

Public Park and Recreation Managers' Experiences with Health Partnerships

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EXECUTIVE SUMMARY: With many public health concerns on the rise (e.g., physical inactivity and chronic disease), public health organizations are seeking to increase effectiveness and efficiency through interdisciplinary partnerships. Some research has suggested that park and recreation agencies may be ideal partners for organizations trying to promote public health; however, research exploring such partnerships is limited. The purpose of this study was to explore experiences with health partnerships from the perspective of park and recreation managers. Data collection consisted of individual semi-structured interviews with 12 managers from different public park and recreation organizations who had experience with health partnerships. Data was digitally recorded, transcribed verbatim, and analyzed thematically. Participants described a partnership process that included *exploring* potential partners, *planning* the partnership, *implementing* the partnership activity(ies), and *evaluation*. During the exploration phase, the park and recreation organizations considered a wide range of partners and approached potential partners in a variety of ways including through informal relationships and through contacting people with whom no previous relationship existed. During the planning phase, managers negotiated the details of the partnership to ensure that the goals of the organizations aligned, to establish clear expectations, to determine leadership responsibilities, and to develop relationships. During the implementation phase, participants executed the partnership activity such as a program or event. Although some challenges were mitigated by planning, some arose during this phase such as lack of time or resources, perceived inequity of workloads, and waning enthusiasm. Finally, during the evaluation phase, managers appraised both the outcomes of the partnership activity(ies) and the partnership itself. Overall, participants suggested that in the current fiscal climate health partnerships represent a viable strategy for pooling resources to increase efficiency and expand services to the community. Their advice to managers seeking to develop health partnerships included the following: 1) do not be afraid to approach a wide variety of

potential partners; 2) consider using partnerships for a wide variety of initiatives; 3) be prepared to convey the mutual benefits of the partnership including the contributions of park and recreation organizations such as facilities, programming expertise, positive public image, and community connections; 3) determine the mechanics of the partnership (such as leadership roles, input expectations, communication strategies, etc.) early on; and 4) consider utilizing the expertise of health partners to improve health outcome evaluation.

KEYWORDS: collaboration; health; management; partnerships; public parks and recreation; qualitative research

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With the rising incidence of obesity, reduced physical activity levels, and increasing chronic disease prevalence, public health organizations are seeking to leverage the strengths of multiple disciplines as a means to address health concerns. A growing body of evidence suggests that for communities to effectively address health challenges, interdisciplinary partnerships are essential (Bazzoli et al., 2003; Emmons, Viswanath, & Colditz, 2008; Mitchell & Shortell, 2000). At their most basic level, partnerships are defined as relationships that involve a sharing of power, work, support, or information with others to achieve joint goals or mutual benefits (Kernaghan, 1993; Uhlik, 2007). Partnership structures between organizations can range from formal memoranda of understanding (MOUs) to informal donations of labor (i.e., volunteer work) by community groups. Partnerships allow disciplines and organizations to move beyond a silo model where they are the sole providers of a service to a more collaborative model (Cheadle, Senter, Solomon, Beery, & Schwartz, 2005; Child & Faulkner, 1998). They enable different organizations and disciplines to capitalize on their respective talents and strengths while increasing their capacity to address important social, political, and economic outcomes. Partnering organizations can also realize increased organizational visibility and credibility while reducing service duplication and creating opportunities for professional growth within their labor pool (Yoder & Ham, 2005).

While partnerships have been touted as an emerging mechanism to address important social causes, they are not without their challenges (Ettorre, 2000). Because collaboration requires relationships, procedures, and structures that are quite different from existing operations, building effective partnerships can be time consuming, resource intensive, and difficult (Mitchell & Shortell, 2000). Specific partnership challenges may include an imbalance of power or control, inadequate time or resources, tension over varying degrees of resource commitment across partners, difficulty in maintaining communication, and difficulty in negotiating competing values and the potential for negative publicity due to association with the partnership or partner organizations (Bolda, Saucier, Maddox, Wetle, & Lowe, 2006; Lasker, Weiss, & Miller, 2001; Mitchell & Shortell, 2000). For health organizations to benefit from partnerships, additional research is needed to clarify how challenges are overcome, the characteristics of successful partnerships, and how different types of organizations can work together to produce mutually beneficial outcomes.

Some research has suggested that parks and recreation organizations may be ideal partners for organizations trying to promote public health (Bruton, Floyd, Bocarro, Henderson, Casper, & Kanters, 2011; Frisby, Thibault, & Kikulis, 2004). However, despite growing understanding of the importance of parks and recreation in promoting health (Godbey & Mowen, 2010), research exploring health organizations' partnerships with public park and recreation organizations is limited. Specifically, there is an absence of research exploring the process of creating health partnerships, definitions of success, and strategies for overcoming challenges. Furthermore, little research has explored these partnerships from the perspective of the park and recreation agency. Therefore, the purpose of this study was to explore experiences with health partnerships from the perspectives of park and recreation managers. The aim of the research was to contribute to the literature on both health partnerships and recreation partnerships and to provide insights and recommendations for managers of park and recreation organizations.

Background

Partnerships from a Public Health Perspective

Partnerships are increasingly being embraced as a strategy in community and nationwide efforts to enhance public health. Researchers, practitioners, and policy-makers are now working within an ecological framework to understand and develop strategies to improve population-level health and physical activity indicators. The ecological framework is distinguished by its specific inclusion of environmental and policy constructs (Sallis et al., 2006) and its assumption that multiple sectors, disciplines, and community levels must be considered when developing strategies to improve health (Rios, 2006). Because the social ecological framework shifts the focus from individual and interpersonal initiatives to multiple level interventions that include community environmental and policy changes (Bors, Dessauer, Bell, Wilkerson, Lee, & Strunk, 2009), inter-organizational partnerships are viewed as a key structural element from which to address obesity and physical inactivity at a community level (Active Living by Design, 2010).

