, but they come together at health fairs that we put together and people can then gain information that…also at those fairs there are educational sessions. And then we also have a lifelong learning program, which is a lecture type series that provides information on how to improve your health and incorporate certain things to live a healthier lifestyle.

South Dakota:

I would say it gained momentum in the initial part, and now it’s just roaring straight ahead. Yes [they're ongoing], we’re doing new things all the time, but then we’re dropping other things as we go forward, either things that didn’t work out or time wise they’re not…like we did things with the Lewis and Clark bicentennial with the department of health, well now that that’s over, we don’t do those anymore…so we’re moving on all cylinders right now.

Massachusetts:

No, we’re still continuing with this pilot program and we’re kind of in the middle of it. We are in week 6 right now, so there are about 4 or 5 more weeks left and I think once this program ends and we’re able evaluate it, we’ll be able to know how much of it we’re going to move forward with.

Ohio:

Oh, it’s [participation] terrifically up this year. Like I said…I don’t know how many people completed, I still have to get those numbers from Marjorie, but we had probably about 4300 people sign up for the program as compared to last year we had 80 people…So it just went up exponentially by having the opportunity for advertisement and also this promoted through the company kind of way to deal with or get people to sign up.

Washington:

A lot of our programs are ongoing, you sign up for a session, and we offer sessions multiple times.

I don’t have facts/figures in front of me [regarding what programs have been discontinued], but any program that doesn’t run we’ll give it a shot a couple of times but if we can’t meet our minimum enrollment level we’ll discontinue it. [We focus on what there’s demand for.]

3.) Within the last few years, has your recreation and park organization partnered or collaborated with an outside organization/agency or group to promote health and wellness?

Utah:

Well when the programs first began we partnered with a company called Well Source that provided us the software and the materials we needed to do fitness testing and evaluations for people, the nutritional testing and evaluations to let people know where they stood and how to improve things. We would write fitness programs for them specifically cardio and weight training programs and they could come in here to the fitness center to do those programs for their daily and weekly workouts. The nutritional guides that we
wrote, we don’t have a licensed dietician on staff, so it was more recommendations given to them on how
to change their lifestyle and eating habits, how to make them better. To coincide with that we partnered
with the American Heart Association and the Slim for Life program. Are you familiar with that?

The American Heart Association offers a program called Slim for Life where they have a licensed dietician
or nutritionist come teach classes on nutrition educate people to eat better, what kinds of foods, amounts
of foods, just everything that’s involved to change their eating habits. From what kinds of foods to portion
sizes, what to stay away from, what to increase in their diet as well as encouraging exercise and it was a
12 week course that we offered here at the fitness center, and we’d have someone from the American
Heart Association come in and teach that class and participants could sign up with the American Heart
Association and go through the program.

The software and the programs [For the fitness testing], we got from a company called Well Source. We
had trained people on staff. They help us set up the program and how to work it. And then the trained
people on staff would administer the program to the general public that came in and would request that
information.

I guess more of a vendor relationship. They provided the foundation for us, to help get started. We do
things with the American Arthritis Foundation in providing land aerobic and water aerobic classes for
those who are struggling with arthritis or tendonitis or other things associated with that. We had a short-
lived partnership with Timpanoegos Regional Hospital in the area, where they would come over once a
month and we would have a brown bag lunch. They would discuss things such as new technology that
has come into the field of medicine that’s helping patients. We’d do bone-density tests; we’d do percent
body fat tests. This is for city employees. We’d have them come in and do these types of things - Just
what’s available out there, what they’re offering, because they were new to the area, and they became
one of the healthcare providers for city employees who chose to use their services.

Those are the two big organizations [the arthritis foundation and the AHA] that we’ve done most of stuff
with. Also, the Utah County Health Department. We did some things with them a few years ago.
Employee-wise we’ve done flu shot clinics every year. We still do those. We’ve also done some things
with them here in the fitness center where they’ve taught classes on a variety of different things such as
smoking cessation or drugs and alcohol, eating disorders, also, what they call a holiday eating guide for
Thanksgiving or Christmas types of times. That one was about a year in length I guess.

We’ve done some things with schools. Do you want information about our partnerships with schools in the
area?

Alpine School District is the local school district here in Orem, UT. About 8 or 9 years about one of the
local elementary schools received a grant from the school district to do specific wellness and health
issues. And we set up fitness programs here for the kids here are the fitness center and also in the
elementary school where we would have staff go over to the elementary school and work with them on
tennis and golf and other sports-related things. Then on the off days they would come over here and we
would put them through a structured fitness program and talk to them about health and wellness and
activity to be involved with to take them away from the computer games, the watching TV all day long,
and those kinds of things, to try to restructure their lives a little bit so to speak, to offer a better way and
more things to do.

Well, one organization, I’m sorry, that has just recently come in the last year is Silver Sneakers. I forgot all
about them. And they have had an unbelievable draw for our senior programs. We can’t have enough
classes here to accommodate them; there is just so much request. So, that’s been a great partnership
with Silver Sneakers.

Connecticut:

We enter into quite a few different types of arrangements with organizations, different partnership
arrangements. We have a major one with our aquatic center right now and we’ve got several others within
the department, which exist within the department for services. The one thing as I was re-reading your email this morning here, it said something about health care facilities and that piece of it...I’m not so sure how much I can help you in that regard. I will tell you, the aquatic center had a contract with the University of Connecticut health center to provide aquatic therapy services at our cornerstone facility.

Well, the health advisory board is one. That board is made up of community representatives. Now their main purpose is to take a look at the educational curriculum and address some of the childhood obesity issues that exist. We’ve kind of asked into that group just so that we can give and present the community perspective side of thins. That’s probably one of the biggest things. The partnerships that will come out of that will be with PTOs and PTAs within the community.

We work very, very closely with a variety of organizations in town including the Y, the Bridge Family Services, organizations of that nature.

In terms of foundations, we did, through our senior centers, our department operates two senior centers, we applied for what’s called a Hartford Foundation for Public giving grant. That grant was for 145,000 dollars and that provided us funding to buy approximately $80,000 worth of Exercise equipment geared specifically toward senior citizens. And we just received that grant and the equipment is just starting to come in.

Right. I didn’t mention that before, but we have a 10-year lease with the University of Connecticut in West Hartford to use approximately 8 acres of their campus for recreation and athletic facilities.

**Texas:**

Actually there are several organizations. Like I mentioned earlier, we have the partnership through the Texas Agricultural Extension Services Agency, Christus Spohn Hospital. And then we have representatives from other private and non-profit agencies that are health clinics and representatives from home health agencies and people of that nature. So, it runs the gamut from, the biggest organization would be of course Christus Spohn Hospital and then we have smaller organizations that are also involved in the project.

**Pennsylvania:**

There are. Just with parks and recreation, we partner with a lot of different agencies to create our programming throughout the year and also to take our resources together with other organizations. For example, I work very closely with two of our aging organizations in the area, the Berks County Office of Aging and the Berks County Senior Citizens Council. And we work with them on programming throughout the year, but then we also have usually Week or week and a half in May that we do during Older Americans Month and we have different activities specifically geared for seniors.

And then I also work with a youth advisory committee that we get together four to five times a year and that we get together and we talk about what we’re doing to affect the youth oriented age group, whatever we’re promoting at that time, what programs we’re doing in our own organizations or what events we’re offering. So that’s really interesting to hear, promote, not only what we do, but to hear what other organizations are doing and how we can partner together on our different programs, so that’s really nice.

**Oregon:**

We actually partner with Oregon State University on that [a health lecture series] and it is called the OSHER lifelong learning program. What they do is they provide the coordination of the lecturers and we provide the facility and the publicity to get that out. It is [held in our facilities], and that is a regular, weekly program.

We recently got into one with the AARP, a walking for health program. They developed it and came to us and felt that it fit our criteria for programming and we partnered with them and they have developed a lot
of informational material and then what we do is we administer the actually physical part of it, the monitoring of the steps and the weight loss and then we incorporate other social aspects to make the program more fun.

**South Dakota:**

OK, we collaborated with both the department of health and the department of education and they provided us, jointly through their coordinated school health with GPS units that we were able to give out to the parks to use for classes they teach out of the parks and then we have 10 here that teachers can check out and use in the schools and then we were able to use a grant to hire a consultant who worked out our website for us to put GPS information on our website. So teachers or anybody in the parks can download information and go from there. We tied it in with our state standards in education.

[So this was an educational partnership.] And health because what we are trying to do is combine people getting out and sometimes it takes technology for an interest for people to get out and so we’re trying to tie it in…instead of just sitting in from of a computer in your home, take your GPS and go outside and get some exercise.

We had one disc golf course in the state parks system, and then we started collaborating with the department of health in realizing what a good family activity that it. It can be competitive, noncompetitive. It was reaching an age level that we normally don’t reach in the parks very well and that would be the late teens and early twenties. And so we worked with the department of health and they put in 9 disc golf courses in state parks and of course there were criteria that we had to meet. We didn’t put it in an obscure park in the middle of nowhere. We put them in places where they would get good traffic. And it’s been absolutely incredible the amount of traffic these disc golf courses are getting. I’ve heard parks manager after park manager say things like, you know it’s below zero here today and we still have people coming out playing disc golf.

We do on occasion [have programming specifically tied to those courses]. We’ve had a state park circuit tournament and we worked with the department of health to set up and incentive. And so now we have 11 disc golf courses because we put in another one ourselves. And so if you went to 5 of the 11 courses and documented your play then we would send a disc golf towel to you provided by the department of health. It’s printed on…It’s really fun. And then if you went to ten of the eleven, then we went you a putter that is a commemorative putter and it says South Dakota state parks and the department of health on it.

[Are there any other health programs or policy initiatives that you are working on?] Not really, we just keep moving forward, I mean, I see policy as words and we’re into action, so we’re just doing lots of different things collaboratively.

And I’d just add that I’ve been in the career that I’m in with recreation since 1970, so we’re talking a lot of years here, and this is the most fabulous collaboration I’ve ever been in, the partnership [with the department of health].

Right, and really with other departments in the state as well, because we work with the department of education, we’re worked with public safety…I think we’re such a small state. We have less than 750,000 people here…and we’re pretty much a poor state, and so we know a lot of people and we understand the importance of working together, so that’s what we do.

**Indiana:**

No they [the health classes] are not conducted by our staff at all. We have many partnerships. I didn’t know if you wanted to go through those…

Ok, great it’s a huge thing [the partnerships] because we have facilities, but a lot of our facilities are not ours, they’re shared through partnerships. Our biggest one is probably community hospital. It’s our local hospital and at our facility they will come and provide speakers for fitness or wellness. They also are a big
sponsor of our blues, jazz, and fine arts festival special event and by being a sponsor, we feel we can call on them.

No [we didn’t have the partnership for the festival first], they are a local hospital and we have worked in tandem on several things, but no we were first asking them about wellness and fitness. They have done ADA classes for us. They also besides having a hospital, in another part of town, they have a rehab facility. We have a partnership with them in the regard that we offer classes at their facility, but people come here to register. To give you a little background, they have the fitness rehab facility, and the hospital sends their patients there or anyone in Munster can join, but it’s very expensive to do so, so we came to them and said, we’d like to offer our residents the chance to go do…It’s called Fitness Point, and we will in our brochure devote two pages to your programs. It’s just certain programs, whatever they want to tell us…I believe it’s an 80/20 split. They get 80, we get 20, and people can sign up here and that way they do not have to have the membership. But we’re the only ones that have that relationship with them. Anyone else would have to have a membership to take classes, but Munster Parks has this unique partnership.

Yes, [we have] lots [of partnerships]. The next one is…we began this a few years ago, maybe 6 to 10 years ago. It’s special recreation. It’s a co-op with local parks in the area and we also get together with different…it started out we had a big workshop with the parks in the area and organizations such as, well we have Bridges, I’m not sure if you’re familiar with these, but Lark, they are…maybe downs syndrome, autism…all those different agencies got together. Nothing had really been programmed for people with special needs, so we thought if we got together and hashed everything out and made a big list of who might be interested in the area, we could start doing some of those. Actually the local parks are the ones that stepped up and we each have three to four events a year and each help each other out with our events. We have a pool, so we have two days where we block the pool off in the evenings for special rec people and their families to attend. We’ve had Halloween parties, hayrides, bowling parties, dances, things like that, but each park takes on about 3 of those. The only agency that has helped us out with those is Community hospital, the hospital I told you about before. They always send people to be there and to advertise their therapy, things like that.

Yes, the next would be the Hammond Clinic…they hold our flu sites each year. We have a flu site…several in a day for…anyone in the community can come get their flu shots and also employees and families. At the Munster Parks, we are part of a town, a town government, so our building, not only do we have a building department, customer service, like that, we also have our police and our fire department attached here, so it would also cover those employees and their families.

No [the flu shots are not only for employees], they are community wide. Employees get theirs as part of our health programs, but they’re for everyone. The other thing we have with the Hammond clinic, they also give us speakers. Like if we are looking for someone to give us a talk about Alzheimer’s or something like that then we would call the Hammond Clinic. They also have a nutritionist on duty who’s done some programs with us, and they also have programs where they’ll do blood sugar screening, osteoporosis screenings, things like that.

No it is definitely a profit. We also have partnerships with individual physicians in that if we were looking for something, Community hospital or the Hammond Clinic might say, why don’t you try doctor so-and-so, and then from then on, it’s our relationship with the doctor, it’s not our relationship with the hospitals.

Some of them [the physicians] contacted us, some of them if they are opening a new facility or something like that, then they’ll contact us or we will contact them. If they’re new to the area, that little pull of, take out an ad, we’ll offer your services for free, is a big deal. The ads only start at $250, so it’s not a major amount…especially for a doctor.

And next…this is a relationship that after I finish talking with you, we are going to hopefully pull it all together. We have a senior type village, it’s called Heartsfld Village. Not only do they have residency apartments for those who are perfectly fine, but then they have all the way down to…hospital…different stages of housing. And we had been looking to do things with them, because they have a huge number of
seniors over there, but have never been able to get anything together. And they eventually came to us and they said they wanted outreach for their seniors. They know we do a lot of programming and they would like to provide that for their seniors. They have a bus, and they could bus them over here within a couple miles and they are trying to do that to get their seniors…to get involved and stay active. We’re trying to reach an agreement. We also would like to, and will probably do a senior wellness fair in the fall. This is a new thing for us. We would run everything, but they would help us maybe with getting…they might want to have a booth.

We also have, through the American Red Cross, we offer babysitting classes and also they certify our pool managers.

The Salvation Army in that we use their exercise facility for classes. We have a partnership with the school town of Munster. We get to use their kitchen for classes and we have classes on diabetic cooking, low fat cooking, things like that. They also have a new dance and exercise room that we’ll be using this winter/spring for the first time. We use their gym space, we use their high school space, we’ll be using it for this health fair that is coming up. And in turn they use our ball fields, the baseball team, soccer fields, things like that. We also have volunteers from National Honor Society through the school town that run some of our programs, our like fitness program…we have like a bowling class for kids. That type of fitness, not exercise, but just fitness through sports. We also have a partnership with Susan’s school of dance to offer dance and exercise classes. It’s much like our relationship with the Fitness Point Rehab Center. They offer the classes, we put them in our brochure and we get a percent.

A percent of the money brought in. That too is probably 80/20 if the class costs…We have a relationship with Purdue University, their cooperative extension. There is a nutritionist speaker there that comes and speaks maybe 4 times a year. Some of it is senior related, some of it not. She’s given classes on memory…like that. We also have a partnership with Lake County Parks. They do this mainly, but we have a couple of sites and do a couple of the programs. It’s called Community Games. It used to be Senior Games, but they didn’t like that word senior, so it’s for everyone 50 and up and we have men in their 80s running track barefoot. They’re just unbelievable, but we run the track and field events and the tennis events. The whole thing is coordinated through like, county parks. They are the main sponsors for this, but we help them out by doing that. We also have relationships with National organizations…Kellogg’s runs a Junior Olympics that is nationwide, where they’ll start competing here at the local level and then the winners go to the regional, national, etc…They have 4 sports and we do those in 2 days, the sports competitions. I think its tennis, basketball, soccer, and there is something else. I’m not sure what it is. We like that. We are involved with the NFL punt, pass, and Kick…Major League Baseball, Pitch, Hit, and Run we do for the kids, Major League Soccer, we have programs…we employ a group called Volleyball professionals, they come out and do the volleyball classes. We also have a relationship with USTA. They do a tennis free for all every year for us to get people interested and active in playing the game of tennis…So we do a lot.

Massachusetts:

Well, when we did the Public Health Week and any of the meetings and forums that we’ve held so far was open to all of the partners to participate in. During this pilot program, for instance with the staff, we invited all of the partners to participate. Many of them have now offered a town employee discount to become a member as an initiative, which several of them did not have prior to this partnership, so that was encouraging. As well as many of them have offered the prizes or giveaways for us during this pilot program, so the person who moves the most minutes, now gets a free membership to the rock climbing gym that is local or New Balance donated a pair of running sneakers…gift certificates to Dick’s Sporting Goods…So we’ve gotten a lot of feedback in terms of support from all of the partners, that they really on one part of it are doing a self marketing piece for themselves, but at the same time, they really are on board with our whole theory that we just want to get the whole town moving regardless of where they do it.

Ohio:
Yea [the walking program has been a partnership since it’s inception], we didn’t start it. The first thing was walking into MetroHealth. That’s the reason we started it. It just started with a phone call, calling them…I just called blind and asked them if they would be interested and she on the phone said yes…don’t offer it to anyone else. I want first crack at this…I think their first commitment was about 25,000 dollars.

California:

[The health department already had health mandates and we started helping them connect to the public] Sure. Basically, yea. And they had never thought of the connection before…I started going to the health forums and things like that and everybody is going, what’s parks doing here? And I’m going god damn it you guys, what do you mean what is parks doing here? Think of this. Look at the possibilities and I got a chance to start talking about that stuff and they go, oh, my goodness, parks, why didn’t we think of that? This is where the people go who don’t have any money. That’s where they go for vacation. We’re talking about the people that are hard to reach and where do you reach those people who come to the parks for all their needs? They go to the parks. If you have health screenings there, who you going to get? You’re going to the undocumented immigrants. You’re going to get people who don’t have insurance coming to the parks. If you’re trying to reach them, give me some tools, help train our staff and we’ll do what you’re supposed to be doing, but not in a bad way, but we’ll help do what you have to do. You’re trying to reach people anyhow, ok, here you go. They’re not coming to your health service centers. Why? Many of them don’t have transportation. Many of them don’t want to go to the stigma of going to free healthcare, but you offer a van in a park and everybody shows up. Oh my goodness. So we had people going, oh, yea. So it wasn’t about talking people into it, it was just about talking about what we could provide and having them see the bigger picture. And so what happened is people were breaking down our doors. How can we help you guys? What can we do?

And so basically it started…it was a program to try to increase people’s activity, but it became more of a culture change as far as our department and now that’s what we do. Everything we do is about health and wellness and using parks as conduits to communities. Everything we do is about that and it didn’t start out to be that. It started out to be a program…let’s give them a half an hour of activity. Let’s talk about nutrition. That’ll be what we do, but like I said, it caught on so fast…we had trainings around the county and partners came in to train our staff because they thought this was a great idea. We even have food stamp outreaches now at some of our parks. So what it became…we became everybody’s best friend and everybody’s best partner. How can we partner with parks?

And we don’t have like one partner. We have hundreds of partners because every community is different. So those non-profits that are located by a park in South Central will be different than those non-profits that are located up in the desert. So we can’t say that we partner just with this, but 5 a Day is one of our biggest partners of course, California 5 a Day…that’s a national organization, the National Heart Association…just the bigger picture like that, but it’s not about them, it’s about the people who do the work in the field. That’s who we partner with, so we may throw in some big names like Los Angeles Unified School district. They work with us. They come to our schools to sign up kids for free healthcare. So it’s the kind of partner that you wouldn’t usually associate…Libraries are our partners. When we do mobile outreaches to parks and we talk about the importance of educating…they learn more about nutrition and those kinds of things that they didn’t know about. So it’s about anybody being a partner…what we just kind of basically did was drop those barriers to partnerships. We didn’t sign documents with anybody.

Colorado:

Ok, I’ll start with our cancer exercise program, which is an organization called Summit Cancer Solutions and that is a program that actually had it’s beginnings in a partner agency, a partner public recreation agency down the road form us…as a part of that agency, and then it eventually developed into its own corporate entity, and that was sort of over a period of time as well. But that program provided exercise guidance and support for anybody who is recovering from cancer treatment of any kind. And so what we do as a recreation entity to work with them is we provide people who are in their programs with a 6-month use of our recreation center. So they get use of the rec center for free and then the exercise physiologist
who works with the Summit program comes into our rec center, uses the equipment and works with the patrons who are the cancer survivors, and she does twice a week a class, a group class, and then she also works with people individually and then after 6 months, it’s kind of a win-win situation because after 6 months of time within program, the goal is that they are comfortable enough to be on their own. And then they buy a pass with us to finish off. They buy another year or 6 months with us and they continue to try to keep their exercise going.

Yes, we’ve partnered with the Consortium for Older Adult Wellness, Chris Katzenmyer’s organization to do the fall-proof program. So we partnered with them starting about 2 or 3 years about and I think at that time, that program was called “in balance,” if I remember correctly but we worked with her closely to…and we also had some physical therapists working with those people initially, to really refine what that program was going to look like. We were one of the test sites for that program. And now that actually is going to be a statewide initiative as a part of older adult wellness initiative in the state to have fall-proof in recreation centers and community centers because there’s such a great…they are able to validate that this really does make a big difference for people. So that’s another program, and we continue to offer that program. We have staff who go once a year to get certified or re-certified to continue to teach those classes.

[We provide the staff and the facilities and they provide the training and the information and the program design.] Yes

Yes. There is an agency called Fit Physical Therapy who we’ve worked with for a long time. They have an office in one of our recreation centers and our partnership is…they do pay us rent, but it’s more like a partnership than it is somebody just using our building because we work really closely to…one of the things they do is they provide our staff on-going trainings, so they talk to our staff and do regular trainings…for example core strength, healthy feet…taking care of your feet, and helping people figure out…they also work with patrons. They’ll do workshops for our patrons about a variety of issues. So it’s really a partnership and rent is reduced in exchange for them providing those kinds of services and we’ve found that people just really like the idea that there is a physical therapist on site, sometimes two are here at the same time, that they can ask questions to. They see the physical therapist out on the floor showing people how to use equipment and that sort of thing so it’s really kind of a win-win…that’s another really great partnership for us.

Well, they [patrons] make appointments and they [Fit Physical Therapy] have their own person who makes appointments for them. And they work with…sometimes our own patrons that are…a lot of times the people who know about them are the ones who know about them by coming into the rec center. So they may become a patient because the had an injury or the took a fall or they broke a hip and that kind of thing and then they know that that physical therapy office is there right in that healthy setting, so they’ll take advantage of it. Now other times people will come from other places in town just because of word of mouth or their doctor has recommended it or something.

[We provide extra business through people seeing them in the rec center and it is also an added attraction that people in our centers can take advantage of.] Yea, yep…To me it’s a huge, huge step in this whole thing of putting people in a healthy setting as opposed to a sick or a hospital type when they’re doing any kind of therapy, because there is a whole sort of paradigm shift in how they think about their illness or injury or whatever when they walk into a recreation center and see lots of people doing active things as opposed to going to a hospital or going to a rehab setting where people are just sicker, so it’s a really important shift in keeping people in a well…happier community setting. As well as lots of support.

Yes, yes. I’m trying to think here if there is anybody I’m missing now…This is a little bit different, but in our program that we’re doing for physical activity for kids, middle school kids. There is a middle school that happens to be in very close proximity, almost sort of the on the same campus as one of our recreation centers. And so we have a wonderful cooperative agreement with them and now they actually…and this is, I guess it is the same purpose, they actually bring kids over for their PE classes and they use our climbing wall as a regular part of the physical education curriculum. And then we also have an incentive program for kids who are doing really well and participating in class, they get incentivized by being
provided with free use of the recreation center. So they can come over after school and we have some special programming before school and we have staff there to help lead them through a variety of activities depending on the day so there is supervision and they get some physical activity which they don’t get enough of at school anyway, or at home. So that’s another public partner that we have.

Oh, one more, a hospital. There is a hospital right in our neighboring town, right on the edge of our neighboring town called Lutheran, and we are partnering with them currently to do…we’re just kind of getting this started, but we’re working on a cardiac rehab community based setting. And they’re doing a dance thing to do...Go Red for Women in February sort of as a part of that campaign and so we’re going to be working with them to promote and then also bring people to that event. And then hopefully that’s going to sort of be our segway…we already are submitting this grant, but they’re going to be an important partner in this continuing process on cardiac rehab…[the whole little red dress thing]…Yes, that’s an American Heart Association thing.

Well, we’re not exactly partnering with them. We are going to be getting a whole bunch of red dresses from them [the AHA], pins that we’re going to give people. And we’re going to get a whole bunch of the educational materials in the month of February. So I don’t know if you consider that to be a partner. It’s just sort of an informal, yea, they’re going to give us a whole bunch of stuff.

Ok, well then I could go on and on and on, but I’ll just say one other one. Pfizer Drug Company has provided us with a lot of educational resources that are very cool that we’re giving to people regarding a…a whole myriad of educational materials regarding a whole myriad of diseases and chronic conditions and so forth, so that is information that we keep in our recreation centers.

Washington:

One example is our youth program supervisor is involved with the school district in terms with helping to set nutrition standards in the school. While that isn’t a programmatic partnership, I would say that it is a partnership for our department.

Yes, we have the partnership that I just mentioned called Get Moving’, which is a multi-agency community partnership with public and nonprofit organizations, and on top of the parks YMCA, Boys and Girls club, we have the health district, the American Heart Association, the educational service district, and a newspaper partner, there are a lot of community based partners in making that event happen. We also have our department here at Lynwood is currently involved in a 5-a-day study with the Fred Hutchinson Cancer Research institution, and so that is not so much a partnership in terms of programs, but it is our dept being involved in a study.

It was initiated by the Fred Hutchinson Cancer Research Center. They did an initial survey of our employees about heir food choices and preparation. And then we’ve begun the process of having them do some education with our staff about how to get 5 a day fruits and vegetables into our diets through education and prizes, and creative programming about what kind of interesting fruits and vegetables are out there, a smoothie contest. This will be followed up with a post survey to see if our behaviors have changed with this process. That’s ongoing right now, that’s another partnership. Those are the 3 biggies that come to mind but we have a good relationship with a lot of organizations in our community and when things come up like the senior center, wellness advisory committee applied a grant through one of our local service clubs, they received a couple thousand dollars, they’re spending all that money on wellness programs for seniors. We are open for those opportunities/possibilities, we seek them out, we look for those kinds of program ideas, and we are in discussions about whether it is our role to be an advocate for diet and nutrition. Does that fit well within the parks and recreation field?

It’s [the Get Moving’ program] a summer long program with a kick-off event in June to kick off the program and sign people up, and then they self-direct themselves during the summer time.
4.) Who did your organization work or partner with? (e.g., specific organizations). What types of organizations or agencies were these (e.g., their purpose, sector)? These organizations could be public (e.g., schools, health department, senior services), private (e.g., hospitals, rehabs, physicians) or non-profit (e.g., Arthritis Foundation, Heart Association).

_Utah:_

Well it’s [Timpanogos Regional Hospital] a public hospital, but maybe private because the things that they offered to us were not for the general public, only for city employees…the Arthritis Foundation…Silver Sneakers…WellSource [private]…American Heart Association Slim for Life Program…Utah County Health Department…Alpine School District

_Connecticut:_

The Bridge Family Services is a youth services agency in town. It’s actually non-profit.

