Keeping Kids Healthy

Through Collective Impact

UNDERSTANDING CROSS-SECTOR PARTNERSHIPS

A PROVINCIAL SCAN

Ontario Public Health Association

ACKNOWLEDGEMENTS

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The findings from this report are shared to help support cross-sector partnership and practice in Ontario. For more information about OPHA and how we can support your local cross-sector partnerships please visit www.opha.on.ca or contact admin@opha.on.ca.

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ABOUT ONTARIO PUBLIC HEALTH ASSOCIATION:

Ontario Public Health Association (OPHA) has established a strong record of success as an independent voice for public health in Ontario. We are a member based, not-for-profit charity that has been advancing the public health agenda since 1949.

OPHA provides leadership on issues affecting the public's health and strengthens the impact of those who are active in public and community health throughout Ontario. OPHA does this through a variety of means including promoting dialogue and education on healthy public policy, capacity building, research and knowledge exchange. Our membership represents many disciplines from public health and other areas such as community health, health care, and the voluntary, private and academic sector.

EXECUTIVE SUMMARY

Purpose: The purpose of this report is to share the findings from a study designed to better understand facilitators and barriers when working in partnership across health and social sectors. This study focused on five sectors: health care, education, non-profit, public health and recreation.

Method: Healthy Kids Community Challenge Local Project Managers (LPM) in Ontario were invited to participate in an online survey to share their experience developing cross-sector partnerships. The closed and open questions were designed to understand the facilitators, strategies and barriers experienced. Participants considered a generated list of facilitators and barriers and chose those that best represented their experience working in partnership with each sector. They also had the opportunity to identify additional facilitators and barriers not listed but self-reported as experienced.

Results: Of the 45 people who received the survey, 22 participated. Thus, representing the perspectives of almost half (49%) of the LPM eligible to participate in this study.

Key Findings: All participants identified that health and social sectors were actively recruited and engaged to be part of their cross-sector partnership. Those who participated were from across Ontario; however, respondent representation was not equally distributed across the region/communities. There was a higher response rate by region/community from Indigenous communities and Northern HKCC region.

So what did we learn about partnership development, facilitators and strategies, barriers, and ways to better develop cross-sector partnerships?
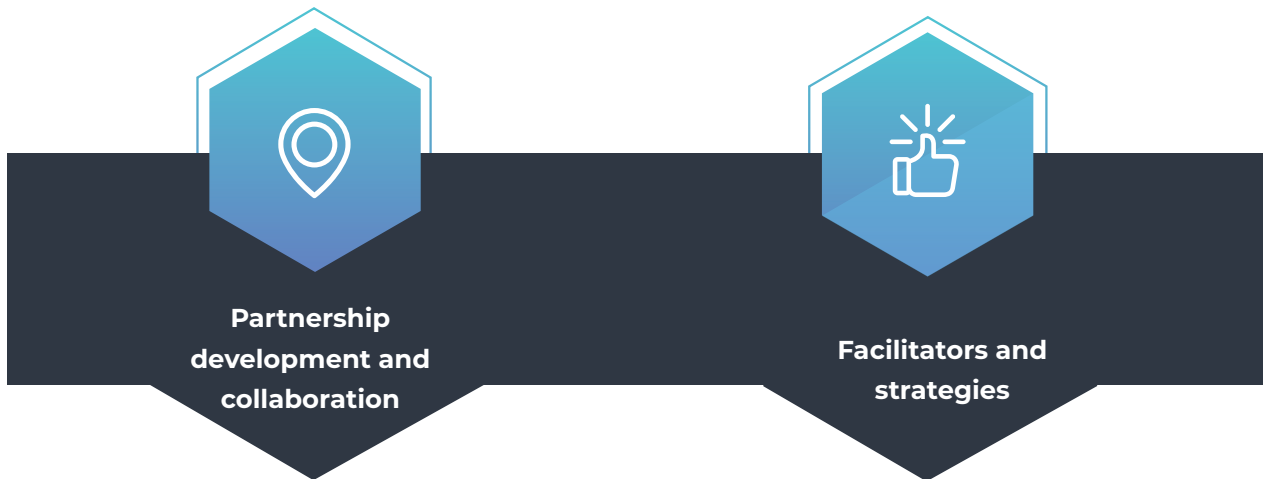
Partnership development and collaboration

- Time was spent building a shared and common vision and mutually agreed upon service principles and the right people were engaged.

- Some agreed that their partnership developed a shared decision-making process; however, not all.

- There were some issues with partners being able to distinguish between their responsibilities for their organization and responsibilities to the partnership, securing commitment from the most senior levels of partner organizations and ways to measure success.

Facilitators and strategies

- Some facilitators and strategies outlined in this study were effective for developing successful cross-sector partnerships with some sectors.

- Not all facilitators or strategies were found to be effective (Table A).

- Examples outlined/described show how some facilitators and strategies for specific sectors were modeled.

