Identifying the Role of Community Partnerships in Creating Change to Support Active Living

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Background: Active Living by Design (ALbD) partnerships were established to change environments and policies as well as support complementary programs and promotions to increase physical activity in 25 communities across the U.S.

Purpose: This paper summarizes the structural and functional aspects of partnerships identified as having a substantial influence on these initiatives.

Methods: A mixed-methods evaluation included qualitative (e.g., key informant interviews, focus groups) and quantitative (e.g., survey, web-based tracking) methods. Data were collected from 2003 to 2008, systematically analyzed to identify influential factors, and triangulated for model development.

Results: The partnerships identified a number of structural and functional factors that were important to their success, including multisectoral partners, flexible governance structures, leadership, group management, action planning, and assessment/evaluation. Three types of partnership models— utilitarian, lead agency, and collaboration— emerged across the community partnerships. Most partnerships reported challenges with engaging community members and ensuring equitable distribution of resources at the local level.

Conclusions: The ALbD community partnerships utilized several structural and functional factors to enhance the success of their multisector collaborations. Yet, the varied types of lead agencies, partners, and partnership structures suggest that there is no one best way to bring partners together.
(Am J Prev Med 2012;43(5S4):S290–S299) © 2012 American Journal of Preventive Medicine

Introduction

It has long been recognized that partnerships are beneficial in creating health changes. Previous research points to various features of the structure and function of partnerships to assess what makes them more or less successful. For the structure of partnerships, the types of partners involved and the governance of the partnership have an impact on success. For instance, multisectoral partnerships are seen as providing critical reflection and resources needed to create changes in policies and environments that influence individuals' abilities to make lifestyle changes.[1–3] These partners might include individuals from business, government, schools, and public health.[2–4] Yet, power differences among these partners and varying levels of partner engagement may limit the benefits accrued by the diverse individuals and organizations involved.[5,6]

In terms of governance, benefits emerge from the distribution of labor through mechanisms such as steering committees and subcommittees. This may occur through informal agreements among partners or more-formal arrangements through a contract or memorandum of understanding. These agreements (informal and formal) are more conducive to partnership success when they clearly articulate resources contributed, roles and responsibilities of volunteers versus paid staff, and committee and subcommittee design.[2,3,7–13] In addition, mission and vision statements as well as defined financial processes serve to enhance these agreements.[2,3]

With respect to partnership functioning, strong leadership and group management are prominent indicators of success in creating changes. Some of these functions include the ability to recruit appropriate partners, articulate a mission and vision, identify strategies

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for creating change, and demonstrate group facilitation skills (e.g., development of trust, conflict management, communication, agenda-setting, and capacity to document and share partnership progress through meeting minutes and other informal and formal structures).[2,3,7, 9–13]

In November 2003, the Robert Wood Johnson Foundation (RWJF) awarded grants to 25 community partnerships across the U.S. as part of the Active Living by Design (ALbD) national program (www.activelivingbydesign.org). "Active living" refers to the accumulation of at least 30 minutes of physical activity each day for adults and 60 minutes for children. These partnerships intended to make it easier for people to be active in their daily routines through innovative approaches to community design, public policies, and communication strategies.[14] Partnership initiatives were located in a variety of geographic areas and focused on policies affecting various populations (e.g., children and adults). ALbD's Community Action Model provided five strategies (5Ps) to influence community change: preparation, promotions, programs, policy influences, and physical projects. As part of "preparation," the lead agencies formed, organized, and maintained cross-sector partnerships that spanned many settings and populations.

This initiative provides the unique opportunity to examine partnerships focused on environmental and policy change intended to increase active living, whereas much of our understanding to date regarding factors needed for success is from partnerships focused on programmatic interventions.[2,4,15–17] The purpose of this paper is to compare and contrast 25 multisectoral partnerships with regard to partnership structures and functions.

Methods

A 3-year evaluation started near the beginning of the fourth of 5 years of funding for the ALbD grantees (November 2006). The evaluation had three primary aims: (1) to assess impacts of physical projects and policy changes on community environments; (2) to document intervention strategies implemented as well as intended and unintended consequences; and (3) to identify strengths and challenges in planning, developing, and implementing interventions.