_Texas:_

Yes, that specifically was one of the requirements of the grant, [that they cover a wide range of sectors, like public, private, and non-profit] for us to target a wide array of service providers in the area.

[In the group there are several organizations] Actually…I don’t know [if it was initiated by the hospital or the university]…it’s kind of a chicken and the egg thing…The local organization was called the coordinated community approach to promote wellness. C-A-P-A, that’s what everybody calls it. [And that was initiated by the city.] Actually, I think it [the membership of the partners] was three core, the city, the hospital, and the Texas Extension Services.

Yes partners include local and national organizations], like the American Diabetes Association, the director of Family Health Services through the city’s health department. We have people involved from our local WIC program…Women, infants, and children’s programs. The Texas A and M University recreational sports. We have representatives from them, people from the school district, educational services learning centers, Head Start program, food bank, we have representatives that were on the group and of course they don’t attend all the meetings at the same time, but there is just a variety of representatives. We have a local group called Latino Education Program and their focus is to address health issues for those without insurances and things like that, so that group is also involved. The Driscoll Children’s Hospital is another big hospital that is a partnering agency. I have a list of all of these people, so I don’t know if that would be valuable to you or not.

_Pennsylvania:_

They are a combination. They are some governmental, mostly non-profit. Let’s say, well for the aging one, the Berks County Office of Aging, that is a county facility. The Berks County Senior Citizens Council is non-profit. With the Youth Advisory Committee, there’s the girl scouts are on there. We also have a lot of service organizations who are involved like Berks Talk Line where people can call in for problems, There are different shelters and some of the programs they offer. So a lot of times we try to work together and we’ll take programs to their organization. So they may have a different target group that they work with and yet we can help promote the parks, not only with coming in and providing different activities, but also we are giving them something to look forward to.

[We are linked up with the school district and through that we have access to health services though the school nurses.] Right, and there are [other health organizations that we’re partnered with in a formal capacity.] There was one link that we still considered through the schools although it is more health oriented. On the health side, we have the local office of the State Department of Health that was listed on
the community of champions and we’ve gotten one of their people to work with us very directly and then we also work with the local YMCA, which is kind of recreation and yet health because they have a program that they’re working on that closely links with the program that we’re working on. They have…what’s it called?…Healthy America…or Health Berks County, and then they also have a program they’ve recently debuted called “Hip Kids” which is targeting kids with the higher BMI…So they’ve had some programs too. It’s nice being able to find out all these other programs that are very health oriented and then to try to link them together.

[So rather than finding organizations and starting from scratch, we’re looking to partner with organizations who are already trying to promote the health agenda.] Right, it’s pretty easy to identify those that have and interest in health and wellness and then it’s just trying to find the right person, who would like to partner with us and get together. We try to get together once a month to go over the projects that we’re working on locally.

Oregon:

Oregon State University… AARP… the Arthritis foundation… Step Up to Health

Well, we partner all the time. Like I said, if you take a look at all our programming, which we feel almost everything that we do is geared toward health and wellness, then we constantly solicit from the community for support and that may be in the form of volunteers to help us with a program, financial assistance, to help support the program or make the program free, so more people can participate. So we have thousands of people in that capacity that we use in partnerships to enhance the programming that we put together.

Yea, the Deschutes County Health Department. The Saint Charles Medical Center, Bend Memorial Clinic are all agencies that we sit with on the Central Oregon Health Council we will develop events, programs, educational sessions, activities that everybody on the council then supports.

[There is a variety of types of agencies that are involved.] Right, they’re not all public agencies. They are non-profit, volunteer organizations, private sector, physical therapy groups, home health care providers, even assisted living facilities.

It is pretty much a word of mouth [how organizations learn about the council.] There was an initial group that was targeted and the forming of the initial council was done by the local medical center. And we just kind of got started and we outlined the guidelines of what we wanted the mission of that particular group to be. And that particular organization has take on the responsibility of getting out information to the community, things that the council has done, the awarding of grants through the council, programs that have been developed, things like that and they basically do the promotion and if other agencies want to be part of that then they will contact them and start getting involved.

[We have been involved from the beginning.] Yea, we’ve always had close ties to that medical center going way back to when they first build a rehab, where we actually went over and provided recreation therapy programs to the inpatient rehab patients. So through that association and through basically their support that was solicited either for financial aid or facilities for particular programs, we’ve had that relationship. So that’s how we got involved in it.

South Dakota:

the department of health…with other departments in the state as well, because we work with the department of education, we’ve worked with public safety…

We haven’t with hospitals…municipal rec we’ve done different things, but like I said those have been in the arts, not so much in wellness…I’m not coming up with anything…Later I'll probably think of five things.
Indiana:

Community hospital. It's our local hospital... local parks in the area... Bridges, I'm not sure if you're familiar with these, but Lark, they are...maybe down syndrome, autism...all those different agencies got together.

No it [the Hammond clinic, which provides flu shots] is definitely a for-profit organization.

We have a senior type village, it's called Heartsfield Village. Not only do they have residency apartments for those who are perfectly fine, but then they have all the way down to...hospital...different stages of housing.

Through the American Red Cross, we offer babysitting classes and also they certify our pool managers.

The Salvation army...the school town of Munster...We also have volunteers from National Honor Society through the school town that run some of our programs, our like fitness program... Susan's School of Dance...the Fitness Point Rehab Center... Purdue University... Lake County Parks...

We also have relationships with National organizations...Kellogg's runs a Junior Olympics that is nationwide, where they'll start competing here at the local level and then the winners go to the regional, national, etc...They have 4 sports and we do those in 2 days, the sports competitions. I think its tennis, basketball, soccer, and there is something else. I'm not sure what it is. We like that. We are involved with the NFL punt, pass, and Kick...Major League Baseball, Pitch, Hit, and Run we do for the kids, Major League Soccer, we have programs...we employ a group called Volleyball professionals, they come out and do the volleyball classes. We also have a relationship with USTA.

Massachusetts:

Yeah, that's who the partners are in Brookline on the Move from the fitness directory. We have the 26 partners right now...that do include the town recreation department, the council on aging which maintains the senior center, the health department, the human resources department for the town, which is for the employees and the school staff, and then adult ed, we have that population covered with high school athletics. So those would be the big town agencies that are town sponsored, but the rest of them are all private and non-profit agencies, which would be our local fitness clubs and health places. That could be a small on-person studio to up to a large 7 day, 15 hour day fitness club.

We've targeted all the Brookline based agencies, so if they had a Brookline address...In terms of the larger prizes from corporations like New Balance and Dick's Sporting Goods and places like that we have gone out of town because there's not a lot of big business in our town, but we did apply for a grant through the Cliff Barr Company that gives out giveaways for health initiatives, and we were just too late in the process, so we weren't approved for that, but we've partnered with Vitamin Water which is a large company. They gave us X amount of cases and we also have been working with the food service department in town who has been able to supply us with yogurt and things for the "day of" events where we would have everyone come in.

[With the bigger agencies, did you access them through their local branches or did you go straight to the larger company?] Well, some of them we just knew somebody...in the town who said I know someone who works for that company, let me give them a call and then they helped facilitate some of it. We were finding that when we went directly to the larger companies through their donations department or whatever they may call it, it is very difficult to get through the door.

[It's much easier to go through somebody that you know or have a connection.] Exactly.

We invited everyone who offered some sort of physical activity or fitness in the town, private and public. They were all in the fitness directory and then we reached out to them with a letter. We sent them an
email and then those who didn’t respond we called and they were all individually invited to participate in this.

No we haven’t [partnered with any medical agencies]. The only partner that has been involved with our campaign so far is our town provider for health insurance. It’s Blue Cross/Blue Shield of Massachusetts.

I just think that the field in general, anyone who is offering this type of initiative to any age group is a certain type of personality. It’s people who have a lot of energy, who are go-getters themselves, so I think that it’s just the nature of the beast when it comes to this field, but I can’t think of anything specific off the top of my head that…no.

Ohio:

[In talking about some of the organizations that you have worked with either in the past or are currently on-going, you’ve worked with companies, insurance providers, you’ve worked with managed care…] A hospital, yes. [Both in the public sector as well as non-profit and for-profit.] Correct….those were the major ones that were interested in the health kinds of things. Well, Channel 3 TV station, you can’t really discount because they quite a bit of work. Quite a bit of it was donated time as opposed to stuff we paid for. I think the whole schedule, we only paid…Bob talked them down to 30 or 40 thousand dollars for a package that was probably worth 3 times that. So, they had to throw in a lot of their own time especially for the production and some of the other things that they did.

National City is a bank; Medical Mutual is a health insurance company, I think they cover our…they’re like Etna or whatever you have there…Metro Health is the big county hospital.

California:

We have the 5 a Day then we have the LA Unified and Los Angeles County Office of Education, which are the two biggest ones in the country. Getting those people working together. We have the Children’s Planning Council, which is one of the biggest forces in the county about moving change with departments working together. We work with…let’s see…

It’s a non-profit [the Children’s Planning Council], but they work out of a government building and they’re helping to further community engagement – stuff that we’ve been doing, but working with community in developing leadership in community to move their agendas forward. So imagine social change being moved by community. So that’s what they’re doing as well, so LA County is a little bit on the forefront and so we’re kind of riding along all those things and being involved at the executive level, at the hall where the political things happen helps you connect all the other county departments with doing the right thing….We couldn’t have done this in a silo, but because change was occurring in many places simultaneously, it allowed this program to move forward and get the kind of national attention, just because it was at the right time…Timing is everything and we just happened to be the ones with the loudest voice at the time and you can’t talk to me for a half and hour without getting all this stuff, so it was kind of just like, wow, what are you guys doing? Yea, we’re doing this, we’re doing that, we’re allowing people to work together, oh my goodness, no more red tape. You can come to a park and give any kind of service you want if it benefits the community. There ain’t no red tape. Wow, how cool is that. What about liability? That’s what people were saying. What about liability?…Our director said forget it, we haven’t been sued yet. What if someone gets hurt? I go, gosh, you guys, you got to quit thinking about that. I mean people play little league and they sue us for getting hit with a ball. Can you imagine?

These things for that kind of liability and what happens? Government makes you afraid. So you’ve got to get past all that stuff and see if you can work, so it’s only works with organizations who are ready to make that change, that leap into how about we just do it because it’s the right thing to do instead of doing it because you have to. And so what happens? We weren’t telling our staff to do this, but we were training and educating. And all of a sudden people started doing it.
[Are there any private or business agencies?] That’s up to each park and I can’t speak for each one because we don’t have a regular coordinator. I’m in the south agency now, so I have 39 parks in South Central, but when I was running this program I was in the north and I had parks in the Emerald Valley and that’s in the desert, so…like we can’t visit all our parks in a day. That’s how many we have and how far away from each other they are. So what happens, you train your staff and empower them to make those partnerships and they go and make the partnerships that make more sense in their communities. What works in desert communities don’t work in South Central. What works for Latinos may not work with Indian communities or Asian communities or the others. We’re so diverse that it’s not about that. So it’s wide open.

Yea, and another big thing, when you get the kids at school and you’re teaching them different kinds of habits and blah, blah, blah. And then they go back out the community and their homes and they’re getting reverse messages. You’re losing everything. You need as many partners as you can that celebrate the same message. And so they can come to a park or a Boys and Girls center or a YMCA and get the same messages they’re getting the morning…and it’s going to stick with them. It’s going to stick with them because when they go home, many times the home life is what’s killing them, which means, what do we do now? Now we educate the parents. And so it’s kind of a big circle and we understand our part in it, but we’re all equal partners and we need to do our job, and everybody else needs to be doing what they need to be doing because we can’t do it alone either, but sometimes it just takes someone standing up and doing the right thing to get others to go, ok, got it. They can do it. We should be doing this too.

**Colorado:**

Summit Cancer Solutions… It’s a non-profit…. Consortium for Older Adult Wellness… … Fit Physical Therapy… that is private organization… a middle school that happens to be in very close proximity, almost sort of the on the same campus as one of our recreation centers…So that’s another public partner that we have.

[So it seems like your partners represent a range of sectors like private, non-profit, public…the Consortium for older adults, is that a non-profit agency?] No, that is just a regular business…I don’t think it’s not for profit. I’m just thinking about that. I could be wrong. I’m not sure if she’s not for profit. I’m sorry, I’m not really sure.

Oh, one more, a hospital…called Lutheran…and they’re doing a dance thing to do…Go Red for Women in February sort of as a part of that campaign…[the whole little red dress thing]…Yes, that’s an American Heart Association thing…Well, we’re not exactly partnering with them. We are going to be getting a whole bunch of red dresses from them, pins that we’re going to give people. And we’re going to get a whole bunch of the educational materials in the month of February. So I don’t know if you consider that to be a partner. It’s just sort of an informal, yea, they’re going to give us a whole bunch of stuff.

Pfizer Drug Company has provided us with a lot of educational resources

No we don’t really have preferences. We’ll work with anybody who will work with us, [just whoever fits the bill]. Yep, yep.

[We see the needs in our community and find the partners that will best fit that need.] Yes… I think probably 80% of the time, we go to somebody else and ask.

**Washington:**

The school district… Get Moving’, which is a multi-agency community partnership with public and nonprofit organizations, and on top of the parks YMCA, Boys and Girls club, we have the health district, the American Heart Association, the educational service district, and a newspaper partner, there are a lot of community based partners in making that event happen. We also have our department here at Lynwood is currently involved in a 5-a-day study with the Fred Hutchinson Cancer Research institution, and so that is not so much a partnership in terms of programs, but it is our dept being involved in a study.
Yes [our partners include a wide range of sectors], we look for partners in all areas of our community, including nonprofits, other public agencies, private companies, service clubs, resource centers, even the state communities. If we can partner with somebody to bring better service to the residents of Lynwood, we will do our best to do that.

5.) Briefly describe the nature of these partnerships. Was it a program, professional service, shared facilities?

_Utah:_

Yes [most of the partnerships involved some kind of a shared program either to the general public or to employees].

_Connecticut:_

[The partnership with the YMCA] is more of sharing programs, and kind of supporting them in some of their efforts. In some cases we will provide them with facilities.

We partnered with them [the Bridge Family Services] to run a road race in town. That was done in the springtime. And we will continue that in the future as well. That’s just a specific program component that we partner with them to provide that service.

I guess that’s probably a good description. They pretty much handle the day-to-day activities in running the race and we provided them with some funding support or marketing support.

I think everyone’s constrained in marketing. It’s the one area that when times get tough, it’s the easiest to cut back on. We contract with a private consultant who does our marketing year round for us and that individual is in our office regularly working with us and promoting different programs and services and getting involved with various projects to help promote activities.

Yea, that [improved image through name association] is actually something that if you get into the report that we did, was one of the main thrusts of the partnership section of our long-range plan. The thinking behind it was, it doesn’t necessarily mean that the town of West Hartford Department of Leisure Services has to run all of these programs. If we can help support programs run by other agencies that are available to the community, then in our opinion he community benefits through that service. We have looked for partnerships where we pretty much run and handle the activities, but we have also looked for partnerships like this Bridge Road Race, to be able to do things to help and assist other agencies that might not be able to do it to the degree they would like to do it, but with our support, it changes the whole project or program significantly.

[So your main goal is to benefit the community, however that needs to be done]. Exactly, and again, it doesn’t mean that we have to run it.

_Texas:_

It could be in-kind support. Of course facilities. We host meetings, the other organizations host meetings. There was actually an advisory committee that was developed through the grant. Actually, that’s not quite right. The group came before the grant, so that was already in place and then the grant was just an extension of it and the parks and recreation department simply became the umbrella agency to be a host for the grant.[The committee was made up] mostly professionals in the community.

It [what the hospital provides] depends on the event or the activity. They can provide the staff support for…like if we’re going to do a health fair, they are going to be responsible for coordinating the diabetes
glucose screening, glucose screening, weight, all of that area, so whatever their area of expertise is, that’s what they’re going to be doing.

The Capwell organization had a plan in place and then what they did was part of the plan, the goals and objectives for what we were doing played hand in hand with the mission of the grant, so basically we were able to address those issues or are addressing those issues through the grant support. So the timing was really great for us to be able to do this and so what Capwell is trying to do through the obesity grant is also addressing their goals and missions that they had prior to receiving the grant, which was educating the community, hosting health fairs, developing programs and services in the community that would specifically or directly address obesity issues, diabetes issues, and other health concerns for residents in our community.

Pennsylvania:

It’s usually shared resources. We provide maybe the facility and some or the resources we have and then also help with the planning and then they actually work more closely with the public in helping to promote the program. It’s a shared program, but it’s more often presented by them with sponsorship by us. [Generally because they have better access to a target population.]

Exactly. The senior citizens council works mostly by membership. They’ll spend like a 3 or 4 dollar membership fee for the year, and then doing the membership, they get all these benefits that come through that membership. They’ll get this mailing a few times a year. They get informed about different events that are coming up. And then they’ll also get to know about programs that are offered right at the senior centers, so they have a market that they deal with. They deal with all the seniors in the county, but then they also have a membership list that they deal with. [So then we might provide that actual program.]

Oregon:

[The AARP provides the information and the outline of the program and then we implement it.] And [they provide] some of the equipment. All of the participants have pedometers, so basically a pooling of resources. It really took off, really was popular. Again we have those health fairs that we put together. We have incorporated a lot of the material…we had a number of staff that went to NRPA and a national programs called Step Up to Health. And we are actively involved in using that material that they put together and incorporate that into our programming especially for youth. And that particular program is mainly geared toward the obesity issue. We also have a long-standing program with the Arthritis foundation in promoting special events and a regular water exercise program and instructional programs for those with arthritis.

[And that is similar to the AARP, in that they provide the information and the program is implemented through our organization.] Right. They also put together trainings too [for our staff.] Yea, to keep them up to speed on the latest information regarding the treatment of arthritis and things in research that had found to be beneficial. And through the program we pass on additional information.

[The council provides resources so that if we were to hold an event or program, we could partner individually or get more help from the council.] Right. It’s kind of like a clearing house, put together 10 years ago. It was to bring everybody together that really has the same mission, but has a tendency to operate independently. And through the council, it provides an avenue to keep everybody abreast on what we’re doing. If others have needs, then somebody else on the council may have a resource that will help them with that particular project. So it’s kind of a community sharing of the resources of all the agencies that are involved.

Generally we find ourselves being the ones who do the coordination, the planning, the delegation of responsibilities to volunteers. We will be the ones who solicit the funding or we will designate a group to go out and do the fundraising for a particular program if that’s necessary.
[that is because they’re our programs or we have more of the skills for that.] A little of both. That’s what we do every single day, we plan and coordinate activities. We have a really strong network. We are not that large of a community where the resources can’t be easily tapped into or communicated to…fairly quickly and so usually we end up taking on the roles of that…we’re not a particularly rich facility-based organization, so we are already in the habit of using other facilities in the community to help do our programs, so there is a constant partnership with school districts, things like that for facilities.

South Dakota:

[We talked about your agency providing the facilities and maybe some of the staffing, is that generally how those partnerships go?] With us, yes because we do have the state parks so we’ve got the acreage. And we do have people already stationed at those locations and that is part of their job to do some programming, so we typically do operate in that way. It’s not just with programming in the parks that we’ve collaborated; it’s also with the training sessions that we do. They have me come and be part of some of their conferences, their statewide and regional conferences and likewise we have them come to ours. In fact, South Dakota department of health received the NRPA organization award a year ago because of all the excellent works that they are doing.

[So generally the partners will provide extra funding and some information or expertise.] Right and they do some of our publications, they paid for a lot of our printing. So like with the disc golf courses, we now have a disc golf brochure that we can distribute across the state explaining where the eleven courses are and the basic rules of the game, and then that challenge that I was sharing with you about that towel and the putter that you could earn. But I could list probably 10 total publications. Probably the biggest one was our trail atlas. We’d never had a trail atlas in the state park system before. And we did the work on the GPSing the trails, making the maps…we did some interpretive work with the trails, in the trail atlas as well, and the department of health helped pay for the cost of printing them.

We just had a trick-or-treat hike at a local state park here on Sunday night, and this is in Pierre South Dakota, so we are talking a little area, and we had 1150 people come out to walk the trail at night. It was a mile trail and it was about half adults and half kids…and then we had tables set up throughout the whole trail, with different pieces of information at each one. And so coordinated school health had a table, the department of health had a table, public safety had a table and so instead of handing out so much candy, people were handing out things that promoted what they’re all about. We did [initiate the event], but then we worked with the department of health on it to and they helped promote it.

The department of health came up with that [the 20 minutes of physical activity during the Lewis and Clark program], thinking that 20 minutes was the absolute minimum and at least it got people out of their vehicles and doing something…and in terms of us trying to do more of the number of minutes or number of miles or whatever, we…the only way that we’ve really done that is through our bureau of personnel, which the department of health works with. Because they have these health programs for staff and the public and then you keep track, they have different challenges…[I have a limp, so doing number of miles isn’t really too good for me, but number of minutes is really good. And so they’ve come up with different challenges for number of minutes that you are to exercise everyday. The next one might be increasing the number of fruits and vegetables that you eat and then once you’ve fulfilled what you said you’d do to a minimum…or a maximum, but they have a minimum, then you can pick from prizes, and they have…like state parks sticker is one of the prizes that they buy them from us. So it’s just a good thing to get people to think, gol, if I do exercise, then I can get a state parks pass with what I’m earning here from fulfilling my goals.

[So it’s really trying to promote a certain level of activity, associated with the park visits] Right, and we in the parks don’t do that, but the department of personnel and the department of health have worked more closely on that…It’s hard when you see parks as places to come and relax and enjoy, to get…now you have to exercise 40 minutes while you’re here kind of a thing.
Indiana:

[The hospital is getting advertising space and we’re allowing your residents to have a lower cost.] Exactly, but…ultimately it’s the hospital, but it’s the fitness center that is getting the advertising. Also, Community Hospital in the past has done blood pressure screenings for our seniors…No they [participants] came to our facility. We have afternoon activities…it’s kind of a senior center. It’s not a lot of people. Over the span of an entire week, we see maybe 150 seniors that come to play bridge or bingo or pinochle. We set up a time when the most people were going to be there and then it was totally voluntary. If during the game they wanted to come in and have their blood pressure read, they could.

It’s fairly well a big variety. It just depends. Like the places that have the fitness facilities, we don’t have anything, so we have to use there’s, but they come here to give their classes and I think people will come here because it’s a non-threatening situation, whereas if they went to the hospital or a clinic I think they think they would be talked into something. Like we have financial speakers too and rather than setting up a financial appointment at some office, if they come here, they can remain anonymous and get the information that they need to get.

What they [the national organizations] do…we get online and say we want to do it. They send us the equipment and then we run the program. We have to report back to them the winners. But we have to run the program; we have to have the staff and everything. They just provide the equipment and guidelines for running the program.

Massachusetts:

Well, we’ve included all of their information with us on our website. We have a Brookline on the Move webpage now and all of the partners are featured and during National Public Health Week…any of the partners, we’d ask them to also list on our website, we have a Brookline on the Move website. Some of our local providers are part of larger organizations, so they may be able to put it on their local page, but it’s not listed on the bigger site for if it was Boston Sports Club or if it was a local…only one site in the whole country then they have an easier time manipulating their webpage, but we have gotten some newspaper coverage from it from the local newspaper and we also were recognized by National Parks and Rec, so I think the partners have received a lot of marketing from it and I think that they are very willing to include us with them whenever they market anything. For an example, we were approached late in the process by a local school called the New England Institute for Art, and their senior class, they have a handful of kids who go through a program that they work with a company and create everything. So they actually created a logo for us. They created a decal that every partner puts in their window. They create a poster that we put in our kiosks as well as that we posted all throughout the town. And then we created a tri-fold, two-sided brochure that they helped us with, so all the partners were listed there, all of this information was out at all of the partner locations as well as throughout the town agencies. So that was a really big piece for us because in house we don’t really have the access to create logos and all the different things that that school would have been able to do for us. And that was all free of charge.

[Ok, with a lot of your programs, do each of the partners kind of put on their own classes and programs, facilitated by their own staff, in their own facilities, but they are marketed and coordinated in terms of goals and that sort of thing?] Yeah, each agency has their own goals, their own calendar of events that we just try to become a part of. Some of them did offer additional classes during Public Health Week. Some of them because they might be a one on one trainer that’s usually going to the person’s house, they used our gymnasiums or our rec centers to offer their classes during that week, but it’s really more that we’re making the information available to the community and then it’s up to the resident to go out the featured locations.

[What’s being shared is the communication of all the information and what’s being offered with the public.] That’s right.
Ohio:

Yes. I would really call it [the partnership] very programmatic...You know how Cleveland Metroparks is, it doesn’t really have that many opportunities to get...in a normal non-profit, we would have these people on an advisory board and some other things to get them sort of bought into the whole thing, but that’s not how we do things here, so the relationships that I primarily have are all programmatic, which is kind of a shame, but it works...they work.

California:

We didn’t sign documents with anybody...Yea, because that scares people. We just opened up our doors and said how can we help each other. What can we bring to the park that is needed in this community?

[Rather than having a big policy or initiative or something, you just started doing it and then it evolved] Oh, yea. We just did it. And that’s what works. Anytime we talked about doing a formal policy because people wanted credit...in whatever department we’re talking about. If they started, well...but then it became a big red tape thing and it fell apart. No one could do it because they couldn’t figure out how to make it work on paper. So then I talked to the people in the field who make it work. I said, ok, let’s work together. Ok, we just won’t tell anybody. And that really is the way of doing it. It’s not major...you get the big media campaign and starting off and blah, blah, blah, but then it’s just about doing the work and that is what we got famous for...I can call any department now and get whatever we need because we’ve opened those partnership doors. We know we’re not going to screw each other. We know we’re going to do it for the right reasons. We know it’s not about you getting credit or me getting credit. It’s about doing it for the bigger picture for the common good. And what kind of a cool thing is that?

[Each park develops it’s own partnerships.] Well, we have countywide trainings [with park managers] where I’ve been going out quarterly and I’ve done that for the last two years, and we go out and train 125 line staff at a time on issues that we think are important or may be coming up. We give them a few more tools to be able to help, whether it be in leadership development, whether it be on what to do in a disaster, because health and wellness now is more than just about your weight and how you look. It’s about how you feel in your community, how your community takes care of itself, how is the air in your community? Are there parking spaces? Are there parks nearby where people live? We became about much more than that, so it’s kind of new...so we can speak in one voice for health and wellness, but we can’t speak for communities on what they’re talking about because we don’t always now. That would be at that park with the connections they have made in their local communities.

Colorado:

Yes, I totally understand what you’re saying, I’m just trying to think through...I would say that generally, if I had to make a sweeping generalization, I would say more often we would provide facilities, but that isn’t always the case, for example I can think of another proposal that’s on the table right now, which is a partnership with our housing department in the city. They are building a couple of...actually they have one finished and they are building another one, a housing community for older adults and we are going to be providing exercise, group exercise programs at those facilities, so we would be going out of our facility and providing a service there.

Yea [we’re providing the staff], it can vary, but more often I would say we try to help with the facilities...We do [have that resource], we’re very lucky.

[And it sounds like also for some you are providing an improved image. They are able say; hey we’re connected with this recreation, active kind of organization. Do you think they might see it that way?] Yea, definitely. Yea, I think so, once they realize what we’re able to offer. I think unfortunately people who aren’t familiar with what a recreation center is like, a public rec center...they think of a dingy old gym and that perception still is out there, so we still run into people who when we talk about things that we have going on at our rec centers they kind of do that...What?...but once they go into a rec center, they see what’s going on, the realize that this is really a vibrant, busy place. [Well, you said you’re starting to
partner with a hospital, maybe that will lend some of their image to your organization, in terms of health or those kinds of things?] Oh, definitely.