Facilitators and Strategies	Health Care	Education	Non-Profit	Public Health	Recreation
Leverage and/or share resources	✓	✓	✓	✓	✓
Work together for change	✓	✓	✓	✓	✓
Share a common vision	✓	✓	✓	✓	✓
Foster an environment for a shared understanding	✓	✓	✓	✓	
Participation in the partnership is recognized and empowered by own organization	✓	✓		✓	✓
Clear understanding of role and responsibility within the partnership	✓		✓	✓	✓
Model clear communication		✓	✓	✓	✓
Find/have a champion	✓	✓	✓	✓	
Align mandates	✓		✓	✓	
Leverage relationships		✓		✓	✓
Have strong leadership			✓	✓	
Provide incentives		✓			✓
Model strong communication loop between partnership and own organization				✓	
Accountable for the actions taken and ownership for delivering the objectives of the partnership	✓				✓
Shared leadership	✓				

Table A: Summary of facilitators and strategies by sector.

Barriers:
- Some barriers outlined in this study were experienced when working to develop cross-sector partnerships with some sectors.
- Not all barriers were identified for each sector (Table B).
- Examples outlined/described show how some barriers were experienced with specific sectors and the strategies used to overcome them.

Barriers	Health Care	Education	Non-Profit	Public Health	Recreation
Financial and time commitments outweigh the potential benefits	✓	✓	✓	✓	✓
Lack of support from own organization	✓	✓	✓	✓	✓
Human resource issues	✓	✓	✓	✓	✓
Bureaucracy/Administration requirements	✓	✓	✓	✓	✓
Too little time for effective consultation	✓	✓		✓	✓
Lack of time	✓	✓	✓		✓
Differences of philosophies and manner of working together	✓	✓		✓	
Lack of commitment		✓	✓		✓
Lack of readiness for this type of partnership/project		✓	✓		✓
Lack of understanding of roles/responsibilities within the partnership			✓	✓	✓
Manipulated or dominated the partnership or competed for the lead				✓	
Hidden agenda				✓	

Table B: Summary of barriers by sector.

Ways to better develop cross-sector partnerships:
- Knowledge and a number of skills that were helpful for leading and developing cross-sector partnerships were identified.
- Specifically, LPM identified that when leading and developing cross-sector partnerships, leaders need to develop or enhance skills related to:
    - **Building relationships and trust**: Develop common goals and objectives, take time to understand each partners' organizational process and requirements and understand why a partner and their organization is part of the partnership.
    - **Modeling clear communication**: Communicate clearly, concisely and frequently about what is expected from organizations and the people involved related to their participation and involvement. Use communication methods that already exist for partners, such as email, weekly or monthly meeting and/or other update methods (e.g., Dropbox, partnership newsletter).
    - **Developing facilitation skills**: Invest and develop strong facilitation skills to engage in discussions with people on topics that may be new, generate new ideas and model an openness to learn and work together. This skill was highlighted as a necessary skill for partnership leaders to develop and refine.
    - **Utilizing Collective Impact and Asset-based Community Development methods**: Learn more about and model these two frameworks for building cross-sector partnerships. Both are methods for working together for community change and building on the strengths of a community and their members.

Implications for practice: The findings in this report can be considered and used by anyone working in or leading a cross-sector partnership. This includes geographical locations beyond Ontario as the focus is on how people can better work together for creating change and building healthy communities.

Three implications for practice were identified:

1. Model the facilitators identified in this study to enable effective collaboration and decrease the barriers found that inhibit the development of cross-sector partnerships and weaken collaborative efforts.
2. Use the information about specific sectors (e.g., education, health care, municipal, non-profit, public health and recreation) to strengthen relationships and/or work more effectively with that sector.
3. Build your own capacity by increasing knowledge and skills related to building relationships and trust, modeling clear communication, developing facilitation skills and learning more about Collective Impact and Asset-based Community Development.

Conclusion: The findings from this report are shared to help support cross-sector partnership and practices in Ontario and beyond. Specifically, they will be used by OPHA to support Ontario communities developing cross-sector partnerships as part of the OPHA "Keeping Kids Healthy through Collective Impact: Connecting Health and Social Sectors to Promote Health Equity" project and to inform the development of future knowledge transfer products hosted and/or delivered by OPHA (e.g., conferences, webinars, workshops, newsletters).

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BACKGROUND & PURPOSE

INTRODUCTION

Working in a partnership means that more than one person, group or organization has come together to build collaborative relationships, identify mutually agreed upon objectives and collectively contribute towards a common goal.[1] It requires people from diverse professions, backgrounds and experiences to: 1) network and exchange information, 2) coordinate activities, 3) cooperate and share resources and 4) collaborate for mutual benefits.[1] These types of partnerships are often referred to as cross-sector part-nerships as they consist of a cross-section of people from different professions who represent different sectors (e.g., health, education, social). The development of effective cross-sector partnerships includes utilizing the strengths of individuals and their organization, being flexible, demonstrating mutual respect for all members, clearly articulating roles, responsibilities and expectations for members, and the sharing of power for meaningful participation of all members.[2]

Cross-sector partnerships often result in the accomplishment of something more than individuals, groups, organizations or specific professions could do on their own. Collective Impact[3] is one example of such, as a framework that enables and supports cross-sector partnerships to work together for commu-nity change. These types of partnerships have the ability to reduce duplication of programs and services and increase efficiencies through collaboration and better coordination. [4] This is the added value of work-ing together. Examples of health and social service sectors working in partnership in Ontario, Canada, have been modeled in the Healthy Kids Community Challenge program[5], Healthy Communities[6] and the Ontario Heart Health Program[7].