Numerous health partnership studies have examined the activities and outcomes of community-based health partnerships. For example, Zukoski and Shortell (2001) discussed several characteristics of effective health partnerships such as member breadth and diversity, leadership, focus, recognition of partnership life-cycle stage, conflict management, and an ability to patch or resolve conflicts. Hasnain-Wynia et al.'s (2003) study of partnership effectiveness confirmed some of these characteristics by discussing environmental (e.g., geographical diversity), structural (e.g., complexity, formalization, membership composition), and functional (e.g., leadership, communication, shared vision) partnership characteristics as key determinants that shape community health partnership outcomes. Broad-based community health partnerships, however, can be challenging when members share divergent goals and different understandings of the problem (Fawcett, Schultz, Watson-Thompson, Fox, & Bremby, 2010). After an extensive literature review, Mitchell and Shortell (2000) concluded that, despite the growing popularity of community health partnerships, they often fail to achieve measurable results or sustain themselves and that governance and management are common determinants of these failures.

As a wider range of partners and stakeholders become engaged in collaborative community health initiatives, there is a need to consider whether these opportunities, characteristics of success, and challenges hold true. It is important to see if progress is being made in terms of the effectiveness of partnerships. Over the past decade, the park and recreation field, in particular, has become more engaged as a partner in community health and it's important to explore the extent to which partnership characteristics are similar to those identified in the public health literature and what aspects of the partnerships are unique.

The Emergence of Parks and Recreation as a Health Partner

Parks and recreation agencies represent an attractive member of health partnership initiatives because of their 1) mission alignment/synergy with public health, 2) access to key target markets, 3) low cost associated with their services/opportunities, 4) pervasiveness and the breadth of services provided, and 5) complementary nature of assets (e.g., facilities, programs) they have to affect health. There has been a growing openness to seek out park and recreation professionals to collaborate in health initiatives as members of partnership teams. This openness has created new opportunities for park and recreation organizations to better reposition their mission around health while providing innovative services and policies to address health concerns (Godbey & Mowen, 2010). Therefore, park and recreation agencies are now assuming a more central role in collaborative efforts to improve community health (Henderson & Bialeschki, 2005; Mowen et al., 2009; Sallis et al., 2006). For example, the National Recreation and Park Association spearheaded a national health initiative, Step Up to Health, that provides models for collaboration and partnership action. One key element of this model program is its flexibility to be tailored to the needs of diverse communities and partnership participants.

While growth in health partnership initiatives has been an exciting phenomenon to observe, it's important to note that partnerships are not a new phenomenon among park and recreation agencies (Mowen & Kerstetter, 2006). In fact, the field enjoys a long-standing history of collaboration with other disciplines. Independent of their focus (e.g., environmental preservation, youth development), partnership structures, processes, and principles of effectiveness, have been found to be remarkably consistent. That is, principles such as leadership, shared vision, and trust are common themes that correspond with partnership effectiveness (Fawcett et al., 2010; Hasnain-Wynia et al., 2003; Selin & Myers, 1994). Hence, one might not expect partnerships focusing on health to be markedly different from other types of collaborative efforts. However, many of today's health partnerships are structured according to a community-level model that seeks to affect change beyond the organization (Alexander, Comfort, Weiner, & Bogue, 2001). What makes today's health partnerships relatively unusual is their simultaneous focus on improving community-wide health *and* the need for individual partner members to maintain their own economic viability and achieve individual organizational mandates/objectives (Meister & Guernsey de Zapien, 2005).

Efforts to examine the process and outcomes that underlie community health partnerships have tended to approach the issue from the perspective of the dominant health partner (e.g., public health, nonprofit health promotion foundation) or have analyzed findings across the entire partnership. While literature has been devoted to understanding the nature and effectiveness of health partnerships (Fawcett et al., 2010; Hasnain-Wynia et al., 2003; Smith, Bamba, Perkins, Hunter, & Blenkinsopp, 2009), few of these studies have specifically captured the voice of park and recreation administrators who are increasingly being represented in these initiatives. Little is known about the contributions, perceived benefits/outcomes, functional workings, and encountered difficulties faced by park and recreation agencies that participate in health partnerships.

To respond to this knowledge gap, the National Recreation and Park Association (NRPA) commissioned a study to assess health partnership practices, characteristics, and perceived outcomes from the perspective of staff in park and recreation organizations. The study included two parts: a nationwide online quantitative survey and in-depth qualitative telephone interviews. Although the qualitative data were summarized, the major focus of the NRPA report and subsequent publications (i.e., Mowen et al., 2009) was on the quantitative findings. Evidence from the quantitative (survey) component of that study (Mowen et al., 2009) indicated that a majority of park and recreation agencies had partnered with an outside organization to promote health with schools and public health agencies as the primary collaborators. Further, park and recreation agencies perceived their primary health partnership contributions to be the provision of facilities, access to key target markets, and enhanced image/visibility of the partnerships.

While results from the quantitative survey provided insights as to the level/type of participation and perceived effectiveness of health partnerships, they don't tell the entire story. The quantitative survey provided a broad overview of what a large number of organizations are doing generally; however, it did not provide detailed information about the experiences of park and recreation managers as they navigate the process of creating, implementing, and evaluating partnerships with health organizations. Furthermore, participants in the qualitative phase provided narrative descriptions including details and advice that can be valuable to other park and recreation managers. Therefore, this study aimed to provide a comprehensive picture of health partnership experiences from the perspective of the park and recreation manager.

Method

Because the purpose of the study was to explore managers' experiences with health partnerships, a qualitative approach was utilized (Merriam, 2009). This approach allowed participants to share their perspectives and advice without a limited range of possible responses. Furthermore, it encouraged participants to share narrative descriptions of their experiences, which provided richer data.