Investigators used a mixed-methods approach to collect multiple sources of data through phone conversations, in-person site visits, and web-based resources. For the current paper, data from key informant interviews, focus groups, a partnership capacity survey, and the Progress Reporting System (PRS), which is an ongoing log of community activities, were analyzed.[18] The 38-item partnership capacity survey was administered to members of each of the 25 community partnerships (*n*=28; typically the Project Director, Project Coordinator, or key partners). Participants completed the survey online and rated each item using a 4-point Likert-type scale (strongly agree to strongly disagree).

Responses were used to reflect partnership structure (e.g., new partners, committees) and function (e.g., processes for decision making, leadership in the community). The partnership survey topics included questions relating to the following factors: whether the partnership's goals are clearly defined, whether partners have input into decisions made by the partnership, whether the leadership thinks it is important to involve the community, whether the partnership has access to enough space to conduct daily tasks, and whether the partnership faces opposition in the community it serves. The evaluation methods are described in detail in a companion paper[19] in this supplement to the *American Journal of Preventive Medicine* (*AJPM*).

Quantitative results summarized counts or means (e.g., number of partners) for Partnership Capacity Survey and PRS data. Alternatively, qualitative results from the interviews and focus groups were analyzed using systematic coding procedures to identify themes, ideas, and concepts derived from the data. Themes were organized into categories, or sensitizing concepts, through discussions with grantees, the evaluation national advisory group, and the ALbD National Program Office and RWJF staff.[20,21] This process allowed themes that did not fit into predetermined categories to emerge; later, these themes formed the basis for a systematic qualitative coding procedure using Atlas.ti to ensure consistency in the analysis across the 25 community partnerships. For additional data coding and triangulation procedures, refer to Brennan, Brownson, and Hovmand[22] in this *AJPM* supplement.

Results

Partnership Structure
The qualitative results indicated several structural aspects of partnerships that positively influenced partnership activities.

Types of Partners
A multidisciplinary approach to developing community partnerships was encouraged as part of the initiative and became a crucial element in policy changes, physical projects and other supporting efforts. Several types of partners were represented across the community partnership initiatives, including health; schools; parks and recreation; urban design, planning and transportation; community leaders, policymakers and decision makers (i.e., elected officials, tribal councils, appointed officials); other government (i.e., housing authority, community or economic development, social services, public works, law enforcement); advocacy; business; media; and community- and faith-based partners (e.g., neighborhood associations, walking/biking clubs, little leagues, individual volunteers). These diverse community partners enhanced lead agency efforts to form, implement, and maintain policy changes and physical projects, as well as

promotional and programmatic approaches, to support active living.

Partner Formation and Expansion

Connections among partners created a foundation from which policy changes, physical projects, and promotional or programmatic activities were fostered. The partnerships recognized that recruiting diverse partners and supporting those relationships increased the likelihood of partnership success. For example, the time committed to partnership formation and expansion enabled local legislators to understand the rationale for a community health center to develop a park (Honolulu HI).

In several communities, partnerships influenced city policies by working with policymakers; the involvement of key decision makers led to interactions with city officials that otherwise would not have occurred. Making connections or networking across multiple agencies and organizations positively influenced success when partners recognized their common interests and contributed their strengths to the common goals, had diverse experiences and a variety of distinct connections, and were open to expanding their own perspectives.

Outreach, Engagement, and Mobilization of Community Members

Outreach, engagement, and mobilization of community members were critical to partnership success in reaching a large and diverse number of community members. When inviting new partners to participate, it was helpful to share the history of the partnership and to develop and use a partner orientation manual. Several partnerships engaged community members in ways that ensured community voices and perspectives would be heard in ways that recognized community expertise. Partnerships also attributed success to their commitment to ensuring that community members developed the capacity to advocate for their own concerns.

Champions

With ALbD, champions emerged among paid staff from the lead agency or key partner organizations, community members, and local leaders or elected officials with vested interest in the community. Local champions had the following characteristics: visionary, charismatic, energetic, possessing a take-charge attitude, passionate, well-known and respected, well-connected with a strong network of resources, trusted by the community and the partnership, competent, persistent, and politically savvy. They brought specific skills and tactics to their work, including the ability to engage many different communities and audiences, move from vision to action, leverage funding, stand up to established thinking, provide excellent communication, maintain and support direct and indirect participation of the community, and connect the right people to the right opportunities.