**Washington:**

[In our partnership with the school district we were you providing more of a consulting type of role.] Correct. It was helping them to implement a policy within the school because it was a state law last year that every school in our state had to come up with a nutrition standard for their school in terms of their vending machines and the types of foods offered at their lunches, etc. So it was to help determine what that policy was going to be for the school district. It was implemented within the school district, not within our programs, though she utilizes a lot of the same policy for what she has for after school programs and day camps programs (the same nutrition program).

[So we collaborated to come up with the standards, and it’s used within both agencies, to an extent.] Yes, fully in the school program, in part through our programs.

Because it is a community program [the Get Movin’ program], it’s a collaboration; we have a steering committee that makes overall decisions about the program, the mission, the program design, budget, etc., and that’s a small group, ½ dozen or so people. Then we have the program committee which is a larger group that does all the sponsorships, grant writing, marketing, promotion, design, kickoff, scheduling, programming, so every agency that comes to the table is a working committee. If you serve on the program committee, you select a subcommittee to work on. So if you have a special talent for sponsorships, you might work on the sponsorship committee, and go out and seek sponsor for the event. If you have a special talent with marketing materials, you might work on that committee, etc. It just depends on what your personal skills and talents are.

I: What about your agency—is it held in your facilities?

P: It’s not. The steering committee meets at our county district office. The program committee meets at the Everett parks and recreation dept office. Everett is the central city of the county. It just so happens that I’m the chair of the steering committee, so every agency that has a person at the table can serve in any function or capacity.

I: The agencies are providing the people who plan and arrange?

P: The largest contribution from all the agencies is staff time. Other things that are contributed are: donation of use of facilities for events, some agencies contribute other supplies or needs, but he largest cont is staff time.

6.) What are some of the things that encouraged your organization to become involved in this health partnership? In other words, how did it come about?

**Utah:**

It began back in the early 90s when they first hired a wellness manager. Seeing the need for fitness and wellness education, not just to city employees, but to the general public. They [the city manager, and the city council] came to visit our facility, the schools, to whoever would be willing to listen and participate.

Well, the time they hired the wellness manager, he was a pretty gung-ho kind of guy. He’s not longer here with the city. He is doing other things now. He was probably the lead in approaching the schools and approaching people like the American Heart Association or the Arthritis foundation to get programs started to utilize our facility better for people who wanted to come in who needed rehab or whatever the case may be. So Mike took a pretty good lead in actually going out and knocking on doors if you will, to other organizations or entities, to try and drum up business, to sell our story, that this is a great facility that we have, are there programs you have that we can utilize or share and use our facility with?
Mike worked for the city of Orem up until about 3 years ago. So, he worked here about 20 years, maybe 23 years, something in that neighborhood, as a part time person, teaching classes, working with the recreation department and programs, and then eventually was hired on as the wellness director. [So you had already known this person. You knew that he was dynamic, a go-getter, and certainly was knowledgeable about health and wellness issues. There was a long-standing relationship there.]

Connecticut:

Well, I think it’s a combination of both [partners approaching us and us approaching them]. But the bottom line in answering that accurately is the limitation on resources. Financially there is only so much government can do at this stage of the game, and yet the demands keep growing, so I think you have to be a little bit innovative, a little bit creative in terms of how you provide those kinds of services that the community really does want and yet we just don’t have the finances to be able to run all of those things. So when you start partnering up with these organizations and agencies to do different things, all of a sudden the community benefits by that cooperation and that’s been our thinking.

We’re here to service our community, our customers, and our residents, and non-residents to some degree. Whatever way we can do that. I don’t really think, to be quite honest with you that somebody living in West Hartford cares who’s running the skating rink as long as it’s being run effectively and efficiently, then that’s all they care. So partnerships are a very, very important part of where we’ll go in the future.

Texas:

Different resources as well as because grant funded programs have a different operating style and restrictions more than a private business can bring. It’s also reputation and whether or not the community has confidence in you or…so your reputation plays a lot in who we’re calling to the table and all of those communication issues that are certainly a challenge. And basically we’ve evolved into a core group. Probably right now we have between 10 and 15 organizations and probably less than that who are truly committed and continue to keep the torch alive, so to speak.

Pennsylvania:

A lot of the have been created longer than I’ve been here, just because we’ve worked together for so long. I’ve been with the county about 5 years. We just continue and keep fostering these partnerships as we go along. The health partnership is new.

[Specifically for the Keystone Active Zone partnership, we were at the conference and became aware of that and then the following stuff was identifying partners beyond our own organization. Right, and that wasn’t too difficult at least on the recreation side because we work very closely with all the recreation organizations in Berks County. There are a lot of municipal recreation directors who, we get together maybe at least once a month just to talk about what we’re doing and to share resources there. So that was fairly easy to get a lot of them together, then it was starting to partner with school districts and also health organizations. And one of the first steps that I took, and that was recommended by PANA was to check on their websites to see if there were any community champions that were in our area. I identified a few who were in our area and who are very active in our program today. And then from there we also started to identify school districts who were working with PANA with the Keystone Healthy Zone program and that was fairly easy because one of our school districts on that site, well one of the school districts who was listed as a Keystone Healthy Zone has also been promoted on the site for all the events that they have been doing with the Keystone Healthy Zone, so they’ve been very active and that’s…And Jan Warshock has been very helpful in not only helping to promote it through here school, but also in helping to get us to the network of school nurses all throughout the county. So it’s just finding these partners that are already together or other links that network together and then just trying to coordinate them together and that’s been the more challenging, but interesting, finding out that there are all these other partnerships out there that get together.
Oregon:

[Even before the committee, we were doing a lot of partnerships.] Yea, it's the only way we in this particular community, can survive. It's just been a necessity. It's basically become an understanding that that's how we operate. [it was already a part of our mindset, so it wasn’t as difficult to form this council.] Right and we actually received directive that in producing our own programs that we will solicit support from community agencies. We don't believe that we have all the knowledge or all the resources to pull our programs off or community programs off, so we know it just works out better is we go ahead and tap resources form the community and it helps bond the community together stronger.

[Instead of saying this is what we need and we’re going to do, we look at what other people need and what we could give to them.] Yea, I think we have developed a reputation that we utilize the community so that we can produce more and produce things better. We don’t have unlimited resources, but collectively we can find the resources that we need so that we can maintain a nice quality activity program and special events.

Yea, it is almost standard procedure for us. Anything that we’re doing, we are out soliciting for support. Whether somebody actually has equipment or facilities or funding or manpower, that is always part of the checklist whenever we develop a program.

South Dakota:

The pieces just fit together. It’s like, oh, you want to do that? Well, we like to do that too. We see ourselves as being involved with mind, body, and spirit in the state parks system and so all of a sudden health is saying, these are things we’re working on and we’ve got a grant coming that handles this and this is a perfect fit for what we’re trying to do and so we’re kind of looking at each other going, hey, what a deal.

[We had similar missions and things that we were trying to accomplish.] Exactly, and we had communication. We had time that we were already sitting, talking about ideas of what we were each doing. I think what it takes is some time to meet and greet, and then to share ideas and to be open to collaborating. We just can’t be all things to all people, and so if they’re willing to jump in with us, and we’re willing to jump in with them we can get a lot accomplished.

Indiana:

We do a lot through the partnerships because there is no way we could do it all.

We have to. We’re an office of 7 people. There’s the director and then there’s me and there are the three recreation supervisors, which used to be 2 until I was hired and then we have two secretaries. And we do unbelievable things. This blues, jazz, and fine arts festival brings in 20,000 people. I do 5 arts and crafts fairs. We do a kid’s triathlon special event where they swim, run, and bike. We do a car show, we do Easer Egg Hunts. We do a haunted woods. And these are just our special events. On top of that we run the soccer program, we run tee-ball. We are just so busy that we have to have some organizations to help us. By the way, our community is about 21,000 people.

[So rather than spending a lot of time to run out and get the equipment and find out how to do a blood pressure screening or something like that, it is easier to work our a way for someone else to put it on and do it concurrently.] Right, we have no expertise. I was the flu site coordinator for Lake County before I came here, so I knew a little about the flu site, but other than that, none of us has any medical training, so if it’s something that we don’ know about then we’d rather have the expert in the field do it.

Massachusetts:

We do a lot of partnering in our department. The town agencies, the local government does a lot of partnering with each other, with the health department and with different departments, whether it’s the
parks and open space or whatever it may be, so just personally I’ve had much better luck offering programs when it was partnered with other community agencies, rather than trying to do it on our own. And it just was a natural fit for our town. We have a very good working relationship with our health department so it was the first thing that I started with, because I wouldn’t have known if they had any smaller programs going, and they contacted us to be included in the fitness directory prior to that point, but at that point it didn’t even ring a bell until I had gone to the workshop to say, oh, this is something we could do together.

[We wanted to find out what they were doing already to not double offer things.] Exactly. [And those partnerships in the past have been helpful to share resources and expertise.] Oh, definitely. Yes, definitely. It definitely would not have taken off the way it did, or worked as well so far if we weren’t partnering with different agencies, and every town is different. Many towns don’t have a good working relationship with their health department, so it would be difficult just on the local level, I would think, for many municipalities to do that.

[We went to some of the organizations that we already had good relationships with.]

Ohio:

It was a group thought thing for the whole marketing department. We were thinking…what we were trying to do initially was to tie something to the gift shop, and initiative to the gift shop, because they needed a way to build traffic. And what would be a good thing that would enable us to bring people into the store too and that’s where the idea of the pedometer, these were…they were readily available. This idea of the pedometer, some kind of a kit that we would create and we would this opportunity for people to walk for health. And this is when the whole pedometer thing and the steps and everything first became available, and we thought…we can do that, we just need a little seed money to get it started, and that’s how that started. Now after the kits, after the pedometers became more readily available, I mean they were giving them away at Mc Donald’s with Happy Meals, that part of the market kind of crashed and we were saying, well, we’ve seen that people like this concept. It was very popular, we sold a lot of kits. We saw a lot of people on the trails, reporting, that kind of stuff, but now that can’t be the sort of focus of the program anymore and let’s create something that people can join to have a goal, have a commitment of continuing to walk for health, but it’s not solely relied on sales of these kits and that kind of thing. It’s something they can do on their own. So that’s when the club idea kind of started and then it morphed into this program thing that we did last year, which worked a lot better…because we only had about 80 people sign up for the club, and then like I said, we had literally thousands of people sign up for the other thing.

California:

I guess it was just me. And I’ve always been one of those to partner because I knew we couldn’t do it alone either. And since I was in charge of the program and moving it forward, that’s just what I did. It just seemed like the right thing to do. When you’re not told how to do anything, you’re just given an overall…let’s do this, I don’t care how you get there, but at the end let’s be there and who knew that it would work?

[You mentioned that you had partnered with some agencies before?] Yes, yea, I guess so, but I just realized how important it was and a lot of us a few years back, weren’t even allowed to go outside of our doors. And partnership was like a bad word. It was like don’t give our knowledge to anybody else. And they didn’t want to share their knowledge either, so it wasn’t really until the last 5 years, or 6 years that people really started being willing and open…and it just so happened that we were more willing and open before everybody else got on board.

[And as we’ve done this and been successful, it’s kind of paved the way.] There you go. And who knew? But like I said, it’s easier for us because we’re not all that mandated stuff like all of the other big county departments are. So it made it easier, but it doesn’t mean that they can’t do it too. It’s just easier for us because we don’t have all that stuff you have. But how can we work together to improve the quality of life for families and kids in Los Angeles County?
[So it all comes back to the overall mission or goal.] Right, right. And that’s not just about us. That’s everybody’s goal. That’s everybody’s and when you can put it on a thing because it’s the right thing to do. How cool is that? Not because it’s your job, but because it’s the right thing to do. Someone needs to…we need to do this. And stop messing around and let’s just do it.

*Colorado:*

The cancer program was sort of one of those things...a lot of times these things are things that sort of happen upon us. The cancer program started because somebody knew somebody who worked for The Coleman Foundation, the local Coleman Foundation. And this person said – actually it was to our executive director, said oh, they want to give grants to public agencies who can provide programs for cancer survivors and so of course we just jumped right on that and said we can do that. We already have older adult exercise programs, we can certainly make that a part of those exercise programs. And then that thing evolved into it’s own little program, and other times I’d say, with this cardiac rehab, this is something that I’ve been wanting to do for probably 20 years. Ever since I many, many years ago worked at a senior center and people would come in our senior center all the time saying I just finished my cardiac rehab at my hospital and my cardiologist sent me and said you need to go exercise at your local rec center or your local Y, so here I am. And then our little front desk staff, temporary, part time, front desk staff are looking at them thinking, what am I going to do with you? So we’ve been thinking and now we have an cardiac exercise physiologist working on our staff and she and I both have this as sort of a mission to make this happen. Because we see that there is a huge gap and people if they need to pay out of pocket to continue to go to a hospital rehab setting, most people can’t even afford that. So we think why not provide a transitional step so that they can have some exercise guidance when they’re first getting started and then once they are comfortable and they are not so tentative and they understand the setting and what they can and can’t do. Then they’ll be ok on their own, but we just need to give them a little extra help along the way. That’s because we just hear from people the things that are difficult for them, so a lot of times we’ll start a partnership…and with other health issues, we know that youth obesity is just a huge, huge problem and we also know that the only way probably that we can get these things to work is if we can work closely with the schools.

*Washington:*

I think 50/50 we get approached by people to run with ideas or who what to engage in a partnership with us because we are the city and are a major agency in our community, but we look for potential partners as well. The difficulty is we already are all so busy and to carve out time to seek out a new partnership and ______ that partnership takes a lot of energy on our part and we may not have the staff time available to do that as often as we’d like to.

Often the way it goes is a lot of partnerships are developed because of available funding: a partner comes to the table because of available funding or a grant is available, you seek out [partners to go for the grant. Often a partnership will happen because we are approached by the partners, i.e. Schools/hospitals. Sometimes we might think of a program that we don’t have the skills or resources in house to get it done on our own so we go out and seek for those partners. A lot of times it is in an organic way you don’t know you are going out trying to get a partner but it just happens.

7.) How successful would you say this health partnership was?

*Utah:*

I think for about ten years we had a real strong active program that other communities, not only in this county, this valley, but in the state looked at and enquired about and were seeking information from. We put on some seminars at the Utah Recreation and Parks Association state conference several times, disseminating information on how we got started, what other communities would need if they wanted to
get started and how to go about doing it. Whether that is happening in other agencies, I don’t know, we haven’t kept track of that to see if they’re doing it or not doing it or what’s going on there.

Right. [The partnerships were successful in terms of participation.] For about a ten-year period there from the early 90s to about 2000 or 2001, maybe, we had about 1200 people who actually came through to do specific nutrition evaluations, fitness programs that we would set them up on to work on 3 to 5 times a week, where they would come in and meet back on a regular basis each month to see how things were going, to change and update the program as needed and evaluate each thing on a monthly basis. Now the hard thing was, we don’t keep track of everybody and make phone calls and say, hey, it’s time for your monthly visit, you need to come back in. Because not only was the wellness person at that time doing that, but as I got that responsibility, and it became my responsibility to do the wellness programs, I was also program coordinator taking care of adult softball, adult sports, programs in the facility here, outside the facility. So there was not as much time put into it as probably should have been and the program started to slack off to a certain degree.

If the city is going to do it, the city administration needs to be committed to it. Because we really didn’t bring in the money to fund a person full time to do it and that was the biggest reason for the restructuring in the early 2000s to do away with that person and give that responsibility to another person who’s already here where money’s being generated from a lot of programs to pay for that person. Does that make sense?

Connecticut:

I think [the partnerships have been successful]. The re-emphasis and change in our mission statement, and just to give you an idea of what we did, and I’m going to give you that change. The mission statement now is changed from the original typical parks and recreation mission statement where we do everything, to a very simple statement and the statement is this: To enrich the lives of all citizens through the creation and coordination of healthy lifestyle initiatives and programs that encourage civic engagement.

[With a shorter mission statement, the focus on is more emphasized]. Yea, and it’s the healthy lifestyles and the civic engagement…our community partnerships are really the key behind it.

Texas:

Certainly [So would you say that this group and these partnerships have been successful in meeting the goals and the mission], I mean, we’ve had our bumps along the way, but for the most part I think I can say without a doubt that everyone’s goals…they’re satisfied with everyone being on the same page with the goals and what we’re trying to address in the community. There have been of course varying opinions on how we get there, but for the most part there has been a general sense of cooperation in addressing those issues.

Pennsylvania:

Yes [it’s been quite successful], we’re making the issue aware and what we’re doing to help with that.

Oregon:

Well, if you were to measure it in how the community has responded to us. We have almost a 90% approval rating and reputation within the community. People are very willing to associate themselves with us because we are a positive direction for the promotion of active healthy lifestyles in the community. We are a major player in the character of this particular community.

South Dakota:

Absolutely [I would call the partnerships successful]…the word is getting out to the public and they’re recognizing it. We just had a trick-or-treat hike at a local state park here on Sunday night, and this is in
Pierre South Dakota, so we are talking a little area, and we had 1150 people come out to walk the trail at night. It was a mile trail and it was about half adults and half kids…and then we had tables set up throughout the whole trail, with different pieces of information at each one. And so coordinated school health had a table, the department of health had a table, public safety had a table and so instead of handing out so much candy, people were handing out things that promoted what they’re all about.

**Indiana:**

I would definitely call them successful. The other thing is, it makes for more of a community feeling to bring all these resources together and I think our town does have that feeling. They also know if they have questions about any of these other facilities, they can always come to us.

**Massachusetts:**

I do [feel that the partnerships have been successful], I think that the open house definitely had pros and cons that worked better for some of the partners vs. others. Obviously some of the partners had a better turn out than others, but I think overall the town is very happy with it. They are really excited about it and this pilot program called Minutes in Motion has really generated a lot of interest among the community even though it hasn’t been formally introduced to them.

**Ohio:**

I think it’s been wildly successful...what it’s been able to grow into, to get that many people involved in it, to get specific partners involved in it, to bring new cash to the organization that we wouldn’t have had otherwise and to expose audiences through non-traditional means. We buy a little bit of advertising, we have the emerald necklace, we have that, but when you have people working into their employee base and promoting their program, a lot of times that’s people that you’re not hitting through any other kind of segment. It’s very powerful. It’s like an endorsement so this is good, I’m bringing this to you, you should try this. It’s a whole other thing from picking up a magazine or looking somewhere passively and saying here’s a program you might sign up for.

**California:**

Yes, Yes [I would you call the whole general partnership strategy successful], and like I said, not because it’s written down in stone anywhere. Just because it’s between people who trust each other to do the right thing and you develop those relationships and you can do anything.

**Colorado:**

Well, all the ones that I’ve told you about except for the…cardiac rehab hasn’t quite happened yet, but all the other partnerships are extremely successful. I guess we’ve probably tried a couple things that haven’t been successful, but nothing’s coming to my mind right away. I’m only telling you the success stories.

**Washington:**

My general impression is that when you have more people at the table you can accomplish more, do bigger things, have a wider reach to audiences that we or our partners alone don’t have access to, the partnerships creates a collaboration that opens a door to reaching particular audience’s. Lynwood is a diverse community, we have over 1/3 which are people of color or diverse ethnicities, so we have to utilize our partnerships with organizations to be able to have people with language skills to communicate with some of our customers because a lot of these diverse communities are low income or new immigrants to our community, so we have to seek out partnerships to reach those audiences.

I think I can speak the most to the get moving program, this program has been in operation for three summers this coming 2007 will be the fourth year. The first two years we were not involved. We stepped in on board last year. At that time, this community partnership was a little bit fragile because that health
educator who was employed to run the program changed jobs and was no longer available, so we had to find another facilitator from within the group, and that facilitator didn’t necessarily have the skills to be a facilitator so it was a little bit rough that year, but it gave us an opportunity to evaluate how that partnerships was operating and how we want to operate in the future. We asked the questions: is this program important, does this program have value to our community, how do we want to organize ourselves so it is a successful venture for all partners involved. That’s how we started the steering community and we started a planning cycle that was in advance of when it had been done in the past, and laid some foundation work that hadn’t been done yet. It was bumpy the last year, it’s a great program, it’s well known within the community, it has a lot of support from community business who provided incentive reward coupons for participants, but we’re headed into a new program year that I think will be highly organized and successful because of that.

**Which of the things were really important to making this collaboration or partnership successful? On what basis did you define success?**

**Utah:**

And it takes a dynamic person because it takes a person with a lot of initiative to go out and do a lot of door-to-door agency contacting and not just sit back and wait for it to come to them. Otherwise it’s not going to happen, and that’s what Mike did.

**Connecticut:**

That’s [evaluation] a constant process for us. We’ll so surveys periodically on different facilities and programs to try to determine their success, but the reality is that you can tell by many of the activities and services we provide if people are coming and using the service, if the program is popular, then we’re going to continue to do it and we’ll find some way to fund it whether it be publicly or privately. But we’re constantly dropping programs off of our listing of services and adding new programs as the demands exist.

**Texas:**

Based on the programs I think there were certain target levels that were needing to be met in terms of what was required by the grant. And also, I’m not sure where we are on it right now, but there were certain…what do you call that in research terms?…The baseline and then to measure, I don’t know whether it is a year later or two years later, whether or not that individual has made any difference or changed their lifestyle.

**Pennsylvania:**

I think mostly the partners themselves because we all share the same vision and trying to have a healthier residence in Berks County. So in doing so, our focus has all been the same and I think we are all excited about the program that we are working on. There’s really no…even though I’m the leader of our organization, it’s not like a dictatorship, it’s not, this is what we are doing. It’s all by consensus, so we’re taking into effect everybody’s opinion into what direction we are going to work for. And that’s been very helpful because everyone has a say in what we want to do. So then you can more get behind it when it’s not somebody saying, this is what we’re going to do. You have a say in helping to create the vision.

**Oregon:**

Just evaluation of the programs, participation numbers certainly, number of people that are returning. The number of people who are taking now more programs from us than they were previously. We do track that.
**South Dakota:**

There isn’t documentation because it’s so hard to measure. We don’t have someone sitting at the disc golf course at each of the parks 24 hour a day. And so to get numbers, that really doesn’t work, so what we have is basic feedback from our staff, so having our park managers say, you know there is somebody on the disc golf course every day of the year and normally we go, during the weeks in the winter, we don’t even see anybody out here. And so it’s that kind of feedback that’s helpful for us. And then we also have what we call our comment cards. These are in the parks, throughout. We put them out in the spring and we’re done now because a lot of our facilities had to close because of winter, but the people on there respond and say we love the disc golf course. My whole family went out and we loved it. So we get a lot of positive feedback from people. I should say, another thing that we have done that I didn’t mention…the department of health helped us get recreational equipment for checkout in the state park system, so we have things like badminton, bocce, and croquet, just to get people out of the lawn chairs, up and interacting and being physically active with their families. And so people can check those out along with discs for disc golf, and use them in the parks, and we’ve got a lot of positive feedback on our comment cards from that. People just think that’s great. In talking with one staff person, he said, I don’t know that this is good. And I said why, and he said, because people come and use our stuff and then the next time they come, they’ve bought their own.

**Indiana:**

No we don’t measure blood pressure. It’s based on participation and it’s also based on those evaluations that I told you about.

Those are usually open-ended, like what did you like?, what do you want to see? Things like that.] Yes, what did you think about the speaker? What would you like to see in the future?

I’d say [we collect evaluations on] 90%. I always go in at the beginning of a lot of the programs, and I, while we’re waiting for setup or something like that chat with everybody and tell them what’s coming up and ask them what they’re interested in and what they’ve done that they liked, and that type of thing, because you can’t beat that one on one…and it takes effort to lift the phone and give us a call, so when you can go in and talk to them it’s a lot easier.

**Massachusetts:**

I think it’s just the combination of all the agencies being willing to join us and I’ve been constantly updating them all the way through so that they felt like they were part of the planning process, so that as we continue to move forward, they feel like they have a piece of the pie. And some of them have been more active than others in terms of sharing information with us or asking us questions, because from it, some agencies have formed their own partnerships separate from even us. There are a couple of community centers in town that were able to share resources with staff or they were able to co-share a location for an event. So from our partnership, many partnerships have been created. [Getting the big group together has helped to facilitate other sharing of resources within the group.] Absolutely.

No, we don’t [have a specific definition of success], but I think that is part of the survey, as we’re thinking about putting it together…we’re going to definitely ask, even though it was a team based fitness challenge, we are going to be asking individuals what their number of minutes or percentage of time they spent prior to joining this fitness challenge, and if they planned on continuing, because I think that is where we’re going to be able to gage whether people really did increase it. We certainly have people who are already exercising 6 times a week participating in this, but we definitely want to see if there was somebody who never did any fitness and is now up to 150 minutes a week or whatever the gage is. So we are going to scale it down to an individual basis. [We are looking more for change in people who are on the lower end to begin with.] Yes, yep.
Ohio:

Well, I think it was better promotion [that made the program more popular the second time]. We had the seed money that we just spent on tv, which we didn’t have that from Medical Mutual the year before. They didn’t really want to invest that much…they had a very little amount that they wanted to invest in advertising, where National City, because they were doing some other marketing at the time, they were really looking for vehicles that would just get their name out and they were very happy with the expenditure that we were able to make and the package that we were able to put together. So the amount of money for advertising was 3 or 4 times more than what we had spent in the past. That coupled with the opportunity that National City underwrote the giveaway of 3 thousand kits that we had left in inventory, we sold them off to them, and then they promoted it through their network…any of their customers could come into EarthWorks and pick one up for free by just asking for this coupon. And so prompted by the free giveaway of something that something thought had value, they came in, they signed up for the program, they took the kit. We’ll see how many have finished off. That and at the same time that National City was doing this Medical Mutual came back this year and they didn’t want to spend money on advertising, but they wanted to carve out a piece of the program for themselves too. So we basically reprinted the exact same brochure and put their name on it, but gave them a different way to ask for their kits so their kits had a different sticker on it…compliments of Medical Mutual, blah, blah, blah. And they used it as an employee wellness program and they picked off 3 or 4 of their big customers and gave them the opportunity to get the free kits for themselves too. So they bought 2000 kits maybe 2500 kits. So that is how they gave theirs away. They didn’t want to spend any money on advertising, they just wanted a program that they could use for employee wellness and other things…but it was a different approach. They weren’t at all interested in providing wellness as a whole, they were looking at very specific groups. [They were looking internally.]

The topics were right at the right time that the program that we’re selling was a good fit for the organizations we approached and ultimately worked with.

California:

Relationships, relationships, relationships. That’s what it’s about.

[We got community support first.] Sure…and if you don’t you’re screwed because if everyone’s against you…but if they’re the ones supporting you, that moves political change. So we kind of figured that one out as well, and doing it for the right reasons instead of doing it for reasons for yourself is a big thing too. If people know you’re doing it for the right reasons and for the common good of everybody, you don’t care, it’s not about your credit, it’s about everybody participating and winning, how cool is that to hear?

[And that helps build trust as well.] Oh, sure. And so like we said before – relationships.

