

RUTGERS

# Center for State Health Policy

*A Unit of the Institute for Health, Health Care Policy and Aging Research*

## Assessing the Local Partnership for Healthy Kids in Camden, Newark, New Brunswick, Trenton, and Vineland

Manisha Agrawal, M.B.B.S., M.P.H.  
Punam Ohri-Vachaspati, Ph.D., R.D.



March 2011



# Table of Contents

---

Acknowledgements.....	i
Executive Summary.....	ii
Background .....	1
Methodology.....	2
Results and Discussion .....	3
The Wilder Inventory - Assessment of the Local Healthy Kids Partnership in Five Cities .....	5
Factors Related to Environment .....	5
Factors Related to Membership Characteristics.....	7
Factors Related to Process and Structure .....	9
Factors Related to Communication.....	10
Factors Related to Purpose .....	12
Factors Related to Resources.....	13
Benefits and Effects of Participation in the LPHK.....	14
Perceived Participation Benefits .....	14
Perceived Satisfaction Due to Participation.....	15
Perceived Level of Clear Understanding About Planning and Implementing Environment and Policy Level Changes Among Partners in Their Respective LPHK .....	16
The NJPHK State Program Office Leadership Assessment.....	16
Effectiveness of Assistance Provided by RWJF Funded Programs in New Jersey .....	18
Assistance Provided by Rutgers CSHP .....	18
Assistance Provided by Healthy School Program of Alliance for a Healthier Generation .....	18

Assistance Provided by The Food Trust .....	19
Familiarity with the Products Developed by the Rutgers CSHP.....	19
Food Environment Maps Chart Book.....	20
Physical Activity Environment Maps Chart Book.....	20
School BMI Data Chart Book.....	20
Household Survey Chart Book.....	21
Suggested Additional Partners.....	21
Conclusion.....	22
Recommendation.....	23
References .....	24
Appendix A.....	26
Appendix B.....	40
Appendix C.....	41
Appendix D.....	42
Appendix E .....	43

## **Acknowledgements**

---

This project was commissioned by the Robert Wood Johnson Foundation. The authors would like to acknowledge Gary Graham, Darrin Anderson, Kathy Dunn, Kathy Wiener and Anita Bennison from the New Jersey Partnership for Healthy Kids State Program Office for their assistance. A special thanks to the Local Healthy Kids Partnership members in Camden, New Brunswick, Newark, Trenton and Vineland for participating in the survey.

The authors would also like to thank Dr. Joel C. Cantor, Sc.D. and Dr. Michael Yedidia, Ph.D. for their guidance and support.

# Assessing the Local Partnership for Healthy Kids in Camden, Newark, New Brunswick, Trenton, and Vineland

---

Manisha Agrawal, M.B.B.S., M.P.H. and Punam Ohri-Vachaspati, Ph.D., R.D.

## Executive Summary

Prevalence of childhood overweight and obesity has been rising steadily over the past three decades in New Jersey and in the United States. Childhood obesity is associated with serious co-morbidities including type 2 diabetes mellitus, hyperlipidemia, hypertension, and increased incidence of metabolic syndrome in youth and adults. The economic impact of childhood obesity on health care is substantial. Reversing this epidemic requires a comprehensive and coordinated approach to bring about policy and environmental changes that support healthy eating and active living. The Robert Wood Johnson Foundation (RWJF) is committed to reversing the childhood obesity epidemic by 2015. The New Jersey Partnership for Healthy Kids (NJPHK) is an initiative of the RWJF and aims to build and strengthen childhood obesity prevention activities in five New Jersey communities - Camden, Newark, New Brunswick, Trenton and Vineland.

The NJPHK State Program Office (SPO) is leading an effort to establish community-based coalitions called Local Partnership for Healthy Kids (LPHK), in each of the five cities. LPHKs will work together to design and implement interventions for creating environments and policies that increase access to healthy foods and opportunities for safe play and exercise in school and communities. Strong and well functioning partnerships are central to planning, implementing and advocating for community based changes for preventing childhood obesity in these five NJ cities. Collectively a partnership can accomplish more than its members can individually. The RWJF contracted with Rutgers Center for State Health Policy (CSHP) to assess the functioning of LPHKs in these five cities and to identify their strengths and weaknesses so that improvements can be made. CSHP conducted a web-based survey in November – December 2010 using the Wilder Collaboration Factors Inventory for partnership assessment. Supplemental questions related to benefits of participation in LPHKs, assessment of the leadership provided by NJPHK-SPO, suggestions for additional members, and utility of products and assistance provided by RWJF funded programs in New Jersey were added. Overall, 55 partners participated in the survey yielding a response rate of 60 percent.

The partnership was assessed on a number of factors that influence the success of collaborations. The results indicate that LPHKs in all five cities are doing well and progressing in the right direction. Overall, out of 20 factors - 12 factors indicated strength of the partnership and 8 scored in the borderline range. The factors that indicated strength of the partnerships were primarily in the areas of - favorable political and social climate; mutual respect understanding and trust; members see collaboration in their self interest; members share a stake in both process and outcome; flexibility; adaptability; factors related to communication; factors related to purpose and skilled leadership. The factors in the borderline category indicate that some effort and attention is needed in those specific areas to achieve full potential of the partnership. These included - history of collaboration and cooperation in the community; collaborative group seen as legitimate leader in the community; appropriate cross section of members; ability to compromise; multiple layers of participation; development of clear roles and policy guidelines; appropriate pace of development and sufficient funds, staff materials and time. None of the factors indicated weakness or raised any serious concerns for the partnership.

Overall, majority of respondents reported that being involved in LPHK had a positive impact on their experiences, provided a high level of satisfaction regarding their roles, and gave them an opportunity to develop new relationships. The leadership assessment scores indicate satisfaction with NJPHK – SPO’s guidance and support in maximizing the collaborative potential of the partnership. More than half of the respondents reported that the assistance provided by other RWJF funded programs including healthy school program of the Alliance for a Healthier Generation and the Food Trust was helpful to the partnerships. Majority of respondents reported familiarity with the chartbooks developed by Rutgers CSHP and found the information provided to be helpful in designing interventions.

The partnership assessment tool helps the partnership evaluate how well the collaborative process is working and identify specific areas of strengths and weaknesses in order to make the collaborative process work better. The results are pivotal and necessary measures should be taken as LPHKs in the five cities are moving from planning to implementation phase.





# Assessing the Local Partnership for Healthy Kids in Camden, Newark, New Brunswick, Trenton, and Vineland

---

Manisha Agrawal, M.B.B.S., M.P.H. and Punam Ohri-Vachaspati, Ph.D., R.D.

## Background

The epidemic of childhood obesity is a national health crisis. One in every three children (31.7 percent) between the ages of 2-19 is overweight or obese, and approximately one-in-six children (16.4 percent) between ages of 10 and 17 are obese (Ogden et al., 2010; Bethel et al., 2010; Singh et al., 2010; Levi et al., 2010). Conforming to the national trend, obesity has been rising steadily in New Jersey with 31percent of children between the ages of 10 and 17 considered either overweight or obese (NSCH, 2007). Children and adolescents who have high levels of Body Mass Index (BMI) compared to their peers are likely to have multiple risk factors, excess adiposity, and are at a higher risk of being obese as adults (Freedman et al., 2007; Whitaker et al., 1997 ). Childhood obesity is a major risk factor for a number of chronic diseases such as type 2 diabetes, hypertension, heart disease and stroke (Freedman et al., 2007; CDC, 2011). The economic impact of overweight and obesity and associated health problems is substantial (Finkelstein, et al., 2009). Excess weight during childhood is estimated to cost \$3 billion per year in direct medical costs (Trasande & Chatterjee, 2009).

Obesity results from interactions of a number of factors, including genetic, behavioral, and environmental factors (The Surgeon General's Report, 2010). There have been major changes in lifestyles and high-calorie, good-tasting, and inexpensive foods have become widely available and the frequency of eating outside the home has increased (Guthrie & Lin, 2002). Widespread adoption of multiple technological innovations in the home, workplace, and schools has reduced our daily physical activity. The chances of becoming overweight or obese are higher among children with no access to sidewalks, parks, playgrounds and community centers (Singh et al. 2010). In addition, many of our nation's schools have cut back or eliminated recess and physical education programs (IOM, 2005; Sindelar, 2004).

Experts are promoting community based comprehensive public health approaches involving multiple strategies and sectors and all relevant stakeholders to prevent this epidemic so that large numbers of individuals can be impacted in multiple settings (CDC 2009; IOM, 2010). Community coalitions can facilitate and promote crosscutting programs and community-wide efforts by strategically utilizing numerous community resources and assets (IOM, 2005).

Experience from tobacco control initiatives shows that coalitions can play a significant role in community based prevention efforts by bringing multiple perspectives, talents, and expertise to address issues that affect members of a community (Khan et al., 2009).