Local champions were described as "sparkplugs" for initiation of partnership efforts and assisted in sustaining efforts over time. Some of the local champions worked behind the scenes, whereas others took a public stance locally and nationally to support and publicize the partnership efforts. Some served as mentors for others doing similar work in other communities.

Impact of the Lead Organization

The partnerships also varied in terms of the roles they had in their respective communities and this often depended on the nature of the lead agency or key partner organizations involved, given that capacities differed among these organizations. These differences affected the processes they used, and ultimately their ability to create changes. For example, in government agency–led efforts, there were often strong ties to local policymakers with valuable experience and the ability to develop and implement policy changes and physical changes.

Often, however, this type of lead agency had little familiarity with community organizing and advocacy efforts. Further, some of these individuals and organizations stated that organizing and advocacy fell outside of, or conflicted with, their agency's mission. Conversely, partnerships led by community-based organizations typically had the ability to connect with the local community and bring forward strong advocacy efforts, yet developing, implementing, and supporting policy changes was perceived as more difficult.

Partnership Governance

Partnerships were organized in various ways, depending on the history of the partnership, the purpose for participation, the maturity of the initiative, and the degree of formality of the governance mechanisms for interaction. Some used a more hierarchical organizational structure than others; some relied on part-time or volunteer efforts (or both); and others created a management team of core partners. In some cases, there was a strong commitment to hiring residents—people who grew up in the community and those who had the cultural and linguistic characteristics of the individuals living in the community.

Partnership governance mechanisms varied and often changed as the project needs and partnership dynamics evolved. For example, partnerships may have

started with a broad focus having frequent core partnership meetings led by a steering committee and/or supported by working groups, then reorganized over time to concentrate partner efforts around specific projects. In Somerville MA, the lead agency brought to the work almost 40 years of history of serving immigrants. Their partnership evolved from a centralized steering committee to a larger, looser, and more diverse collaborative that had a more effective, dynamic governance structure.

"Revolving" partnerships were more flexible and project-oriented, permitting partners to spend time focused solely on what interested them. In some communities, engaging partners was very difficult, especially considering that the implementation of policies and physical projects may have required participation from decision makers in different states or local jurisdictions. This led a few communities to meet one-on-one with partners or in small groups to discuss specific projects or activities.

Other structural factors recommended by the partnerships included: ensuring each organization has more than one person involved in the partnership (e.g., broadens knowledge of the partnership across the organization, maintains institutional memory given staff turnover) and that all organizations have consistent meeting attendance; pool resources across the partnership (e.g., staff, funding, skills); and form committees and task forces to distribute the workload.

Partnership Function

The results pointed to a number of functional factors that positively influenced partnership activities, including leadership and group management.

Leadership

Leadership is critical in any complex, community-based initiative. Each ALbD community partnership had a project director or coordinator who worked for the lead agency or a key partner agency. These individuals were responsible for developing a work plan and accomplishing the outlined tasks, including bringing together an effective partnership. Project directors (commonly 5%–10% full-time equivalent [FTE]) and project coordinators (commonly 50% FTE) were most often employees of the lead agency. In three projects, the project director and coordinator represented another partner organization or worked as a consultant or contractor.

Critical to the success of their initiatives, these paid staff were primarily responsible for planning, implementing, and monitoring the initiative; coordinating all efforts and partners; internal and external communication; fundraising; and meeting all reporting requirements. Effective management characteristics of paid staff included previous experience (e.g., leadership, active living or related work, understanding of the community) as well as specific types of skills and capacities (e.g., talented networker, diplomatic personality, good listening skills, passion, perseverance, dedication, adaptability).

Group Management

Lead agencies and key partner organizations providing strong leadership had a number of internal and external group management characteristics. Most importantly, they were able to build trust and leverage support for the active living cause. Within the community, this was facilitated by working with agencies and organizations that were well respected broadly and had deep connections to other community leaders and representatives. Within the partnership, they were able to establish agreements or principles to maintain a fair and balanced collaborative effort.

They were able to articulate a clear, detailed vision for change in the community and they had long-standing relationships with partners while also drawing in critical new partners. With respect to their own agency or organization, they made strong connections between the vision for change in the community and their own vision and mission while supporting passionate, committed, culturally competent and trusted staff. In many cases, people went above and beyond their agreed-on roles or hours to ensure success of the initiative.