Then of course we have our yearly awards for our department and now of course we have a healthy park of the year award. We’re letting people know this is important. You only let them know it’s important by giving them recognition for doing what’s important, so we added that to the picture. And so everybody kind of goes…we have our logo that was designed and it’s on all our fliers for healthy parks and…people see that other cities use it in the county to show their partnership, because everybody’s doing health and wellness now and they all want to use their own name, but most people realize it’s about Healthy Parks. You can call it what you want and we try to tell them, try to call it what we’re calling it, so when we’re looking for a voice, a movement that they can see that we’re all doing this kind of stuff, but you know how that goes. Cities do want their own recognition for what they want to call it and that’s fine because everybody knows where it started from. Everybody knows where it came from. Everybody knows that the movement came behind what we did in LA County, so it’s just kind of cool.

[So there’s at least a common thread even if they have different names.] Oh, sure, and you can’t make people do that. You can suggest to them, you can do a lot of things, but kind of we were the first ones out that and had the loudest voice, so it just kind of worked for us.
Yea, it’s the person…You know people, right? You know people. You meet somebody and you know that this person you want to keep with you and you meet others who talk about doing stuff and never do anything. And you learn to disregard those people.

You go to the meetings, but you find the one that’s got it. There’s a whole bunch of people at the table, but I can pick out the 2 or 3 that I want to work with because you can tell they’re doing it for the right reasons. Some people are in there with their agenda. What can you give me that makes me look good? And you have some people who come in with the overall mission of what everybody should be. What can we do to do the right thing and that’s the ones you partner with. The ones who are just doing it because it’s the right thing to do, not because they have to and how do you put that in writing? It’s kind of the…criteria for a partnership, because that’s nothing, but it’s the relationship that makes that partnership. It’s the relationship that means that I can call anyone on one of my lists and get anything I need at any time.

[You have to kind of feel it out to know who the best partners are going to be.] Yea, and then the person who’s leading your program has to be the force, has to be the individual who can sell it at any time…You’ve got to find a champion. You’ve got to find your champion that believes in what they’re doing. Because without that personal touch, you don’t get it because then it becomes more of a business and we’re doing it because we have to.

Right and you can’t talk someone into being that [a go-getter], you just know when you find them. You know it. All of a sudden they’re just taking what you said and they’re going. That’s the person I want to play with, not the person that’s waiting for you to do all the stuff for them.

[do you have any specific definition of success?]

Sorry, now you’re getting too literate for me. This stuff’s all in our heads. This stuff is all on the top of my head and what we’ve been doing is just building partnerships and empowering people to become partners and stuff. You can’t just go partner with somebody without talking to them about how to be a partner. This is what we train our staff on how to do. We’re doing leadership development now with 24 staff that work out in the field. These are people who work in South Central Los Angeles that haven’t been given a whole lot besides a park, and here you guys, make it be what you want it to be. Well how? I haven’t been to school. I don’t have those things. Well how about teaching them how to be a better person. If you’re a better person, chances are you’re going to be able to do better programs at your park.

Learn a little bit about yourself. So we’re talking about personal missions and goals and connecting them to their place in the community and my goodness, these staff are just going, oh my god I see it. I feel better about myself. My self-esteem is higher. I know I’m a good person. I’m in it for the right reasons. I’m doing this stuff for the right reasons. I know what I need to do. That’s what we’re doing. And there’s no name for that, you know?

[The park managers share with each other the partnerships they are developing.] Which is why we’re so effective, because we consider the diversity of the area. We consider cultural issues. We don’t want to tell one person what to do when in another culture it’s very common to do such a thing. Do you see what I’m saying? So we give them general health knowledge and they have to tweak it to their own community and bring in those health people and partner with those people for that particular area. We just give them the tools…how do you partner? How do you be that conduit? How do you do this stuff? How do you partner? How do you make that first call? How do you do asset mapping? Because we have to give them those things so they can feel empowered to be able to go out and make those connections.

Oh, yea [a lot of them are doing that], and then some people do it better, right? Like in anything. Some parks are really gung-ho, some parks it’s like, well this is my county job, right? You’ll have a spectrum of movement.

[The successful ones can come back and share their experiences.] Right, and that’s what happens, and then they hear from their peers about other things and they’re going, oh, I didn’t know you did that. And then what happens is that the ones that are a little more reluctant because they’re just a county employee
start getting peer pressure from the people that are kind of moving ahead now, like wow, what happened to you, man?...well I got into this. This is cool. Look what we’re getting a chance to do.

[And then they can see the benefits that they could be getting.] Sure, and their bosses can’t tell them about the benefits. They’ve got to feel them and that comes with time. That comes with giving people the tools, giving them the training, giving them the opportunity. We can’t make them do it, but if you can work with them and then all of a sudden they come and they go, wow, why don’t I do this? Now you’ve got them. And so when I get a chance to talk to people, I’m always selling that stuff, I’m always selling it and when they here it all the time, eventually it sinks in to the ones who are a little bit more leather-headed, that aren’t quite feeling…and some of them are just like oh, man, this is great…I can do anything…Look what I can do. And that is what you’ve got to get them to believe, that it’s an opportunity. You can do anything you want. You may not get paid the most money in recreation, but how often do you get a chance to change lives like this everyday of the week. You can do whatever you want. Whatever you want, you can do. Man, wouldn’t you love that job? And I start talking like that and some of them go, well can I have an application?...You may be public service, but boy, you’re not mandated for this and mandated for that like the poor health department. They have all these…like the children services department, all those ones that are working with the poor kids and the families with whatever happened to them. They’ve got to do this, they’ve got to do that…They don’t even have time to care about anybody because you’re on to the next problem.

**Colorado:**

I think all of this always really just boils down to the people and how much passion and how much creativity the people who are involved have and how much they are willing to do to make something work. And so that is what I’ve found, that if you get the right people in whatever agency it may be, whether it’s Lutheran Hospital or Fit physical therapy, as long as the people involved all kind of have the same passion and the same creativity and willingness to think outside the box and not always worry about whether you are doing things the traditional way, then you’re ok. It’s really the people that matter...[being involved with people who have similar goals.] Yes, exactly.

**Washington:**

I think with any program that success happens when you have a person/number of people who are passionate, talented, and have a way of communicating a message. So if you can capture those people and that passion/talent, and have a little bit of organization, you need those ingredients for success. You need energy to do something new, which comes from those people who are passionate.

I think that [the definition of success] depends on how each project or partnership defines what success is. So for us we determine some of our success based on a couple of benchmarks: how many business partners can we get to provide incentive rewards, how many participants do we get registered for the program/redeem their coupons, anything that we can put a number to or benchmark helps us define our own success. But you have to define those before you head through your program year because that really determines you marketing and your promotion strategy. And for us we’re really evaluating which audiences we want to reach, not just the total number of participants, but can we reach certain ethnic groups or ses groups that we know struggle with obesity problems more so than the general population.

[If you were partnering with an organization to specifically target a specific group then that may be part of your definition for success, if you actually reached that group?] Yes. One of the target groups for get moving is a native American tribe in our community, so getting someone from the tribe involved in our group, last year, and moving forward getting tribe members to participate in our program is one of the outcomes we’d like to see from our event.
How did you measure this level of success?

_Utah:

We did [document changes or other kinds of measures of success beyond just participation], we would set up...During my part of the responsibility, when I was the wellness person, as well as the other things I was in charge of, we would normally get a person in here, they would call, we’d set up an appointment, we would meet with them and go through everything. But then we’d say ok, here’s your one-month evaluation. You’re going to come back on this day at this time. And then after that we would have a three month evaluation, six, and then a year. About 33% of the people were active in coming back on their evaluation period time for follow up visits to continue with the program.

We would retest them. There was a series of physical fitness tests that they would go through initially from ground zero to start. So each time we would retest them on those physical fitness tests, do a percent body fat test on them, and then add a little bit more to it, whether is was more weight for strength training or more cardio, adjust the program a little bit to meet what they were looking for. We did [track some physiological changes through these programs]

[For people who stayed with it and came back for the evaluations we saw some gains] as far as improvement and overall better quality of lifestyle for that person who was participating in it.

[Those findings] were communicated to the director of recreation who was over the wellness manager at that time. On semi-annual and annual evaluations that that person was involved with, that Mike was involved with and then eventually I was involved with. So those were passed on. What ultimately determined that the program was going to be axed was that it wasn’t generating the revenue that initially they thought it would. So when it was bringing in maybe 5 to10 thousand dollars, they were anticipating upwards of 30, 40, 50 thousand dollars and it wasn’t doing that.

I think it was both [that they expected more people to be involved or they expected the people to pay more]. The program itself stared off at about 20 or 25 dollars. I think it is around the 50-dollar range now to get into the program and go through it. But you know, advertising was a big part of it. We’re really restricted on our advertising to get the word out. We put it in our brochure that goes out. It used to go out three times a year; it goes out two times a year now. We would put it in the utility bills that would go out through the city. We would put little blurbs in the newspaper, they would do public service announcements for, but to do a full-page ad or the big ads that you see in the paper now for those kinds of things, we just were not financially in a position to do that.

To a small degree [some of your partners sponsored the advertising], like the American Heart Association when they were doing their Slim for Life classes, they were in a position, being a totally non-profit organization, where they could get the ads or the information out they would, because TV, newspaper, and those types of entities would pick up on that because it’s non-profit and they benefit from it too. So from their perspective, they were able to do quite a bit more than we were able to.

_Connecticut:

We haven’t gotten to that point [taking physiological measurements], but boy it would really be nice to create such a community wide program like that, that would really encourage people to pay attention to those things. We haven’t gotten to that point yet, but certainly it would be something that as we get into this whole area of healthy lifestyles…it’s a change, it’s a change for all of us.

I belong to a health club and I also use public facilities, and the amount of people I see in both facilities, both young and old is just tremendous. It wasn’t like that 20 years about, but today everybody is very, very conscious of their health and for good reason. The whole area of health care has grown on an expense side, significantly and I think we all have an obligation. That’s where I think parks and recreation can play a very, very important role in helping keep people healthy, whether it’s doing passive types of things or active types of things.
You’ll see in that report that some of the recommendations weren’t necessarily programming. I’m not so sure programming will be the highest of priorities for the future. I think what we’ll be doing is providing passive…almost bringing us back to our roots, to be quite honest with you. Bring us back to some of the passive recreation things that we all used to do as kids years ago, at least I used to anyhow, I know you’re younger than that…

Whether it’s biking or whether its walking or running whether its sledding or skating or any of those kinds of things that seem to…as time’s gone by, we’ve structured society so much that sometimes you just don’t have time to take a bike ride or go for a walk or any of those kinds of things for some people that are just as important as anything else they might do.

Texas:

There is someone who certainly is measuring these things. That person is not in the senior services division right now. That responsibility was transferred to someone else. But I have like, this is all public information, we could provide back up documentation…to kind of get a better idea in terms of what we were trying to address and give you an update on where we are in terms of where they started and where we are now. We could probably get that information to you or a copy of the grant request. I don’t want to give you too much information.

Yes, [we kept information on individual participants]. One of the goals early on was to actually establish baseline at the initial health fair or community project that you would do, and those individuals who wanted to voluntarily participate in this then we would get there baseline measurements in those key areas. And those would be the weight, the blood sugar screening and a couple of other things. We would take those measurements and then give them information as far as how to improve their lifestyle, how to eat better, nutrition information, physical fitness information, and other general health information and then later on they would be tracked to see if that had made a difference. Like I said that was one of the plans early on as part of the grant to be able to do this because we were also going to request funding to purchase a…one of…those things to put your hands on the bar for to test your BMI or something…body mass index calculations, I think. [So, the outcome measurement was built into the grant initially to kind of prove success and use it support requests for funding later on.]

Pennsylvania:

To an extent [there are specific measured outcomes.] It’s a little hard to get specific numbers on how we’re…the different results, so that is a little hard to define. Although, more easily measurable I would say is once we had distributed the passports, this past summer and then seeing them come back and seeing the results come back. Not just in numbers but the quality in the passports, the activities that they enjoyed. In effect, I think down the line, we’ll see more and more interest coming out to the parks. And I think we’ll see that more as the program goes on and also once we have our maps accomplished, then people will see, oh, really, I didn’t know that park was there. I’m going to go check that out. Then maybe we’ll see more traffic in the parks, too. Not there’s not any now, but I think you’ll see people who were not aware of them coming out. So that’s what I’m excited about. I really can’t wait until the map’s done.

Oregon:

[And as far as your health programs, do you do any sort of health measurements that are more on a physical level?] Not in an official capacity, except at the fairs a person could do that and like that walking program that I was talking about, they will…there is monitoring point as they work through their weeks where they do take blood pressure, they do take their weight as one measurement to show the effectiveness of regularly walking and increasing that walking. But other than that we don’t do a lot of that…real formal documentation.

[Our evaluations are maybe based on participation.] Yea, but we don’t formally measure it. It’s still recreation; it’s still programs that are elective for people to participate in. They aren’t a consistently
defined group. Participants come and go. Programs are full, maybe the next offering a person who was in for 10 weeks is not able to get into the next program. It’s not a real controlled environment. What we do is we just promote that from participation in these programs, you will receive this type of benefit from it and basically the only way we can measure that is through direct program evaluation. Basically how they liked the program, give them the opportunity to explain what happened from taking that program. We’re not only looking at their physical health, but we’re looking at their mental health and increasing, with a lot of adults, their socialness in the community and getting involved with more people and interacting more, having a greater perspective...for a diversity of people, things like that.

South Dakota:

We do keep track of numbers on that [the walk in the park program]. We don’t keep track if they’re repeat or not. But they are different topics each time at different parks. I can pull them out...and share a couple...one is called coffee club heart walk...walk in the park...Bird watching basics and breakfast. One is Eagles and bagels, one’s winter wonders...one is a snowshoe social walk in the park. So we have them all year-round and each one has a different theme, so they attract different people.

Indiana:

No we don’t measure blood pressure. It’s based on participation and it’s also based on those evaluations that I told you about.

Those are usually open-ended, like what did you like?, what do you want to see? Things like that.] Yes, what did you think about the speaker? What would you like to see in the future?

I’d say [we collect evaluations on] 90%. I always go in at the beginning of a lot of the programs, and I, while we’re waiting for setup or something like that chat with everybody and tell them what’s coming up and ask them what they’re interested in and what they’ve done that they liked, and that type of thing, because you can’t beat that one on one...and it takes effort to lift the phone and give us a call, so when you can go in and talk to them it’s a lot easier.

Massachusetts:

I think that we’ll look at participation definitely and we’ll look at how many minutes were actually moved and that kind of thing for the goal of the program, which was just to get people moving and to let them realize how easy it is to actually work 30 minutes into your day a few times a week. I think we’ll also send out a participant survey and I think we’ll also probably send a survey out to our agency partners and see if they recognized any increase in their participation during the 10 weeks. That would help us gage it people were actually going out to places to do it, or if they did it within their daily lives. Whether it was just walking in the park where they could do something for free, or if they went out and joined a class on their lunch hour.

[And then we’ll change the program based on the evaluations.] Right. Like I said, it’s a pilot that we are keeping in house and I think we wanted to work everything out before we introduced it to the public because we had 350 town and school employees, which is a large amount of our base and if we did get as much of a turn out from the public then we would want to make sure that we had everything set in stone and we were very comfortable in what we were offering.

Ohio:

[It’s been successful in terms of participation. Did you look at any other kinds of outcomes or measures of success from the program?] We have not yet. I’m sure we’ll get to that, but it’s new enough that we haven’t really looked at too much on the outcomes. Oh, yea, definitely, definitely [there is interest in doing so].
**California:**

Well, we intended to [measure outcomes] when we first started, but it became bigger than that. It became about people just coming to our parks and getting the information that they needed, but actually this year we’re going to be doing surveys for every program in our parks in the South and…It’s kind of difficult now because we don’t have any baseline data that we started with, so we’re going to kind of start off with questions like, How long have you been doing this? How have you felt since you changed? We kind of have to go back and get some baseline data from our history. But since we’re not health people and since we don’t have people who are doing stats and doing Excel files and know how to do all that statistical stuff, we never did that and it’s going to come back and bite us, but we’ve been so busy just doing programs, because that’s what we do. We don’t measure it, we know they are doing it because people are telling us. They go, Sue, put it in writing, I’m going, I’m trying, but geez give me a break. We’re busy doing it because it’s the right thing to do, but…guess who I called. I called my health people. I said, guys we need some questions that we can answer and start getting some stats from, can you help me develop a survey? Yep, what do you need? That’s what I’m talking about. And what we’re going to using…we’re getting some interns from the health department to help us do some of those surveys and in-take and everything like that and start analyzing the data, because we don’t do that, even though we know it’s what we need to do.

[A lot of programs involve distribution of information, which might make it harder to get outcome data.] Right, but about reaching people, though, not so much. Reaching people…what we’re going to have is a lot of testimonies like we’ve already gotten. Oh my goodness, I started doing this and what happened? Oh, my goodness! We have a lot of that kind of stuff because Healthy Parks has been our thing for a couple of years, when we’ve been doing some other analysis with other departments trying to find a key program that’s moving forward. We have the outcomes and I’ve been to all that...We’re doing performance based measurements, so we’re getting into doing that, but being that it’s not what we do…we’re used to doing great programs, we’re not used to telling people how good we did, so it’s a real different thing for us to now start saying that we need to get numbers on how much we changed them and blah, blah, blah, blah, blah. And our staff are going forget that, I want to just do the program. That’s where I get my satisfaction. I can’t be putting numbers in a computer because that’s not my job. And so getting people and myself to realize how important it is, that’s the next step. But we’re getting there. We’re getting there and we understand that it’s definitely needed because there’s not much information out there for parks and recreation professionals to be able to say how good they are. There’s nothing out there, and everybody know it, but in the mean time we’re all busy doing the right stuff.

**Colorado:**

We have lots of feedback. We do full, written feedback forms that we get form people. We always do evaluations at the ends of programs, so when someone is leaving the Summit program they always fill out a...how did you like the program? How did it go? What could we do better? But we also get lots of verbal feedback from people about what works and doesn’t work for them and really it’s just a matter of, do people continue signing up? Do we still have participation? If people are coming and it works for us and the programs continue to grow, then we’re successful. And people tell us how much better they feel. We are not big on doing a lot of research and keeping a lot of data and that sort of thing unless we’re involved in some sort of a research project and then we would do that.

In the Summit program they do do that [measure specific health outcomes], but that would be probably the only one. Now if we get this cardiac rehab grant we are going to be doing that exact same thing as well. We’ll be doing really specific measured tests when they start and then throughout the period of time they are in the program they’ll be tested as well. It depends on the type of program that we’re talking about.

[Some programs are a little more specific to certain health issues, whereas others are more about general physical activity.] Yep.
Washington:

We have a participant survey that goes out post event and has for the last 3 years, that asks: how many people in your family participated, did you use the reward coupons, which ones, was this program valuable to you? Beyond that we haven’t been able to zoom in on collecting some data that is very empirical in nature, we don’t capture before/after BMI data because it is a self directed program, we can’t measure days/weeks participants were active for 30 or more minutes. We don’t have a lot of empirical data, just reported information about whether the program was useful to them. Beyond that, we do process outcomes for our group, too, which is a major component to determine our success is process outcomes for our community partnership, how to strengthen and build upon it and create a program that has a more meaningful outcome, the meaningful outcome for us would be to have more individuals in our community be active fore 30 or more minutes a day for 5 or more days a week, but we have no way of demonstrating that get moving is causing that behavior change.

8a.) What are/were some of the difficulties or challenges that your organization faced when in its participation in this a partnership or collaboration?

Utah:

Actually no, I guess the biggest challenges Mike took care of, first making the initial contact, getting things set up. The initial groundwork and laying the foundation for everything to get started, just like in anything that you do, that’s probably the toughest part of things.

Yea, paperwork, contracts, if there need to be contracts between the organization and the city to do things, to hold the meetings here, to promote things through each agency. So I guess that’s a lot of paperwork and red tape that you usually have to go through.

Connecticut:

Well, I think its pretty simple and it may not seem that simple to some, but from my perspective maybe because we’ve done it and lived it. Right now in government, having the financial resources as well as the physical resources to do things is going to be difficult in the future. It’s going to continue to be hard and I think parks and recreation agencies, governmental agencies are going to have to sell those concepts and it’s going to be difficult for them, so the suggestion I have is involve the community, involve the public, involve your users, involve people who never have touched your services. We here in West Hartford work for this community. And I have to have solid input, solid data. I certainly would hope that NRPA would continue their efforts in giving us information that can help us justify the things we are doing. I really do think, locally, towns and cities have to take the initiative to involve the public in these discussions and realistically help them take a look at what options are out there, but also hopefully they’ll encourage a certain direction that quite honestly the public leaders won’t be able to say no to. And I think the path that we took with that community group carried a lot of weight with our town council. If we had done that report on our own, and we could have, if we had done that on our own and did not involve the community, that report would sit on a shelf collecting dust and probably wouldn’t be looked at again, but because we involved the community and because the community had a say in it, and because the council is still very keenly aware of their recommendations, we’re getting pretty significant support, I see, and I hope it will carry into the future. But that would be my recommendation to any agency looking to get into the area is to involve your community, and that’s true of just about any project

Texas:

I guess one of the biggest challenges is certainly the differing opinions of how we get to our final destination and that certainly eludes to turf issues. Who’s the lead organization? Who do they report to? How is the information communicated to all parties involved? And also another key challenges was keeping all of the people who were excited and jumped on the bandwagon early on, keeping them motivated and involved throughout the entire process. Because people drop off and come on or come
back on or they send new representatives and then there ahs to be an orientation so some more school up time for those people to get in gear with the mission of the project. So keeping that alive is also a challenge.

Probably so [this was more of a challenge because there were so many organizations in the group. I mean, the idea was great to just basically cast the net and see who would participate because we certainly wanted to attract more private health organizations and not just all federally funded programs or health district projects.

_Pennsylvania:_

One of the biggest challenges is scheduling. Everybody is busy and have their own things going on with their own agendas, with their own positions. So they are taking their time out of what they normally do to come together and work on yet another project. And there are…in a lot of the partners on our committee they are involved in a lot of other things going on and this is just one additional, so a lot of the time, trying to find a time that we can all get together. More often than not we don't usually have everyone at the same meeting, so to solve that, we keep in communication by email. Email is great. We'll usually email the agenda and then if you have any input before the meeting, and then afterwards I usually send out a wrap up of what happened at the meeting at the meeting, so they can kind of keep in contact. If they weren’t at the meeting, they can still see what was going on.

P: Not at all. [We haven’t had to convince the partners of the importance of this partnership so they would add it to their schedule.] Not with this one. This has just been very enjoyable. Everybody seemed to really want to be a part of it. I think the harder part was, when can we get together? It was more, oh, I really want to be at the meeting, but I just can’t, so let me know what’s going on. I usually hear that. They’re disappointed because they had a staff meeting or they had another commitment that kept them from coming, so they really wanted…you know, keep me informed and let me know what you guys talked about.

_Oregon:_

No, I think…well, yes and no. A lot of times this involvement can add to your workload. It is not just becoming a member of something and going to meetings and things like that, but through the participation and involvement into various events, there is solicitation of the resources that you have, personnel, things like that, it can add to your particular workload and be more demanding. And that can certainly be an obstacle that you have to balance. Other than that, not really.

_South Dakota:_

Because there is no history with the things we are trying because we are trying to be creative and trying brand new things, we never know how successful they’re going to be. And so sometimes, they’re not successful. And then we try and give them our best shot and then we just go away from them down the road when we’re out of the product or whatever. But like one item that I don’t feel was successful in terms of the number of people it got out that we know of, but I still think was successful in that we got the message our and people knew it…is a brochure that…it said…explore the parks with Lewis and Clark and then we took, because Lewis and Clark came through…South Dakota…We took the different state parks that Lewis and Clark were at and what happened there, and then we put that on a map and there were like 14 sites or whatever and then told people that if they would go to eight of these different parks and do at least 20 minutes of physical activity and keep a journal just like Lewis and Clark kept a journal and send their journal to us, we would send them a free pedometer and we being the department of health. And so we got excellent publicity. The media picked it up, it was really good, but not many people did it. Just a handful of people did it.

[Do you have any sense as to why that might have been?] Not really, that is another one of the hard parts. How do you get feedback from people who don’t do something? And so we just had to say, well…our guess would be it was too tough, that people weren’t getting to eight different parks. We
thought they’d be following the Lewis and Clark trail more than they did, and that’s true nationwide, But evidently they weren’t doing that

**Indiana:**

Not really. We are very well known and very well thought of in the community and also…being part of the government. It really hasn’t been a challenge that way. Everyone is happy to be a kind of partner with us.

**Massachusetts:**

I think that part of it was weather related. At the beginning of that week, we had some unexpected snow. I think that also transportation…to get around to different locations. The ones that are on the public transportation train and bus lines had a better turnout.

[Maybe if people are going to a free class, they might not be as willing to pay to get there?] Right, that could certainly be part of it. And I think that if it was a new place. If some people were thinking about joining a place to have a health initiative and they’ve always heard of XYZ company, then they saw there was something free, it was a good reason to go, but if it was the first time they had heard of this agency in town, they might not be as likely to go and try it until they knew more about it.

Not really. We’ve had really good luck with our local agencies. Everyone’s been very positive. I think partnering in terms of finding resources internally to support publications or things for moving forward is where we’ll find more of the issues. When we are going to try to make it a public program. Do you charge for it? How do you measure whether people are really accurately submitting their time? And there are just a whole lot of pieces that I think we’re going to find are a different challenge when we open it up to the public. Besides this is an internal event that the three departments are sponsoring. It’s falling under the wellness…for human resources, a wellness policy to help lower costs of health insurance…There are a lot of pieces on their end that they’re trying to focus on as well and so right now the financial pieces, the only money that had to come out of pocket right now was we had T-shirts made, and the town sponsored that for each participant. We did receive a grant from the Brookline Community Foundation and it was solely for marketing purposes, so we were able to have a vinyl banner created and we were able to have those brochures printed that the local institute had created for us, so I think the financial piece to continue this type of program, and staff-wise, may be an issue because it definitely has taken a lot of planning and a lot of hours from the folks that are involved with it on the town end, and I’m not sure in the town will be able to support that year-round or how large of a program they would be able to support.

In terms of other agencies, non-profits, I think that one challenge that…it may come across as more of a competition, because if one private agency is asking another private agency for access to their labels and databases, it can tend to…well what if I lose them to your company. Where we’re just an unbiased provider that we’re just trying to be like a clearing house for everyone to share resources. The advantage, though is that non-profits and those private agencies have access to a lot of different things that government agencies don’t. The non-profits have a bigger advantage to getting grants. I think the private agencies, because they have use fees and they have larger parent companies in many cases, they have access to different types of financial support, but they may or may not have staff on board who are health professionals. They may have a physical trainer or they may have a specialized staff person, but maybe not someone who is say a nutrition specialist or different things like that, where all of the partners, at least everybody has at least everybody has one of those things across the board.

**Ohio:**

Well, these partners…they do want these relationships and they’re willing to pony up for them, but then actually carrying out the program, carrying out what they’ve promised to do is always difficult. They have a million things to do and this is one of a hundred places that they’ve spent their money this year, and to have a lot of expectations from them of things that they will do…even with Medical Mutual, I had to call them a whole bunch of times saying, your kits aren’t getting picked up, are you sure you’ve sent these out to everyone you’re going to send them out to? Their employees picking them up, but we weren’t getting
the traffic in EarthWords...of people asking for Medical Mutual kits and I know they had not...it took them a while to pick out some customers and hand out the brochures, which was very little to ask of them, but it was probably 6 phone calls before we started seeing some traffic. So that is...I think that is typical of all kinds of sponsors. These organizations want these community tie-ins, and they want that money spent that way, but they really don't want to work real hard. They want a turn-key operation and even though it's in their best interest to participate and be an active partner, I have...I can't even think of somebody that I can say was really a true partner with me, that was basically someone who wanted me to do everything and tell them what happened later. And I just think that is because...I'm not saying that they're lazy, it's just that they have so much that they have to do and trying to get their attention or trying to get them to really work fully as a partner is really an expectation I don't think people should have when they're getting into something like this.