Study Participants and Data Collection

Participants were recruited through criterion sampling from organizations that had undertaken at least one health partnership. Specifically, participants were recruited who had experience managing health partnerships or had taken a leadership role in health partnership initiatives. Individuals were recruited from 16 organizations representing the eight regions of the U.S. utilized by the NRPA to participate in telephone interviews. Of the original 16 participants, 12 were able to complete in-depth interviews (one to two hours) extensive enough to provide detailed description; therefore, only these 12 participants were included in the current study. Responses came from nine women and three men from 12 states (e.g., Connecticut, Indiana, Oregon, Texas, Utah) who were in managerial positions of public park and recreation organizations or facilities within such organizations (e.g., fitness center or golf club). Interviewees were also selected to represent large and small communities across the U.S. (see Table 1 for details, however some information is limited to protect participant confidentiality).

Upon agreeing to participate in this study, participants were given a list of questions to review in advance of the interview. The list included topics such as experiences in creating/ implementing partnerships with health organizations, successes and challenges with health partnerships, and advice for other managers seeking to undertake health partnerships. Participants completed semi-structured telephone interviews. Two researchers conducted the interviews. To ensure consistency, the two interviewers conducted the first interview together and debriefed regularly. The interview protocol provided an outline for discussion, however, to allow for a more descriptive and in-depth understanding of participants experiences, interviewers were flexible in allowing them to relate stories and broach topics they deemed important (Merriam, 2009). Furthermore, interviewers used prompts to clarify responses or probe into unanticipated topics.

Table 1*Information about Participants' Organizations*

Pseudonym	U.S. Region	Type of Organization	Community Population
Carrie	Pacific Southwest	County Parks and Recreation Department	900,000 to 1,000,000
Shannon	Midwest	Municipal Parks and Recreation Department	140,000 to 150,000
Doug	New England	Municipal Parks and Recreation Facility	120,000 to 130,000
Patricia	Great Lakes	Municipal Parks and Recreation Department	20,000 to 25,000
Brenda	New England	Municipal Parks and Recreation Department	55,000 to 60,000
Emily	Great Lakes	Park District	390,000 to 400,000
Anna	Pacific Northwest	Municipal Parks and Recreation Department	35,000 to 40,000
Amy	Mid-Atlantic	County Parks and Recreation Department	400,000 to 410,000
Janet	Midwest	State Parks Department	820,000 to 830,000
Maria	Southwest	Municipal Parks and Recreation Department	300,000 to 310,000
Greg	Pacific Southwest	Municipal Parks and Recreation Facility	90,000 to 100,000
Eric	Pacific Northwest	Municipal Parks and Recreation Department	70,000 to 80,000

Data Analysis

The in-depth interviews were digitally recorded, transcribed verbatim, and pseudonyms assigned to maintain confidentiality. Two of the investigators reviewed and coded the transcripts independently, looking at patterns that emerged from within and across the transcripts through a process of open and axial coding (Merriam, 2009). Then each wrote a synopsis of the categories that emerged from the data and exchanged documents. These documents were used to facilitate an in-depth conversation about the boundaries of the codes, the diversity within categories, and the overall similarities and differences of the experiences expressed by participants. We then agreed upon themes and sub-themes and wrote a synopsis to characterize these themes that emerged from the interviews. Next, we identified relevant quotes that added richness and context to each of the themes and sub-themes. A third investigator then reviewed findings and engaged in additional debriefing to refine and verify the themes, clarify diversity within the themes and search for disconfirming evidence. This process ensured greater trustworthiness of the findings (Creswell, 2009). Additional strategies used to ensure trustworthiness included note-taking, peer debriefing, and conducting a search for disconfirming evidence.

Findings

Participants in the study generally viewed health partnerships as a multifaceted endeavor or as “works in progress” that required continual relationship building, an openness to diverse health partners, and a commitment to finding ways to appropriately develop, implement and evaluate partnership activities over time. The themes described four general stages in this process: exploring potential partners, planning the details of the partnership, implementing the partnership activities, and evaluation of the partnership and partnership activities.

Exploring Partnerships

Participants suggested that the first step to creating successful partnerships was the willingness to consider a wide range of potential partners. Participants described a great deal of breadth in the types of organizations with which their organizations partnered for health related initiatives. The most common types of organizations mentioned by participants were schools, hospitals/clinics, health departments, nonprofit health organizations (e.g., Arthritis Foundation, Diabetes Association, Heart Association), YMCAs, Boys & Girls Clubs, news media (i.e., newspapers, television, radio, Internet), insurance companies, fitness clubs, and senior centers. Although mentioned less often, agencies also partnered with community colleges/universities, corporations, aging services, municipal governments, retirement communities, state Cooperative Extension Services, the National Recreation and Park Association (NRPA), and the Salvation Army. Participants generally advised that park and recreation managers should seek out partnerships with organizations even if the fit is not as readily obvious.

Participants described multiple ways that exploration might occur from casual conversations with personal acquaintances to invitations to join a group with multiple partners. For example, Eric described being approached by potential partners, saying, "people are very willing to associate themselves with us because we are a positive direction for the promotion of active healthy lifestyles in the community." Often, however, participants felt that successful partnerships were the result of the park and recreation agency being proactive in seeking out partners. Greg commented, "it takes a dynamic person...with a lot of initiative to go out and do a lot of door-to-door agency contacting and not just sit back and wait for it to come to them." Similarly, when asked what advice she would give to managers considering health partnerships, Shannon responded, "...not to be afraid to call people, just not to be afraid to talk to whomever and to propose ideas to people...go out on a limb and do whatever you need to do to get people interested in your idea ... sometimes that's what it takes to get something started."

Participants explained that they had approached and formed partnerships with numerous organizations to meet their diverse needs and to tap into a wide variety of resources. For example, Brenda commented on the extensive number of partners involved in an ongoing initiative. "We now have 26 partners who are public and private agencies that are a part of [our physical activity initiative] that include the town recreation department, council on aging which maintains the senior center, the health department, the human resources department for the town, adult education, high school athletics and more." Similarly, Carrie stated, "...we don't have like one partner. We have hundreds of partners because every community is different. So those non-profits located by a park in [an urban area] are different than those located up in [a rural area]."