Some community partnerships recognized their project directors and coordinators for their management of the partnership, intimate engagement with each piece of the work plan, and regular communication with each partner and the broader community. Their flexibility and creativity and effective management of conflict and friction were described as essential to group functioning. Other strengths that were related to group management included strong action planning and implementation through delegation of roles and responsibilities; development of joint goals while promoting individual interests; partner focus on action, strategic and flexible long-term plans, ability to overcome roadblocks and work through problems, and training and technical assistance (e.g., Rails-to-Trails, League of American Bicyclists). Assessment and evaluation contributed to success, including assessment of the community and the partnership as well as evaluation of the partnership's efforts. Several partners noted that celebration of small and large accomplishments kept up the partnership's momentum.

Reciprocal Impact of Partnership Structures and Functions

Partnership structures influenced functions, and vice versa, with the most common reciprocal influence identified as the

lack of continuity in leadership. Within the first half of the 5-year initiative, many communities (18 of the 25) experienced individual or organizational leadership changes. Sometimes these changes helped bring new strengths to the project or overcome former bureaucratic or regulatory roadblocks, or misalignment of the vision or other challenges. However, turnover also had negative impacts, including loss of institutional memory causing initiatives to stagnate or lose momentum; an unsupported change in the vision, mission, or approach; and the loss of established key connections to media, residents, community leaders, or others. These negative impacts may have led some partners to disengage from the efforts.

Several examples of changes in leadership with positive influences on the partnership activities also emerged. For instance, in Chicago, the Project Director primarily provided budget planning, direction, and fiscal oversight, and this position was filled over time by multiple employees at the lead agency. However, the Project Coordinator, employed by a partner organization, remained dedicated throughout the initiative. She coordinated the day-to-day efforts and championed active living. Her status as a resident helped her build trust and credibility. She was a catalyst in the community and pulled people, resources, and activities together to produce change.

Sustainability

The partners identified aspects of partnerships that enhanced not only success but also partnership sustainability. In particular, they highlighted consistency and follow-through, revolving partnership membership, long-range plans, and involvement with local governance.

Aspects of Partnerships That Interfere with Partnership Success

In additional to positive aspects of partnerships, the data demonstrated several structural and functional aspects of partnerships as well as contextual factors that interfered with partnership success.

Structural Factors

The data pointed to a number of factors related to the structure of the partnership that interfered with initiative successes. For example, inadequate staffing for initiatives was seen as getting in the way of success. Similarly, changes in leadership and weak leadership were seen as notable barriers. This was sometimes exacerbated by a lack of clarity in the overall vision for the partnership and its activities. Partners found that while committees and workgroups were beneficial, they sometimes led to lack of cohesion and communication among the partners as a whole. Partners also noted that lack of clear roles and responsibilities for accomplishing tasks interfered with progress.

Community partnerships most frequently cited gaining and maintaining participation from a wide variety of partners as their greatest challenge. The number of people and organizations represented often dwindled over time, and the changing nature of the partnerships presented problems for advocacy as short-term partnerships make it difficult to engage in long-term quests to change policy. Partnerships recognized the importance of diversity within the partnership. Many discovered that it was important to have multiple connections with various community representatives, as some community organizations may not represent the interests of the majority of the community. Other partnerships found that although they had the right representatives, these organizations or individuals did not have the training needed to assist with moving the initiative forward. Still others found that bringing the right partners together could mean bringing together organizations with competing interests, creating challenges in coordinating efforts.

Functional Factors

Data suggested a number of challenges related to the partnership functioning. In particular, partnerships pointed to the time the partners have to commit to the initiative and the amount of overall time it takes to see partnership efforts come to fruition. This sometimes led to intermittent engagement of partners, which diminished success and sustainability. Partners also indicated that inadequate focus, lack of agreement about the scope of the initiative, and lack of buy-in from key partners stalled progress.

Contextual Factors

A number of contextual factors challenged initiative successes. For example, partnerships found that a history of failed efforts due to lack of communication and cooperation created challenges to their efforts at creating change. Similarly, substantial disparities and inequities in the community limited partnerships' abilities to get things done. Some partnerships found that in the absence of considerable organized and sustained political power, lower-income neighborhoods had a difficult time getting their voices heard and seeing action. Community partners also identified financial and political barriers, including insufficient funds, funding cuts at state and national levels, poor use of resources at the community level, and lack of community and governmental understanding and support for proposed changes.