[So they were...not really hands off, but they trusted you to do your end of it, right?] Right, they really want you to maximize their dollars for them as well as maximizing the dollars used for your own agency. They want you to really work for them as well as your own agency.

[We had a challenge at the beginning of the program in terms of copyright issues.] Yea, we had a lot of that initially when first the 10,000 steps and some of the program names were going around and we had to end up copyrighting Walking Works, at least in Ohio in order to be comfortable we'd be able to use it.[Just coming up with a shared program and getting a good branding name was an extra step that we had to do.] Yea, you've got to be mindful of that.

California:

Remember what I said, the first time we tried to put anything in writing it fell apart...The red tape scared everybody. And that's what most people want for their promotions. What did you do? I joined a partnership...blah, blah, blah...And you need lawyers...and it's terrible. It scares most people because, oh wait a minute. I can't do what I said I could do or you can't do all that stuff...On the overall organization, it looks great on the top, but getting those partnerships working that were signed on top at the bottom, just doesn't go. There is just so much stuff that they haven't looked into that happens at the field level, so basically we never went there, we just never went there. We just went there are started building relationships with people who were trying to do the right thing and that's what works.

Colorado:

Yea, one of the things that happens sometimes is that one partner feels like they are giving a little more than the other is to the project and right now we are sort of running into that with the middle school who we are working with. They are sort of dumping...well that is not exactly the right word, but there is a feeling that they are sort of dumping the kids on us and they're not supporting us with any extra staff and that sort of thing. I mean, they sent over 60 kids last Tuesday after school. 60 kids from the middle school and we only had 2 staff available...And they got some funding. They were the ones who got the funding. We didn't get the funding. They got extra funding from a grant to help staff those programs, so...And we're happy to help, but we expect a little bit of support. And that is kind of typical problem that we run into – when somebody feels like they're doing more then their fair share.

Washington:

Absolutely [we have faced challenges]. When you have a community based partnership, even just having foundation status is a major hurdle, or using one of your partner’s foundations to go after grant funding, but that raises a lot of questions about ownership of the program or partnership, and we have a trademarked logo. There are a lot of technical issues when you bring a bunch of community groups together: who owns it, how do you create ownership, how do you keep a community partnership, how do you have foundation status, how do you determine whether your agency is going to support a grant being promoted by get moving when your agency could also apply for that grant for another type of program. We kind of compete with ourselves, we are a bunch of competing agencies coming together for a community partnership.
8b.) What strategies did you use to overcome these challenges?

Utah:

Yea, to my knowledge [if he approached organizations], they were [pretty amenable to those sorts of collaborations]. I’m trying to think back about 15 years here, but to my knowledge they were just because…I think a lot of it was the dynamics of Mike. He didn’t like to just sit around and not do anything, he was a go-getter. He would go knock on doors until he got what he wanted.

No, the first couple of years [he wasn’t very restricted], because the city administration was seeing that he was out doing something, actively getting things going, getting people into the facility, because the initial intent of this was to draw people into the Orem Fitness Center, to get them to come visit the center, participate in other programs offered here at the fitness center, maybe buy a pass or membership for the family or for themselves to increase patron visits here at the Fitness Center. That was the initial thrust of things to get it going.

Connecticut:

Absolutely [the partners have been open to collaboration], in this community here they look toward government for leadership and once we can give them a reason to be involved, we’ve gotten quite a bit of support. They’re in the same boat. Most of the agencies we are partnering with are non-profits themselves and their looking to find ways of improving their program of services and certainly partnering with other agencies should be and is a priority for many of them as well.

Texas:

That I’m not sure of, if they modified the structure to what it is now. Yes, I think so [a plan was established for disagreements]. I think there was a meeting of the individuals from the University of Texas and the Texas Department of Health and Human services as well as the host agency, which was us, our parks and rec department with our director, and with the core group to say, this is what’s happening, this is what we need to do to fix this, and everyone needs to be in agreement that this is the individual…from that organization who is primarily responsible for authorizing what projects we’re going to go through with for re-submittal or renewal of the grant proposal for…I think it was a three-year project, so that meeting probably happened about a year and a half ago.

Pennsylvania:

[it’s mostly just setting up a means of getting the information out.] Right, and email has been wonderful for that.

Oregon:

Well, it’s usually monitoring the performance of individual staff members and things like that. Almost all staff members are involved not only in their job responsibilities, but in multiple community agencies and through those then that tends to add to the workload. So it’s a matter of balancing and making sure that their primary responsibilities are not…the quality of those is not being reduced, so that they are still attending to those. But there is so much benefit from having all those personnel out there working actively in the community that that too provides the benefits back to the district and continues to feed a strong line of support for the programs and activities that we produce.

Indiana:

[Do you think that good reputation has helped encourage the partners to want to partner with you. Like if they know that you have a good reputation and that their name being associated with your organization is
going to be a good thing for their image. Do you think that makes them want to partner with you?] Yes, that is a definite plus. Like I said Heartfield Village came to us.

**Massachusetts:**

Well, in terms of the minutes in motion pilot...we have tried to do other town employee initiatives and just those who have participated in the past...as the ones that we reached out to right away, and then in terms of some of the other town-wide events, from that Brookline 300 that we had in ’05, that was a huge town wide event, where every aspect of agencies that are in town, whether you are a restaurant, whether you were a cleaning company, whatever, you are an arts center, everyone had an opportunity to participate because we had a street fair, we had a festival, we had all kind of things where we had hundreds and hundreds of volunteers that ran this. I think that we were kind of on the coattails of that and we had a unique opportunity that...we had two databases created and we knew who the volunteers were and we knew people who had already stepped forward the year prior, so we were able to just kind of tap back into them.

[We looked for people in the community who had been involved before.] Yes

[We had a grant that was specifically for marketing.] Well, it wasn’t our first choice. We had asked for the grant to be much larger than it was. I think we may have asked for 8 or 9 thousand dollars and that was going to help cover a lot of different expenses. And when they responded to us, they said that the only thing that they would support would be the marketing piece.

It was a local foundation called the Brookline Community Foundation...We do [have a budget for marketing], but being a municipality, you’re always on a fiscal year budget that is always 15 to 18 months before, so just to come up with programs and find the money isn’t always easy. Fortunately, in our department we have a revolving budget, which you’re able to have a lot more flexibility then with many of the other budgets that municipal governments have. So we were able to cover the cost maybe with even staff if we wanted to have part time staff at some of the promotions to give out the giveaways or to promote it, we were able to absorb some of that in-house.

**Colorado:**

Well, typically we try to lay it out very clearly because we try to sure that we don’t run into that kind of problem, but even when you do lay it out clearly…and sometimes we have it all written in contracts, and...this middle school thing is not written up, it’s just...there have been lots and lots of meetings to establish how we do this. So typically we try to be pretty clear about who does what, but it doesn’t always come out that way in the real world.

**Washington:**

We are in the process of creating an official agreement with one of our partner agencies who will be acting as our fiscal agent, and we are also in the process of writing bylaws for this partnership. And we are eager and hopeful that we will receive some big funding from a grant that we are writing that will actually establish get moving as an official program thru the health dept that is funded with staff. So we’ve got a few things in the works, but creating a memo of understanding for all the partners that this is a community based event, not owned by a single agency, or deciding that we want to be under the umbrella of another nonprofit group that also supports our agenda.

We’re trying to do that [make the Get Movin’ program into a separate entity], and if we can’t do that we push to go in under the umbrella of another agency.
9.) What benefits or outcomes did your expect from this partnership and to what extent did this happen?

Utah:

In talking with the city manager and the director one day when the restructuring took place back around 2000, their anticipation, I guess, bottom line, was more money, to generate more revenue as well as provide a quality service for people, but to generate a lot more revenue than what actually was generated. They just didn’t see the revenue side of things like they anticipated or thought they could or was presented to them that they could have seen. Therefore, they decided ok, well, so we’re not just out there with a person doing something that’s not generating any revenue, we’ve got to do some restructuring and make some changes.

[They also attracted more people to the fitness center]. We have about a half million patron visits to the fitness center each year. That’s been on a steady incline since the early 90s, when it was about 350,000, until last year, it was right around a half million. So there’s been a steady incline over the years and I think this was a part of that to a certain degree because of trying new things, offering new things. Providing new equipment and programs to get people in to get involved with activity, wellness, and fitness, and change their lifestyle so it wasn’t so sedentary.

Well, it talking with patrons when they come in, one thing we found out was, once your name is associated with a national organization that’s well founded and well respected, the people are more willing to try things, to do things, to be involved. So when you’re talking about the American Heart Association, the Arthritis Foundation or even the Utah County Health Department, locally here, but when that name comes up, people are more responsive to being involved. [And I think that that definitely happened].

Very much so. Very much so [The partners also provided some expertise]. In working with those specific partnerships, not only did they do the things we talked about, but allowed us to put into our brochures, pamphlets, fliers that we sent out, their logos, their name, their information. So people were aware that we had a partnership with them, because that is a big draw to people.

Connecticut:

I guess probably achieving the same goals that we wanted to achieve. I guess that’s probably just off the top of my head, in answering that question. We had no clear-cut plan. We were looking for agencies that had similar interests as ours, that wanted to provide services for the community whether they be non-profit, public, private. It’s just been a variety of different approaches that we’ve taken, so not any one of them…we didn’t say ok, we’re going to target the University of Connecticut, because they have a branch in West Hartford and we want to renovate this athletic complex with them. They were a legitimate educational institution within our community and we wanted to be involved with them and they had something to give and we had something to give and together it’s working.

I think so [the expectations have been met]. If I came across and agency where it’s a one sided deal, we certainly would re-think our involvement. But for the most part, as I stated earlier, I think our goals are very, very similar.

Texas:

From our perspective, it’s just very logical that parks and recreation should be involved in the education and prevention of health issues in our community, and because we have the facilities and the programs and the services that can directly address these types of issues. It was, like I said earlier, that’s part of what our mission is and what we’re supposed to be doing. And certainly, being in South Texas and having the high incidence of diabetes and knowing the related complications, not just from the clients that we serve, but in the community in general, because we have a lot of children that are…it’s really sad our
levels of obesity here in South Texas, and so that was quite alarming. So we felt like we needed to take a lead role in addressing these issues.

[We felt we had something to offer the group and what was important was the community and what the community needed.]

Pennsylvania:

Well of course we’re looking for how it’s going to benefit the parks and recreation department. I had recently been invited to join another committee that sounded very worthwhile, but I just wasn’t sure how it would fit, not only in my schedule, but how Berks County Parks and Recreation would fit with what they wanted to do. So right now, I just kind of said, keep me informed. If I have anything that’s going on with the parks and recreation, or if I can help out in anyway, just let me know. So you have to be careful with…there’s a lot of good organizations out there, but also with parks and recreation, I have to see how it’s going to fit in with my job and how it’s going to benefit the parks and recreation department.

[So we were looking for the partnerships that best fit our needs and mission.] Yea, what our mission is and what we are focusing on.

Absolutely [that has happened with the health partnerships we have been involved in so far.] We keep trying to find more ways that we can fit wellness into what we do and into some of our programs. The Keystone Active Zone program has been wonderful, but we’re trying to see in all our other programs that we do how we can turn that spin of each of it onto health and fitness. Just something as simple as, we have our holiday program coming up with Santa Claus and we’re hoping to offer a bag of fruit in addition to the other stuff that Santa hands out, so offering an option. And that was something that came down from another partnership similar to the Keystone Active Zone. The National Parks and Recreation Association came down with a Step Up to Health program. So while we can’t really be a Step Up to Health Community because we don’t offer after-school programs. Our programs are a little different. We’re trying to fit what their program is into…to somehow put health and fitness into each of our events, into some of our events.

[So it sounds like one of the benefits or outcomes you were expecting from some of these partnerships was to kind of have a place to put what you think is important into practice.]

Well, just how it fits in. A lot of our events are very different from what some organizations offer, from what some other parks and recreation programs do. Even locally in Berks County, like say Mullenburg Township or Spring Township or Exxor Township. They’re events are so different from what we offer as a county facility. So where they may find a way to more fit in that Step Up to Health program, we’re finding it a little bit more challenging. So we just find different ways, like we had a program where it was a big wheel race. We had kids come in and bring in their big wheels and they raced. So each child, not only got a ribbon, but they got an apple. So just trying to find a way to fit it in. I don’t want to make it sound like it’s too hard. And yet, it’s just maybe a little different. We run more big events like a kite festival or a heritage festival…We help facilitate other municipalities with their playground programs. We don’t actually run one ourselves. So our direct input sometimes with the children want to present the program with is a little bit more detached. So we’re just fitting in where we can too.

Right, that was one of the things that appealed to us right from the beginning. We’re always here, but we don’t always have the money to promote us like maybe some of the profit organizations have.

A lot of the money that we do receive more goes more into programming than it does to helping promote us. So this was one way to…hey look at all this. I didn’t realize it was there. And we see that all the time. Now people who we consider neighbors never realized this park was there and that’s kind of a nice thing that we hope people realize. [So the key resource in this partnership was information.]
A lot of it [the materials that you have, informational materials, for example for this partnership] is [adopted from the KAZ model.] We’ve created some of our own, but a lot of it was created through that model. It’s been very helpful…A lot of the steps that they created, we’ve been following along with it, even if we didn’t necessarily fall in that order. It kind of gave a little focus what we needed to do, so we’ve learned a lot from our first year.

Oregon:

Well, I think first and foremost we are always looking for the opportunity to take our idea that we have and improve it, make it better, help us meet the needs of the participants better, whereas we may not have been doing it as well as we could because we needed additional resources of some kind. So first and foremost it would be about improving the quality of what we’re doing. And in doing so, in producing something with a high standard of quality, then the return to us is that becomes and expectation from the community, a trust from the community that when they participate in something the district produces or supports, they come to believe that it is a good cause, a good thing, it is worthwhile to support, and that just kind of mushrooms along or snowballs along, and over a period of time you attain that very high support rating, which in turn can, when you do have to solicit additional support from the community there is much more willingness to jump on the bandwagon.

[Because you’ve already provided them quality services.] And we’ve set a standard of practice that people can trust that we are going to continue to provide

Yea, a particular organization the Arthritis Foundation, the AARP, the medical community has maybe a, better, more definable, more recognized form of material that is more credible as far as factual information and educational material. We may incorporate that in to lend more credibility to a particular program, or incorporation of more highly skilled, knowledgeable people in a particular subject mater that we’re dealing with. So instead of using staff to actually lead a program we’ll solicit somebody in with that particular expertise to do so.

That’s pretty much what it comes down to. It’s either manpower, specific knowledge of an area that would enhance a program or a project, the loaning of equipment, things like that. Or give us money, things like that.

South Dakota:

The collaboration provided us with an opportunity that we were looking for to really help the public see us as the state’s largest wellness centers. [So a little bit about our image.] Exactly, because we’re also the state’s largest museums. We have a state park that’s called Prairie Fort that’s been refurbished. We have all sorts of historic things too, so we’re more than just the state’s largest wellness centers, but nobody saw us as that, or we didn’t think they did, and I think that’s accurate. It was like, oh, yea, there’s a marathon on the Mickelson Trail, oh yea, there’s this, but they never put it together. [So maybe having the department of health’s name listed right underneath our name helped people to make that connection.] Exactly, perfect, yep.

It is exciting…and I’m biased because I have another agenda too with the disc golf in that the age group that we haven’t been reaching, in 10 years, chances are excellent they are going to have families. We want those families coming back to the parks, and so if some of these people have never spent much time in a park growing up. Their parents weren’t campers and they have a pool in town so they didn’t come out to the lake, whatever, we want to get them hooked on coming out to the parks going, I just love that place, let’s go out there. So we are trying to build our clientele for the future, too.

I’d say it’s basically your 16 year olds through… like 21, 22 probably. I don’t know the upper end as well as I do the younger ones because…I mean, there is a group in Aberdeen…high school kids, high school boys who drive out just about every day after school and play and 18 hole game of disc golf and it’s about 10 miles out of town, so it’s not necessarily an easy jaunt.
Indiana:

Well it benefits just so that we know more people in the community. We have more resources. If something comes up and we want a class or something, we have no problem tapping into it. We have cordial relationships and I think that’s the whole thing...in life in general and in business, if you have good relationships and you back up your product, you’re going to reap the benefits of it.

[We have a network of people to fit any given need that may come up.] Exactly, and if somebody needs a facility or a park or horses to block something off or it needs help from our maintenance department, we’re there to help each other out. [It encourages them to help us, knowing that we’ll help them back.] Exactly, that’s true.

I think we were expecting it. We wouldn’t go after an organization that we thought wouldn’t be beneficial or they wouldn’t work well with us.

Massachusetts:

I think that it has given the recreation another…Another way to look at us…by the public. I don’t think people would have realized before that just by having their children participate in one youth sport each season that it’s actually keeping them active. I don’t think that when people think, oh, youth sports, that their thinking oh, it’s a great opportunity for my child to exercise, but with the environment that it is, everyone’s thinking, oh, I want my child to learn a skill, I want them to be able to play high school or college level sports or athletics or it may even by a play or drama or whatever the group may be, a lot of the times the parents aren’t thinking of it as oh, I’m going to sign them up for tap and ballet because that’s good exercise. So I think that by listing these different activities and opportunities people are recognizing that we are not only a quality of life for activities and for parks and open space, but that we’re also a good way to get our weekly or daily exercise in as well.

Ohio:

Yea, it was more of a let’s see what happens and see does this make sense for the amount of effort that we’ll be putting into it? Does it tie into goals of getting people out and walking and using the trails? Does it get people to different parts of the park district or will they just continue using the trails that they have or how will it work exactly? We out...and this is perfect example of how it really did catch on in a lot of ways. I was out at Ohio Erie Canal and lame duck governor...was coming to give us some money from the Ohio fund...He insisted on riding his bike up the trail and they come puffing up that hill from the lower forty up to the canal...anyway, so I’m standing there and this woman comes down with her two apple cheeked sons that are around eight or nine years old and they’ve all got Cleveland Metro Parks...They looked like I dressed them. They had the walking sticks for the program and everything and Vern was like, did you plant these people here? And I’m like, no...and they walk over because they’re trying to find...There’s all these people standing around for this crazy press conference, and she hands me the trail markers because we’re all standing in front of them and I said, can I help you. And she says, oh, yea, we’re doing the walking program. My kids are home-schooled and I thought this would be a good way to get us to go out to the parks...And she just said everything I wanted her to say. We could have put her up on stage. She was like the spokesperson for it. It was just incredible. I was like...this is a dream, somebody clunked me on the head. I got hit by a bike...where did this woman come from? It was too much...So I think that’s happening. And we won’t know for a couple of years if it’s really got some sticking power, but it helps show...she was an enthusiastic user and supporter...

[And that’s something nationwide that agencies are doing and want to know how that connection is being made.] Yea, right, and it’s certainly person to person...she already liked the park, now she loves the park...So it’s a different level...it’s moving people up a level in their park involvement and what they’re doing.
California:
Educate and inform and increase peoples physical activity and nutritional education...because we gave them tools. We had the 5-a-day information, we gave out healthy recipes...little stuff like that and it's difficult, like you said, to measure education. It's difficult to measure that stuff, but we're reaching people and we're giving them the same kinds of messages different ways, whether it be through little league, whether it be through the church groups...They're getting bombarded and what happens? Eventually they start listening. Just like me staff, eventually they started reading the stuff I was sending out. And that's what happened, and we didn't know because like I said, I'm not the health person. I don't know stats and stuff and I don't know how you make change. But what we did was we made change. And we didn't know, we just kept doing things that we thought were right and it worked. Now how to put that down, who knows? And would it work in other cities? Who knows? I'm thinking yes, when you include your staff on the field in making change, it's going to happen. When change comes form the top and people tell people what to do, it ain't going to work. So that's what we learned, but I already knew that so I didn't get approval from the top. We got approval from the bottom and it was kind of simultaneous. They saw what I was doing and said hey I think Sue's on the right track. Then we get them selling it on the top. When they go to the big meetings, they make sure Healthy Parks was out there and then what happens? The staff who are being trained are going wait a minute, this is important. But not only are they teaching us about it and giving us the tools, but now we're hearing from the director that this is important and it all happened simultaneously. We didn't do one with out the other. It was all kind of working together...So it all kind of...there were a lot of different paths going down at the same time, but in the end...it all hit together at the same time.

Colorado:
Well, I always like to know that more people are accessing...are changing their lifestyles are accessing our recreation centers and that...that's really the main thing. It's that more and more people know that public agencies have recreation centers. In the state of Colorado there's a recreation center practically anywhere you go, even in some little teeny tiny rural communities, they have recreation centers. So I just think that people need to know that their recreation centers are there and we want more and more people to access them and hopefully over time, we're teaching our youngsters. That's a really important thing is that we're teaching young people in our community now, sort of how to develop a healthy lifestyle, so that when they're adults, they'll be using their recreation centers still. So it's important that we keep the kids involved in healthy and active lifestyles now and also make them aware of how comfortable and accessible the recreation centers are.

[We are kind of getting exposure and getting our name out there and also building up clientele for the future.] Yes.

Washington:
For example with get moving, the advantage of being a partner in get moving is economies of scale. We now get to get marketing and promotional materials to promote a program we're all doing together, so examples are: each year we do a combined recreation guide between our city and two other cities, and the back cover of that guides typically has 3 ads, one for each of our agencies, but last year since we partnered with those two other cities for get moving, our back ad was one joint ad, and it has so much more power/visibility to have a joint ad together than 3 separate ads. The same goes for the largest newspaper in the county is running these full page ads in the paper, we're a part of that, we could never purchase that ad space as an agency but the paper is donating that ad space.

[So being combined together makes it a bigger program with shared image?] We tap into a brand that has recognition within our community,. In addition to that, the other big benefit is that the decision makers in our community who wanted to be part of this kind event can say "we're promoting something good for our community because we see what the healthy community study report says about our community, and what is needed. The biggest reality with the obesity report is that it is costing our communities big bucks, so what are we doing to alleviate that?
10.) What assets or strengths did your organization bring to the partnership, what did the outside health partners bring to the table? Were these assets similar or different?

_Utah_: 
I think the biggest thing we had to offer is the facility here. This facility is 27 years old right now, but it is still looked at, in this county and statewide with other communities in Utah as one of the premiere fitness facilities open to the general public, that you don’t necessarily buy a membership to, that people can come in and use on a daily basis.

There’s the private organization, where you have Gold’s Gym and Lifestyles 2000 and those kinds of people that are out there and you look at it and well are we trying to be in competition with them? Are we stepping on toes? You know to a certain degree, they look at it that way but the clientele that we are marketing is a totally different clientele than what they’re going after. We’re going after the entire family. We want to get the whole family involved in exercise, wellness, fitness, programs and doing things. So we’ve got pools to do swim lessons in, we offer programs for kids, like I said, from six months on up to do things. Where those private organizations mostly target maybe adults or teenagers, but not the kids under 10 or 12 years of age. They’re more left out with nothing to do yet. [So we could help some of those organizations get to other markets].

I think a little combination of both. As far as different assists, they provided the established programs that were already being used. But now we provided a facility that they could also come into and use here to get more information out for what they were offering.

_Connecticut_: 
I think it was pretty well known [what our organizations had to offer]. The fact that this government here is fairly well-respected, that certainly didn’t hurt us, but we pretty much hand-picked those agencies that we knew we had similar interests and goals with, so there wasn’t any particular strategy saying, we’re going to go after x, y, and z. It was more so, ok, what are these community needs and who might help us provide those community services. That was more the approach than anything else. And as they come on board and some of these agencies do work with us, we haven’t even begun to create a database of partners at this point because we’re just grabbing them, wherever there is a service that’s needed and we’re not providing or vice versa, where we can help, then we’re partnering up with them. So at some point it’s going to get to the point where our resources are going to get stretched to where we can’t do much more, but at this stage in the game, it’s kind of repackaging health services to some degree.

_Texas_: 
Actually probably more than [just expertise]. When we first started negotiations or discussions about developing this community group, it was in our best interest to ensure that we take a lead role so that we would have direct involvement.

Yea [to make sure that we had a voice], it was so that it wouldn’t get lost of what we were trying to do in terms of it being just a focus on education and not direct service. We didn’t want to just go in and develop educational programs where we do fliers or conduct presentations and then that would be it. We wanted to actually develop programs that would be ongoing or enhancements of current services and not just address community awareness issues, but to take the idea and make it an actual program that can be developed and we could have residents participate in these programs and measure outcomes, so we could say that yes we are making a difference and have the proof to back it up.
Pennsylvania:

Well, the resources that the county has, and we’re also looking to have these partnerships help us with our vision with some of the resources they have. So it’s a lot of sharing.

Absolutely, I would say so [That being connected with our organization can benefit an agency in terms of image.]. I think we’ve been a little bit in the background. We’re always here, but it’s helping to promote what we have here as a county facility, and not just us but throughout the county, so that was one of the big things that we saw right from the beginning that it’s helping to promote the resources that we have…all the parks and trails around our area. So it was a win-win situation for us. [So that’s a shared benefit.]

[As far a programmatic stuff, our organization did it’s own programs and had it’s own personnel at those programs.] Right. we’re always changing that depending on what the needs are in the area, but I think you’re right, image is a big thing.

Oregon:

Yes (we do a lot of the planning and], certainly we do have facilities, mainly outdoor facilities. We’re not particularly strong on indoor facilities, that’s why we use a lot of the school district facilities to help produce what we’re doing. It may be a particular piece of equipment; it may be a volunteer organization that needs assistance with maintenance of particular equipment; it could be…lots of little things.

It depends [who does promotion], if it’s not something that we initiated and we produced, if it’s something that’s maybe an idea and production of an outside source or a committee, which we are a part of, then the promotion of that could be something that would be negotiated. It would have to be weighed whether or not we have the resources, time being one of those, workloads to additionally take that on. So it would be something that we would negotiate.

[So that could be either or shared.] Right, maybe we would do part of it, maybe we would say that we really like this idea. We’ll take all the promotion and marketing of this particular project on and absorb the costs of it. That may be our contribution. It works both ways, you know, because we do have resources and like I said, we have individuals that are actively involved in all kinds of programs throughout the community, so they have the ability to offer up resources for the district for the greater good of the community.

South Dakota:

[And what resources does the department of health provide for that walk in the park?] They help with the promotion. Last year and the year before they had flexible…I don’t know if you’re familiar with flexible discs. They’re fabric, like Frisbees. They fold up and you can put them in your pocket. Well, they printed our whole walk in the park schedule on them and then printed lots and lots of them for us to give out at sport shows and in the parks, and places like that. And then the year before that, and then the year before that…and we’re doing it again now this year…so a little bit different…but bandanas with the schedule on. So the department of health is printing that, and then of course they put their sd…healthysouthdakota.gov website on everything they print, so it’s a way for them to get the word out to the public. They took a stand several years ago, saying we could put this money into billboards, but we’d probably get two billboards out of one grant and how many people would actually see them. And so they say this route with the giveaways is a much better rout to go and so the Frisbees, the flexible discs, really are meant to encourage people to be physically active as well as give them the information, as well as give them the information as well as give them the website. So they are accomplishing a lot of things with their promotion plan.