Developing and sustaining partnerships takes time and effort, as they are inherently complex, and evolve over time.[4] There is a lot to be learned from those who develop cross-sector partnerships, such as factors that facilitate or inhibit the development of these types of partnerships and collaboration. These are often referred to as facilitators and barriers. More information is needed to better understand the facilitators and barriers experienced when health and social sectors work in partnership to achieve a common goal.

ONTARIO PUBLIC HEALTH ASSOCIATION

Ontario Public Health Association (OPHA) is a non-partisan, non-profit charitable organization that brings together a broad spectrum of groups and individuals concerned about people's health.[8] In spring of 2018, OPHA was successful in securing a Ministry of Health and Long-Term Care (MOHLTC) Health and Well-Be-ing Grant – Community Development.[9] The purpose of this grant was to improve linkages between health and social sectors as a way to promote health equity by addressing the social determinants of health. OPHA's approach for this work was to capitalize on the investments made in local-level partnerships by leveraging and building upon existing Healthy Kids Community Challenge (HKCC) partnerships to share lessons learned related to building and sustaining partnerships around work that can impact children's health in a community.[9] To do this, a provincial scan to better understand cross-sector partnerships was conducted by OPHA using two methods: 1) a mixed-method research design using an online survey and 2) a case study design using purposeful sampling. This report is the outcome of the mixed method research design using an online survey.

PURPOSE

The purpose of this study is to better understand facilitators and barriers when working in partnership across health and social sectors. The aim is to identify strategies to strengthen cross-sector partnerships with a goal of creating healthier communities where children have improved opportunities to lead healthy lives.

> Facilitators are actions that enable the partnerships to work effectively and overcome barriers.
>
> Barriers are obstacles that can make working in partnership challenging.

The findings will be used by OPHA to implement its "Keeping Kids Healthy through Collective Impact: Connecting Health and Social Sectors to Promote Health Equity" project[10] and to inform the development of future knowledge transfer products hosted and/or delivered by OPHA (e.g., conferences, webinars, workshops, newsletters).

This report aims to support cross-sector professionals and agencies who are engaged in the direct and/or indirect promotion of health through supports, services and efforts. More broadly, this report is for anyone working in a partnership towards a common goal.

METHODS

Prior to data collection, the OPHA team developed a plan that models the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.[11] This plan includes detailed information regarding how the study would be implemented. The information in this section is a summary of decisions and steps taken to collect and analyse data for this study.

SAMPLE POPULATION

Healthy Kids Community Challenge (HKCC) is a provincial program that started in 2015 with the launching of community-based initiatives being rolled out in communities across Ontario in January, 2016. This program enabled partners from different sectors, including health and social service organizations, to work together to plan, implement and evaluate intervention activities to promote healthy behaviours (e.g., healthy eating, healthy hydration, physical activity and reduced screen time) among children.[5] The program resulted in the development of community-based, comprehensive interventions that involved coordination and collaboration among partners. While funding for the HKCC ended in September 2018, there is still a wealth of knowledge available related to the experiences of those who worked in a cross-sector partnership.

HKCC LOCAL PROJECT MANAGERS

At the community level, the HKCC Local Project Managers (LPM) were responsible for the planning, implementing, and reporting requirements for their local HKCC and for recruiting cross-sector partners from the health sector, recreation, education, local government, public health, private business, non-government organizations and youth services organization and leading partnership development.[13] LPM assumed the important role to develop, negotiate and sustain cross-sector partnerships throughout the duration of the HKCC. These project leads are a good source of knowledge related to facilitators and barriers when working across sectors as they were tasked with the responsibility to negotiate roles, responsibilities and level of involvement of partners. Therefore, they are the sample population for this study.

Current and past LPM of the 45 HKCC communities in Ontario were invited to participate in this study. Contact information was based on the information contained in the Nutrition Resource Centre's HKCC contact list dated August 22, 2018. The intent is to build on the investments of the HKCC program, to collect and share the valuable knowledge and insights from LPM.

METHOD FOR RECRUITMENT

An email message that included a Letter of Information (Appendix A) was sent to LPM on the contact list. If an automated response was sent back that an email address no longer existed, an alternative contact from the same HKCC partnership was sent an email inviting that person to forward the invitation to the past LPM. The contact list was then updated based on the response. Three reminder emails to participate in the study were sent: 1) one week following the original email, 2) two weeks following the original email and 3) one day before the survey closed.