The Robert Wood Johnson Foundation (RWJF) is committed to reversing the childhood obesity epidemic by 2015 by supporting environment and policy changes that facilitate healthy eating and physical activity in schools and communities throughout the United States. The New Jersey Partnership for Healthy Kids (NJPHK) is an initiative of the Robert Wood Johnson Foundation (RWJF) and aims to reduce the prevalence of childhood obesity in five high need cities in New Jersey. The communities targeted include Camden, Newark, New Brunswick, Trenton and Vineland. The NJPHK State Program Office (NJPHK-SPO) is leading an effort to establish Local Partnership for Healthy Kids (LPHK), a community coalition in each of the five cities. LPHKs will design and implement interventions for creating environments and policies that support access to affordable healthy foods and provide opportunities for safe physical activity in places where children live, learn and play. Success of childhood obesity prevention efforts in the five New Jersey communities will depend on the strength of the local partnerships including - their ability to work together, engage community organizations, local leaders and schools. Well functioning and strong community coalitions are central to planning and implementing effective and sustainable environment and policy changes for preventing childhood obesity in the five cities.

To ensure these community coalitions are effective and continue to improve their functioning in the face of various challenges, the RWJF contracted with the Rutgers Center for State Health Policy (CSHP) to assess LPHKs in the five cities. This assessment aims to identify the strengths and weaknesses of the LPHKs to help them and the NJPHK-SPO take deliberate steps toward ongoing improvement.

## **Methodology**

The Wilder Collaboration Factors Inventory (Mattessich, et al., 2001), an established and widely used instrument for assessing coalitions, was employed to collect input from the members of Local Partnership for Healthy Kids. This instrument allows the coalition members to do a systematic, careful examination of where they stand on the factors that have been shown to influence the success of collaborations. The inventory can be used to assess the likelihood of success before beginning collaborative work or to analyze the strengths and weaknesses at any point during the initiative. It includes twenty factors that have been identified as critical to the success of collaborations. These factors fall into six categories: general environment; membership characteristics; process and structure; communication; purpose and resources. Each factor includes a set of questions scored on a scale of 1-5. These scores are averaged to calculate the factor score. There is no single score on overall collaboration status; instead

individual scores are calculated for each factor. The inventory focuses attention on each factor as it relates to relationships among collaborating partners and individual member organizations.

Interpreting the Wilder Collaboration Factor Inventory Scores:

4.0 or higher: Strong score; does not call for special attention

3.0 to 3.9: Borderline; discussions among the members are recommended to see if the areas covered by the factor deserve attention

2.9 or lower: Weak score; calls for attention by the group to understand the reasons for the weakness and to take remedial actions.

In addition to the Wilder Inventory, a set of supplemental questions were developed with input from the NJPHK-SPO to: 1) obtain information from partners about perceived benefits of participation in LPHKs; 2) assess the leadership provided by NJPHK-SPO; 3) identify suggestions for additional members; and 4) document utility of products and assistance provided by RWJF funded programs in New Jersey.

An online survey was administered using SurveyMonkey™ (Appendix A). A list of members of LPHKs in each of the five cities was obtained from NJPHK-SPO and the survey link was sent via email. The respondents had five weeks to respond to the survey. To encourage participation in the survey, biweekly (total 11) e-mail reminders were sent to non-responders. The data collection took place during November – December, 2010.

A human subject's protocol for the study was reviewed and approved by Rutgers University's Institutional Review Board.

## **Results and Discussion**

Data were analyzed using SPSS. The survey link was e-mailed to 92 partners in the five cities. Fifty-five responses were received (54 complete and 1 partially complete) yielding an overall response rate of 60%. Response rate for individual cities ranges between 35 and 90 (Table 1).

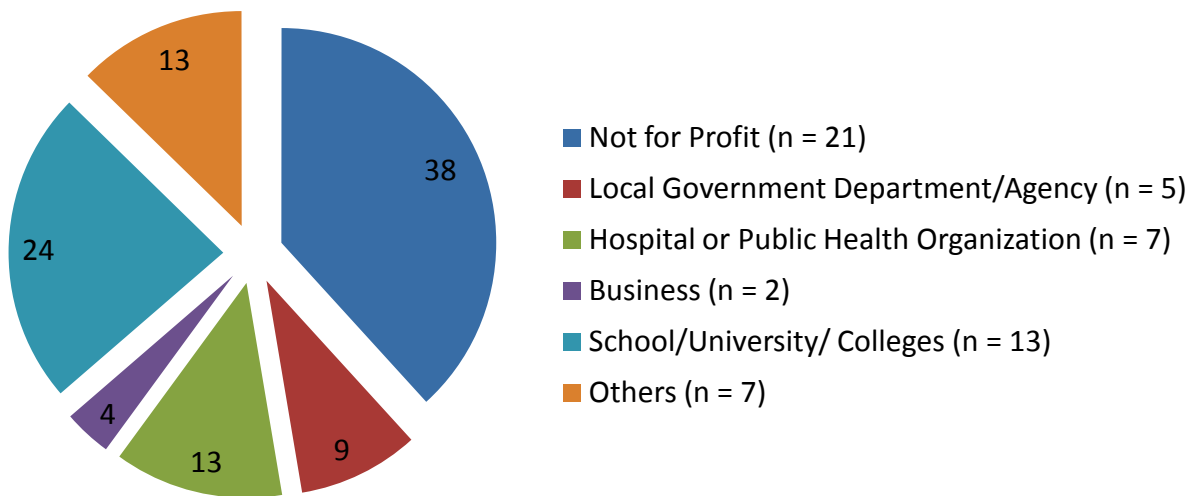
The highest response rate was obtained from the New Brunswick partnership (90 percent) and the lowest response rate was obtained from the Trenton partnership (35 percent). In the overall survey, 35 percent of the respondents represented New Brunswick and between 15-20 percent each represented the other four cities (Table 1).

**Table 1: Number of Respondents from Five Local Partnership for Healthy Kids**

City	Response Rate	% of Survey Respondents
Overall	60	100
Camden	58	20
New Brunswick	90	35
Newark	53	15
Trenton	35	16
Vineland	62	15

Among the respondents across all five cities, approximately 38 percent represent not-for-profit organizations, 24 percent schools and universities, 13 percent represent hospitals and public health organizations, 9 percent represent local government department/agencies, and 4 percent represent businesses.

**Figure 1: Organizations Represented in Local Healthy Kids Partnership (total number of respondents = 55)**



Among the partners who responded to the survey, more than four-fifths (82 percent) agree or strongly agree that their organization is actively involved in the partnership and 18 percent reported that their organization is not actively involved (Table 2).

**Table 2: Level of Involvement**

<b>Organization Actively Involved</b>	<b>%</b>
Strongly Agree (n = 27)	49
Agree (n = 18)	33
Disagree or neutral (n = 10)	18

Overall, three-fourths (75 percent) of partners have been involved with their LPHK for more than 6 months indicating that majority of partners have been involved in the strategic design process of the grant. About 15 percent have been involved for 4 -6 months and only 11 percent are new to this partnership (< 3 months).

## **The Wilder Inventory - Assessment of the Local Healthy Kids Partnership in Five Cities**

The scores for the Wilder Inventory factors were calculated for the five cities combined and for LPHK in each city. Average scores for factors within each of the six categories are discussed below.

### ***Factors Related to Environment***

The environmental characteristics consist of the geographic location and social context within which a collaborative group exists. The collaborators do not have control over these factors but may be able to influence or affect these elements in some way. There are three factors in this category: (1) history of collaboration and cooperation in the community, (2) collaborative group seen as a legitimate leader in the community, and (3) favorable political and social climate in which the group functions. For this category, the average overall score for all respondents and for each city is presented in Table 3.

**Table 3: Factors Related to Environment**

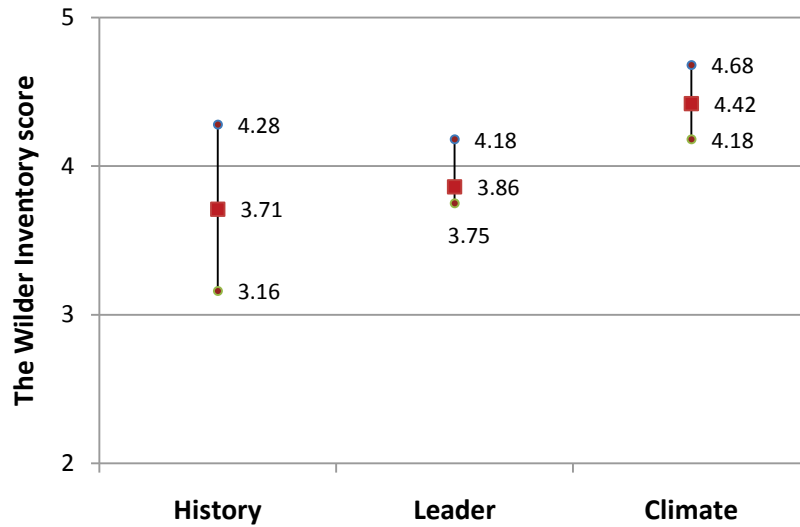
<b>Factor</b>	<b>All Partners</b>	<b>Camden</b>	<b>New Brunswick</b>	<b>Newark</b>	<b>Trenton</b>	<b>Vineland</b>
History of collaboration and cooperation in the community	3.71	3.54	4.28	3.75	3.16	3.18
Collaborative group seen as a legitimate leader in the community	3.86	3.81	3.78	4.18	3.88	3.75
Favorable political and social climate	4.42	4.18	4.57	4.68	4.33	4.25

The strongest factor in this category is "favorable political and social climate for the partnership," with a score of 4.42. The scores for all five cities fall in the range of 4.18 - 4.68. As per Wilder instrument, the scores indicate that the respondents feel that the climate is right for this partnership, their goals realistically meet political and social needs and their mission has support of the key stakeholders. The climate should be monitored and appropriate actions should be taken whenever there are any roadblocks.