[We talked about your agency providing the facilities and maybe some of the staffing, is that generally how those partnerships go?] With us, yes because we do have the state parks so we’ve got the acreage. And we do have people already stationed at those locations and that is part of their job to do some
programming, so we typically do operate in that way. It's not just with programming in the parks that we've collaborated; it's also with the training sessions that we do. They have me come and be part of some of their conferences, their statewide and regional conferences and likewise we have them come to ours. In fact, South Dakota department of health received the NRPA organization award a year ago because of all the excellent works that they are doing.

[So generally the partners will provide extra funding and some information or expertise.] Right and they do some of our publications, they paid for a lot of our printing. So like with the disc golf courses, we now have a disc golf brochure that we can distribute across the state explaining where the eleven courses are and the basic rules of the game, and then that challenge that I was sharing with you about that towel and the putter that you could earn. But I could list probably 10 total publications. Probably the biggest one was our trail atlas. We'd never had a trail atlas in the state park system before. And we did the work on the GPSing the trails, making the maps...we did some interpretive work with the trails, in the trail atlas as well, and the department of health helped pay for the cost of printing them.

We just had a trick-or-treat hike at a local state park here on Sunday night, and this is in Pierre South Dakota, so we are talking a little area, and we had 1150 people come out to walk the trail at night. It was a mile trail and it was about half adults and half kids...and then we had tables set up throughout the whole trail, with different pieces of information at each one. And so coordinated school health had a table, the department of health had a table, public safety had a table and so instead of handing out so much candy, people were handing out things that promoted what they're all about. We did [initiate the event], but then we worked with the department of health on it to and they helped promote it.

I would say the training has been excellent, the cross training. And so, when they come and speak to our groups...for example just today our South Dakota AFRD met in Sioux Falls and the people...our department of health person went and talked with the about collaborating and the importance of it, well that may not have happened 6 years ago, so it has spread even beyond what we normally think of as our world. And that's what's exciting. The municipal league has had people come in and speak about health and the parks, and our own commission, the game fish and parks commission. I gave a PowerPoint presentation to them and it's entitled "The state's largest wellness centers" and they were like, hey, and we were like, yea. It's so commonplace to us that we forget sometimes to educate people. And then if you don't, what do you have?

[The training is something that both partners – state parks and the department of health – are providing each other.] Yes, oh absolutely. [The department of health had the communication and promotion leverage to assist our organization...We have some of the human capital as far as implementation and settings.] You nailed it right on the head.

Indiana:

[The Bridges special needs agencies provided] Probably expertise and helping us get a mailing list together of people that would be interested in this. We usually have about 200 people attend the different events. We also have...another one of our besides the pool parties, we have an Easer Egg hunt just for special recreation.[Those organizations help us tap into specific target groups.] Right, so that we would not miss anyone.

[The physicians provide the] same types of things [as the hospital and clinic], where it would be classes, screenings, things like that. Sometimes they'll go so far as to provide treats, PowerPoint presentations, things like that.

We also have, through the American Red Cross, we offer babysitting classes and also they certify our pool managers. [So that is more of a training kind of relationship.]

The Salvation army in that we use their exercise facility for classes. We have a partnership with the school town of Munster. We get to use their kitchen for classes and we have classes on diabetic cooking, low fat cooking, things like that. They also have a new dance and exercise room that we'll be using this
winter/spring for the first time. We use their gym space, we use their high school space, we’ll be using it for this health fair that is coming up. And in turn they use our ball fields, the baseball team, soccer fields, things like that. We also have volunteers from National Honor Society through the school town that run some of our programs, our like fitness program…we have like a bowling class for kids. That type of fitness, not exercise, but just fitness through sports. We also have a partnership with Susan’s school of dance to offer dance and exercise classes. It’s much like our relationship with the Fitness Point Rehab Center. They offer the classes, we put them in our brochure and we get a percent.

A percent of the money brought in. That too is probably 80/20 if the class costs…We have a relationship with Purdue University, their cooperative extension. There is a nutritionist speaker there that comes and speaks maybe 4 times a year. Some of it is senior related, some of it not. She’s given classes on memory…like that. We also have a partnership with Lake County Parks. They do this mainly, but we have a couple of sites and do a couple of the programs. It’s called Community Games. It used to be Senior Games, but they didn’t like that word senior, so it’s for everyone 50 and up and we have men in their 80s running track barefoot. They’re just unbelievable, but we run the track and field events and the tennis events. The whole thing is coordinated through like, county parks. They are the main sponsors for this, but we help them out by doing that. We also have relationships with National organizations…Kellogg’s runs a Junior Olympics that is nationwide, where they’ll start competing here at the local level and then the winners go to the regional, national, etc…They have 4 sports and we do those in 2 days, the sports competitions. I think its tennis, basketball, soccer, and there is something else. I’m not sure what it is. We like that. We are involved with the NFL punt, pass, and Kick…Major League Baseball, Pitch, Hit, and Run we do for the kids, Major League Soccer, we have programs…we employ a group called Volleyball professionals, they come out and do the volleyball classes. We also have a relationship with USTA. They do a tennis free for all every year for us to get people interested and active in playing the game of tennis…So we do a lot.

The other thing is, it makes for more of a community feeling to bring all these resources together and I think our town does have that feeling. They also know if they have questions about any of these other facilities, they can always come to us. [So probably in promoting these other organizations, we’re also promoting our own at the same time.] We are definitely doing that.

Well, for one, the advertising is a big plus [of what our organization brings to the partners]. We bring them the opportunity to increase healthy benefits, through using our parks, our facilities, things like that. We give them a chance to show what they have to offer, like I said before, you might not go to Fitness Point. It’s a very expensive place to go and people probably think that they are high and mighty over there, but they will come to our parks and sign up for a class to be able to go there. So it brings the other organizations, it puts their name out there is several different ways.

[We share the markets that we are tapped into.] Yes, definitely.

I think that’s it. The whole thing, like I said before, is community and bringing the community together and information…we’re sharing information and getting it out there to the public and the people who need it.

We have two newspapers here and the relationship started before I got here, but we sent press releases every week. I do and my three staff bombard the newspapers in the area and the radio with press releases and some make it and some don’t. For other things, for our arts and crafts fair, we pay to advertise. We put display ads and we pay. However, we do have a relationship with the largest paper here, The Hammond Times, and because we pay for the arts and crafts fair and our summer concert series ads during the year, they in turn give us some free ads, so they advertise for our kids triathlon, our tennis tournament, things like that, so that too is a partnership. They probably give us more than we pay them.

Um…no [the partners don’t pay for advertising]. Sometimes, like for this blues, jazz, and fine arts festival, we have a 16 page pull our in the paper and we will seek ads and the paper will seek ads, and we will definitely tell them to go to people that have sponsored us in the past, so they’ll do it that way. But hey
would...if we were having...this health fair, I’m assuming Heartsfield Village is going to send out fliers and
anyone who is going to have a booth is going to have fliers, come see me at...wherever.

**Massachusetts:**

I think that being a town government does give you an advantage in some ways and a disadvantage in
others. I think the advantages for us is that the agencies want to partner with something that the town is
sponsoring, because the town has a high quality of town supported programs and I think that the town
activities are viewed as being positive and add to quality of life.

[It might be good for their image to be partnered with us.] Yes, I think so, and I think that would change
depending on the municipality you’re part of because not every town government has a positive view. And
I think it depends on your workforce also, we kind of handpicked some people from each department that
we thought would be able to spearhead some fitness teams to get involved that would be kind of rallies
and go-getters to get other people involved...so I think that’s the grass roots piece of it. It goes back to
who you know and kind of introducing…making this available one on one, rather than just a blanket flier. I
think when someone is personally invited or asked, you know, we really want your help, it goes a lot
farther.

[Partnering with other fitness agencies helps people to think of our organization as more of a health
related kind of agency.] Yea, I think so, definitely and things that we’ve talked about with adding healthy
into our mission statement and into the commission policies...where right now it is to offer mental and
social and affordable types of things, we want to add that healthy line in there, so that people know that
one of our goals, along with making our activities safe and fun and social that they’re also something that
can help you build a healthier lifestyle.

I think it [having all the partners cross promote] definitely helped. We probably weren’t thinking of it at
that point as a relief, but I think that knowing that it was in 26 locations in addition to where we normally
market that it was a huge help.

I think it’s a variety...of being able to have a whole menu of different things offered. Some places are only
for adults, some are only children, some are only senior citizens, and I think by partnering we have a
huge variety of different places. I also think that some of it is...for each partner they are also gaining their
own marketing through us and that they’re able to bring to the table specialized things where as a rec
department I would never be able to get a specialized person in the new technique of tai chi...just getting
the resources for that staff. So without having to partner and having them become staff members and
finding space to offer it...all these individual places end up becoming satellite locations for us and I think
that is the biggest part that they bring to the table is just opportunity.

[Right, so if you wanted to do water aerobics or something and you didn’t have that expertise, you’d be
able to go to your council and find someone who did?] Right. We structurally...some places may not have
a pool or a sauna or a dance studio or whatever the case may be, and I just think by partnering, now we
can just call that person up and say you know what somebody just called me. They are looking for this
class. We can’t offer it, but this is their information, can you help them? We can help connect the
individual when they call us, rather than just saying, no we don’t offer that and then they would have to
look up A to Z all the fitness providers in town, we can now connect them to a person.

[Any agency is probably going to benefit just through referrals of other agencies.] Yea, I would think very
highly that way. Definitely.

They [Blue Cross/Blue Shield of Massachusetts] would provide information and statistics, things like that.
They also have given us free giveaways, but they’ve been a good resource to the human resources
department in terms of when we were putting together our Minutes in Motion guide of what the
recommendations are for exercise and how many minutes a week would help you decrease this amount
of medicine or whatever the case may be, but I think that there are a lot of resources out there and by us
participating in the Massachusetts Healthy Weight Partnership as well as having resources through the
State Public Health department as well as the Blue Cross/Blue Shield, that our three departments have access to different resources. So I’ve been able to grasp different things through NRPA that show what different communities are doing, where like the health department or human resources wouldn’t even have thought to look at what other communities are doing, and the same thing where they would be able to look at what other state health departments are doing and even across our state they have access to different newsletters, so I just think the communication piece and putting it all together is what’s going to move everyone forward, because I feel strongly, and I when I went to this Health Weight Partnership, everyone feels strongly that everyone can continue to create their own little circle and spin their wheels, but it’s more effective if everyone is pretty much saying and doing the same types of things.

They [Blue Cross/Blue Shield of Massachusetts] were listed as our partner. They were listed as one of our resources on our webpage and then depending on what information went out they were listed as one of the supporting agencies that gave us free giveaways, things like that. So I think it is a combination of different things. Some places we put their logo on, but it was more just a listing of company name with a link to their website. If you’d like I can give you our website.

Ohio:

[The media sponsorship helped get communication of the health and physical activity out.] Yes, right, absolutely. It wouldn’t have been that strong. We wouldn’t have had that much interest if we didn’t have that to lean back on, the tv part of it. Now of course National City was good because they were able to promote it through their branch network. They have hundreds of branches in Northeast Ohio. And they did a lot of point-to-point pick up stuff within their branches and that really helped.

[We provide the kits.] Yes. [And any of the information that goes into those kits although they may offer some of that as well.] Absolutely, yes.

You get a little card and we tell you which of the trails are available, and there is a question that you have to answer that kind of says that you’ve been there. It is self-administered, right.

[We offer the setting to do the walking – something that the partners don’t have immediate access to.] Correct. And we’re producing all the materials and everything too. We end up doing that.

[Are they paying for the materials?] Well, I’d say at sponsorship price, they’re paying for the materials and a hell of a lot more. So I work that all into the total. [What they provide is really the fee, the sponsorship fee] and some distribution. [And in-kind media coverage as well or at least reduced cost media coverage.] Right, yea.

It’s the turn-key nature of the program. You know the way we do things, we baby people. We do everything, they don’t have to do a thing. So they can just plunk down some cash and they know we’re going to come through with a quality program and the thing is going to be done for them...They basically have to do very little effort on their part and they know that it will come off and it will come off well. And that is hard to have in this day and age. A lot of times you put your money on a lot of things and it might come off as very shoddy or it might have problems associated with it or people that are unhappy. You just know when you do this stuff with us it’s going to come off fine. So I think that’s a huge asset for them. Everything from all the materials, all the spots, we negotiate for everything, we had all the headaches of having the stuff produced. We were just giving that to them as a deliverable. So I think that’s a huge asset.

Oh, yea [that asset was different than the assets that they provided in the partnership], they hardly did anything. Which is...as long as you understand that and it doesn’t stick in your craw...I’m at the point now where anything they do is a major plus. We offered them as part of the package, one of the other things that they wanted...well, I don’t know if they wanted it, but after I gave it to them they said they wanted it...but we have that new golf course now. Jeff Stakers over there now is the pro and I with him have created these special corporate entertainment opportunities, where you bring 8 to 10 people with golf skills over there and he spends half a day with them on their game and then the people from the bank,
because it doesn’t have good food facilities and stuff, come and take them to lunch, so they’ve been doing groups of small women business owners. It’s a new client entertainment opportunity for them, so they get access to these things that are available, but would have never known about it. I don’t have money to advertise the crap out of these things, but this is a part of their package, now. So they get that and they got a series of other things, we put their name of the back of the map. We did a new pathfinder. We put their name on the back of that thing and that’s not something you normally have access to.

Yea, that definitely helps [the tie in to the branding and the image of the park district], because they have that immediate, completely scandal-free partner that they can tie to and it looks good for them.

California:

[Flexibility] Yes, because we don’t have all the things. We don’t have all those stigmas. We don’t have the conflict of interests, well we have that, but…like with the health department, they can’t give information to each other because of health issues…They can’t share information about families, about…all that kind of stuff they have, and so they can’t work together.

We don’t have the kind of stuff. We can work with anybody. And it really opens it up for us to be able to do so many more things for the department. So they can use us to help them do their job. They need us more than we need them so...we’re just lucky.

Oh, yea, they come in and give seminars…Women’s health weeks. We can invite them to any park we want at any time on any issue and say can you come and talk, we have community residents who want to know about this. Sure, when do you want us? Because what are they mandated to do? Inform and educate on health related topics, whatever the topics may be. And if people aren’t coming to them, they have to go out and give it, so they want to give it to places that are willing and will set up a place for them. We’ll bring the people in. They just have to show up and talk their talk.

...We provide the staff, we open the doors, we provide refreshments...as our piece, the community comes into our park for a health topic. They may not have come to our parks before; they go, oh, my god, look at all the programs you offer. Now we’ve got them. So it’s a win/win because they are getting to learn about us. They are also learning about the health topics that are important, so the health department’s mandates...so they’re getting those people to sign up. They’ve got 50 people that they checked off. We trained 50 people tonight, yeah, we did what we were supposed to do this week. It’s a win/win.

[We provide the facilities.] Yep, Because what do we have? [All actual buildings and parks]...which nobody else has. We have places for people to meet and congregate in healthy atmospheres that nobody else has.

[Aside from the information and education, do your partners provide anything else like in-kind support or media coverage?] Oh, sure...All those things. You name it. We’ve been a partner on the LA collaborative for breakfast campaign. They just came our as one of our partners about 2 months ago. They bussed all the kids in from different schools to talk about the importance of breakfast because we are in a zip code of the highest obesity levels in the state of California are right here in South Central. Go figure, huh? The people with less money have the biggest kids. And I try talking to people about that sometimes and they go, wait a minute, don’t put that information out, it’s not true. How can people with no money be fat? I’m going, oh my goodness, you’re missing it, you’re missing it. Do you see all the fast food restaurants on every corner of this low income area? That’s why...

What happens? We get to change people’s minds because we talk about that kind of stuff. Then we get people motivated and what happens then? The community gets behind you, guess what, they’re closing down...We don’t want any more fast food restaurants here. We can’t do that, so what happens is...by giving people knowledge and power, they can change the direction of where things are going and...the partnerships, we partner with the armature athletic Foundation in Los Angeles and they give us T-shirts for our kids coming to different events. We also get food... all of our non-profits in the community...healthy markets...farmers markets because we profess doing of course, we don’t want to
give the kids doughnuts and cookies anymore, and it’s expensive to do the other stuff. But they gladly partner with us. What do you need? How many bushels of bananas do you want for this meeting? They gladly do that stuff because we’re helping kids and families in their communities. And what do they want? Nothing…because what happens is it people start asking for fruits and vegetables, they can start getting more fruits and vegetables, they can go to some of the places in South Central and…there are no fresh fruits and vegetables, they look like trash because they don’t want people buying that stuff, they’d rather have them get them to buy stuff with high fat content, high sugar content. Those are the things that are eye-catching. So you have to change minds in communities, get them back there. So that’s what they do with that. They give us the fruits and vegetables and stuff and we encourage them to provide more. Then when communities say, wait a minute, how come my store doesn’t have that? Well, you guys fight for it. Now that you know you can have that, don’t settle for anything less, so…we get pedometers from the 5 a Day for hundreds of our kids at our parks, so we can get anything we want and basically it’s not about what can we get from you, because we haven’t gone that way because it’s kind of a win-win for everybody. Just having people come to our parks and talk about it and education is winning for us. When they can bring more things to the table, that’s nice, but we don’t ask for that stuff because then it feels like – what can you give to me.

[We go to the agencies and show how we can help them achieve their goals.] Yes, and in turn…oh yea our health department paid 5,000 dollars to train three of our staff on new physical activity…because of our partnership, they offered to help three of our staff county-wide to become trained trainers, because what happens in physical activity of course is that most of the physical activity is being cut out of schools because of budget cuts…they cut PE class. So what happens is, kids aren’t getting any exercise at all and when they are going to PE class they are still kind of bored because it’s the same old stuff. So they gave us the training which is a day long and it comes from national health provider companies, I can’t remember the names, I apologize, but they trained three of our staff to go back and train our staff on new recreation techniques, new things to keep kids and families active, new kinds of games. And it began to get them excited because the same old stuff wasn’t working anymore. A lot of things are getting more computerized. We’re getting…have you heard of Dance Revolution?

Right, we’re getting those kinds of things. Anything to get the people moving and they don’t realize they’re getting active and then what happens? They do those things for a few weeks and they start going oh my goodness, my pants got looser, what happened?…I’m exercising. Oh, my god! And so it’s that kind of subliminal messages…you’re giving them the tools, they’re having fun and not realizing they’re working out. And then they start making those changes now because they’re like oh my goodness I dropped five pounds without even meaning to, because I started exercising. Oh, my god…but you can tell them that all day, but it’s not until…

[You have to make it fun.] Right, and you can see some kinds of results and they’re going oh my God! Why didn’t you tell me that? I said, I’ve been telling you all along. But it’s kind of like AA, if you’re not ready, you ain’t ready. And what we’ve finally done is we’ve made people become ready and open to this stuff. They’re starting to trust that what we’re giving them is true, and when I send information out now on different kinds of things about exercising and the importance of exercising…it’s not always about what you eat, it’s about how much you do, people start reading it and they trust now…well wait a minute she doesn’t usually send out stuff that’s not true. Oh, wow this is interesting, I never knew about that…and what happens is, when you start gaining people’s trust, you can move mountains. And you don’t want to take all that stuff to your head because it’s amazing what you can do when people trust you, so hopefully you’re doing the right things, and I think we’ve been doing the right things.

I got 50,000 dollars from the Kaiser Healthy Eating active living grant, for one of our parks where I was working it the north and that was the first time ever they gave anything to a park. We said parks will be the community focal point. We partnered with a non-profit health department in the area, but it was to go through Jackie Robinson for tools and supplies and training and blah, blah, blah. So we’ve already sold that message to Kaiser who called us and said we want you guys to come and apply.

Oh, yea [they approached us]. They heard about us. What are you doing? It makes sense. Oh my goodness. Yea…and so we did that and I haven’t written a grant since. I wrote one, got it, and then I’ve
been back busy doing our regular job. But we know…it makes sense to people. It makes sense to grant
people and stuff, so we’re looking at the Robert Wood Foundation and trying to combine…there’s a lot of
things coming out now for schools and we’re trying to…don’t forget about parks guys. When they leave
the schools, where do they go?

_Colorado:_

[For Fit Physical Therapy, being connected with us might really help improve their image as far as being a
more positive organization.] Definitely, definitely. I think they’re seen as being very progressive.

Yea [we’re providing the staff], it can vary, but more often I would say we try to help with the
facilities…We do [have that resource], we’re very lucky.

[And it sounds like also for some you are providing an improved image. They are able say; hey we’re
connected with this recreation, active kind of organization. Do you think they might see it that way?] Yea,
definitely. Yea, I think so, once they realize what we’re able to offer. I think unfortunately people who
aren’t familiar with what a recreation center is like, a public rec center….they think of a dingy old gym and
that perception still is out there, so we still run into people who when we talk about things that we have
going on at our rec centers they kind of do that…What?…but once they go into a rec center, they see
what’s going on, the realize that this is really a vibrant, busy place.

[Well, you said you’re starting to partner with a hospital, maybe that will lend some of their image to your
organization, in terms of health or those kinds of things?] Oh, definitely.

[We provide some staff training and some other programs.] Well they [the partner agencies] bring some
higher level of expertise that we wouldn’t normally have on staff. For example with the physical therapist.
We wouldn’t be able to afford a physical therapist out of our budget. So we have the advantage of having
somebody we can refer to and send people to ask questions of. Our staff have easy access to those
people and their expertise. Also with the hospital it’s the same kind of thing. Cardiac rehab nurse and
cardiologists and access to that kind of expertise [and information]. Absolutely.

Well, they [the middle school] are providing the communication. They are doing all the communication
with the kids. So they are making sure the kids get the information about the program, and so they have
to be inspirational in getting the kids excited about participating in the program. So that’s important, but
that’s it at this point in time.

[They basically have access to a target population.] Yes and it rally was supposed to be a higher level pf
commitment on their part, but I know that they have trouble…they have trouble with their teachers
because the teachers are feeling like they already have enough to do. I know that is an on-going problem
with the schools.

_Washington:_

First and foremost it goes back to what every agency is bringing to the partnership, which is staff. For us
in particular, I’m bringing leadership and organization to the steering committee, which really needed
someone to step up in that capacity. The other organizations had people who could have provided that
but didn’t have the time or resources at this point in time. The other thing we are bringing is that our
agency is a central location in our region, right off the freeway, we have a facility we can utilize which is
right across the street from a big retailer, so we have a good location for an event. So we bring staff,
leadership, and location.

Every partner is bringing a different set of assets tat are needed and vital to the partnership.
11.) What other kinds of organizations are not partners with your agency, but should be? How might they be integrated into future collaborations?

_Utah:_

Well, to be perfectly honest with you, I don’t know off the top of my head. I’ve been out of it now for about 5 or 6 years and everything has gone to our personal trainer.

One that comes to mind is the Heart, Blood, and Lung Institute. I know he tried to get some things going with them, but it never really got off the ground, for what reasons I don’t know.

_Connecticut:_

One of them that we would like to work closer with happens to be the collegiate educational schools within the region here. We have three of them. We have the University of Hartford, which we have a very good relationship with their administration and we can see some services partnered with them. We’ve also got good relationships with the Saint Joseph’s College and as I mentioned earlier, the University of Connecticut. We can really see us doing cooperative community programming through those schools, but do them more local for our community within our own facilities. So that’s an area we’re exploring and we’re not sure how it’s going to go. We’re not sure how the universities and the colleges are going to react, but it’s an area that in our report that was mentioned that we may want to try to do more with these college and universities. We’ve got three of them right here. We certainly would like to make that contact and move in that direction, but that’s not something we’ve gotten to yet, but it’s something that I think it is something that we will look for in the future.

You mentioned with the University of Connecticut, you have a 10-year lease. Do you feel like that long-term kind of agreement is something that you would look for again? Is that beneficial?

Yes, absolutely [a long-term kind of agreement, like the 10-year lease with the University of Connecticut, is something that we would look for again and find beneficial]. They are right here. They are within West Hartford, this branch and The University of Connecticut is a very well respected institution and so we certainly would like to continue our relationship with them.

_Texas:_

Yes, probably so. I think that although the Neuces County Medical Society had made a commitment to be involved in this program, I think that it would be great if we could have more participation from the medical practitioners, not just at the nurses level, but specialists. That would be a group that we would specifically like to target to join the cause and get involved, and not just on paper, not just saying, yes we support you, but actually support us by…it would be great if we could have an activity or event and we would have an actual physician that would be doing monitoring of people with heart disease or something. And I know that gets into a lot of cost and time commitment from professionals who are already overworked, but certainly I think that is something that our group would be in agreement with me in saying we would probably really enjoy more involvement from medical practitioners as well as individuals from the media.

Yes, definitely [it’s difficult to market our own programs and that is part of what we need collaboration with.]

_Pennsylvania:_

We have [identified organizations for future collaborations], and also hearing what other counties did and some of the partners they created…like wow, why didn’t we think of that. And so we have already started to look to create some partners. One of the things that we also identified from last year is that the schools we work with, we want a representative from the school to be on our committee to help guide the project as we’re working on it.
Well, for sure the local hospitals. While we’ve been trying to let them know what is going on, we didn’t try to Actively involve them in the partnership, so we’re going to change that, and also we found out there is a local organization that connects all the county physicians, so we’re going to try to partner with them as well. Then there’s just some different ones that we’re just trying to maybe model that and see if we can create that in our own community. I know that one of the counties has partnered with a McDonalds, and I don’t know if that is possible with our county just because we are more diverse and bigger than they are, but just kind of unique partnerships that we didn’t think about. We’re trying to look at those as well and see if we can find some unique partnerships to bring in that would somehow affect the majority of the county.

Oregon:

One that we have been considering, although we haven’t put it out for community involvement or input, but that is specialized programming to individual agencies…mainly in the form of therapeutic recreation. These would be agencies that deal with things like juvenal justice, homelessness, work release, mental health, and things like that. We could put together programs for an outcome such as health and wellness, finances, or scholarship programs. We would have a captive audience and the outcomes would have to be coordinated through each specific agency…so basically benefits or outcome based programming…therapeutic recreation.

South Dakota:

The way I see it, we’re wide open. I don’t have any…If I had anybody on my list, I would have already approached them because I’m so sold on it. But we’re very open to working with other people. For example, a camper dealer came to us and said we want to donate a camper, an 18,000 dollar travel trailer for a contest if you’re willing to work with us in a state park. And I said, well we’re willing to work with you, but it has to meet some of our needs too. And so one of our needs was to get more comment cards completed. And so we figured out that we could put an entry on our comment cards, and you could only submit one a week, and it doubled the number of comment cards we got this year.

Yea, [the contest was] to win the trailer. So it was extremely successful for us and the dealership loved it because they got these names and we did it all legally through our attorney’s office here, so that we didn’t do anything that we shouldn’t have. So, like I said, we are really open to working with entities but sometimes, we just don’t even have a clue what they might be.

Indiana:

I’m sure there are some out there. Like I said, we’re always getting new ones. Heartsfield Village is a new one. So there are plenty out there.

[Do you feel like you are kind of tapped out, like you have as many as you can do right now, or is there room for more?] No, I think we could always look for more. We had a partnership with Major League Soccer, to do some soccer camps for us and they were falling through with what they were supposed to be doing, so we went out and sought out another company that we’re using. There can always be changes and new updated…[And continually evaluating and dropping or adding as is needed.] Exactly

Massachusetts:

I think it would be great to have a stronger development with the school department whether it’s with the physical education or the after school activities. I think high school athletics is…well, it is what it is, it’s competitive, it’s tryouts, and it’s not all-inclusive, so I think that it would be great to do something with that. I think also with adult ed…just sharing resources in terms of co-promoting each others activities just because we try not to overlap doing the same things, but…I think that those would be two pieces that we would strive to do a little more with as well as to look at…like when we first started talking, the individualized, if we were going to focus on one thing or another, I think that getting youth involved in trying to work with this Obesity epidemic that they’re calling it. I think that us having a target audience of
the youth would be something that we might want to reach out to the school nurses and partnering with the wellness policy. So I think probably linking more with the school department internally would help us.