There were a wide variety of programs and initiatives around which organizations explored utilizing partnerships. For example several agencies partnered on health promotion initiatives related to physical activity, school nutrition, arthritis, memory and headache issues, and heart health. Other agencies implemented programs such as youth sport programs, group exercise programs, and senior wellness programs. Finally, other partnerships sought to provide annual events such as community health fairs, special events, or flu shot clinics.

Furthermore, participants explored partnerships to meet a wide variety of needs from facilities, to promotion, to staffing. For example, the partnerships between Patricia's town and their local hospital were extensive and ongoing. She explained, "We have a partnership with them [hospital] in the regard that we offer classes at their facility, but people come here [to the parks and recreation department] to register." She went on to explain that the hospital had a fitness rehabilitation facility that was a members only operation. However, the parks and recreation department approached the hospital to partner on programming.

We came to them and said, we'd like to offer our residents the chance to go to [the fitness rehabilitation facility] and we will devote two pages in our brochure to your programs... people can sign up here and that way they do not have to have the membership.

As in this example, participants often described identifying an internal need and seeking a partnership to fill that need.

A key part of the exploration process was raising awareness among potential partners with compatible goals. Many participants approached potential partners directly to raise awareness of what parks and recreation could contribute to achieving community health goals. For instance, Carrie said,

I started going to health forums and... everybody is going, what's parks doing here? What do you mean what is parks doing here? Think of this, look at the possibilities....and they said why didn't we think of that? We're talking about the people that are hard to reach and where do you reach those people who come to the parks for all their needs. If you have health screenings there, who are you going to get? You're going to get the undocumented immigrants and people who don't have insurance. Give me some tools, help train our staff and we'll do what you're supposed to be doing... so, it wasn't about talking people into it, it was just about what we could provide and having them see the bigger picture.

While this agency had to educate future partners about their potential contributions, others found it relatively easy to reach out to health organizations. Emily said, "I just called blind and asked them if they would be interested, and she yes on the phone." Patricia stressed the importance of mutual benefit in starting a partnership. "I just think it's very easy to establish [a partnership]. You just have to be positive and cordial and you have to bring something to the table as well as want to get something from them." Other participants said informal personal networks were important to exploring partnerships. Brenda stated, "well, some of them [staff] knew somebody...in the town who said I know someone who works for that company, let me give them a call and they helped facilitate some of [the partnership]. So it's much easier to go through somebody you know or have some sort of connection."

Planning for a Partnership

Although some partnerships developed smoothly, some people experienced challenges either in developing or managing their partnerships. Many participants felt that potential problems could be avoided through proper planning. This planning often happened as partners "negotiated" the terms of the partnership during the early stages. Carrie remarked, "You can't just go partner with somebody without talking to them about *how* to be a partner." Anna summarized some of the "technical issues" associated with planning for a partnership:

... who owns it, how do you create ownership, how do you keep a community partnership, how do you have foundation status, how do you determine whether your agency is going to support a grant being promoted by [a group] when your agency could also apply for that grant for another type of program? We compete with ourselves. We are a bunch of competing agencies coming together for a community partnership.

Participants felt this planning process ensured that partners engaged in valuable "communication to make sure everyone is on the same page" (Amy). Planning allowed participants to discuss leadership responsibilities, communication procedures, organizational benefits, and corresponding expectations. Brenda described an initiative she was leading in partnership with multiple organizations and attributed the success of the partnership to communication during the early stages. Specifically she said, "I've been constantly updating them all the way through so that they felt like they were part of the planning process, so that as we continue to move forward, they feel like they have a piece of the pie." Along with giving each partner a voice, communication allowed partners to ensure that organizational missions and goals were a good fit and that the partnership was designed to meet the needs of all partners. Anna stressed this point, saying,

One of the biggest things when you're creating a new partnership...we did that from the beginning, is trying to see what is our vision, what we wanted to accomplish and then getting the input of all your partners, because they're all coming in with a different perspective. So you want to be able to honor that somehow... Is that going to work with what you're working on? Or how can you incorporate it together?

Similarly, Doug explained that partnerships were initially sought out with organizations that were "interested in achieving the same goals that we wanted to achieve," but then planning was needed to determine the most appropriate partnership activities and to ensure that the partnership did not become "one sided."

Participants felt that planning during the early stages of the partnership helped to build relationships of trust that ultimately led to more successful partnership activities. Anna emphasized that successful partnerships "take a lot of work nurturing personal relationships." Patricia acknowledged the time and work required to develop relationships, but stressed that the effort was a valuable investment, saying, "We have cordial relationships, and I think that's the whole thing...in life in general and in business, if you have good relationships and you back up your product, you're going to reap the benefits." Interestingly, Carrie felt that in some ways developing relationships could replace partnership planning that involved "a lot of paperwork" and argued that at some point organizations needed to "stop messing around and let's just do it." Carrie explained that she had used relationship development to help deal with partnering organizations' fears related to legal liability and "red tape." She commented,

It's between people who trust each other to do the right thing and you develop those relationships and you can do anything... I can call any department now and get whatever we need because we've opened those partnership doors. We know we're not going to screw each other. We know we're going to do it for the right reasons. We know it's not about you getting credit or me getting credit. It's about doing it for the bigger picture for the common good... Relationships, relationships, relationships. That's what it's about.

Participants also used the term *networks* to describe relationships. Networks seemed to evolve as the partners worked with one another, in several cases leading to future partnerships.