The score for the factor "collaborative group seen as a suitable, reliable and competent leader" falls in the borderline category (3.86) indicating that the groups should assess if these areas need attention. The scores for all five cities fall in the range of 3.75 – 4.18. Among the cities, Newark LPHK with a score of 4.18 shows strength for this factor. The coalition working in the community should be perceived as suitable leaders by the community. If the community does not know or trust the competence and intentions of the partnership, it will take time and effort to establish that trust.

The score of the factor "history of collaboration and cooperation in the community," also falls in the borderline category. The scores for all five cities fall in the range of 3.16 – 4.28. Among the cities, New Brunswick LPHK (4.28) shows strength for this factor. Existing history of any collaboration in the community helps partners understand and realize the requirements of their role and expectations of the partnership. The scores for history of collaboration and community perception of leadership are more reflective of past experiences of the group and can be remedied by the coalition building activities being undertaken by the NJPHK-SPO. Time should be spent to educate and shape expectations of all the partners regarding the benefits and processes of collaboration. Figure 2 provides the range of scores for each of the factors in the environment category.

**Figure 2: Factors Related to Environment**



***Factors Related to Membership Characteristics***

This category includes factors that focus on skills, attitudes and opinions of the individuals in a collaborative group, as well as the culture and capacity of the organizations that form collaborative groups. There are four factors in this category: (1) mutual respect, understanding and trust, (2) appropriate cross section of the members (3) members see collaboration as in their self interest, and (4) ability of members of the partnership to compromise. For this category, the average overall score for all respondents and for each city is presented in Table 4.

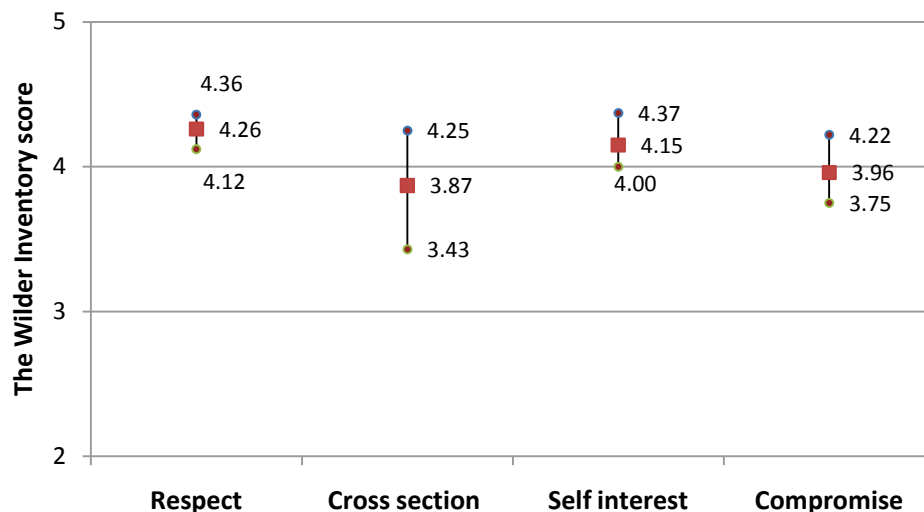
**Table 4: Factors Related to Membership Characteristic**

Factor	All Partners	Camden	New Brunswick	Newark	Trenton	Vineland
Mutual respect, understanding and trust	4.26	4.36	4.23	4.12	4.27	4.31
Appropriate cross section of members	3.87	3.86	3.92	4.25	3.83	3.43
Members see collaboration as in their self interest	4.15	4.00	4.16	4.37	4.22	4.00
Ability to compromise	3.96	4.00	3.84	4.13	4.22	3.75

Two factors in this category - “mutual respect, understanding and trust for each other and their respective organizations,” and “members see collaboration as in their self-interest,” both have average scores above 4.0 and show strength. As per the Wilder instrument, these scores indicate that the respondents believe that their organization will benefit from involvement in this partnership. They share trust, understanding and respect for each other and are aware of their limitations and expectations. This is important as conflicts may develop due to lack of understanding among partners. Partners believe that the advantages of involvement are strong enough to compensate for the costs of collaboration, such as extra commitment of time and effort and some loss of independence.

The score of the factor “ability to compromise,” (3.96) falls in the borderline category. Among the cities, Camden LHPK (4.00), Newark LPHK (4.13) and Trenton LPHK (4.22) show strength for this factor and the scores for New Brunswick LPHK (3.84) and Vineland LPHK (3.75) are in the borderline category. This should be carefully examined as conflicts may develop if there is a lack of understanding among partners. Both the individual and the organization must be ready and willing to compromise. The score of the factor “appropriate cross section of members” (3.87) also falls in the borderline category indicating that the partnership needs appropriate representation from the groups that will influence the success of collaboration's work or will be affected by it. The scores for all five cities fall in the range of 3.43 – 4.25. Among the cities, the score for Newark LPHK (4.25) shows strength for this factor. The partners should explore to see if all the key organizations needed to accomplish their goals are part of this partnership and that any missing organizations that have been identified by the participants should be invited to become partners or join in some other way. Figure 3 provides the range of scores for the factors related to membership characteristics.

**Figure 3: Factors Related to Membership Characteristics**





### ***Factors Related to Process and Structure***

This refers to management, decision-making and operational systems of a collaborative effort and they include: (1) members share a stake in both process and outcome, (2) multiple layers of participations, (3) flexibility, (4) development of clear roles and policy guidelines, (5) adaptability, and (6) appropriate pace of development. For this category, the average overall score for all respondents and for each city is presented in Table 5.

**Table 5: Factors Related to Process and Structure**

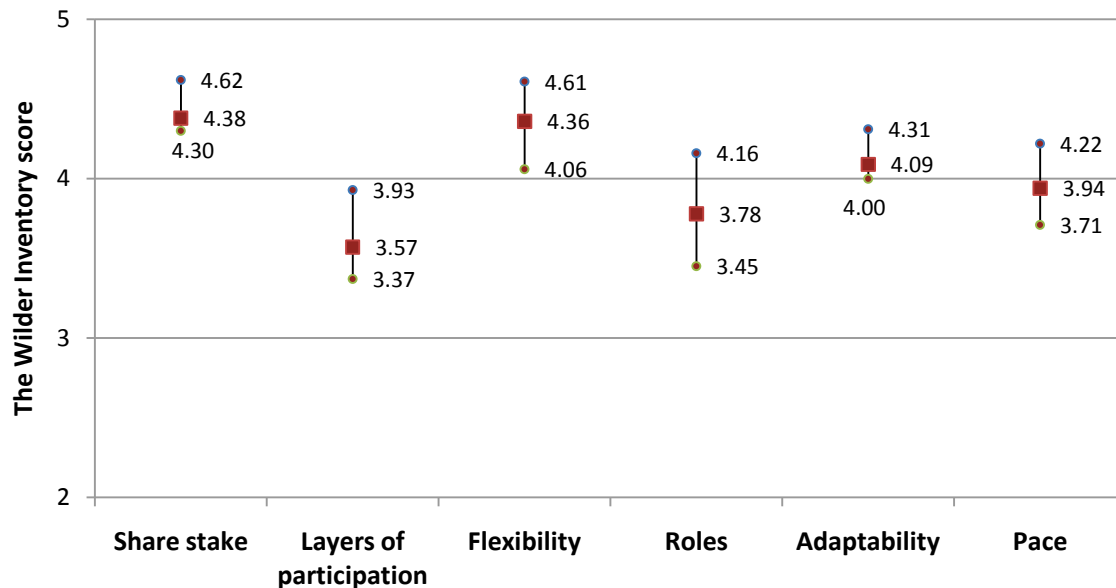
<b>Factor</b>	<b>All Partners</b>	<b>Camden</b>	<b>New Brunswick</b>	<b>Newark</b>	<b>Trenton</b>	<b>Vineland</b>
Members share a stake in both process and outcome	4.38	4.30	4.31	4.41	4.62	4.33
Multiple layers of participation	3.57	3.41	3.52	3.93	3.72	3.37
Flexibility	4.36	4.50	4.23	4.50	4.61	4.06
Development of clear roles and policy guidelines	3.78	3.45	3.73	3.93	4.16	3.75
Adaptability	4.09	4.00	4.02	4.31	4.22	4.00
Appropriate pace of development	3.94	4.22	3.71	4.12	4.05	3.81

The factors “members share a stake in both process and outcome” (4.38), “flexibility” (4.36), and “adaptability” (4.09) show strength in this category. As per the Wilder instrument, these scores indicate that the respondent’s feel ownership of both the process and outcomes indicating that their level of commitment is high. The group is flexible and open, and able to adjust to meet the demands of a project. The partners clearly understand what is expected of them and what they can expect from the group and are ready to adapt to changing conditions (political, economic, leadership) and in their ability to survive in the face of major changes.