DATA COLLECTION

The collective experience of the OPHA team, consideration of how the results of the survey would be used to inform the OPHA's Keeping Kids Healthy through Collective Impact: Connecting Health and Social Sectors to Promote Health Equity project[9] and the following four sources of information were used to inform the development of the survey questions:

1. Grey literature on cross-sector partnership;[14-18]
2. HKCC Evaluation: Local Steering Committee Survey Summary Report;[12]
3. Participation in a phone conversation with members of the Public Health Ontario evaluation team on August 9, 2018. This team is conducting an online survey and telephone interviews with HKCC members, including LPM August to September 2018. The aim was to compliment questions being asked and not duplicate questions;
4. Facilitators and barriers identified in data collected by OPHA during their environmental scan of Ontario-based healthy hydration interventions.[19]

Draft questions were developed and refined by the OPHA team. SurveyMonkey™ was used to create the online survey. The survey included both open and closed questions organized into four sections: 1) partnership demographic (e.g., region, affiliated sector), 2) general partnership development and collaboration, 3) cross-sector partnership development (e.g., facilitators, barriers, and strategies), and 4) lessons learned.

Data was collected between August 22, 2018 and September 8, 2018.

DATA ANALYSIS

Closed-ended questions were analyzed using quantitative methods and the analysis feature available in SurveyMonkey (www.surveymonkey.com). Open-ended questions were analyzed using qualitative thematic analysis.[20] The initial theming of information was done by one team member (KB) and reviewed by the rest of the team. Feedback provided was incorporated into the final survey results.

RESULTS & DISCUSSION

Of the 45 people who received the survey, 24 recipients opened the survey with 22 completing most of the questions. This indicates a response rate of 49 per cent (22/45 recipients). According to Fluid Survey,[21] an average response rate for online surveys is 25 per cent. This study's response rate is almost double this number and represents the perspectives of almost half of the LPM who could have participated in this study.

Participants had the option to "skip" or decline to provide a response to any question(s); therefore, the sample size for each question varies. The lowest number of respondents for an individual question was 10 responses (45% response rate) and the highest response rate was 22 (100%). All results reported in this document are based on completed data.

PARTNERSHIP DEMOGRAPHICS

REGION/COMMUNITY

Respondents were asked to confirm their status as a LPM before continuing on to complete the survey, then asked to self-identify their HKCC region/community from a selection of options. All 24 survey respondents indicated that they are, or have been, a LPM for a HKCC community, with 22/24 respondents further identifying the region/community that best represented the geographic location of their HKCC community from the following five choices:

1. **Indigenous communities**: Centre de santé communautaire CHIGAMIK Community Health Centre; De dwa da dehs nye>s Aboriginal Health Centre; Manitoulin Island; Timmins-Misiway; Shkagamik-Kwe Health Centre; Wabano Centre for Aboriginal Health.
2. **Northern region**: City of Kenora; Town of Kapuskasing; Town of Marathon; City of Temiskaming Shores; City of Sault Ste. Marie; City of Greater Sudbury; North Channel; City of Thunder Bay.
3. **Eastern region**: County of Renfrew; City of Ottawa; Hastings and Prince Edward; KFL&A Region (The City of Kingston); United Counties of Leeds & Grenville; Alfred-Plantagenet & Bourget.
4. **Central region**: City of Hamilton; Township of Uxbridge; Regional Municipality of Niagara; City of Oshawa; City of Peterborough; City of Guelph; Town of Aurora; Town of Georgina; Town of Ajax; City of Burlington; Brantford-Brant; Town of Collingwood; City of Toronto – Danforth-East York; City of Toronto – Humber-Downsview; City of Toronto – Rexdale; City of Toronto – Central Scarborough.
5. **Southwestern region**: Windsor–Essex; Regional Municipality of Waterloo; County of Middlesex; St. Thomas–Elgin; The County of Huron; Lambton-Partners; City of London; South East Grey; Municipality of Chatham-Kent.

Figure 1 shows that the majority of respondents were from the Southwestern region (N=7 out of 9), followed closely by both the Northern (N=5 out of 8) and Central regions (N=5 out of 16), Indigenous communities (N=3 out of 6), and Eastern region (N=2 out of 6).
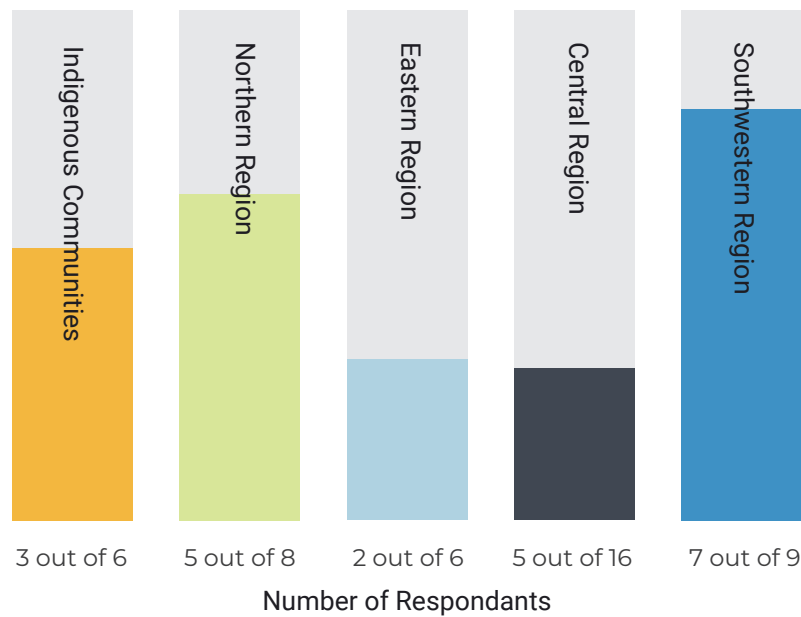
Figure 1: The number of respondents per region out of possible HKCC communities per region