Implementing Partnerships

The third stage described by participants was the implementation of the partnership. This stage included execution of the actual partnership activity (e.g., facility sharing, referrals, targeted programs) being undertaken. These activities took a variety of forms such as a situation in which the recreation organization provided a facility where a medical clinic administered flu shots or ones in which a partner organization (e.g., the NFL, American Heart Association) provided programming materials and the recreation organization conducted the program. Eric described the implementation of partnerships as a "pooling of resources" in which each organization utilized its strengths. He went on to explain,

We often find ourselves being the ones who do the coordination, the planning, the delegation of responsibilities to volunteers. We will be the ones who solicit the funding or we will designate a group to go out and do the fundraising for a particular program ...because that's what we do every single day, we plan and coordinate activities.

Similarly, Carrie described a large partnership with the health department in which the health department provided staff training and educational materials while the parks department provided the space and the connection to diverse populations (e.g., low-income

families and racial minorities), because they had experience in “using parks as conduits to communities.”

During the implementation phase, challenges often arose if planning for the partnership was not done, or sometimes despite planning. For example, Emily explained,

Some of these partners, they want these relationships and they're willing to pony up for them, but then actually...carrying out what they've promised to do is always difficult. They have a million things to do and this is one of a hundred places that they've spent their money this year, and to have a lot of expectations from them of things that they will do... it's just that they have so much that they have to do and trying to get their attention or trying to get them to really work fully as a partner is really an expectation I don't think people should have when they're getting into something like this.

Challenges, especially for long-term partnerships, often resulted from lack of definitive leadership, perceived inequity in workloads, and waning enthusiasm. For instance, Maria discussed the challenges she faced during the implementation of a multi-partner initiative, saying,

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

Challenges were also related to scheduling conflicts, competition among partners for funding or recognition, and general lack of time or resources on the part of one or more partners.

Although some participants experienced challenges, others described few challenges due to public demand for the service, positive cooperation between partners, and clear understanding of common goals. For example, Greg explained that a partnership with Silver Sneakers to provide programming for older adults had been virtually challenge free because there was strong support from the seniors in the community. Participants explained that successful partnership activities required heavy investments in the form of time and effort from managers and staff. In some cases, the time and effort required to maintain partner involvement and enthusiasm for the project was heavily dependent on the dedication of the individual who initiated the partnership or took a leadership role. Shannon commented, “I think all of this always really just boils down to the people and how much passion and how much creativity the people who are involved have and how much they are willing to do to make something work.”

Participants described a wide variety of contributions their organizations made within health partnerships including outdoor areas (e.g., trails, parks) and facilities, personnel and training. Depending on the type of partnership, park and recreation agencies could provide leadership and coordination as well as promotional support. For example, Patricia described a partnership in which physicians or clinics provided educational lectures or health screenings at the recreation center in exchange for advertising in the recreation organization's brochures. Participants also expressed that they provided partnering agencies with improved public image. Emily commented “[Partners] like being associated with our public image, because they have that immediate, completely scandal-free partner that they can tie to and it looks good for them.”

Participants also discussed what their partners could contribute, although that assessment also varied greatly based on the type of partnership. Contributions from

partners included in-kind donations (such as give-away items or educational materials), general expertise, training, and program promotion with constituents. For example, Patricia described how partnering with a nonprofit organization that focused on the needs of people with disabilities helped them to attract participants to their special needs programs. Several participants felt that the benefit to public image was a mutual benefit. Janet explained that her organization was happy to partner extensively with the state department of health because “the collaboration provided us with an opportunity that we were looking for to really help the public see us as the state’s largest wellness centers.” Maria explained that the value of partnerships was often in utilizing programs or expertise that had already been developed by other organizations. When asked what advice she had for other managers, she responded, “The resources and the information and the materials are out there and not to spend a whole lot of time on trying to re-develop these, but look at what’s already out there and massage it or amend it or whatever you need to do for your own specific community. There’s no need to start from scratch anymore.”

Evaluation

Participants discussed their evaluations of the partnership process or the partnership activities. Some partnerships were judged to be successful due to the ability of partners to contribute equally and work together toward a common goal. For example, Anna described a partnership she deemed successful saying,

I’m the leader...but it’s not like a dictatorship... It’s all by consensus, so we’re taking into effect everybody’s opinion into what direction we are going to work for. And that’s been very helpful because everyone has a say in what we want to do. So then you can more get behind it when it’s not somebody saying, this is what we’re going to do. You have a say in helping to create the vision.

Similarly, partnerships were sometimes deemed unsuccessful based on inequitable contributions by partnering organizations. For example, Shannon commented, “one of the things that happens sometimes is that one partner feels like they are giving a little more than the other is to the project.” Some participants evaluated the partnership based on efficiency and on the amount accomplished by working together. Janet commented on the success of her partnerships by saying, “We can’t be all things to all people but...together we can get a lot accomplished.”

Although some partnerships were evaluated based on the interaction between partners themselves, often participants described prioritizing the success or inherent value of the partnership activity itself. Brenda expressed that, in evaluating partnerships, her organization might decide to maintain the partnership despite challenges in the working relationship because of the importance of the cause and their goal of making sure that parks and recreation organizations play a role in health initiatives. She noted, “...if you’re not at the table, they’re going to just do it without you, and it’s very important for us to be there and be participating as a rec department.” Many participants evaluated both the partnership process and the partnership activity. For instance, Anna discussed her perspective of the first year her organization attempted a community health partnership that “didn’t go particularly well” but was more successful in subsequent years. She explained that the first year “gave us an opportunity to evaluate how that partnership was operating and how we want to operate in the future. We asked the questions: is this program important? does this program have value to our community? how do we want to organize ourselves so it is a successful venture for all partners involved?”