The factors in the borderline category are “multiple layers of participation” (3.57), “development of clear roles and policy guidelines” (3.78) and “appropriate pace of the development” (3.94). Multiple layers of staff in each organization should be recognized and involved in a meaningful role so that they are aware of the activities of the coalition. The scores for the “multiple layers of participation” factor is weaker compared to other factors in this category. The scores for all five cities fall in the range of 3.37 – 3.93. The partners may feel that necessary staffs from their organizations are not represented in the partnership and that they need more time to discuss the information with colleagues at their institutions. This should be addressed by each coalition to ensure that decision makers from different organizations are

involved. The scores for all five cities for the factor “development of clear roles and policy guidelines,” fall in the range of 3.45 – 4.16. Among the cities, Trenton LPHK with a score of 4.16 shows strength for this factor. The partners should discuss and accept their roles and responsibilities and any conflicts should be carefully resolved. They should understand different stages and the changing needs of resources and activities throughout the life of the initiative. Among the cities, Camden LPHK (4.22), Newark LPHK (4.12) and Trenton LPHK (4.05) show strength for the factor “appropriate pace of the development” and the score for New Brunswick LPHK (3.71) and Vineland LPHK (3.81) fall in the borderline category. This should be cautiously examined and monitored to ensure that the partnership is taking on the right amount of work to keep the coalition strong and moving forward. Figure 4 provides the range of scores for the factors related to process and structure.

**Figure 4: Factors Related to Process and Structure**



***Factors Related to Communication***

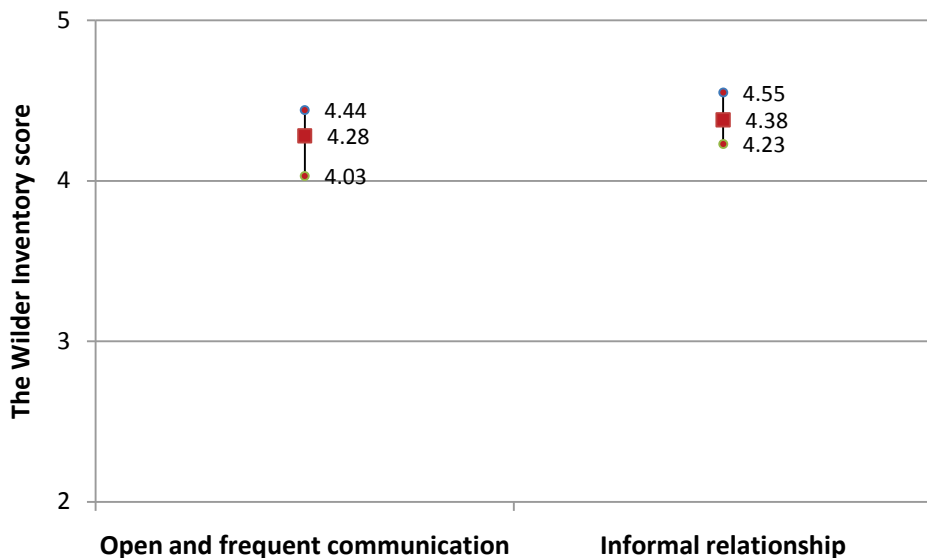
This refers to channels used by collaborative partners to send and receive information, keep one another informed and convey opinions to influence the group’s actions. There are two factors in this category: (1) open and frequent communication, and (2) established informal relationships and communication skills. For this category, the average overall score for all respondents and for each of the workgroups is presented in Table 6.

**Table 6: Factors Related to Communication**

Factor	All Partners	Camden	New Brunswick	Newark	Trenton	Vineland
Open and frequent communication	4.28	4.03	4.38	4.33	4.44	4.16
Established informal relationships and communication links	4.38	4.40	4.23	4.37	4.55	4.50

The scores for both the factors in this category show strength indicating that there was strong and effective communication among partners in their Local Partnership for Healthy Kids. The respondents communicate often and keep each other up to date, discuss issues openly and consistently and convey an appropriate level of information to people outside the group. Effective communication strategies are required from the beginning to avoid conflict by encouraging partners to interact more often, update each other and convey all the necessary information. Personal connections also produce a more cohesive group. Members should set aside some social time so that they get to know each other and keep in touch. These informal relationships are just as important as the formal communication between partners as they help expand understanding of partners’ work and enhance cooperation, coordination and transfer of information. Selective dispersion of oral and written communication strategies can create conflicts and divide the group. Figure 5 provides the range of scores for the factors related to communication.

**Figure 5: Factors Related to Communication**



**Factors Related to Purpose**

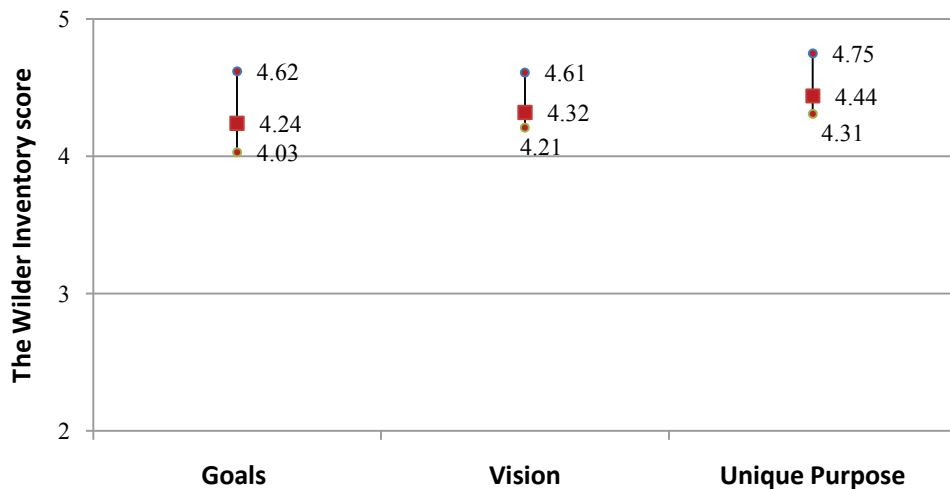
Factors related to purpose are the goals and vision the collaborative group seeks and the specific project it defines as necessary to accomplish. It is driven by need, crisis or an opportunity. There are three factors in this category: (1) concrete attainable goals and objectives, (2) shared vision, and (3) unique purpose. For this category, the average overall score for all respondents and for each of the workgroups is presented in Table 7.

**Table 7: Factors Related to Purpose**

Factor	All Partners	Camden	New Brunswick	Newark	Trenton	Vineland
Concrete, attainable goals and objectives	4.24	4.45	4.03	4.62	4.14	4.20
Shared vision	4.32	4.27	4.21	4.25	4.61	4.43
Unique Purpose	4.44	4.31	4.34	4.62	4.38	4.75

The scores for all the three factors in this category show strength indicating that all respondents, irrespective of their city affiliations have a well defined vision for this partnership. All partners share the same vision and believe that the mission and goals of this partnership are unique, realistic, clearly outlined and would be difficult to achieve by any single organization. The shared vision helps to resolve conflicts and stimulate the partners to work towards common goals. It would be helpful to periodically report on the progress of different aspects of the partnership to the whole group to heighten their enthusiasm. Any asymmetrical balance of power should be addressed fully. Figure 6 provides the range of scores for the factors related to purpose.

**Figure 6: Factors Related to Purpose**



### ***Factors Related to Resources***

This includes the financial and human “input” necessary to develop and sustain a collaborative group. There are two factors in this category: (1) sufficient funds, staff materials, and time and (2) skilled leadership. . For this category, the average overall score for all respondents and for each of the workgroups is presented in Table 8.