While there is provincial representation for participation in this study, there are, however, some differences per region. Some regions had a very high response rate. For example, Indigenous was 50 per cent and Northern was 63 per cent, Southwestern was 78 per cent; whereas Central region had a good number of respondents but only a 31 per cent response rate, and Eastern only 33 per cent. Therefore overall, Central and Eastern regions were under-represented in the overall sample of participants.

SECTOR REPRESENTATION OF HKCC ORGANIZATIONAL AFFILIATION

When asked to indicate the sector of the organization they are/were affiliated with as a HKCC LPM. The majority of respondents identified the local municipality sector (N=8), some identified the health care (N=4), public health (N=4), recreation (N=3) or education (N=1) sectors (Figure 2). Two respondents clicked the 'other' category, with one identifying as working as an independent entity representing the interest of all sectors, and the other responded that they were strongly supported by public health. There were zero respondents who specifically identified an affiliation with a non-profit organization. This result is not surprising given that there were only a limited number of HKCC partnerships hosted by non-profit organizations.

Respondents were provided a list of seven options from which to indicate their organizational affiliation as a LPM. A list of examples of the types of organizations was provided. The seven choices were:

1. **Education sector** (e.g., primary, elementary, secondary and post-secondary schools, public libraries, childcare centres/establishments).
2. **Health care sector** (e.g., hospitals, family health teams, community health centres, nurse practitioner-led clinics, general practitioner-led clinics, mental health services).
3. **Local municipality** (e.g., city councillor, municipal department that is not recreation).
4. **Non-profit sector** (e.g., non-government organization, charity, health promoting charity such as Diabetes Canada, Heart and Stroke Foundation).
5. **Public health sector** (e.g., public health unit, public health agency).

6. **Recreation sector** (e.g., private and public funded recreation facilities, sports associations/ leagues).
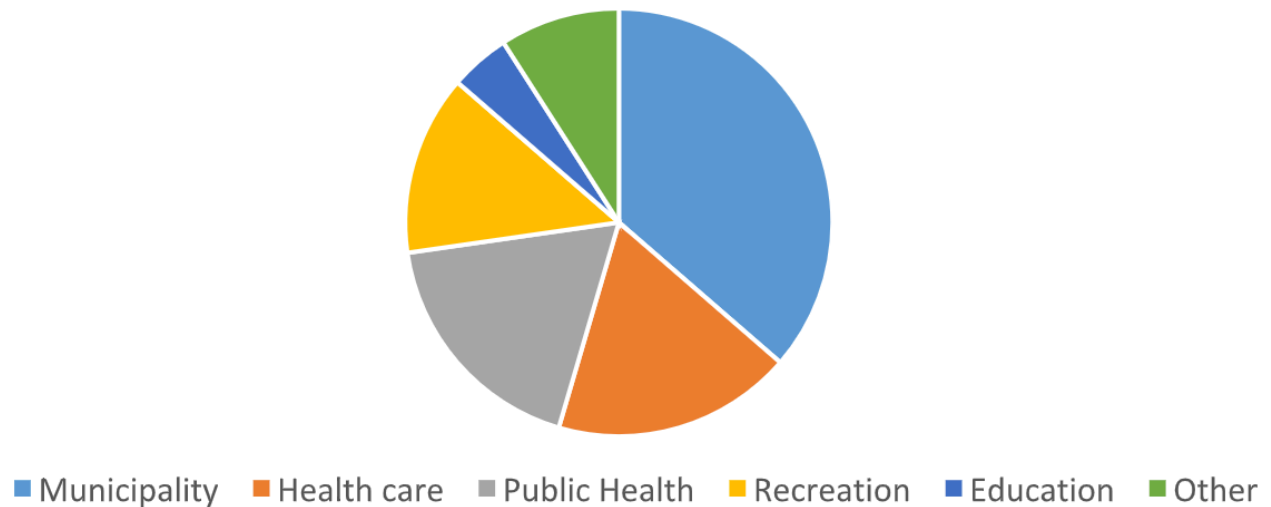7. **Other sector** (e.g., please specify)

■ Municipality ■ Health care ■ Public Health ■ Recreation ■ Education ■ Other

Figure 2: HKCC LPM organizational affiliation by sector

GENERAL PARTNERSHIP DEVELOPMENT AND COLLABORATION

To capture insights regarding general partnership development and collaboration, respondents were asked to think about a set of statements and to rate their level of agreement based on their experience working in partnership with cross-sector partners. The statements represented characteristics for effective partnership development, as determined by the literature. Nineteen responses were collected for this question. Table 1 shows the overall results, with statements for effective partnerships ranked in order from highest to lowest based on level of agreement across respondents.