In evaluating the outputs and outcomes of the partnership activities, participants described a range of approaches. Several participants reported that actual health outcomes were rarely evaluated due to a lack of time, expertise, or funding. Many participants evaluated programs based on participation, feedback from staff, perceived popularity, or “generation of revenue” (Greg). For example, Janet explained how they evaluated their success despite certain challenges in doing so,

There isn't documentation because it's so hard to measure. We don't have someone sitting at the disc golf course at each of the parks 24 hours a day...so what we have is basic feedback from our staff, so having our park managers say, you know there is somebody on the disc golf course every day of the year...And then we also have what we call our comment cards...people respond and say we love the disc golf course. My whole family went out and we loved it. So we get a lot of positive feedback from people.

For some participants, evaluation differed based on the type of partnership and characteristics of the program. For example, Anna commented "we determine some of our success based on ...anything that we can put a number to or benchmark helps us define our own success." A few participants did describe evaluating measurable outcomes. For example, Carrie explained that her organization was in the process of collecting surveys in parks to evaluate health outcomes and explained that she had overcome her lack of time and expertise by asking a partnering organization (the county health department) for assistance.

Finally, participants often evaluated the success of partnerships based on the beneficial outcomes they perceived within their communities, including improved overall health, improved public access to programs and services, and increased social capital within the community. For example, Eric commented, "We don't believe that we have all the knowledge or all the resources to pull our...community programs off, so we know it just works out better if we go ahead and tap resources from the community and it helps bond the community together stronger." Shannon described a partnership with a physical therapy agency in which the partner organization provided rehabilitation and physical therapy services within a recreation center. She deemed the partnership successful due to the benefits for the community saying,

To me it's a huge, huge step in this whole thing of putting people in a healthy setting as opposed to a hospital type when they're doing any kind of therapy, because there is a whole sort of paradigm shift in how they think about their illness or injury or whatever when they walk into a recreation center and see lots of people doing active things as opposed to going to a hospital or going to a rehab setting where people are just sicker, so it's a really important shift in keeping people in a...happier community setting.

Despite community benefits, some partnerships were evaluated and eliminated prematurely by higher levels of administration due to fiscal concerns. For example, Greg explained that evaluation data suggested positive health outcomes were a result of a partnership, but since the program did not generate enough revenue to fully cover staff support, it was eliminated during citywide budget cuts. Some participants suggested that partnerships should be evaluated with the understanding that investments take time and may not yield immediate revenues and public health outcomes, despite making progress. Some participants felt that multi-member partnerships increased the number of voices (both from organizations and through public input) soliciting public officials to provide funding and support for park and recreation services. For instance, Doug explained,

Right now in government, having the financial resources as well as the physical resources to do things is...going to continue to be hard...the suggestion I have is involve the community, involve the public, involve your users, involve people who never have touched your services. We here in [this city] work for this community...I really do think, locally, towns and cities have to take the initiative to involve the public in these discussions and realistically help them take a look at what options are out there, but also hopefully they'll encourage a certain direction that quite honestly the public leaders won't be able to say no to. And I think the path that we took with that community group carried a lot of

weight with our town council...because the council is still very keenly aware of their recommendations, we're getting pretty significant support.

Participants recognized that despite the ideal of creating partnerships for the potential to improve health, evaluation of partnerships could not be separated from budgetary concerns.

Discussion

The findings of this study highlight the potential value of park and recreation organizations pursuing partnerships with health organizations and provide insight into the process of developing and implementing successful partnerships from the perspective of the park and recreation manager. Participants described a host of benefits that led to increased efficiency for the organizations. On a larger scale, however, successful partnerships led to improved overall image and community goodwill along with improved services for the community at large. In addition, the findings of this study provide practical advice for park and recreation managers interested in developing health partnerships.

The Process

The findings highlighted a process similar to that described in other partnership literature (Fawcett et al., 2010). For example, the findings suggested that there is some overlap between phases and that they are not discretely sequential (McMorris, Gottlieb, & Sneden, 2005). However, the findings highlighted key differences specific to park and recreation organizations. Studies suggest that health collaborations follow developmental phases characterized by Tuckman's (1965) four-stage model of group development, namely forming, storming, norming, and performing (McMorris et al., 2005). In this process, forming involves a general orientation, storming describes an unproductive period of conflict related to issues of control, leadership, and competition. During the norming stage, difficulties are overcome and norms develop to promote harmony, and the performing stage is characterized by a level of group maturity and constructive collaborative performance. While the process described in this study had similarities, a key addition of the current findings to the existing literature is the identification of an exploration stage. This stage may have been particularly important for park and recreation managers due to the variety of potential partners, the lack of experience in health partnerships, and the potential conflict of goals and objectives among potential partners. Similarly, potential challenges were not necessarily worked out in a stage of storming, but often addressed through planning. Finally, the evaluation stage tended to have different meanings and implications for park and recreation managers than that discussed in the health partnership literature.

Exploration. The findings suggest that park and recreation managers considering creation of health partnerships might go through a process of exploring potential partners. During this phase, park and recreation managers might consider a wide variety of diverse potential partners and even go so far as to consider the breadth and diversity of partners as an indicator of anticipated partnership effectiveness (Zukoski & Shortell, 2001). Partners may include those with obvious connections, but managers should consider any partner who has a similar mission or mandate and complementary assets (Bolda et al., 2006). For example, a focus on increasing physical activity and combating obesity may be easily shared with a wide variety of health organizations. This stage can include a process of re-positioning to create awareness of the health mandates of the park and recreation organization among potential partners.

Planning. The findings suggest that the planning stage is one of the most valuable ways to avoid challenges in the implementation of partnership activities. Planning was the stage in which managers negotiated partnership mechanics including who would take a leadership role, the responsibilities of each partner, procedures for communication, and the overall structure of the effort. This stage was used to verify the fit between partners and whether the collaboration met the needs of each partner and aligned with organizational goals. During this stage communication was a key element in building relationships of trust,

having clear leadership, and establishing a shared vision or goals early in the partnership (Bolda et al., 2006). This stage supported the research of Bolda and colleagues (2006) who suggested that governance and management issues contribute to successful partnerships.