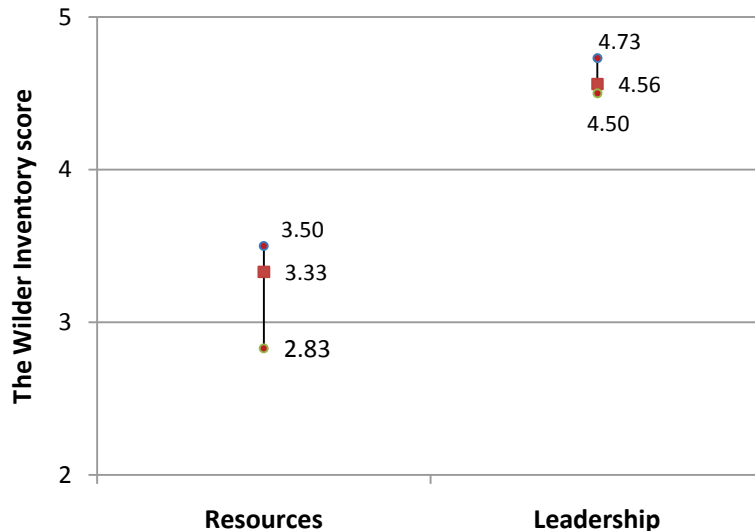
**Table 8: Factors Related to Resources**

<b>Factor</b>	<b>All Partners</b>	<b>Camden</b>	<b>New Brunswick</b>	<b>Newark</b>	<b>Trenton</b>	<b>Vineland</b>
Sufficient funds, staff, materials and time	3.33	3.50	3.47	3.37	2.83	3.31
Skilled leadership	4.56	4.73	4.53	4.50	4.56	4.50

The score for factor “skilled leadership” (4.56) shows strength in this category. As per the Wilder instrument, these scores indicate that all partners believe that leaders in their LPHK have strong organizing and interpersonal skills and carry out their role with fairness. Leaders should be selected carefully to avoid power struggles and loss of motivation.

The factor in the borderline range is “sufficient funds, staff materials and time” (3.33). Partners from all the five cities felt that the resources, both fiscal and manpower, were lacking in the current environment to accomplish the goals of the partnership. The scores for all five cities fall in the range of 2.83 - 3.50. Among the cities, the scores for Trenton LPHK (2.83) indicate weakness. Each partner organization must be prepared to contribute, according to its means, substantial staff hours and skills, fundraising efforts, in-kind support and funds. Adequate resources are necessary for the partnership to work and putting off the resource question for later can be a serious mistake. Figure 7 provides the range of scores for the factors related to resources.

**Figure 7: Factors Related to Resources**



## **Benefits and Effects of Participation in the LPHK**

Respondents were asked to assess the effect of participation in LPHK on their professional roles and skills.

### ***Perceived Participation Benefits***

Overall, a majority of respondents reported that their involvement in the partnership had a positive impact on their experiences in their respective communities and provided an opportunity to develop valuable relationships. More than four-fifths of the respondents reported that their participation in their LPHK enhanced their ability to make contributions to the community (87 percent) and provided them opportunity to make significant use of their expertise or services (82 percent). Slightly over three-fourths (78 percent) of the respondents reported that it enhanced their ability to address important issues (Table 9).

**Table 9: Perceived Benefits of Participation in Local Partnership for Healthy Kids**

<b>My participation enhanced my ability to-</b>	<b>Agree, %</b>	<b>Neutral, %</b>	<b>Disagree,%</b>
Address important issues	78	11	11
Develop new skills	47	29	24
Heightened my public profile	56	24	20
Significant use of my expertise or services	82	9	9
Affect public policy	55	29	16
Develop valuable relationships	84	11	5
Meet the needs of my constituency or clients	56	27	16
To make contributions to the community	87	4	9

***Perceived Satisfaction Due to Participation***

Overall, respondents indicated a high level of satisfaction with their participatory roles. More than four-fifths of the respondents reported that they feel satisfied with their LPHK strategic planning design (87 percent), their role (86 percent) and the way people and organization work in this Partnership. More than half of the respondents (69 percent) reported that they are able to balance their commitments with their job responsibilities (Table 10).

**Table 10: Effect of Participation in Local Partnership for Healthy Kids**

<b>I feel satisfied by-</b>	<b>Agree, %</b>	<b>Neutral, %</b>	<b>Disagree, %</b>
Way people and organizations in this partnership work together	87	7	5
Good investment of my time and resources	85	11	4
Balance my commitments to the coalition with my job responsibilities	69	15	16
My role in this partnership	86	6	9
Partnership's strategic planning design for achieving its goals	87	13	0

***Perceived Level of Clear Understanding About Planning and Implementing Environment and Policy Level Changes Among Partners in Their Respective LPHK***

Respondents were asked their opinion about the level of understanding of other partners in their LPHK about planning and implementing environment and policy level changes to prevent childhood obesity. Nearly one fourth (24 %) reported that all the members have a clear understanding of their city’s environmental and policy level changes to prevent childhood obesity. More than half (53 percent) reported that most of the members have a clear understanding, and another 24 percent reported that some of the members have a clear understanding of the environmental and policy level changes. This should be further examined and technical assistance should be provided to ensure clear understanding of the goals of the partnership (Table 11).

**Table 11: Level of Understanding for Other Partners**

<b>Level of understanding for-</b>	<b>%</b>
All members	24
Most of the members	53
Some of the members	24
None of the members	0

**The NJPHK State Program Office Leadership Assessment**

The NJPHK-SPO has provided leadership to the Local Partnership for Healthy Kids coalition building process by engaging local stakeholders and creating community-specific strategic plans for implementing local strategies for policy and environmental changes. The respondents were asked to assess the overall effectiveness of the leadership provided by the NJPHK-SPO and the results are shown in Table 12.



**Table 12: Effectiveness of Leadership Provided by the NJPHK-SPO**

The leadership is effective in-	Excellent/Very Good, %	Good, %	Fair/Poor, %	Don't Know, %
Communicating the New Jersey Partnership's mission and vision	80	13	6	2
Building target community capacity	66	18	13	4
Creating and managing Planning Grant Request for Proposal	64	18	4	15
Identifying appropriate tools and models	55	31	7	7
Maintaining supportive relationship with RWJF and their funded partners	73	11	4	13
Providing capacity building to support the creation of strategic plan design	62	13	18	7
Increasing community coalition's organizational and programming capacity	58	18	9	15

Overall, more than three-fourths (80 percent) of the partners reported that the leadership is excellent/very good in communicating the New Jersey Partnership for Healthy Kids mission and vision for preventing childhood obesity. Nearly three-fourths (73 percent) reported that the leadership is excellent/very good in maintaining supportive relationship with the RWJF and their funded partners. Almost, two-thirds of the partners reported that the leadership is excellent/very good in building target community capacity to recruit local stakeholders and develop local partnership (66 percent), in creating and managing Planning Grant Request for Proposal (64 percent) and in providing capacity building to support the creation of strategic plan design (62 percent).

More than half of partners reported that the leadership is excellent/very good in increasing community coalition's organizational and programming capacity to leverage RWJF resources and compete for other funding (58 percent) and in identifying appropriate tools and models for conducting assessment around food and physical activity environments (55 percent). The NJPHK-SPO should further explore and provide necessary support and guidance to the LPHK in their obesity prevention efforts.

## Effectiveness of Assistance Provided by RWJF Funded Programs in New Jersey

Respondents were asked to assess the effectiveness of the assistance they received from Rutgers CSHP, Alliance for a Healthier Generation and the Food Trust. The results are shown in Table 13.

**Table 13: Assessment of Assistance Provided by the Rutgers CSHP, Alliance for a Healthier Generation and the Food Trust**

	Rutgers CSHP, %	Healthy Schools Program of Alliance for a Healthier Generation, %	The Food Trust, %
Very helpful	37	17	7
Helpful	43	37	35
Not very helpful	6	7	17
Not at all helpful	0	4	0
Not Applicable	15	35	41

### ***Assistance Provided by Rutgers CSHP***

Overall, four-fifths (80 percent) of the respondents reported the assistance provided by Rutgers to be very helpful or helpful to them. Nearly, 6 percent reported it to be not very helpful and another 15 percent reported that it was not applicable for them (Table 13).

### ***Assistance Provided by Healthy School Program of Alliance for a Healthier Generation***

Overall, slightly over one third (37 percent) reported the assistance provided by Alliance for a Healthier Generation to be helpful to them. Slightly less than one fifth (17 percent) reported it to be very helpful and nearly 7 percent reported it to be not very helpful or not at all helpful for them. A little more than one third (35 percent) of the respondents reported that it to be not applicable for them (Table 13).

When asked about how assistance had helped or not helped in their work, the respondents provided a variety of reasons. Reasons it has been/ or not been helpful are:

- Good information and process
- Provides insight to what already exist and creates possibilities for sites in areas that no or very few physical activity outlet.

- I love working with them
- Not used them as a resource yet
- Not seen the info
- Not aware of their activities
- Cannot recall their exact contribution
- Cannot recall the reports received from them
- Never heard of them
- Not aware of the program
- Not involved at a level to receive direct benefit

### ***Assistance Provided by The Food Trust***

Overall, slightly over one third (35 percent) reported the assistance provided by The Food Trust to be helpful to them. Nearly 7 percent found it to be very helpful. A little less than one fifth (17 percent) reported the assistance to be not very helpful for them. More than two fifth (41 percent) reported that it was not applicable for them (Table 13).