All respondents agreed that, both health and social sector organizations (e.g., public health, education, non-profit, and recreation) "were actively recruited to be partners." Eighteen respondents (95%) agreed that "partners built a shared and common vision, and mutually agreeable service principles" and "the majority of the partnership represented community stakeholders who could make a difference; they were the 'right people' to be engaged." Sixteen respondents (84%) agreed that "a shared decision-making process in which partners have equal power was achieved," one respondent was unsure and two responded that they disagreed. The remaining four statements at the end of Table 1 had various ratings across the three choices (agree, unsure and disagree) with "partners identified how success was to be measured" as being the statement with the most diverse ratings.

Set of Statements	Agree	Unsure	Disagree
Health organizations were actively recruited to be partners	19	0	0
Social sector organizations (e.g., education, non-profit, public health, and recreation) were actively recruited to be partners	19	0	0
Partners built a shared and common vision, and mutually agreeable service principles	18	1	0
The majority of the partnership represented community stakeholders who could make a difference; they were the 'right people' to be engaged	18	1	0
A shared decision-making process in which partners have equal power was achieved	16	1	2
There was mutual understanding of those areas of activity where partners can achieve some goals by working independently of each other	13	6	0
Partners were able to distinguish between their responsibilities for their organizations and joint responsibilities and accountabilities for the HKCC project	11	7	1
There was a clear commitment from the most senior levels of each partner organization	11	4	4
Partners identified how success was to be measured	9	6	4

Table 1: Characteristics of effective partnerships ranked in order of agreement from highest to lowest (N=19)

What did we learn about partnership development and collaboration?

- Health and social sectors were actively recruited and engaged to participate in a cross-sector partnership.
- There was provincial representation from across Ontario by LPM who participated in this survey. However, respondent representation was not equally distributed across the region/communities. There was a higher response rate by region/community from Indigenous communities and Northern HKCC region.
- For those LPM that responded to the question regarding their experience in general related to partnership development and working in collaboration in a cross-sector partnership:
  - They agreed that time was spent building a shared and common vision and mutually agreed upon service principles and the right people were engaged.
  - Some agreed that their HKCC partnership developed a shared decision-making process; however, not all.
  - There were some issues with partners being able to distinguish between their responsibilities for their organization and responsibilities to the partnership, securing commitment from the most senior levels of partner organizations and ways to measure success.

FACILITATORS AND STRATEGIES

This section outlines the results related to facilitators and strategies for developing effective cross-sector partnerships, working in collaboration, and strategies to overcome barriers to collaboration.

RESULTS OF THE GENERATED LIST OF FACILITATORS

Respondents were asked to consider their experience working in partnership with the five sectors (education, health care, non-profit, public health, recreation). For each sector, they could select as many of the 10 facilitators listed (derived from the literature) to identify the ones that best represented their experience working in partnership.

For each facilitator, frequency counts were tallied by sector to determine facilitators for developing effective partnerships with specific sectors. Additionally, frequency totals were calculated for each statement across sectors in order to rank, from highest to lowest, the most common facilitators across all five sectors. These results are reported in Table 2.

Frequency counts are calculated by adding up the agreed choices for all respondents, organized per sector. The higher the frequency count the more often it was chosen by respondents.

Facilitators	Health Care (N=19)	Education (N=16)	Non-Profit (N=15)	Public Health (N=16)	Recreation (N=17)	Total
Leveraged and/or shared resources	14	9	14	15	13	66
Worked together for change	13	9	12	16	16	66
Shared a common vision	13	11	10	15	13	62
Fostered an environment for shared understanding	12	11	12	15	9	59
Participation in the HKCC partnership was recognized and empowered by own organization	12	10	7	14	12	55
Clear understanding of role and responsibility with the partnership within the partnership/ project	9	9	11	14	12	55
Modeled a strong communication loop between the partnership and own organization	11	8	9	14	10	52
Shared in decision-making	11	8	9	13	9	50
Accountable for the actions taken and ownership for delivering the objectives of the partnership	8	9	8	12	12	49
Shared leadership	9	9	5	11	7	41

Table 2: Ranked order of facilitators (statement) organized by sector.[a]

[a] N equals the number of respondents that chose that sector. The numbers in the cells represent the frequency total of 'agreed' choice per barrier per sector.

Two statements were ranked the highest equally by respondents: "leveraged and/or shared resources" and "worked together for change." Two statements were ranked fourth: "their participation in the HKCC partnership was recognized and empowered by their own organization" and "clear understanding of their role and responsibility within the partnership/project."

THE TOP THREE FACILITATORS PER SECTOR

Using the results in Table 2, the top three facilitators per sector are identified in Table 3. If the same number of responses were calculated for two or more facilitators, they were all included. This led for some sectors to have more than three identified. For example, Table 3 shows that for the education sector, "worked together for change" and "shared a common vision" were both ranked as second and "fostered an environment for shared understanding" and "their participation in the HKCC was recognized and empowered by their own organization" were both ranked third. This indicates that the same number of respondents chose "agreed" when asked to identify the facilitator that best represented their experience working in partnership per sector.