Ohio:

We’re starting a little bit with Cleveland Clinic which is the big not for profit hospital in this area and we’re working with…they took over Marymount Hospital, which is right by Garfield Park Reservation, and they have on-site promotion and marketing people at each place and it just so happens I know a few of them, so we started last year, working with them to get their employees to come to the reservation closest to them on their lunch hour for a fitness break kind of a thing. We’re providing maps and support. The promotion people on-site are working with the employees on it. But I’d like to see more of those kinds of initiatives, of us helping them interest…because we’ve got the materials and we can custom make things for them…walking opportunities. I’m setting that Carol Kazoveki is set ups some noontime interpretive hiking and stuff with them. It will be open to the public, but certainly with the draw to them…and try to do some of those things too, and I’d like to make some more of those connections.

[So just getting a little bit more market penetration in some of those areas?] Yea, and we really try to…we’re your neighbors, let’s see if we can do something together. And I’m not really caught up on what the something is. That’s sort of left up to the staff and what they’re able to support and what the constituency kind of likes, but just to say…it’s something as simple as, hi we’re here. We’re your neighbors, did you ever think about doing something and even if it’s and isolated incident or whatever I think that it helps to just make that connection.

California:

Everybody is a possible partner. Anybody who’s looking for the same kinds of outcomes – improving community health and wellness. That’s a pretty big umbrella, isn’t it? Anything where their services will impact the community in a positive way are our partners.

[Just being open to it is what’s important.] Oh, yea and if you’re just in it for what’s in it for me, you’re not going to see those partnership opportunities. If you’re in it for the overall reasons of what’s best for the community, then you’re going to see them. You’re going to be able to see how a senior center can help you. You are going to be able to see how combining with WIC…I spoke at the WIC conference 2 years ago because someone heard about what we were doing. And I went to the WIC conference, and that’s Women, Infants, and Children, for the big California thing. And I spoke to people. I said have you thought about opening a WIC referral center at your local park, and all the light bulbs went off. Oh my god, I never thought of that. Where do half of their people go when they’re walking their babies? They’re not going to go the WIC center to pick up all those things. And they don’t and what happens is you get educated for one week and you get your stipends and you never come back. And the whole idea was for the people to stay with WIC…until their child is healthy. So how about we offer the WIC thing and then they go for walks around the park in their strollers with their babies. Oh my goodness…and they can’t get their WIC vouchers until they complete 5 laps or something. Think about those…You see the little light bulbs go off. Oh, man, I never thought about that. I never thought about that. [So you have to be thinking outside the box a little bit as far as who you can partner with.]

Colorado:

Well, we’d be very interested in partnering more with clinics, hospitals, real health agencies because that’s one of the things, like I said before, that we think there is a real gap in, and so we would like to…but we find this to be our most difficult challenge is that, like I was kind of mentioning before, not everybody thinks a rec center is what a rec center is, so doctors in particular have a tendency to…you know how doctors are, doctors don’t tell people…they say you need to exercise, you need to take that weight off, you need to get your blood pressure down or whatever it is, but they don’t say, here is some information about your local recreation center or whatever it might be for the state, they just say go work out, go exercise. So we would like our physicians to be more aware of what’s out there in these communities, so they can provide better support for patients. So I would love to have more access to physicians and have
partnerships with them and let them know…and this is something that as a state we’ve talked about quite a bit, how we can…and we’ve tried some campaigns to try to reel them in and get them interested, but nothing has worked…so that is a lack of success story.

[It’s been a little harder with the doctors and maybe the hospitals.] Definitely, definitely.

Washington:

There are a lot of partnership opportunities out there. The biggest constraint is time/money.

think we’re always looking at how we can utilize our partnership with the American red cross, the school district, which is very challenging in this day and age—it is difficult for us to get into the schools. One example is we have an aquatics program which is dedicated to drowning prevention. They want to go into the school and teach this material, but there are a lot of barriers to doing that for all of our programs, even just marketing our programs in the district, you have to go through a lengthy process of approval, adding their disclaimer, then its still up to the individual school whether they want to share your info with their students. We have a number of partnerships with the school district, we would like to have more but there are a lot of issues to be worked out there.

We also have a partnership with the local community college and other agencies, and every time we have a successful partnership with them it opens the door a little wider for other partnerships.

12.) Other comments?

Connecticut:

No, except just involve your community. Anything that is done in a vacuum is going to fail, but the more community input, the more community involvement, the more of the key leaders in the community you can involve in the process I think the more successful you will become. We’re all going to be fighting for, as I said, scarce resources and I don’t see that changing in the future.

Texas:

My advice would be don’t reinvent….There are certainly a lot of programs out there that already have kind of the same master plan. The resources and the information and the materials are out there and not to spend a whole lot of time on trying to re-develop these, but look at what’s already out there and massage it or amend it or whatever you need to do to your own specific community. There’s no need to start from scratch anymore.

Pennsylvania:

I think one of the biggest things when you’re creating a new partnership…we did that from the beginning, trying to see what is our vision, what we wanted to accomplish and then getting the input of all your partners, because they’re all coming in with a different perspective. So you want to be able to honor that somehow with what you’re working on and you can identify is what their vision is, is that going to work with what you’re working on? Or how can you incorporate it together? So that is a big thing because you have a lot of diverse organizations coming together. So when it comes down to it…yes your focus…for this example your focus is this health and fitness and this program, but everybody is coming in with a different perspective. That’s one of the biggest things, meshing this together.

I think essentially with this health partnership, not only with the Step Up to Health, but the PANA and the Keystone Healthy Zone, that’s one of the greatest things is getting these organizations who have these resources, but are working in different directions, and bringing them together so you can kind of focus that…maybe take your program, and your program, and this program, and somehow bring it together and that’s really neat. I like what they’ve done.
We’re having a new website that is going to debut in a few months...and one of the nice things about that is there’s going to be an area on the website where counties can talk to each other and somebody in Delaware county can find out what’s happening in Erie if they have a question to pose and it’s going to be nice. That will be like a message board that we can share.

Oregon:

That’s great, it seems very worthwhile. Like I said, everything we do is directed toward health and wellness on the preventative side...So we will be interested to see what comes out of it.

South Dakota:

Just one other thing that comes to my mind is that we try and touch a lot of different bases because we know that not everybody enjoys going out walking, and so I talked about the walk in the parks and the disc golf, and then we have...the department of health helped us with the printing of canoeing brochures, we did a booklet on bicycle loops, so what it does is...our park managers helped us define loops between state parks so you could leave your stuff at one park and then drive to another one and then start biking there and then camp overnight where you left your stuff and then bike back on a different part of the loop the next day to your car...I’m just trying to think of all the different ones we have like that...A birding one because we know birders get out and hike and so we’ve got actually two different birding booklets...so like I said, we’re just trying to make sure we’re not just focused in one area, that we’re trying to get to the various entities and the populations.

Well, you can tell I’m passionate about it. It’s been so fun and successful. It’s fun to talk about.

Indiana:

I don’t think anyone should not go out and try. The worst thing anyone can do is say no to you. And like I said, we have reaped the benefits from this. I’m looking now at our fitness and wellness classes, just to tell you what classes are run out of that fitness center and there are like 4 sessions of everything. We have aqua-workout, aqua-yoga, baby and me classes, bike and tone, cycle workout, deep-water aerobics, kick box boot camp, pilates, yoga, yogalates...and that helps our residents...we’re bringing to them...and we also go out under the wellness and fitness category, we go out and hire our own teachers to teach classes in like the Salvation Army or in the high schools, so we have relationships with other fitness teachers, not just organizations.

It’s just very easy to do and like I said, the doctors, they’re out there and they need patients as much as we need people to come to our programs.

[Do you feel like having the network that you talked about has that helped you to hire the staff to put on the programs that you’re doing?] It has and it hasn’t. We’re real low around this area for fitness instructors. Mainly because everyone is working during the day, or they’re more high priced than we as a park department can pay them. But do go to...like we went to Fitness Point, and we went to Susan’s Dance...do you have any fitness instructors? We’re asking them, but we’re not being too successful in finding those people. We do have access...we have a good relationship with the newspaper and we can put press releases in there and we also have our own letter that goes out with every water bill that we tend to say, we need teachers for this or teachers for that.

I just think it’s very easy to establish. You just have to be positive and cordial and you have to bring something to the table as well as want to get something from them and if anyone wants to call me or needs help, I’m willing to help them out.

That sounds great. It sounds like it will be really helpful to a lot of the park departments and we can always learn new things...I’m always interested in learning.
Massachusetts:

No, I just think that having the NRPA resource is what introduced it all. I think that if I hadn’t gone to the Step us to Health workshop then certainly we wouldn’t be doing this right now. I think that it’s been wonderful. I think that it’s a great piece for the department to move forward and it’s a nationwide initiative, and like they say, if you’re not at the table, they’re going to just do it without you, and it’s very important for us to be there and be participating as a rec department. [To make sure that we have a voice in what’s going on.] Exactly.

California:

What happens is, you go to a conference and you talk to a couple hundred people. You maybe get 10% who feel it because they’re too busy, right? That’s not going to work. That ain’t going to work. Or it’s going to get in and go back and how many other things are going to be on your desk when you get back? What happens is what you’ve learned, what you’ve talked about, what you’ve thought about falls to the wayside because other things are more important and so what I’ve also learned is when you’re giving those conferences and getting the opportunities to talk to people, you leave them with a few things at the end like I used to talk about how we did Healthy Parks and I can talk for hours – how we started, what we did, the accomplishments, the awards, blah, blah, blah, blah, blah. And people go, great story, but how do I make that work? So they’re getting great information, but it wasn’t relevant to them. It was a nice story, but how the hell do I do that? I’m not you. How do I do that? So what I did is I changed my topic and now we call it Ten Steps you can take today to develop a healthy community and now what happens is there is standing room only. Because they are getting stuff that…say if you get nothing else from what I talk about, nothing else, go back and just stop serving junk food at your meetings. Oh my god, I can do that…there you go. And all of a sudden it is like, I can do that. That’s easy.

What I try to do when I’m talking to people and selling this stuff, because you can’t…it’s a great story, but they’re not me, and they’re right, they’re not going to be able to go out and do that. I love talking in front of hundreds of people, but most people are scared to death. I can’t do that. So they’re going to forget about it and they go, this is great, but that’s not me. It’s kind of like going to a motivational speaker. Well the person is a speaker. Of course they’re motivated. How are you going to teach me how to be you? I can’t do that. And the people get all excited, but as soon as they leave, they go, well, shit I can’t do that stuff, so it’s kind of funny, but anyhow, I digress and I go on, and I can continue to do that kind of stuff, but that’s what it is. You give them something they can use, give them something they can take away, so if you’re doing the NRPA thing…give them something they can take away and do today. It’s kind of like you say…if people tell me if you don’t exercise 30 minutes a day, you’re screwed, so people will go, well, shit, I don’t have 30 minutes a day, therefore, I’m screwed. It’s too hard. And then you say, how about you just park a little farther away and walk to the office and just do that. Or don’t use the elevator today and walk up the flights of stairs. Well, shit, I can do that. And then, did you know that 10 minutes 3 times a day is just as good? No, I didn’t know that. So you scare them off by making it too big and they can’t do it, so they don’t do anything. How about giving encouragement just to do a little. And give them something they can do today. And so if I’m giving you anything, that’s what I want you to take. What can someone do today?

[Start small to keep from overwhelming people.] Right, because that scares everybody off. Oh, I can’t do an hour of exercise a day. I’m not going to bother at all. Who are they kidding? I don’t have time. Do you have time to do that? Well, yea. well then do that. Oh, ok. And then all of a sudden the whole thing starts changing. They can do that, the next day they do a little bit more. All of a sudden they start seeing themselves change physical and emotionally. They’re feeling better. And then they want to do more and all of a sudden, what? They found time. Now don’t tell them. Don’t tell them…anyhow…just keep on doing the right stuff. And I’m glad that you guys are looking at examples and stuff and getting other insights and things to do because everybody has a different story. And take a little bit from each of us of what’s going to work.

Yea, we’re…I’m submitting a proposal to NRPA to do on Wednesday on leadership development and leadership from the ground, so I hear you. I got an award at NRPA last year for this thing. They asked
me, how are you guys doing that? How are you empowering communities, how are you doing this? Is there a training? And there isn’t because…what you have to have is a couple of people who’ve done it and tell them what they did. And that’s what it is and then people can just take what works for them out, because it’s the personal thing. It’s the person. It’s the person selling the program that I think is the biggest key.

**Colorado:**

I just think to…not to be afraid to call people, just not to be afraid to talk to whomever and to propose ideas to people. That’s the biggest thing is just go out on a limb and do whatever you need to do to get people interested in your idea because we’ve done that with places…we just have talked and tried to sell ideas and sometimes that’s what it takes to get something started and I’ve been surprised sometimes that people get excited about my ideas or whoever on staff that…Oh, yea, that’s great. Now that’s not always true. Sometimes they look at you like you’re crazy, but it’s just really great to…to keep on trying.

Yea, yea I do [feel like most of the people we’ve approached have been fairly open to partnerships]. If they can make it work, they do. Whatever way they…they almost always will do whatever they can to make it work.

**Washington:**

[How did you go about partnering up with the newspaper?] The first year I wasn’t involved, but it was really promoted by providence hospital and the herald newspaper, it was the hospital who engaged the newspaper to get on board with the issue because of some healthy study reports had come out from the health district. A lot of our county information comes out of our central health district so that’s kind of news items that get picked up. I think the hospital is the one who really looked for the city parks/county parks partners to jump on board. So they had a relationship with the media outlet and that really engaged them that way. It is difficult for public agencies to have media relations because we all want free promotion and the newspaper wants us to pay for advertising.

As a whole we have a very small budget and its for specific items. We don’t have just a blanket-advertising budget of x-dollars that we can decide what programs we’re going to promote.

How do you create these partnerships? They can be done but they take a lot of work nurturing personal relationships. You have to be invited to the table on a large variety of projects to find out who are the leaders in business/community who are making things happen, go at it from a lot of different angles, constantly supply local media outlets with information and hope that you are giving them good story ideas so they’ll call you and ask you for more.
Appendix B.

Recruitment Letter for the On-Line Survey
Dear NRPA member:

The National Recreation and Park Association is working with Penn State’s Department of Recreation, Parks and Tourism Management to conduct an on-line survey. This survey will help NRPA learn more about the practices, barriers, and outcomes of partnerships. We would appreciate your willingness to take part in this voluntary on-line survey. Completion of the on-line questionnaire will take approximately 15-20 minutes. There are no penalties for not answering some or all of the questions; however, completing the entire survey will insure that results accurately reflect nationwide partnership practices within the profession.

Your responses are confidential and will be analyzed in such a way that answers cannot be individually identified with you or your organization. To show our appreciation for your participation, you will be entered in a drawing for a small prize. Results from this survey will be shared at the 2008 NRPA Annual Congress in Baltimore, MD. Completion and submission of the survey implies that you have read the information in this form and consent to participate in the research. Please keep this letter for your records. If you have questions about your rights as a research participant, contact Penn State’s Office for Research Protections at (814) 865-1775 and refer to IRB# 24036.

Feel free to contact Heidi Melancon of NRPA (hmelancon@nrpa.org, 703-858-4730) or Andrew Mowen of Penn State (amowen@psu.edu, 814-865-2102) if you have any questions or need additional information regarding this important study.

Sincerely,

Heidi Melancon, MPH
Health and Wellness Manager,
National Partnerships

Andrew J. Mowen, Ph.D.
Assistant Professor
Recreation, Park and Tourism Management
The Pennsylvania State University
Appendix C.

On-Line Survey Questionnaire
NRPA PARTNERSHIP SURVEY INSTRUMENT

1. What type of park and recreation agency/organization do you work for? (Check the response that best describes your organization.)
   a. Local or municipal park and recreation department
   b. Forest Preserve
   c. County Park System
   d. Special District
   e. Federal Park or Forest System
   f. I do not currently work at a recreation and park agency/organization
   g. Other

2. What is the name of the park and recreation agency/organization where you currently work? a. __________________________________________________

3. In what zipcode is your agency or organization headquarters located?
   a. ______________________________________________________________

4. Please indicate the type(s) of program(s) provided through your park and recreation agency/organization. (Check all that apply.)
   a. Aquatics
   b. Fitness and wellness programs
   c. Adult and family programs
   d. Senior/older adult programs
   e. Youth programs (including early and middle childhood)
   f. Special events
   g. Arts/culture (e.g., trips, performances, classes)
   h. Sport programs
   i. Day care services
   j. Lifelong learning (e.g., computer skills, financial planning)
   k. None
   l. Other types of programs (please describe)
      i. ________________________________________________________

5. Please indicate the type(s) of facility(ies) provided through your park and recreation agency/organization. (Check all that apply.)
   a. Parks
   b. Trails, greenways, and open space
   c. Multi-purpose/community recreation centers (e.g., athletics, fitness, racquet, aquatics, multi-purpose)
   d. Outdoor aquatics facilities (e.g., spraygrounds/splashpads, water playgrounds)
   e. Athletic fields
   f. Outdoor courts for sports
   g. Golf courses
   h. Playgrounds
   i. Day care center
   j. Arts/cultural center
   k. Other types of facilities (please describe)
      i. ____________________________________________________________________
6. Please indicate the size of the population your park and recreation agency/organization serves (i.e., your local service area or taxing district).
   a. 30,000 people or less
   b. 30,001 to 60,000 people
   c. 60,001 to 100,000 people
   d. 100,001 to 250,000 people
   e. 250,001 to 500,000 people

7. Please indicate the amount of your agency’s/organization’s ANNUAL OPERATING BUDGET. For example, your agency’s/organization’s annual budget may be $245,000. Thus, you would enter 245,000 in the space provided below.
   a. ____________________________________

8. The list below represents a number of potential benefits provided by park and recreation agencies/organizations. Using a scale that ranges from 1 “extremely unimportant” to 5 “extremely Important,” please rate the importance that you feel your AGENCY/ORGANIZATION places of providing these benefits.
   a. Improving people’s mental health/wellness
   b. Open space preservation
   c. Attracting tourists
   d. Enhancing employee productivity
   e. Providing a sense of community
   f. Attracting new businesses
   g. Reducing crime
   h. Improving people’s physical health/wellness
   i. Increasing property values
   j. Providing a sustainable ecological environment
   k. Community and economic development

9. Please select the SINGLE MOST IMPORTANT benefit your agency/organization provides its constituency.
   a. Improving people’s mental health/wellness
   b. Open space preservation
   c. Attracting tourists
   d. Enhancing employee productivity
   e. Providing a sense of community
   f. Attracting new businesses
   g. Reducing crime
   h. Improving people’s physical health/wellness
   i. Increasing property values
   j. Providing a sustainable ecological environment
   k. Community and economic development
   l. Other benefit (please specify)
      i. ____________________________________
10. Please select the category that best describes your current job, role or position at your park and recreation agency/organization.
   a. Agency/organization director or senior manager
   b. Park manager or superintendent
   c. Program supervisor
   d. Commissioner or board member
   e. Other job, role or position (please specify)
      i. ________________________________________________________

11. For how many TOTAL YEARS (including other organizations you’ve worked for) have you worked with in the park and recreation profession.
   a. ________________________________________________________

12. Do you have an advanced degree (i.e., beyond high school) in park, recreation, leisure, natural resource management or a related field?
   a. Yes
   b. No

13. Within the PAST FIVE YEARS, has your agency/organization partnered with an outside organization (e.g., health department, non-profit agency, health care organization) to specifically promote health, wellness, or physical activity within your community?
   a. Yes
   b. No
   c. Don’t know/unsure

14. Is there a particular reason your organization is not involved in a formal health/wellness partnership?
   a. Lack of experience/unfamiliar with developing partnerships
   b. Not enough resources to start the partnerships
   c. We don’t need to partner, we have enough resources
   d. Health/wellness is not a core mandate of our agency/organization
   e. Don’t know/unsure
   f. Other reason(s) why (please specify in the space below)
      i. ________________________________________________________

15. With how many different health/wellness partnerships is your organization CURRENTLY involved?
   a. ________________________________________________________

16. Have any of your health/wellness partnerships benefited from the “NRPA Step Up to Health…It Starts in Parks” initiative?
   a. Yes
   b. No
   c. Don’t know/unsure
17. Keeping in mind ALL of the health/wellness partnerships your agency/organization has been involved with over the LAST FIVE YEARS, please indicate the types of agencies/organizations your agency/organization has partnered with to promote health and physical activity.
   a. Hospitals/medical firms
   b. Public health agencies (e.g., county/state health departments)
   c. Non-profit health promotion agencies (e.g., Arthritis Foundation, AARP)
   d. Planning organizations
   e. Transportation agencies
   f. Health insurance companies
   g. Colleges and universities
   h. Nursing homes/assisted living centers
   i. Schools
   j. Local businesses
   k. Senior services
   l. Sports organizations
   m. Corporations (e.g., Nike, Gatorade)
   n. Other types of organizations (please specify)
      i. ________________________________________________________

18. Are there any agencies, organizations or businesses that are not involved in your health/wellness partnership initiative, but should be?
   a. Yes
   b. No

19. Please indicate what organizations you believe SHOULD be involved in health partnerships with your agency/organization.
   a. ________________________________________________________

20. Please select the category(ies) that best describe your CURRENT health partnership initiative(s). (Select all that apply)
   a. Rehabilitation
   b. Obesity prevention
   c. Prevention/treatment of specific diseases (e.g., diabetes, arthritis)
   d. Physical activity promotion
   e. General wellness
   f. Mental/emotional health
   g. Stress reduction
   h. Nutrition/diet
   i. Other (please specify)
      i. ________________________________________________________
21. You indicated that your agency currently has a partnership focused on physical activity. What specific strategies does your agency use to increase physical activity amongst its constituents? (Check all that apply)
   a. Special events/health fairs
   b. Programs that include physical activity
   c. Creation of active park features and environments (e.g., trails)
   d. Physician referrals to park and recreation programs/services
   e. Marketing and promotional campaigns
   f. Other strategies (please describe in the space provided below) i. ______________________________________________________

22. Keeping in mind your CURRENT health partnership initiatives, please list the reasons why your agency/organization sought to partner with outside agencies/organizations. a. ____________________________________________________________

23. Keeping in mind all of the health/wellness partnerships your agency/organization has been involved with over the LAST FIVE YEARS, what are/were some of the difficulties or challenges your organization faced in implementing its health partnerships?
   a. ____________________________________________________________

24. To what extent has your agency’s/organization’s involvement in health partnerships resulted in the following…
   a. Leveraging additional resources (e.g., money, personnel, equipment)
   b. Visibility
   c. Image
   d. Meeting mission statement
   e. Linking to funding opportunities
   f. Changes in policy
   g. Improvements to physical features within the community

25. In other words, what did your organization get out of the partnerships?
   a. ____________________________________________________________

26. What is the SINGLE MOST IMPORTANT contribution your agency/organization has made or contributed to its current health partnerships? (Please choose one, only)
   a. Equipment
   b. Technical expertise
   c. Access to the public/target markets
   d. Personnel
   e. Communications
   f. Facilities
   g. Image/visibility
   h. Other (please specify) i. _____________________________________________
27. Has your organization documented or measured its degree of success with its current health partnerships?
   a. Yes
   b. No
   c. Don’t know/unsure

28. If yes, how has your agency/organization determined the effectiveness of its partnership(s)? For example, partnerships can be evaluated through formal meetings and discussions with partners, surveys, and/or attendance and revenue figures.
   a. ________________________________

29. The following questions have to do with your park and recreation agency/organization and community (i.e., your agency’s or organization’s service area). Respond on a scale of 1 to 5 where 1 is “Not at all” and 5 is “a great deal.”
   a. To what degree does your agency/organization have a tradition of participating in partnerships and collaborative initiatives?
   b. To what degree does your community (i.e., your organization’s or agency’s service area) have experience with partnerships and collaborative initiatives?
   c. To what degree does your community recognize the need to collaborate to address health and wellness issues?
   d. To what degree is your community culturally diverse?
   e. To what degree is your community geographically dispersed?

30. Thinking about all of the health partnerships your agency/organization is currently involved in, please indicate to what extent you agree with the following statements on a scale of 1 to 5 where 1 is “strongly disagree” and 5 is “strongly agree.”
   a. All of the agencies/organizations that should be involved in our health partnerships are actually involved.
   b. There is a broad representation of stakeholders involved in our health partnerships.
   c. Members in our health partnerships have known each other for quite some time.
   d. Members in our health partnerships have a history of working together on previous projects.
   e. Our health partnerships typically involve a formal organizational structure.
   f. Our health partnerships have structured rules and guidelines for partnership participation.
   g. Partnership leaders articulate a clear vision for our health collaborations
   h. Health partnerships have the full support of top management
   i. The leadership for our health partnerships succeeds in securing resources (e.g., expertise, equipment, promotion).
   j. Our health partnerships leaders get things done.
   k. The administrative support for our health partnerships for respective agencies/organizations has been strong.
31. Please continue to indicate your level of agreement with the following statements on a scale of 1 to 5 where 1 is “strongly disagree” and 5 is “strongly agree.”
   a. Our health partnership decision makers willingly collaborate and cooperate with each other.
   b. Power is evenly distributed across health partnership representatives.
   c. Our health partnership decision making is inclusive.
   d. Consensus is achieved on key health partnership decisions.
   e. There is willingness to compromise across the different partner organizations.
   f. Our health partner members are empowered to make necessary decisions on behalf of their agencies/organizations.
   g. Our health partnerships have clearly defined goals and objectives.
   h. There is a lot trust among our health partners.
   i. Stereotypes about partners from other professions have been broken down.
   j. Out health partnerships have a strong and coherent vision of their mission and purpose.
   k. Our health partner members agree about the goals of our partnerships.
   l. Health partnership resources are equitably distributed across participating member agencies.