When asked about how assistance had helped or not helped in their work, the respondents provided a variety of reasons. Reasons it has been/ or not been helpful are:

- Good research information
- Their data is most helpful
- Have their report. Very friendly staff.
- Not involved at a level to receive direct benefit
- Not used them as a resource yet
- Not aware of their assistance
- Not received any direct assistance

### ***Familiarity with the Products Developed by the Rutgers CSHP***

The Rutgers CSHP is undertaking a comprehensive study to provide vital information for planning, implementing, and evaluating interventions aimed at preventing childhood obesity in five NJPHK cities. Based on comprehensive research, a series of reports are being prepared for each community to assist in planning effective interventions. Data was collected using a household telephone survey, de-identified heights and weights measured at public schools and assessment of the food and physical activity environments using objective data. Respondents were asked to assess the familiarity and usefulness of these reports developed by Rutgers CSHP.

### ***Food Environment Maps Chart Book***

Overall, little less than half of the respondents (44 percent) reported that they have been given a copy of the food environment maps chart book at the coalition meeting. More than one third (36 percent) respondents reported visiting the website to download the maps. Nine percent of the respondents had not heard about these chart books. One third (33 percent) of the respondents have used the information in the chart books for planning for the RWJF initiative and 22 percent reported using it for other non-RWJF projects. More than a quarter (27 percent) reported sharing the data from the chart books with other community partners who are not part of their LPHK. Nearly, 9 percent reported that they never heard about the chart books and another 2 percent reported that it is not yet available for their city (Appendix B, Table 1).

Among those who are familiar with the chart books, nearly 96 percent reported the information provided to be very useful or useful. Only 4 percent reported the information to be not very useful for them (Appendix B, Table 2).

### ***Physical Activity Environment Maps Chart Book***

Overall, little more than one third of the respondents (36 percent) reported that they have been given a copy at the coalition meeting. Nearly one third (33 percent) reported visiting the website to download the chart books. More than a quarter (29 percent) of the respondents reported using the information in the chart books for planning for the RWJF initiative and 16 percent reported using it for other non-RWJF projects. More than a quarter (27 percent) reported sharing the data from the chart books with other community partners who are not part of their LPHK. Nearly 16 percent reported that they never heard about it (Appendix B, Table 1).

Among those who are familiar with the chart books, a little less than half (46 percent) reported the information provided to be useful and 39 percent reported it to be very useful. Nearly 9 percent found the information to be not very useful and 9 percent found the information to be not at all useful for them (Appendix B, Table 2).

### ***School BMI Data Chart Book***

Overall, almost half of the respondents (47 percent) reported that they have been given a copy of the school BMI data chart book at the coalition meeting and around one third (35 percent) reported visiting the website to download the chart books. More than a quarter (29 percent) of the respondents reported using the information in the chart books for planning for the RWJF initiative and 22 percent reported using it for other non-RWJF projects. More than a quarter (31 percent) reported sharing the data from chart books with other community partners who are not part of their LPHK. Only 2 percent reported that they never heard about the chart books and another 2 percent reported that it is not yet available for their city (Appendix B, Table 1).

Among those who are familiar with the chart books, half of the respondents (50 percent) reported the information provided to be very useful and a little less than half (48 percent) reported it to be useful. Only 2 percent found the information to be not very useful for them (Appendix B, Table 2).

### ***Household Survey Chart Book***

Overall, 15 percent reported that they have been given a copy of the household survey chart book at the coalition meeting and about 16 percent reported visiting the website to download the chart books. Less than one fifth (16 percent) of the respondents reported using the information in the chart books in planning for the RWJF initiative and 12 percent reported using it for other non-RWJF projects. Nearly one fifth (15 percent) reported sharing the data from chart books with other community partners who are not part of their LPHK. About one third of the respondents (29 percent) reported that they never heard about the chart books and another 4 percent reported that it is not yet available for their city (Appendix B, Table 1).

Among those who are familiar with the chart books, more than half of the respondents (53 percent) reported the information provided to be very useful and slightly over one third (36 percent) reported it to be useful for them. Nearly 6 percent reported the information to be not very useful and another 4 percent reported to be not at all useful for their purpose. Around 6 percent of the respondents reported that they have not seen, read or used it and another 2 percent reported that it was just recently made available for their city (Appendix B, Table 2).

## **Suggested Additional Partners**

Respondents were asked to provide names of organizations/individuals that they think are missing from their Local Partnership for Healthy Kids. Some of the suggested names are (see Appendix C for a complete list):

- City government, county government, city law enforcement agencies, elected officials
- Parks and recreation
- Police, public safety and local transportation leadership
- Corporate partners, local business leaders
- Community based organizations, faith based organizations
- Organizations serving underserved populations
- Public school administration, school district
- Health insurance companies
- Hospitals, healthcare providers

## Conclusion

The Wilder Collaborative Inventory is used to identify strengths and weaknesses of a collaborative group. It enables a partnership to collect comprehensive feedback from its partners and encourages them to review and assess the scores on the factors for each individual organization and subgroup, as well as for the whole group. The findings can be used to inform the overall planning process for the initiative.

Assessment of the LPHKs in the five New Jersey cities indicates that the partnership is strong and progressing in the right direction. Most of the factors received high-average scores for LPHKs in all five cities. The partners strongly believe that they have support from the key stakeholders and are working in a positive political and social climate. Partners share a strong understanding and respect for each other, communicate often and discuss issues openly and their involvement in the LPHK is seen as a benefit for themselves and their organizations. They share interest in both process and outcomes and feel that the group has the ability to sustain itself in the midst of changes. The mission and goals of the partnership is considered unique and realistically attainable by the respondents. The leaders in all five cities have strong interpersonal and organizing skills and carry out their role with fairness. The partners are satisfied with the leadership provided by NJPHK - SPO.

The partners in all five cities indicated concerns in terms of availability of resources in the current economic climate to sustain their work. There is a weaker history of collaboration and cooperation in the communities and appropriate coalition building activities should be planned to ensure that partners have a clear understanding of their roles and the expectations of collaboration. Mechanism to involve multiple layers of staff in each organization should be explored by each coalition to ensure that decision makers from different organizations are involved. Variations in scores between cities should be further explored by LPHKs and the NJPHK-SPO and appropriate measures should be taken to strengthen specific aspects of the coalitions.

Finally, the partners appear to be very involved and committed to their LPHK. Their participation had a positive impact on their experiences in their respective communities, provided a high level of satisfaction regarding their participatory roles. It provided them an opportunity to develop new relationships, resource sharing and collaboration with other initiatives.

The results of the survey are critical at this stage as the partnership has moved from strategic design and planning to action phase. New partners will be coming together and new formal and informal networks will be created. This presents an opportunity for the Local Healthy Kids Partnership to learn from past experiences and take deliberate steps to strengthen weak areas.

## **Recommendation**

The factors indicating strength needs continuous monitoring and the factors with the borderline scores should be further explored and problematic areas should be identified and discussed with the partners so that adequate corrective actions can be planned.

The partnership evaluation assessment should be undertaken every year to track changes over time; determine how well the partnership is doing; identify any issues and concerns early in the process; and to assess the impact of participation on partner organization's efforts.

## References

- Bethell, C., Simpson, L., Stumbo, S., Carle, A.C., Gombojav, N. (2010). National, state, and local disparities in childhood obesity. *Health Affairs*, 29(3), 347-356, 2010.
- Centers for Disease Control and Prevention. (2011). Childhood Overweight and Obesity: Health Consequences. Retrieved from <http://www.cdc.gov/obesity/childhood/consequences.html>
- Centers for Disease Control and Prevention. (2009). Morbidity and Mortality Weekly Report: Recommended community strategies and measurements to prevent obesity in the United States. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>
- Finkelstein, E., Trogon, J., Cohen J., Dietz, W. (2009). Annual medical spending attributable to obesity: Payer- and service-specific estimates. *Health Affairs*, 28(5), w822-w831.
- Freedman, D.S., Mei, Z., Srinivasan, S.R., Berenson, G.S., Dietz, W.H. (2007). Cardiovascular risk factors and excess adiposity among overweight children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics*, 150(1), 12–17, e2.
- Guthrie J.F., Lin B.H., Frazao E. (2002). Role of food prepared away from home in the American diet, 1977-78 versus 1994-96: changes and consequences. *Journal of Nutrition Education and Behavior*, 34(3), 140-50.
- Institute of Medicine. (2005). *Preventing childhood obesity: health in the balance*. Washington, DC: The National Academies Press.
- Institute of Medicine. (2010). *Bridging the Evidence Gap in Obesity Prevention: A Framework to Inform Decision Making*. Washington, DC: The National Academies Press
- Khan, L.K., Sobush, K., Keener, D., Goodman K., M.A., Lowry A., Kakietek, J., & Zaro, S. (2009). Recommended Community Strategies and Measurements to Prevent Obesity in the United States. Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm>
- Levi, J., Vinter, S., St. Laurent, R., Segal, L.M. (2010). F as in Fat: How Obesity Threatens America's Future. Trust for America's Health. Retrieved from <http://healthyamericans.org/reports/obesity2010/Obesity2010Report.pdf>
- Mattessich, P.W., Murray-Close, M., & Monsey, B.R. (2001). *Collaboration: What makes it work - A review of research literature on factors influencing successful collaboration* (2nd ed.). Saint Paul, MN: Amherst H. Wilder Foundation.