Sector	Health Care	Education	Non-Profit	Public Health	Recreation
Leveraged and/or shared resources	3	1	1	2	2
Worked together for change	3	2	2	1	1
Shared a common vision	1	2		2	3
Fostered an environment for shared understanding	1	3	2	2	
Participation in the HKCC partnership was recognized and empowered by own organization	2	3		3	3
Clear understanding of role and responsibility with the partnership within the partnership/project	3		3	3	3
Modeled a strong communication loop between the partnership and own organization				3	
Accountable for the actions taken and ownership for delivering the objectives of the partnership	3				3
Shared leadership	3				

Table 3: The top three 'agreed' facilitators across respondents per sector.[b]

   [b] Some sectors have more than three as the scores were equal for more than one facilitator.

Legend:

1= Most commonly cited facilitator by sector

2= Second most commonly cited facilitator by sector

3= Third most commonly cited facilitator by sector

As shown in Table 3, nine of the 10 facilitators were identified as being within the top three choices by sector, however, the statement regarding "shared decision making" was never ranked within the top three. Thus, suggesting that this was the least frequent facilitator identified by respondents.

The resulting ranked order of facilitators is different per sector. For example, for the education and non-profit sectors, "leveraged and/or shared resources" was ranked as first or the most frequently experienced facilitator by all respondents for these two sectors. Whereas, "leveraged and/or shared resources" was ranked second most frequently experienced facilitator by sector for the public health and recreation sectors, and third for the health care sector.

Additionally, some facilitators were only found for one sector. For example, "modeled a strong communication loop between the HKCC partnership and their organization" was reported only with the public health sector and "shared leadership" was reported only with the health care sector.

SECTOR-SPECIFIC FACILITATORS AND STRATEGIES

Respondents were provided the opportunity to qualitatively describe facilitators and strategies used to overcome barriers when partnering with each sector. Eleven out of 22 (50%) provided qualitative information. This information was analyzed into themes per sector and presented in Table 4. Six themes were identified: 1) model clear communication, 2) align mandates, 3) leverage relationships, 4) find/have a champion, 5) have strong leadership and 6) provide incentives. Not all themes were identified for each sector.

Additional Facilitators	Health Care	Education	Non-Profit	Public Health	Recreation
Model clear communication		✓	✓	✓	✓
Align mandates	✓		✓	✓	
Leverage relationships		✓		✓	✓
Find/have a champion	✓	✓	✓	✓	
Have strong leadership			✓	✓	
Provide incentives		✓			✓

Table 4: Facilitators and strategies generated by respondents organized by sector.

STRATEGIES FOR SPECIFIC SECTORS

Some facilitators and strategies generated by respondents were specific to only one sector and were not included in Table 4. They are presented below. The exact wording provided by respondents is included.

> Health care: "Don't ask for more than they are willing/able to give."

> Non-profit: "Highlight the benefit of their organization's participation and the benefits for their client."

> Public health: "As a host organization they were very supportive; however, there needs to be recognition that this sector is very policy driven vs. program implementation."

> Recreation: "Attend existing meetings; hold shorter meetings; and create working groups to divide up tasks and limit amount of time each person needs to contribute to the project."

Nothing was reported specific to working with the education sector.

Some respondents described how different sectors successfully worked together. Below is a summary of cross-sector collaborations that were shared:

Non-profit and recreation: The YMCA (non-profit sector) was an excellent partner who worked with their municipal recreation department (recreation sector) to deliver HKCC programs.

Municipal, public health and recreation: Four municipalities (municipal sector) partnered together with their local public health unit (public health sector) to facilitate programming specifically for recreation departments for the municipality (recreation sector). This program demonstrated excellent capacity building and partnership development with and across municipalities.

Public health and education: A public health nurse (public health sector) was a champion of the HKCC project and advocated and communicated with primary schools (education sector) to engage their participation.

Respondent's also described facilitators and strategies utilized to successfully work with specific sectors. For example:

Provide incentives when working with education and recreation sectors: Two respondents identified the benefit of providing incentives (e.g., resources, things they can use after the project is done such as water filling stations) when working with these two sectors. Providing incentives was not reported as a facilitator for other sectors.

Model clear communication with the education sector, specifically school boards: One respondent shared that, when working with the educational sector, they utilized communication strategies to clearly communicate level of commitment and shared goals and objectives; made intentional connections between the HKCC project and school curriculum; took the time to understand their planning practices; and used email and attended existing monthly joint school board members meetings.

Leverage relationships and have a champion with the education sector (e.g., libraries): One respondent shared that when working with library staff, having a staff represented on the HKCC Steering Committee and working groups helped facilitate communication with the other library branches.

Align mandates and have a champion with the non-profit sector: One respondent shared that, when working with the non-profit sector, they involved them at the planning table when developing action plans to ensure alignment between the HKCC project and their mandate and efforts. They also asked the non-profit organization to take a lead role with the intervention, thus, becoming a champion.