32. In your opinion, how effective are your organization’s partnerships in fulfilling their purpose(s)?
   a. Extremely Ineffective
   b. Somewhat Ineffective
   c. Neither Effective nor Ineffective
   d. Somewhat Effective
   e. Extremely Effective

33. My organization is very satisfied with its partnership(s)
   a. Strongly Disagree
   b. Somewhat Disagree
   c. Neither Disagree nor Agree
   d. Somewhat Agree
   e. Strongly Agree

34. My organization’s partners are very satisfied with our partnerships.
   a. Strongly Disagree
   b. Somewhat Disagree
   c. Neither Disagree nor Agree
   d. Somewhat Agree
   e. Strongly Agree

35. Comments
   a. __________________________________________________________
Appendix D.

End-of-Survey Comments – Full Transcript
Final Health Partnership Comments and Observations

- Would love to have the opportunity to increase the number and scope of partnerships to allow a wider offering to our public served.
- Would like to have NRPA help in convening partnership roundtables in communities. NRPA brings credibility as well as tools and resources which could strengthen all of our partnerships.
- Its working very efficient and productive.
- Without partnerships, our effectiveness would be significantly diminished.
- With sharp increases in expenses- utilities, employee benefits, transportation/shipping costs (our community can only be reached by airplane)... in recent years our P&R Department could not offer nearly as many programs without partnering with various business, organizations, etc. Partnerships and collaborations are the wave of the present and the future!
- Where there are cooperative and supportive partnership representatives, the process works fine; when those people and situations are not present, the process does not work.
- We would love to focus on health and wellness, but our budget/staffing levels will not support it.
- We would love to expand our programs, but are limited by our budget (adding personnel and equipment).
- We want to be a "Home Town Gym" for our residents. We also want to provide many recreational programs for all ages for our residents.
- We should/can do more...all it takes is time!
- We serve as facilitator for other agencies wellness and fitness testing
- We seem to be looked to as far as leading most initiatives because of cooperation, however sometimes that can be a deterrent if we do not have the expertise!
- We recognize the importance of this issue and have had discussions with health professionals, schools and other agencies to develop programs on safety and ways to be more active. We still can and are likely to do more in this area in the future.
- We really need partnership...for this event
- We really don't have any formal, ongoing health/wellness partnerships. We collaborate at times but there are no formal service related partnerships established at this time -
- we really don't have an involvement with health and wellness partnership. Something we can and will probably work more on in the future, need more staff to handle the extra work.
- We purchased the ReCharge program and it's great. But...no one registered for the program. Unless it's advertised with something specific, people don't sign up for just health /wellness programs
- We partnered with a university, Extension serve and local school district. The local school district failed to follow-through with its support. eventually killing program & partnership.
- We originally moved into this initiative to support the efforts of NRPA. Our success with the Health Dept has been rewarding to us and the citizens of the county.
- We renovated a number of parks to include walking trails and centers with physical fitness centers.
- Looking forward to working with the YMCA as a major partner.
- We need to establish guidelines and policies regarding our partnerships and need to take better advantage of our partnerships.
- We need to do more but are a small, young department with many priorities right now and very few resources to draw from.
- We need to do more and take better advantage of the opportunities that exits.
- We need to budget the time to further develop and structure our partnerships.
- We need to be proactive!
- We need to be more involved, but hampered by lack of staff and funds to expand these.
- We need a leader to step forward and initiate the programs
- We look forward to developing more partnerships and implementing further programming.
- We lack the manpower needed to go and seek out and develop these relationships with health organizations. We need to get a strong marketing plan in place and the support of our board to welcome non residents into our programs.
- We just formed a formal group called Middletown Cares and received funding from Drug Free Support Grant.
We intend to partner more due to high incidence of diabetes and substance abuse in the County and State.

We inherited a program with no direction. We had to absorb then into our budget, thus taking away from our other programs. They pretty much do what they want with no input from us. Expect a lot, give a little. Very demanding on our staff and do not consider themselves part of our staff although we pay them. They make more money than our staff and the entire situation is difficult and uncomfortable. The other agency we are involved with (Aging) is a good relationship and has worked well for many, many years.

We have worked on various programs over the last several years and have had pretty good success. Staffing and resources are always needed to make these type of programs to succeed.

We have two potential hospital projects in the area applying to construct their facilities. Only one will get the ok. The competition from these two and other local hospitals has increased everyone's willingness to develop partnerships at the expense of the competing hospitals

We have tried with local hospitals, more are being built in the Austin area, so I think this is something that will be possible in the future.

We have recently added health and wellness programs to our schedule. Our programs could be stronger by partnering with local health organizations and hospitals, but we just haven't taken those steps yet.

We have realized tremendous success with our health and wellness agenda and partnerships and buy-in at every level.

We have only just begun to leverage partnerships within the community to increase health and wellness initiatives. So far, these have been somewhat successful with funding secured for specific programs and partnerships established for special events like senior health fairs.

We have numerous health and wellness partnerships, so it is difficult to answer some of these questions - while it may be the case for one of our programs/partnerships, it may not be the case for another. As a whole, we have been extremely successful in this area, and have plans to expand our programming and partnerships in health and wellness.

We have not set up measures to verify the success of the programs. The partnerships really started in earnest about 2 years ago with limited resources and a variety of partners came to the neighborhood in the last 12 months.

We have not led the partnerships, but are involved as a participant agency.

We have not had the opportunity to partner with a health/wellness partner due to limited human resources.

We have had a 40 year partnership with our school district - "it's all for the kids"! We have also worked on some grants with the boys and girls club and a local counseling center and local university.

We have diversified the recreational opportunities in our communities, and added operating hours to help promote wellness and active lifestyles. In conjunction, we have adopted and strictly adhered to a healthy snack agenda across the board in all program areas.

We have been working over the last several years to involve partners in the health of the community in a collective way. Some partners work better with us than others. However, everyone's goals have been to improve the physical and mental health of our community. The trust level is improving as we "walk the talk" with our partners. The economics of pooling resources is great for everyone involved.

WE have an interest in doing more with health and fitness... it is NOT a primary mission element within state parks, but is a high state priority. However, it is difficult to find the resources (fiscal and human) to have the type of impact we would like to have. So partnerships in this area are a way for us to do what we can.

We have a very limited relationship with wellness organizations.

We have a limited staffing level.

We don't participate in the type of partnerships that your questions seem to indicate. We partner with agencies to run an arthritis class for Seniors, special classes for our handicapped participants, etc. Our partnerships are not that formal.

We do what we can with the limited resources we are provided. Our current programs promote health and wellness.

We do the best we can with a very small department.

We do the best we can do for all of the personnel stationed here in Japan. We do have gaps in our positions, which can sometimes limit our operations, but overall life is good here in Japan. Thanks for the opportunity to participate in the survey.
• We do partner with a quasi-public organization tasked with recycling, environmental and beautification projects. This organization provides assistance to seniors relative to home upkeep which does foster some health benefits.
• We do not do enough. We start a small program and a few people participate, but it's not wide spread enough to have employees as well as constituents involved.
• We do most of the NRPA initiatives. We do local partnerships as much as time allows. We work with local health department. Do flyers at local doctor offices. Deliver flyers. i.e. Prescription Pad for doctor to prescribe exercise.
• We currently are looking for additional local partners
• We could not provide our services without the partners/alliances we have built and maintained.
• We could not exist or do the programs we do without partnerships.
• We could always do more, it is sometimes very difficult to get the right leaders and administrators to buy into our partnership ideas.
• We continue to establish new partnerships, however, staff size and added responsibilities somewhat limit the time we have to go after sponsorships.
• We are working on some type wellness program for the next year. We may partner.
• We are very satisfied
• we are very diverse and have no problem trying new idea to reach all populations
• We are very committed to combat obesity in our state and community.
• We are very casual about partnerships. Nothing is defined, no goals, no agreements, etc.
• We are under staffed so we don't spend enough time with our partnerships. We have some but they just continue to operate the same year by year. We could be doing a lot more.
• We are still working with staff to have them grasp the big picture for health/wellness. I have recently reallocated a vacant position for creation of a Health and Wellness Coordinator position.
• We are still learning
• We are really just beginning to focus on developing partner relations so we hope to have stronger partnerships in the future.
• We are pleased with what we do but would like to do more.
• We are on the cusp of forging health and wellness partnerships. We are beginning to get attention from the Village, which has a natural leadership/visibility position. Our previous effort was to create a county-wide coalition for walking & activity. It went OK, but so many agencies could not see the benefit of tapping into a turn-key program. Here in the Chicago suburbs, there is just so much turf protection and go-it-alone thinking that it's going to take some time.
• We are new to this arena. We host a monthly “Youth Roundtable” meeting and collaborative efforts come from this group.
• We are looking for new partnerships all the time
• We are looking for good tools to foster a collaborative arrangement with other organizations
• We are just moving into the concept of being a totally sensitive dept to all the community and not just youth oriented so we are in the crawling stages but making progress
• We are just getting into this arena and have been pleased with our partnerships to date. We have been pretty successful in getting agreement with partners on focus for programming and events, and very successful in leveraging cost share. With the response received to date, we would expect that our health partnerships will only increase in the future as we have a shared mission to engage the public in healthy activities and lifestyles. It has definitely been a win-win, so far.
• We are just beginning the process of partnerships and we have developed a few. However, this in the past this was not a strong priority. With new leadership and more resources we are focused on this.
• We are in the process of developing partnerships so we were unable to answer in-depth some of the questions in this survey. We are especially interested in youth health and obesity prevention.
• We are in the early stages of planning our implementation of the Step Up to Health campaign, so we hope to use this program to further strengthen our current partnerships and engage new partners and community resources in our health promotion efforts.
• We are doing the best that we can do with what we have to work with.
• We are discussing a partnership with a local hospital in the construction of a new recreation facility.
• We are actively attempting to increase our health/wellness oriented programming, and have one on tap for this fall - a Family Fun & Fitness program we are launching in late Sept as a test run. We have limited facilities and our ability to increase programs is hindered by physical limitations to a large extent.
• We are a small town and have difficulty getting fitness programs due to lack of instructors. We are located just far enough away from larger communities that makes it hard to get outside organizations to want to come to our area.
• We are a small town (4,800) we need staff, money, equipment, and facilities. What I have is experience and expertise.
• We are a rural community and have no local group/agency to partner with.
• Very important that the Parks and Recreation industry recognize the importance of our involvement in this important health promotion message.
• Unfortunately we do not have necessary staff to document all the partnership program results or successes. Other than one major collaboration for 2007, partnerships have been loose. Hopefully, collaboration for 2007 will strengthen opportunities for health related events/activities. Our extensive trail facilities lend to options for walks, runs, bicycling and other events.
• To be more creative in what we all can do.
• Timely subject - critical issue - gaining progress - should continue to improve
• Time and commitment is the greatest problem, intentions are good. We have so many other obligations.
• This will continue to be a focus area for our department and community.
• This topic is hot, but other pressing community demands have decreased available time and staff resources to coordinate community events. Our approach of late has been to advertise healthy lifestyles and give the public a variety of choices through outdoor and indoor resources.
• This survey does not work well of an oversee based recreation, sports, fitness, library and aquatic organization.
• This is the future of our health promotion. Cooperative groups forming partnerships must work together to obtain success. Having partnerships but depending on one agency to "do it all" will not work. Let's all work together.
• This is one of many initiatives we undertake, we need greater focus.
• This is an area where we are looking to expand greatly in the next few years
• This is a suburb of a large metropolitan area. We have great resources when you consider the entire area and there is a tradition of partnerships in the area of health and wellness in this community.
• This initiative is difficult mainly because of the amount of time and staffing needed to meet the guidelines of implementation. In most cases, this is a program that falls under an everyday programmer rather then an expert in the field of health and wellness. That is primarily due to the expense of employment.
• They are appreciated by the community.
• These efforts are scattered throughout our geographic region. Most efforts need to be consolidated and reorganized.
• There is a need to keep open communication lines.
• The use of partners in relation to health/wellness initiatives are in their infancy in our department. It is a focus of our new 5 year plan.
• The two strongest partnerships require almost opposite survey answers.
• The programs we have in place are really excellent. I do think we need more programs like them. Where we are lacking is in the number of health related partnerships not the quality of the ones we already have.
• The program is a work in progress
• The partnerships that we have formed are strong and successful. They are somewhat informal, but the leadership understands the value of shared resources and collaboration to meet certain goals. There are more groups that need to be brought into the picture.
• The partnerships have begun the process of bridging the 'towers' however time commitments and resources prevent an even flow of working together and sharing of resources.
• The Orcas Island Recreation division of our agency seeks many informal partnerships through the school system, non-profits and individuals to further their health and wellness programs. The size of the administrative group limits larger more formal partnerships. However, there are a number of organizations involved and doing a good job of meeting the community's needs.
• The information we are working with has been set by the state.
• The doctors and medical facilities in our community see things very differently and sometimes clash in their views.

• The city did not want to use the NRPA program, so the board of commissioners created "theirs" with the department and we used some of the basics and fundamentals of NRPA.

• The Bedford County, TN community has had a Health Council for 10 years. They deal with different issues in the community. Childhood Obesity is the new issue and the parks and recreation department is the lead agency.

• Thank you for asking these questions. May we please obtain survey results?

• Tennis grants have allowed us to provide scholarships and extra programs to promote tennis. Sun safety initiative provided information and a safety canopy for a park site. Smoking prevention provided varied information for parents and teens.

• Strengthening all of our partnerships is one of our department's current goals.

• Sometimes our own limited resources (staff time) gets in the way of this initiative.

• Some people view partnerships as a group or organization that you can "get something" from. That is wrong. All partners need to be equal, and all must feel the "win." Clear specific goals and objectives are the most important element of a successful partnership so that the focus is on the goal and not what someone is getting out of it.

• So much to do----so little resources

• So much red tape negotiating from a municipality that it kills many potential partnerships before they start

• Since we are part of a large urban school district our partnerships are structured around schools as well as our Districts Wellness Plan that flows out into our Recreation Programs.

• Since we are just getting started in the increased programming and health and wellness partnerships it is still in its infancy. In my former position in Colorado the partnerships were very well developed and strengthened with a wide array of partner and organizational involvement.

• School partnerships play an important role. Also, we need to reach the parents in a better method so that the new habits we learn and teach will continue.

• RPOS is in the process of rebuilding partnerships as well as formulating new ones. I just started my tenure as the RPOS Director 8 months ago.

• Project has stalled somewhat. I am working with certain members within the partnership to try and restart it.

• Political pressure cannot be under-estimated

• Please let me know if I can be of further assistance on this subject. The City of Green River Parks & Recreation Department would be open to being a example agency of a best practice on this subject matter. Anyway we can assist NRPA and partnerships we would be willing to do so.

• Partnerships of all types are one of our top priorities at the Richland County Recreation Commission - Those partnerships involving health and wellness are becoming more prominent

• Partnerships are always a work in progress.

• Partnerships and/or collaborations, in my opinion, is critical not just for survival of dept.'s but to make sure we are meeting the health/wellness needs of our community. Childhood obesity is prevalent and needs to be addressed and the only way to do this is to make sure the message is sent out. This also includes older adults who, culturally, typically do not exercise.

• Partnerships and collaborations will only become more important and necessary in parks and recreation services. Successful agencies will/must form strong ties across the community to better serve their constituents.

• Partnership is the only way to go for Indy Parks, we share resources, risk, and successes. We also develop a strong relationships and respect for the opportunities ahead.

• Partners always want more time, space, promotion and attention. However, they understand are resources are limited, and we understand their resources are limited. We agree in advance what each can provide and evaluate at the end. Each decides if it is a program they would like to continue in the future.

• Partner with boys and girls club. partner with an athletic club for trail enhancements. Recreation program must cover most cost, but is supplemented with tax dollars for electric, water, and administrative cost.

• Parks provide health and enjoyment to all users
• Our work with partnerships has been a great community benefit as this has enabled us to expand our program offering without added tax dollars.

• Our strengths have been through using models of cooperation already existing in our area including tobacco & alcohol abatement, by having excellent data collection regarding the health of our school age youth (funded by local foundations) by acting in a timely manner to support the state school wellness initiatives, and maintaining high levels of trust within our partners & service receivers. Our weakness is seeking statistically significant outcome measurements from such a narrow span of time. We are looking for societal & environmental change in just a 24-36 month grant period. Our Healthy Marathon County Coalition is 7 years old, but we have only had major program related grant awards in the last 3 years.

• Our programs have been special events in nature and not ongoing, which is why it was difficult to answer some of the questions. We currently don't have a strong partnership working on any one program or event, but will again as needed.

• Our program is still getting up and running. I think the partnerships will develop in time to a much greater degree. We have been trying to work on a scientifically based approach that will help sell the benefits internally that can then be used to sell the program externally.

• Our partnerships are more with off post organizations that provide sports and fitness programs (i.e. youth soccer league, Archery groups, running club, softball organizations, etc. Our clientele benefits from our involvement in these programs.

• Our partnership has not worked mostly because of a failure on our part to provide services needed for the group to benefit.

• Our partners include the County Health Department and other agencies promoting health and fitness opportunities for the community at large. We also partner in programs with other Parks and Recreation agencies within our regional area.

• Our limited staffing resources, in order to develop partnerships, is probably the largest hurdle to overcome.

• Our health programs are only in the beginning stages, and will hopefully continue to grow at the rapid pace they are now occurring. With that growth, I hope to become more diverse in our offerings from an agency perspective and be able to join the NRPA initiative.

• Our health partnerships are a great thing for our community.

• Our health and wellness initiatives are only a few years old and many of the partnerships are just two years new.

• Our group is called AFHY - Advocates for Healthy Youth. This group focus on nutrition and obesity in the schools and after school programs.

• Our efforts are fairly new and have much growth opportunity but we are very happy with what we see on the horizon. The relationship with the local retailer is a new and different type of outreach for us and could be a template for additional partnerships in the future.

• Our Division recently received the first "Partnering in Promoting Public Health Award" given to a state park system from the national Center for Disease Control. We are pleased and proud. Great things have happened in our state because of the collaboration between the South Dakota Division of Parks and Recreation and the South Dakota Department of Health.

• Our Department provides large regional parks, trails, and open space for the citizens use.

• Our community works together great to get things done.

• Our community wellness initiative is in the formative stages and will be launched January 2008.

• Our community isn't that large and it was a struggle at times to bring the agencies together. It was something new, and often times something new scares people and has to be sold to agencies that are satisfied with the status quo.

• Our community is small, middle income, low crime, and not very diverse. They raise their families and do not expect society to take care of them. The programs we offer have been well received up to this point, but we have come to the conclusion with in our department, we cannot force people to change their eating or activities habits, but we will continue to offer a variety of programs to increase awareness of healthy lifestyles.

• Our community's elected officials have restructured the former parks & recreation department, moving parks to public works and leaving recreation as its own department. Heavy transition period of who is
responsible for what, new layers of communication, unfamiliar work relationships, etc that currently have a
number of ideas and projects in limbo or infancy stages as new relationships are forged both internally
and externally among the township and other local entities.

- Our commission has adopted a policy extending the lunch hour to 1 1/2 hrs so that all employees may
use the fitness center and still have lunch. We have signed an agreement with the state association on a
healthier lifestyle for our youth and we also encourage all staff to exercise and are given rewards for
exercising.

- Our agency provides over 60 miles of trail systems for the public to use. At the present time there is not a
strong health dept. that the agency can partner with to provide programs for the public. We do work with
the senior program to provide space for their programs.

- Our agency is committed to providing quality recreational programming
- Our agency has talked a lot about partnerships but the actual projects have been few.
- Our agency has had a difficult time breaking barriers and dismantling the "old-time" beliefs that Parks and
Recreation are just fun and games and sports. Other competing organizations are receiving the state
money ahead of the municipal recreation departments in our state.

- Our agency has been a leader in partnership initiatives for almost two decades. We feel strongly that
partnership are more work to maintain success, but the benefits perceived and real are well worth it. We
have leverage partnerships in order to provide significantly increased services levels within our
community and established huge advocacy for overall programs and facilities based on partnerships,
performance, and close working relationships. We have found that like in most communities, relationship,
whether personal, formal, or informal is how most things get accomplished. This is particularly true in
smaller communities.

- Note that the budget numbers include are for the entire municipality. Here are budget numbers for
recreation and parks alone. Recreation: $107,970 from the general fund plus an equal amount raised in
fees and sponsorships. Parks: 383,000 in general fund and 234,000 in parks improvements

- Not really our mission. We are more a facility provider and try to create opportunities for fitness and
wellness at those facilities.
- Not really a good involvement
- Not forward thinking enough
- North Clackamas Parks and Recreation District tends to need to pull partners together, move partners
forward, move agendas forward, pay the line share of costs at this time. We have a number of smaller
partnerships on individual services and a few larger more encompassing partnerships.
- new relationships have been established to help with referrals for programming and information
- Needs to improve
- Needs much improvement, especially with employees.
- Needs more collaboration with agencies that serve special populations, and needs to better promote
importance of health and wellness and more so how parks and recreation can be an easily accessible
resource to achieve better health and wellness.
- Need to involve more with inclusion and therapeutic recreation
- Need more staff training opportunities
- My responses are based on the fact that we are only just beginning to work on a health and wellness-
specific agenda & partnerships.
- My major concern is the overemphasis placed on youth sports by parents and volunteer league officials.
Choices are often made that are not in the best interest of the children.
- Most of our many partnerships don't relate to health issues, they instead relate to nature preservation,
nature education, historical preservation or cultural issues.
- More work needs to be done with respect to partnerships
- More partnerships would be beneficial. Our community has other organizations that provide health
related programs for our residents and we try not to duplicate those programs.
- Many times Health Department gets funding for programs and then once their funding runs out come to
us to continue program at our funding expense.
- Many of these questions are not germane to this organization. Our main partnership efforts are in land
preservation & working with Garden State Greenways. Those partnerships work well. Corporate work
days in our preserves are not systematic, but sporadic, but all have been a success.
• Many of the questions I did not answer because our partnership is with local businesses that provide the services, Not non-profits.
• Many of our partnerships are "on-base" agencies such as the Naval Hospital, Family Team building and other entities offered through military sources. Our outside partnerships are focusing on the PTSD initiatives we've been starting.
• Management feels other facilities within the city should provide health programs for the citizens such as the YMCA, Health and Fitness Clubs etc.
• Make sure all parties involved explain what they want out of the partnership before you make the agreement. Then put it in writing. Remain open to make adjustments as the partnership grows.
• Large medical center complex in the community that more than fills the need for health and wellness programs.
• Lack of funding, manpower available
• It would be nice if the NRPA made stronger efforts to help raise the awareness among the nation of the possible expertise Parks & Recreation employees/departments can offer in the health & wellness field.
• It seems that any time we partner with other agencies our agency does 90% of the work.
• It needs to continue
• It just takes a lot of time, energy, and dedications to the cause; both organizations must be willing to work together, share resources, share goals and priorities, etc.
• It is good. It can always be better (e.g., more partners)
• It is critical for schools, cities, colleges, & private health agencies to work together to provide wellness programs and activities for their communities.
• It is a work in progress and growing
• It has taken longer than I thought to develop effective partnerships with public health and other agencies. Most of this is attributed to breaking out of the old way of doing business in a "bubble".
• It's essential that local government partner with other agencies within the local community in efforts to provide quality programs and activities to the public.
• It's all about priorities and focus. We can't get done all we'd like to.
• Indoor recreation facilities lacking; resources directed toward traditional park and recreation opportunities.
• In our ever-changing environment, we must keep seeking partners and distribute the work that must be done. It is not always easy finding cooperative partners outside of our county agencies and even sometimes our own agencies can get in the way of the ultimate goal. But, never give up. Always try and eventually you will succeed.
• Improving all the time
• If it works, do it… If not, go it alone
• I would like the results of this survey when it has been tabulated
• I wish that I had additional manpower to get more involved in partnerships. I also do not know much about partnerships, but I would like to know more
• I think we should try to do more in the community.
• I think it is something to pursue, but not at this time
• I think it is important to note, as a division of county government our wellness partnerships and initiatives have strong support from our Board of Commissioners, County Manager and Community.
• I think an important aspect of parks is encouraging outdoor recreation and enhancing visitors experiences by providing fun, yet safe recreation opportunities.
• I just became their first Parks & Recreation Director 4 months ago. We plan to do some partnering in the future.
• I have tried working with our local public school system to develop a "fit kids" to help combat the war on childhood obesity with no luck. We do not have community centers and must rely completely on schools. The schools continue to be reluctant in sharing their facility for anything "new". We are a very small agency with little time to research possibilities; however, we remain open to any and all suggestions.
• I have found this to be one of the most rewarding components of Parks and Recreation -- the desire to work together to improve our community and the resident's health. Working cooperatively with other organizations allows us to do more than we could do on our own.
• I have answered q's 32, 33, 34 from the standpoint of health-related partnerships... Overall, our partnerships in other areas are much stronger and have a much higher degree of satisfaction by both
The health related partnerships are relatively new in terms of other programs and are more difficult when we are trying to have a relationship with a county, state or federal agency. If the resources were at the local level the projects and programs would be stronger, more sustainable and would have greater continuity with far less reinventing of the wheel. Thanks for the opportunity!

- I feel the Navy does a good job of working together with our other services (Army, Air Force), to help meet the missions of partnership. Also working with outside organizations in the departments that can do this in their areas and do.
- I feel it would have been helpful to have a more clear definition of a health partnership. Not sure if what I'm thinking of is in-line with what you're trying to accomplish with this survey.
- I do not work for the parks programs, I am the Director for the Fun Club after school program and it does not run during the summer.
- I believe it is important to promote health and wellness. It can be very challenging partnering with other organizations, but it is well worth it.
- I am not involved in the process of working with the health organizations. We have just started partnering with health organizations so a lot of things are still unknown.
- I am anxious to see our partnerships grow with other interests in the health and wellness industry and I am confident with the foundation we have established, that it will happen. More and more people have become aware of the opportunities agencies such as ours make available. We are fully committed to NRPA's initiative to "leave no child indoors."
- Hopefully, changes in programming philosophy will lead us into creating and operating more fitness type programs. This is a major goal for our agency next year.
- Health partners do not commonly think of P & R as a partner - they will think the Y, Boys and Girls Clubs, even Scouts before us - we need to pursue and market our expertise to these partners so that we are the first place they think to go with a program or service idea.
- Health and wellness partnerships do not always apply to a government municipality such as this.
- Health & wellness are very important issues locally and nationally, we do not have facilities or staff to offer a win/win partnership and the agencies that we could partner with do not have facilities either.
- Given the state of parks funding, a more entrepreneurial approach must be taken to secure resources to further develop partnerships. Staff must be assured that utilizing a core competency approach is not viewed as "giving up turf" or the first step in modifying (i.e. reducing) budgets. What this means is that staff must see the wisdom and willingly agree to "buy in" to a more comprehensive and extensive partnership philosophy.
- Given that one of the main initiatives we are undertaking in the area is relatively new and another well established, I found the questions in this questionnaire relating to "all" partnerships very hard to answer. You might find another way to structure such questions in the future.
- Future area of growth
- Everyone could always do more.
- Establishing the working relationship with partners often takes time to cultivate and at times the effort is sporadic. We have had some level of success with some agencies and the partnership has grown.
- Developing and strengthening partnerships is successful component of BPRD. Most partnerships have a link to improving wellness by being active.
- Department has focused on youth sports for 10 years or more. Getting community to understand that recreation is more than youth sports is a challenge. Slowly we are educating community of value of health and wellness for all our residents.
- Current programs have been in place for a number of years.
- Coordination too often takes place at a level where employees are insecure in their positions. This is a key issue in America but the decision makers are little involved in authorizing partnerships and committing resources to health initiatives.
- Comment, if we enter into an agreement with Humana, they would like it to be exclusive to them.
- Columbus Family Connection is an agency formed by 22 separate agencies who work together for improving quality of life issues throughout the community. It works together to write grants, collaborate on special programs and shares information on wellness, and life issues.
- Coast Guard resources are very limited with lack of professional expertise to support a full and comprehensive wellness program.
• Before I arrived 1 1/2 years ago, this department was non-active with not a big history. I've been trying to put the department 'on the map' since Day 1.
• Because there are so many health organizations, it is a challenge to agree on a method(s) to carry out the agreed upon mission.
• Because I am new, I am answering from personal observation more than participation with the partnerships. There is always room for improvement and I see that improvement as my role to develop and nurture.
• Basically providing facilities for the programs and one staff member actually works with other agencies in the government with the program.
• At least in our area, it seems imperative to cooperate and collaborate to maximize one's ability to affect change. Like anything in life, some relationships are a little one sided, one way or the other, but so long as everyone is working diligently towards the same goals, and progress is being made, they are worthwhile.
• As we have several partnerships, some work better than others
• Always trying to make it bigger and better and reach more people every year.
• All questions I have answered are based on our seniors programs.
• All agencies can improve on collaborating and providing educational programs for the community
• Affluent residents join private health clubs, tennis clubs, swim clubs, etc.