National Center for Health Statistics. The National Survey of Children's Health (NSCH), 2007: Data Resource Center. Retrieved from <http://www.nschdata.org/DataQuery/DataQueryResultsAllStates.aspx?validq=1>

Ogden, C.L., Carroll, M.D., Curtin, L.R., Lamb, M.M., & Flegal, K.M. (2010). Prevalence of high body mass index in US children and adolescents, 2007–2008. *JAMA*, 303(3), 242–249.

Sindelar R. (2004). Recess: Is It Needed in the 21st Century? Early Childhood and Parenting (ECAP) Collaborative at the University of Illinois at Urbana-Champaign. Retrieved from <http://ceep.crc.uiuc.edu/poptopics/recess.html>

Singh, G. K., Siahpush, M., Kogan, M.D. (2010). Neighborhood socioeconomic conditions, built environments, and childhood obesity. *Health Affairs*, 29(3), 503-512.

Trasande, L., Chatterjee, S. (2009). Corrigendum: The Impact of Obesity on Health Service Utilization and Costs in Childhood. *Obesity*, 17(9).

U.S. Department of Health and Human Services. (2010). The Surgeon General's Vision for a Healthy and Fit Nation. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General. Retrieved from <http://www.surgeongeneral.gov/library/obesityvision/obesityvision2010.pdf>.

Whitaker, R.C., Wright, J.A., Pepe, M.S., Seidel, K.D., Dietz, W.H. (1997). Predicting obesity in young adulthood from childhood and parental obesity. *The New England Journal of Medicine*, 37(13), 869–873.

## Appendix A

---

### Survey

Dear Partner,

As a New Jersey Healthy Kids partner, we invite you to participate in the attached survey being conducted by the Rutgers Center for State Health Policy on behalf of the Robert Wood Johnson Foundation (RWJF).

The purpose of the survey is:

- ▲ Assess the strengths of the local Healthy Kids Partnerships in Camden, Newark, New Brunswick, Trenton and Vineland;
- ▲ Learn about *your experience* as a member of the **Local Healthy Kids Partnership** in your city; and
- ▲ Share strategies for building stronger local partnerships to achieve the mission of reversing childhood obesity.

Please take approximately 15-20 minutes to complete the survey which is voluntary and confidential. If you can't finish in one sitting, just save your answers in SurveyMonkey and return at a more convenient time to complete it. When all results are in, they will be shared (by city and in the aggregate) with the five local Healthy Kids Partnerships, the New Jersey Partnership for Healthy Kids (NJPHK) and the RWJF to support continuous learning and improvement.

If you have any questions about the survey, please contact Manisha Agrawal, Research Analyst, at the Center for State Health Policy. Manisha can be reached at magrawal@ifh.rutgers.edu or at 732-932-4631. The principal investigator for this project is Joel Cantor, he can be reached at: Center for State Health Policy, Rutgers University, 112 Paterson Street, 5th Floor, New Brunswick, NJ 08901. Phone: 732-932-4653, Email: jcantor@ifh.rutgers.edu

If you have any questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at: Rutgers University, the State University of New Jersey, Institutional Review Board for the Protection of Human Subjects, Office of Research and Sponsored Programs, 3 Rutgers Plaza, New Brunswick, NJ 08901-8559

Tel: 732-932-0150 ext. 2104, Email: humansubjects@orsp.rutgers.edu

TO RESPOND, FOLLOW THIS LINK:

Thank you for your important work in the community and for taking the time to contribute your opinions to this survey! The information you provide will help to strengthen the local Healthy Kids Partnership in your city and across the five cities in New Jersey.

## Attachment 7 - Draft

### Assessing the Local Healthy Kids Partnerships in Camden, Newark, New Brunswick, Trenton, and Vineland

This survey is designed to get your opinion about the Local Healthy Kids Partnership in your city and will take about 15 – 20 minutes to complete. Your responses will help the Partnership inventory its strengths on factors that research has shown are important for the success of collaborative projects. There are no right or wrong answers. Your opinion is important, even if it is very different from the opinions of others. The survey will take approximately 15 - 20 minutes to complete. Your participation is completely voluntary and confidential. Our report will include only aggregated information and no individual survey respondents will be associated with specific responses. The results of the survey will be shared with all the members, giving everyone an opportunity to see how others feel – whether all feel the same or different about the questions.

#### A. Please follow the simple instructions below:

1. Read each statement carefully.
2. Click on the circle that indicates how much you agree or disagree with each statement.
3. If you feel you *don't know* how to answer an item, or that you *don't have an opinion*, click on the “*neutral*” response.
4. If you feel that your opinion lies between two responses, pick the one to the left.
5. Questions in the survey refer to the local Healthy Kids Partnership in your city.

Statement	Strongly Disagree	Somewhat Disagree	Neutral, No Opinion	Somewhat Agree	Strongly Agree
1. Agencies in our community have a history of working together	○	○	○	○	○
2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.	○	○	○	○	○
3. Leaders in this community who are not part of the Local Healthy Kids Partnership seem hopeful about what we can accomplish.	○	○	○	○	○
4. Others (in this community) who are not a part of this Local Healthy Kids Partnership would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	○	○	○	○	○
5. The political and social climate seems to be "right" for starting a collaborative project like the Local Healthy Kids Partnership.	○	○	○	○	○
6. The time is right for the Local Healthy Kids Partnership.	○	○	○	○	○
7. People involved in our Local Healthy Kids Partnership always trust one another.	○	○	○	○	○
8. I have a lot of respect for the other people involved in the Local Healthy Kids Partnership.	○	○	○	○	○
9. The people involved in our the Local Healthy Kids Partnership represent a cross section of those who have a stake in what we are trying to accomplish.	○	○	○	○	○
10. All the organizations that we need to be members of this the Local Healthy Kids Partnership have become members of the group.	○	○	○	○	○

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral, No Opinion</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
11. My organization will benefit from being involved in this the Local Healthy Kids Partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. People involved in our Local Healthy Kids Partnership are willing to compromise on important aspects of our project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The organizations that belong to our Local Healthy Kids Partnership invest the right amount of time in our collaborative efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Everyone who is a member of our Local Healthy Kids Partnership wants this project to succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. The level of commitment among the Local Healthy Kids Partnership participants is high.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. When the Local Healthy Kids Partnership makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Each of the people who participate in decisions in this Local Healthy Kids Partnership can speak for the entire organization they represent, not just a part.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. People in this Local Healthy Kids Partnership are open to different approaches to how we can do our work. They are willing to consider different ways of working.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. People in this Local Healthy Kids Partnership have a clear sense of their roles and responsibilities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral, No Opinion</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
21. There is a clear process for making decisions among the partners in this Local Healthy Kids Partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. This Local Healthy Kids Partnership is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. This Local Healthy Kids Partnership has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. This Local Healthy Kids Partnership has tried to take on the right amount of work at the right pace.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. People in this Local Healthy Kids Partnership communicate openly with one another.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I am informed as often as I should be about what goes on in the Local Healthy Kids Partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. The people who lead this local Healthy Kids Partnership communicate well with the members.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Communication among the people in this Local Healthy Kids Partnership happens both at formal meetings and in informal ways.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I personally have informal conversations about the project with others who are involved in this Local Healthy Kids Partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Statement</b>	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Neutral, No Opinion</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
31. I have a clear understanding of what our Local Healthy Kids Partnership is trying to accomplish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. People in our Local Healthy Kids Partnership know and understand our goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. People in our Local Healthy Kids Partnership have established reasonable goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. The people in this Local Healthy Kids Partnership are dedicated to the idea that we can make this project work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. My ideas about what we want to accomplish with this Local Healthy Kids Partnership seem to be the same as the ideas of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. What we are trying to accomplish with our Local Healthy Kids Partnership would be difficult for any single organization to accomplish by itself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. No other organization in the community is trying to do exactly what we are trying to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. Our Local Healthy Kids Partnership had adequate funds to do what it wants to accomplish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. Our local Healthy Kids Partnership has adequate “people power” to do what it wants to accomplish.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. The people in leadership positions for this Local Healthy Kids Partnership have good skills for working with other people and organizations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. My organization has been actively involved in this Local Healthy Kids Partnership.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. What type of organization do you represent? (Check one best answer)