Partnership Survey

The online survey with ALbD community partnerships' project staff and key partners assessed several dimensions of partnerships, including the partnership's purpose and goals, resources, functioning, leadership and community contextual

factors. Respondents (*n*=28) from all 25 partnerships had the following characteristics: female (61%); white (79%); and aged 26–45 years (68%). A wide variety of disciplines were represented in partners' areas of expertise.

For the most part, the survey assessed the functional aspects of partnerships. Partners identified several strengths, including sufficient resources, decision-making skills, and strong leadership. For example, most agreed they had enough space (93%) and equipment (86%) to conduct activities. All respondents stated that their partnership's goals were clearly defined (100%). Most agreed that partnership decisions were based on community needs (97%); that the partnership can influence decisions made in the community (93%); and that partners were determined to create community change (97%). Most (86%) stated that leaders can work with diverse groups with many interests, listen to ideas and opinions of partners, and have relationships with public officials. In addition, 82% stated that leaders have skills to succeed and believe it is important to involve the community.

Group management scored relatively lower. Although most agreed that partners attend meetings (86%); meetings were well organized (86%); partners were in regular communication (79%); partners had the skills needed to succeed (79%); and it was important to involve the community (79%), there were evident struggles as well. More than half (56%) identified a lack of clearly defined overall procedures and processes to deal with conflict.

The survey also identified areas of weakness within the partnerships. Although the majority (89%) agreed that partners work with different types of community groups, only 39% agreed that community members know what the partnership does or the name of the partnership (43%). Some identified that partners lacked a voice in community policies (24%); were not involved enough in activities (24%); and could not gain public officials' support (12%). Very few (11%) agreed that groups in the community receive an equal amount of resources, speaking to the serious challenges related to inequitable resource distribution that contributes to health disparities and often creates additional challenges with community engagement and partnership effectiveness.

Models of Partnership

Through categorization of the similarities and differences across partnership structures and functions, some patterns arose from the data. For instance, all ALbD community partnerships had a lead agency. The lead agency held the contract with RWJF and served as the fiscal agent, holding primary responsibility for ensuring the agreed-on work was completed. Lead agencies represented a variety of disciplines, including health, planning, parks and recreation, advocacy, housing, and community or economic development. Often, the lead agency had a set of core partners (at times referred to as a steering committee) and an extended network of partners varying in skills, expertise, or resources. These partners usually were organized into subcommittees or workgroups. Many of the 25 ALbD communities had diverse, multidisciplinary partnerships, which was strongly encouraged.

Three community partnership models—utilitarian, lead agency, and collaboration—emerged, reflecting lead agency and partners' degrees of support (e.g., resource distribution and contribution); collaboration (e.g., project-specific assignments, community-focused efforts); and control (e.g., decision making, influence). See Table 1 for partnership characteristics.

The utilitarian model tended to function more like a network with strong lead agency coordination and support as needed from partners. In this model, lead agency staff identified goals and developed annual work plans to maintain alignment with the ALbD initiative. Key partners were selected by the lead agency based on common interests, divergent areas of expertise, and the ability to carry out specific tasks. Yet the lead agency rarely convened the entire network of partners, opting to maximize partners' time in small groups working on specific projects. In these cases, common reflections from the community partnerships included the following: partners' skills, expertise, and resources were not fully leveraged; relationships among partners had not been cultivated deeply enough for sustainability of the initiative; and less time was required to move into implementation for partners' assigned project tasks.

As suggested by the name, the lead agency spearheaded the work of the partnership in the lead agency model. Similar to the utilitarian model, the lead agency identified and worked with a variety of agencies and organizations that shared common goals around active living. Likewise, the partners had a sense of the overall purpose of the partnership and worked together through informal or formal agreements. However, in this model, the lead agency staff took responsibility for most of the decision-making and implementation activities. Reflections from these community partnerships suggested that this model leveraged the skills, expertise, and resources of various partners; often resulted in lead agency staff exhaustion or burnout; and, again, did not cultivate the deep relationships necessary for shared ownership and sustainability.