Implementation. Implementation of the partnership activity involved a “pooling of resources” directed to action. The resources provided by either partner were specific to the context and purpose of the partnership activity, but for the park and recreation organization, often included a connection to critical target markets (Mowen et al., 2009). For the health partner, the input often included expertise, materials, programs and other educational resources. The findings suggest that partnering is a good way for park and recreation agencies to increase efficiency by utilizing existing resources rather than “starting from scratch.” In some instances, challenges during implementation highlighted insufficient planning, however, some challenges arose despite extensive planning, suggesting that some challenges must be addressed even during this stage. Some of these challenges included time demands, leadership continuity, inequity, and waning enthusiasm. These findings support the work of Alexander and colleagues (2001) regarding the importance of leadership (Alexander et al., 2001) and highlight the importance of conflict management and maintaining enthusiasm from all partners across the course of the partnership (Hasnain-Wynia et al., 2003; Zukoski & Shortell, 2001).

Evaluation. Most organizations conducted some form of evaluation of the partnership itself, of the partnership activity, or of both. Some partnerships were evaluated primarily based on the working relationship between partners, including aspects such as communication, shared goals, and balanced workload. Partnerships were also evaluated based on the outcomes of partnership activities. These included both formal mechanisms such as headcounts or surveys sent to participants and informal mechanisms, such as managers discussing the perspectives of employees when convenient. Overall, actual health outcomes were rarely evaluated due to a lack of time, expertise, or funding, which suggests that this is still a gap in the health partnership literature (Smith et al., 2009) that needs to be addressed.

Practical Advice for Park and Recreation Managers

Participants in this study were chosen because of their experiences with successful health partnerships. Therefore, a key focus of this study was to provide advice for managers who want to pursue health partnerships. Participants suggested that for many managers the biggest hurdle is “just knowing how to get started,” but that it can also be as simple as “picking up the phone.” The findings suggest that managers should explore a wide range of partners and consider diverse means of approaching partners. Some participants highlighted the value of utilizing existing informal networks and relationships. Other participants, however, recommended that, especially when exploring partnerships with new and less obvious partners, managers must “not be afraid” to initiate contact and “try something new.” Several participants described the value of identifying a “champion” within the organization or someone who is a “go-getter” to approach potential partners, communicate the mutual benefits of partnering to key stakeholders, and to maintain enthusiasm and momentum throughout the course of the partnership (Zukoski & Shortell, 2001).

The findings suggest that for park and recreation managers an important (and somewhat unique) element of the process includes creating awareness of the value of parks and recreation among the public and among potential partners with different professional backgrounds. Although some participants found it easy to attract potential partners, others found themselves to be somewhat marginalized as partners in health initiatives and discussed ways to address this issue. Several participants described the benefit of their efforts to re-position their agency as integrally connected to community health and wellness. Generally, this can be done by explicitly conveying the mission and mandate of the park and recreation organization to potential partners and by emphasizing the mutual benefit of health collaborations. Specifically, managers can highlight the facilities and outdoor areas they have available for programs, their connection to the community and specific hard-to-reach target groups (such as low-income families), their expertise and experience in

organizing programs or special events, and their positive image in the community. Through this process, parks and recreation managers can make themselves more attractive partners to health organizations.

Finally, participants stressed that particularly during increasingly difficult fiscal times, parks and recreation managers can also use partnerships to more efficiently provide services, lend credibility, and increase the breadth of programs. For example, many health partnership initiatives have focused on physical activity; however, research suggests that leisure services can play an important role in other areas such as stress reduction, mental health, chronic disease management, and community inclusion (Godbey & Mowen, 2010; Payne & Orsega-Smith, 2010). Partnerships with health organizations could help further the reach, implementation and sustainability of evidence-based health/wellness programs for example, through partnerships with parks and recreation. Participants suggested that health partnerships can help to increase community involvement and support, which can in turn help to sustain funding. Participants also suggested that health partners can be enlisted to assist in the evaluation of health outcomes of park and recreation services when internal expertise or resources to do so are limited. Participants felt that partnerships offered an opportunity to provide increased services to the community despite increasing demands for return on financial investment from public organizations.

Conclusion

This study provided insight into the process of developing partnerships with health organizations from the perspectives of park and recreation managers and suggests that health partnerships represent an important area of research in recreation management. Future research should continue to explore the challenges and facilitators of health partnerships, the process by which they are created, and the benefits they have for organizations and for communities. For example, more research is needed to ascertain the health outcomes of initiatives implemented through health partnerships and how they might be best measured. Future research might also consider the perspectives of not only public park and recreation managers, but managers of non-profit or commercial organizations and other stakeholders in the community. Finally, most of the participants in the current study were discussing past experiences with successful partnerships. Future research could use a case study approach to track organizations through the process of establishing and implementing new partnerships, to provide real-time insights and additional detail. Continuing to explore the nature of health partnerships will provide additional resources for managers as they continue to provide efficient and effective services to the community.

References

- Active Living by Design. (2010). Retrieved from <http://www.activelivingbydesign.org/our-approach/5p-strategies-tactics>.
- Alexander, J. A., Comfort, M.E., Weiner, B. J., & Bogue, R. (2001). Leadership in collaborative community health partnerships. *Nonprofit Management and Leadership, 12*(2), 159–175.
- Bazzoli, G. J., Casey, E., Alexander, J. A., Conrad, D. A., Shortell, S. M., Sofaer, S., ... Zukoski, A. P. (2003). Collaborative initiatives: Where the rubber meets the road in community partnerships. *Medical Care Research and Review, 60*(4), 63S–94S.
- Bolda, E. J., Saucier, P., Maddox, G. L., Wetle, T., & Lowe, J. I. (2006). Governance and management structures for community partnerships: Experiences from the Robert Wood Johnson Foundation's community partnerships for older adults program. *The Gerontologist, 46*(3), 391–397.
- Bors, P., Dessauer, M., Bell, R., Wilkerson, R., Lee, J., & Strunk, S. L. (2009). The Active Living by Design national program. Community initiatives and lessons learned. *American Journal of Preventive Medicine, 37*(6) supplement 2, S313–S321.