- Not for profit organization
- State Government Department / Agency
- Local Government Department / Agency
- City management and planning office
- Chambers of commerce
- Hospital or public health organizations
- Health insurance Company
- Physician or medical professional
- Business
- Community healthy-focused foundation
- Media
- Professional Organization
- Community Based Organization
- Faith Based Organization
- School / School system
- University / College
- Community resident
- Other (specify) \_\_\_\_\_

C. Which of the following local Healthy Kids Partnership are you involved in? (select 1 answer):

- Camden
- New Brunswick
- Newark
- Trenton
- Vineland



D. How long have you been engaged in the local Healthy Kids Partnership?

- Less than 3 months
- 4-6 months
- More than 6 months

E. Please indicate how much you agree or disagree with each of the following statements regarding **your participation** in the local Healthy Kids Partnership:

Statement	Strongly Disagree	Somewhat Disagree	Neutral, No Opinion	Somewhat Agree	Strongly Agree
My participation enhanced my ability to address important issues					
It helped me develop new skills					
My public profile is heightened as a result of my participation					
It provided an opportunity for me to make significant use of my expertise or services					
It enhanced my ability to affect public policy					
It helped me develop valuable relationships					
It enhanced my ability to meet the needs of my constituency or clients					
It enhanced my ability to make contributions to the community					
I feel satisfied with the way people and organizations in this Partnership work together					

Statement	Strongly Disagree	Somewhat Disagree	Neutral, No Opinion	Somewhat Agree	Strongly Agree
It is a good investment of my time and resources.					
I am able to balance my commitments to the coalition with my job responsibilities.					
I am satisfied with my role in this Partnership					
I am satisfied with the Partnership's strategic planning design for achieving its goals					

F. Members in our local Healthy Kids Partnership have a clear understanding about planning and implementing environment and policy level changes to prevent childhood obesity in our city. Do you think this statement is true for:

- All members
- Most of the members
- Some of the members
- None of the members

G. The NJPHK State Program Office serves in the coordinating role and provides leadership and guidance to the local Healthy Kids Partnerships in the five cities. The next set of questions asks about effectiveness of leadership provided by the State Program Office. Please rate their effectiveness in the following areas:

<b>Statement</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Don't Know</b>	<b>Not Applicable</b>
Communicating the New Jersey Partnership's mission and vision for preventing childhood obesity							
Building target community capacity to recruit local stakeholders and develop local partnership							
Creating and managing Planning Grant Request for Proposal							
Identifying appropriate tools and models for conducting assessment around food and physical activity environments							
Maintaining supportive relationship with RWJF and their funded partners							
Providing capacity building to support the creation of strategic plan design							
Increasing community coalition's organizational and programming capacity to leverage RWJF resources and compete for other funding							

Please provide any other comments or feedback you have for the NJPHK State Program Office:

H. The Rutgers Center for State Health Policy is undertaking a comprehensive research study on childhood obesity in the five NJPHK cities. The following questions pertain to the information and data from the study that are being shared with the local Healthy Kids Partnerships and the State Program Office. How familiar are you with the products developed by the Rutgers CSHP (select all that apply)?

Check all that apply	Never heard about it	I am aware about its existence	It is not available yet for our city	I was given a copy at the coalition meeting	I have visited the website to download the information	I have used the information in planning for the RWJF funded initiative	I have used the information for other projects (non-RWJF funded)	I have shared the data with other community partners who are not part of the local Healthy Kids Partnership
Food Environment Maps chartbook								
Physical Activity Environment Maps chartbook								
School BMI Data chartbook								
Household Survey chartbook								

H1. How useful have you found this information (only those who say yes to any aspect of being aware get the question for that particular type of chartbook)

	Very useful	Useful	Not very useful	Not at all useful	Comments
Food Environment Maps chartbook					
Physical Activity Environment Maps chartbook					
School BMI Data chartbook					
Household Survey chartbook					

I. How would you rate the assistance you have gotten from Rutgers Center for State Health Policy?

- Very helpful
- Helpful
- Not very helpful
- Not at all helpful
- Not applicable

I1. Please indicate reasons it has been/ or not been helpful:

J. How would you rate the assistance you have gotten from Healthy Schools Program of Alliance for a Healthier Generation?

- Very helpful
- Helpful
- Not very helpful
- Not at all helpful
- Not applicable

J1. Please indicate reasons it has been/ or not been helpful:

K. How would you rate the assistance you have gotten from The Food Trust?

- Very helpful
- Helpful
- Not very helpful
- Not at all helpful
- Not applicable

K1. Please indicate reasons it has been/ or not been helpful:

L. What organizations and/or individuals do you think are missing from the local Healthy Kids Partnership in your city?

Name of Organization	Name of Individual	Contact Information

M. Please provide any other comments or feedback on the local Healthy Kids Partnership.

**Thank you for completing the survey. Your responses will help strengthen the local Healthy Kids Partnership in your city and across the five communities in New Jersey.**

## Appendix B

### Familiarity with CSHP Products

**Table 1: Familiarity with the products developed by the Rutgers CSHP**

	Food Environment Maps chart books, %	Physical Activity Environment Maps chart books %	School BMI Data chart books %	Household Survey chart books, %
Never heard about it	9	16	2	29
I am aware about its existence	31	36	36	36
It is not available yet for our city	2	0	2	4
I was given a copy at the coalition meeting	44	36	47	15
I have visited the website to download the information	36	33	35	16
I have used the information in planning for the RWJF funded initiative	32	29	29	16
I have used the information for other projects (non-RWJF funded)	22	16	22	13
I have shared the data with other community partners who are not part of the local Healthy Kids Partnership	27	27	31	15

**Table 2: Perceived Usefulness of CSHP Products**

	Food Environment Maps chart books, %	Physical Activity Environment Maps chart books, %	School BMI Data chart books, %	Household Survey chart books, %
Very useful	48	39	48	36
Useful	48	46	50	53
Not very useful	4	9	2	6
Not at all useful	0	7	0	4



## Appendix C

---

### Suggested Additional Partners

- City government, county government, city law enforcement agencies, elected officials
- Parks and recreation
- Police, public safety and local transportation leadership
- Corporate partners, local business leaders, private entities, chamber of commerce
- Community based organizations, faith based organizations
- Organizations serving underserved and minority populations
- Public school administration, school district
- High level school administrator, school board representatives
- Health insurance companies
- Hospitals, healthcare providers, pediatricians
- Public sector officials
- Restaurant, fast food owners, grocery store CEO's, convenience store owners, merchants, corner store owners and others in the food industry
- Concerned citizens including Youth Civic Organizations
- AtlantiCare
- Camden school district
- Media
- Civic organizations like the New Brunswick Chapter of the NAACP
- Residents, parents and teachers from the target population
- Rutgers Community Gardens, HUB Teen Center, Unity Square Partnership
- Day care/ Child care providers
- Leaders of Hispanic church

## Appendix D

---

### **Feedback Provided For the NJPHK State Program Office Leadership**

- Darrin Anderson has been very helpful with resources knowledge and expertise. His ability to build relationships and to help groups successfully move through the grant has been outstanding.
- The planning grant and strategic design process were at times confusing.
- Deadlines for strategic plan were modified without much notice leaving us with no choice but to modify our plan to accomplish the plan.
- Much of the research and data gathering work is redundant and already performed by various groups regarding the obesity issue and mechanism that positively affect this issue.
- Need more information on what has a proven track record of what works. These projects are time sensitive and looking for approach successful in other counties.

## Appendix E

---

### Additional Feedback

- CHLI assessments were a great tool to get feedback from the community. Various sessions hosted by the RWJF gave good opportunities to share experiences with other cities involved in the project
- State office is doing a great job and RWJF had provided excellent training
- Hard working group, dedicated to achieving the goals
- Honored to be part of the partnership
- Project has energized participants
- This initiative is worthwhile
- Bold and comprehensive effort that is long overdue. Look forward to being part of a collaborative initiative to improve the health of poor and underserved communities
- Very interested in the partnership and feel it is a very important and valuable initiative
- Have not received any meeting notices or updates from the Local Healthy Kids Partnership for over 6 months
- Takes lot of time
- Need to avoid conflict of interest
- I hope this process takes in to account all the different opportunities available for families – there are many that are not a part of the committee and have impact within their neighborhoods
- Data on the cause of obesity, factors that influence obesity, strategies to combat obesity are well known and documented by various national studies – much of the work of the Partnership is repetitive and unnecessary. Resources could be better used in implementing proven strategies instead on the lengthy, overtly detailed research currently being repeatedly locally





# RUTGERS

Center for State Health Policy

Center for State Health Policy  
Rutgers, The State University of New Jersey  
112 Paterson Street, 5th Floor  
New Brunswick, NJ 08901  
p. 848-932-3105 f. 732-932-0069  
[cshp\\_info@ifh.rutgers.edu](mailto:cshp_info@ifh.rutgers.edu)  
[www.cshp.rutgers.edu](http://www.cshp.rutgers.edu)