Conversely, partnerships in the collaboration model sought a longer-term vision and connection among partners for the benefit of the community vision and aimed to achieve mutually agreed-on goals. Decision making and workload responsibilities were shared more evenly across partners, typically few in number. Core project staff came from multiple partner organizations, often receiving some staff financial support through the grant. Community

Table 1. Active Living by Design community partnership characteristics

Partnerships	Partnership characteristics				
	Core partners[a] (≥2)	Network of partners[b] (≥25)	Degree of shared responsibility for decision making[c]	Degree of shared responsibility for implementation[c]	Partnership model[d]
Albuquerque NM	No	No	Low	High	Utilitarian
Bronx NY	No	Yes	Low	High	Utilitarian
Buffalo NY	No	Yes	High	Low	Lead agency
Chapel Hill NC	No	Yes	Low	High	Utilitarian
Charleston SC	No	Yes	Low	High	Utilitarian
Chicago IL	No	Yes	High	Low	Lead agency[e]
Cleveland OH	Yes	Yes	High	High	Collaboration
Columbia MO	Yes	Yes	High	High	Collaboration
Denver CO	No	Yes	Low	High	Utilitarian
Honolulu HI	No	Yes	Low	High	Utilitarian
Isanti County MN	Yes	Yes	High	High	Collaboration
Jackson MI	Yes	Yes	High	Low	Lead agency
Louisville KY	Yes	Yes	High	High	Collaboration
Nashville TN	Yes	Yes	Low	High	Utilitarian
Oakland CA	No	No	Low	High	Utilitarian
Omaha NE	No	Yes	Low	High	Utilitarian
Orlando FL	Yes	Yes	High	High	Collaboration
Portland OR	No	Yes	Low	Low	Lead agency
Sacramento CA	No	Yes	Low	High	Utilitarian
Santa Ana CA	Yes	Yes	High	High	Collaboration
Seattle WA	Yes	Yes	Low	High	Utilitarian
Somerville MA	Yes	Yes	High	High	Collaboration
Upper Valley VT/NH	No	No	Low	Low	Lead agency
Wilkes-Barre PA	No	Yes	Low	High	Utilitarian
Winnebago NE	Yes	No	High	High	Collaboration
Total	11 (Yes)	21 (Yes)	11 (High)	20 (High)	12 (Utilitarian)
					5 (Lead agency)
					8 (Collaboration)

[a]Core partners refers to partners engaged in decision making or implementation for the overall initiative (i.e., as opposed to individual goals, tactics, or activities).
[b]Network of partners refers to all individuals or organizations engaged in goals, tactics, or activities as partners, advisors, or consultants/contractors.
[c]High=≥2 partners, Low=lead agency
[d]Utilitarian=low shared decision making + high shared implementation; lead agency=low shared implementation; collaboration=high shared decision making + high shared implementation.
[e]For this community partnership, decision making and implementation were primarily carried out by the Logan Square Neighborhood Association (i.e., the informal lead agency).

partnerships' reflections on this model included the following: a substantial amount of time was required for negotiating partnership goals; time invested in building relationships helped to address challenges or disagree-ments; and progress was often slow given that the initiative often moved in many directions at once to meet the needs of all partners at the table. Table 2 provides additional details on the three models.

Table 2. Active Living by Design community partnership models

Model characteristics	Types of partnership models		
	Utilitarian	Lead agency	Collaboration
Who typically recruits partners	Lead agency	Lead agency	Shared by all partners
Who typically assigns responsibilities	Lead agency by highlighting common goals	Lead agency by highlighting common interests or offering consulting or contractual arrangements	Lead agency with substantial input by partners based on mutually agreed-on goals
Who controls implementation of specific activities	Assigned partner(s)	Assigned partner(s) informed by lead agency	Assigned partner(s) informed by partnership
Workload balance	Heavy on lead agency	Heavy on lead agency	More-evenly shared
Purpose of partner relationship	Task-focused	Project-focused	Project- and community-focused
Efficiency	More quickly moves to implementation because it circumvents time needed to reach mutually agreed-on goals	More quickly moves to implementation because it limits time on reaching mutually agreed-on goals	More time spent negotiating partnership goals, building relationships, addressing conflict/challenges as they arise
Primary decision making	Lead agency	Lead agency	Shared among partnership
Relationships leveraged for future policy or environmental projects	In some cases	In some cases	Most likely
Total number of Active Living by Design community partnerships	12	5	8