- Bruton, C. M., Floyd, M. F., Bocarro, J. N., Henderson, K. A., Casper, J., & Kanter, M. (2011). Physical activity and health partnerships among park and recreation departments in North Carolina. *Journal of Parks and Recreation Administration, 29*(2), 55–68.
- Cheadle, A., Senter, S., Solomon, L., Beery, W. L., & Schwartz, P. M. (2005). A qualitative exploration of alternative strategies for building community health partnerships: Collaboration versus issue-oriented approaches. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 82*(4), 368–352.
- Child, J., & Faulkner, D. (1998). *Strategies of cooperation: Managing alliances, networks, and joint ventures*. Oxford, England: Oxford University Press.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed-methods approaches*. Thousand Oaks, CA: Sage.
- Emmons, K. M., Viswanath, K., & Colditz, G. A. (2008). The role of transdisciplinary collaboration in translating and disseminating health research: Lessons learned and exemplars of success. *American Journal of Preventive Medicine, 35*(2, Supplement 1), S204–S210.
- Ettorre, B. (2000). Alliances multiply, but most fail to deliver. *Management Review, 89*(1), 1.
- Fawcett, S., Schultz, J., Watson-Thompson, J., Fox, M., & Bremby, R. (2010). Building multisectoral partnerships for population health and health equity. *Preventing Chronic Disease: Public Health Research, Practice, and Policy, 7*(6), 1–67.
- Frisby, W., Thibault, L., & Kikulis, L. (2004). The organizational dynamics of under-managed partnerships in leisure service departments. *Leisure Studies, 23*(2), 109–126.
- Godbey, G., & Mowen, A. (2010). *The benefits of physical activity provided by parks and recreation services: The scientific evidence*. Ashburn, VA: National Recreation and Park Association.
- Hasnain-Wynia, R., Sofaer, S., Bazzoli, G. J., Alexander, J. A., Shortell, S. M., Conrad, D. A.,... Sweney, J. (2003). Members' perceptions of community care network partnerships' effectiveness. *Medical Care Research and Review, 60* (suppl), 40S–62S.
- Henderson, K. A., & Bialeschki, M. D. (2005). Leisure and active lifestyles: Research reflections. *Leisure Sciences, 27*, 355–365.
- Kernaghan, K. (1993). Partnership and public administration: conceptual and practical considerations. *Canadian Public Administration, 36*(1), 57–76.
- Lasker, R. D., Weiss, E. S., & Miller, R. Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *The Milbank Quarterly, 79*(2), 2001.
- McMorris, L. E., Gottlieb, N. H., & Sneden, G. G. (2005). Developmental stages in public health partnerships: A practical perspective. *Health Promotion Practice, 6*(2), 219–226.
- Meister, J., & Guernsey de Zapien, J. (2005). Bringing health policy issues front and center in the community: Expanding the role of community health coalitions. *Preventing Chronic Disease: Public Health Research, Practice, and Policy, 2*(1), 1–7.
- Merriam, S. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Wiley & Sons.
- Mitchell, S. M., & Shortell, S. M. (2000). The governance and management of effective community health partnerships: A typology for research, policy, and practice. *The Milbank Quarterly, 78*(2), 241–289.
- Mowen, A. J., & Kerstetter, D. L. (2006). Introductory comments to the special issue on partnerships: Partnership advances and challenges facing the park and recreation profession. *Journal of Park and Recreation Administration, 24*(1), 1–6.
- Mowen, A. J., Payne, L. L., Orsega-Smith, E., & Godbey, G. C. (2009). Assessing the health partnership practices of park and recreation agencies. Findings and implications from a national survey. *Journal of Park and Recreation Administration, 27*(3), 116–131.

- Payne, L., & Orsega-Smith, E. (2010). Relations between leisure, health and wellness. In L. Payne, B. Ainsworth & G. Godbey, (Eds.), *Leisure, health and wellness: Making the connections* (pp. 21–30). State College, PA: Venture Publishing.
- Rios, M. (2006). Governance coalitions and the role of scale in multisector partnerships: Lessons from obesity prevention in Pennsylvania. *Journal of Park and Recreation Administration*, 24(1), 56–83.
- Sallis, J. F., Cervero, R. B., Ascher, W., Henderson, K. A., Kraft, M. K., & Kerr, J. (2006). An ecological approach to creating active living communities. *Annual Review of Public Health*, 27, 297–322.
- Selin, S. W., & Myers, N. (1994). National resource partnerships: Literature synthesis and research agenda. In *Proceedings of the 1994 Northeastern Recreation Research Conference* (pp. 235–237). Radnor, PA: USDA Forest Service.
- Smith, K. E., Bambra, K. E., Perkins, N., Hunter, D. J., & Blenkinsopp, E. A. (2009). Partners in health? A systematic review of the impact of organizational partnerships on public health outcomes in England between 1997 and 2008. *Journal of Public Health*, 31(2), 210–221.
- Tuckman, B. W. (1965). Developmental sequence in small groups. *Psychological Bulletin*, 63, 384–389.
- Uhlik, K. S. (2007). The ghettoization of partnership research in leisure studies. *Leisure Sciences*, 29, 309–314.
- Yoder, D. G., & Ham L. L. (2005). Partnerships. In B. van der Smissen, M. Moiseichik, & V. J. Hartenburg, (Eds.), *Management of park and recreation agencies* (2nd ed., pp. 85–101). Ashburn, VA: The National Recreation & Park Association.
- Zukoski, A. P., & Shortell, M. (2001). Keys to building effective community partnerships. *Health Forum Journal*, 44(5), 22–25.