Discussion

Active Living by Design community partnerships focused on creating changes to environments and policies, with complementary promotional and programmatic efforts, to enhance active living. This exploratory evaluation supports the importance of developing multisector partnerships with a wide range of individuals, agencies, and organizations in the community. In particular, it may be critical to draw on the expertise of government agency representatives and policymakers and decision makers in efforts to change environments and policies, while engaging community-based organizations and members to ensure that these are culturally and contextually appropriate. Simultaneously, community-member engagement and community champion leadership fuels action, ownership, and momentum in the communities. Clear structures of governance and delineated partner roles and responsibilities also support partnership cohesiveness and effectiveness.

In addition, findings suggest several actions that may be taken by partnerships to improve performance, including the following: providing training and orientation to new partners; ensuring all members are able to voice their opinions; maintaining records on the processes, decisions, and accomplishments of the partnership; and sustaining partnership engagement given the length of time it takes to make environmental and policy changes.

Developing strong leadership and group management skills among partners facilitates the development of a common vision and plan as well as implementation of specific action steps.

Consistent with previous literature,[23] the ALbD partnerships illustrated that leaders' appreciation for assessment and group process skills added value to partnership functioning above and beyond their passion for improving active living. Communication strategies to increase community knowledge and awareness of the partnership and its efforts can enhance the support required for policy changes. A companion article[22] in this *AJPM* supplement refers to more-specific findings related to partnership and community capacity for different types of communities.

Although it is useful to separate out structural and functional aspects of partnerships to increase understanding of these factors and their influences on partnership effectiveness, these factors are typically interdependent in practice. For example, one challenge identified was changes in leadership (a structural factor) and these changes frequently resulted in changes to the vision for the partnership (a functional factor). This may have a positive impact on communities struggling with their current vision or it can have negative effects (e.g., partners disengaging, resources being withdrawn) on communities with a strong commitment to their vision.

These findings are also somewhat unique in that they indicate that there are contextual factors that influence partnership success, such as history of the community's previous partnership efforts, inequities in the community and funding cuts at state and national levels. The inequitable distribution of community resources is one of the reasons cited for partnership formation in the first place. These broader contextual factors have emerged only recently in the literature on partnerships.[24]

The ALbD community partnerships show that there is no single best model for factors related to partnership structures and functioning. Rather, the partnership model needs to have the right fit for the initiative in the context of the history of collaboration in the community. Similarly, Alter and Hage[25] describe a range of models of organization cooperation, including limited (e.g., exchange of specific resources or tasks); moderate (e.g., more structured networks); or broad (e.g., joint planning and activities). They suggest movement from one model to another may be developmental (i.e., from limited to broad) or dependent on the specific purpose of the collaboration. Each model or level of organizational cooperation is considered appropriate as long as there is shared understanding and agreement among the member organizations and the model is carried out with strong leadership, appropriate resources, and communication strategies, among other factors. In some instances, partners' efforts to collaborate to create joint activities unnecessarily complicates simple steps that one or two organizations could take to make important changes.[23]

Limitations

Given staff and partner turnover, some individuals participating in the evaluation activities were relatively new to the initiative, limiting their knowledge of the range of partnership experiences. The sample of 25 community partnerships is not representative of the range of different types of communities or partnerships. Future studies are needed to explore how the structural and functional characteristics of other partnerships influence success in working with different populations. The scope of this summary specifically focused on partnership structures and functions across all 25 communities. Findings related to partnership impacts on population health behaviors and outcomes are still needed.

Conclusion

With limited funding over 5 years, the ALbD community partnerships were successful in bringing together and organizing the efforts of diverse partners from multiple sectors in the community to address needed policy, environmental, programmatic, and promotional changes to support active living. The experiences of the partnerships highlight the importance of building partnership capacity in the areas of leadership, advocacy, and group management as well as assessment and action planning (e.g., setting goals, objectives, and activities). Findings also point to several challenges to anticipate with respect to partnership work, including engaging and mobilizing community members, especially those the initiative aims to reach or serve, and making the broader community aware of initiatives and ensuring equitable resource distribution across various subpopulations in the community.

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