Have strong leadership and leverage relationships within the public health sector, specifically the local public health unit: Several respondents identified that they developed a positive relationship with their local public health unit, particularly with LPM who identified as an entity of public health and HKCC communities that were hosted by this sector. One respondent identified that having strong leadership within the local public health unit was valuable and increased this sector's participation in the HKCC project. They also highlighted that having a public health nurse who advocated and communicated with schools about the HKCC project and initiatives was key. This was an example of how the relationship developed within the HKCC project was leveraged.

What did we learn about facilitators and strategies?

- Some facilitators and strategies outlined in this study were effective for developing successful cross-sector partnerships with some sectors.
- Not all facilitators or strategies were found to be effective. A summary of the overall ranked findings are presented in Table 5. The checkmarks areas represent the facilitator/strategy identified by sector. The white areas were not rated or mentioned in this study.
- Narrative examples of how LPM led cross-sector partnerships were described. These examples could be considered when working to develop cross-sector partnerships with specific sectors.

Facilitators and Strategies	Health Care	Education	Non-Profit	Public Health	Recreation
Leverage and/or share resources	✓	✓	✓	✓	✓
Work together for change	✓	✓	✓	✓	✓
Share a common vision	✓	✓	✓	✓	✓
Foster an environment for a shared understanding	✓	✓	✓	✓	
Participation in the partnership is recognized and empowered by own organization	✓	✓		✓	✓
Clear understanding of role and responsibility within the partnership	✓		✓	✓	✓
Model clear communication		✓	✓	✓	✓
Find/have a champion	✓	✓	✓	✓	
Align mandates	✓		✓	✓	
Leverage relationships		✓		✓	✓
Have strong leadership			✓	✓	
Provide incentives		✓			✓
Model strong communication loop between partnership and own organization				✓	
Accountable for the actions taken and ownership for delivering the objectives of the partnership	✓				✓
Shared leadership	✓				

Table 5: Summary of facilitators and strategies by sector.

BARRIERS

This section of the report outlines the barriers for developing effective partnerships.

RESULTS OF THE GENERATED LIST OF BARRIERS

Respondents were asked to consider their experience working in partnership with the five sectors (education, health care, non-profit, public health, recreation). For each sector, they could select as many of the 12 barriers listed to identify the ones that best represent their experience.

For each barrier, frequency counts were tallied by sector to determine barriers for developing effective partnerships with specific sectors. Additionally, frequency totals were calculated for each statement across sectors in order to rank, from highest to lowest, the most commonly cited barriers across all five sectors. These results are reported in Table 6.

Barriers	Health Care (N=15)	Education (N=19)	Non-Profit (N=15)	Public Health (N=12)	Recreation (N=13)	Total
Financial and time commitments outweigh potential benefits	6	5	4	2	4	21
Lack of support from own organization	3	5	4	1	5	18
Too little time for effective consultation; no outreach to this specific sector	4	5	3	1	4	18
Differences of philosophies and manners of working	5	4	1	1	4	17
Lack of commitment; unwilling participants	1	4	3	5	1	16
Lack of understanding of roles/responsibilities within the partnership	3	1	3	1	5	14
Lack of readiness for this type of partnership/ project	3	3	2	1	3	11
Limited vision (e.g., didn't see their sector as (having a role	3	2	0	0	3	11
Manipulated or dominated the partnership, or competed for the lead	0	1	0	0	2	7
Hidden agendas	0	0	0	1	2	3
Lack of clear purpose and inconsistent level of understanding purpose	0	1	1	0	0	2
Failure to communicate their mission, mandate or other relevant information	0	0	0	0	1	1

Table 6: Ranked order of barriers (statement) organized by sector.[c]
> [c] N equals the number of respondents that chose that sector. The numbers in the cells represent the frequency total of 'agreed' choice per barrier per sector.

THE TOP THREE BARRIERS PER SECTOR

Using the results in Table 6, the top barriers per sector are identified in Table 7. If the same number of responses were calculated for two or more barriers, they were all included. This led to some sectors to have more than three identified. For example, Table 7 shows that for the education sector: "financial and time commitments outweigh potential benefits," "lack of support from their organization" and "too little time for effective consultation; no outreach to this specific sector" were all ranked as first. As well, "differences of philosophies and manners of working" and "lack of commitment; unwilling participants" were both ranked second. "Lack of readiness for this type of partnership/project" was the only barrier for third. Thus, resulting in six barriers being identified by respondents when working with the education sector.

Sector	Health Care	Education	Non-Profit	Public Health	Recreation
Financial and time commitments outweigh potential benefits	1	1	1	2	2
Lack of support from own organization	3	1	1	3	1
Too little time for effective consultation; no outreach to this specific sector		1	2	3	2
Differences of philosophies and manners of working	2	2		1	
Lack of commitment; unwilling participants		2	2		1
Lack of readiness for this type of partnership/ project		2			
Lack of understanding of roles/responsibilities within the partnership			3	3	3
Manipulated or dominated the partnership, or competed for the lead			2	2	3
Hidden agenda				3	

Table 7: The top 'agreed' barriers across respondents by sector. [d]

[d] Some sectors have more than three as the score were equal for more than one barrier.

Legend:

1= Most commonly cited facilitator by sector

2= Second most commonly cited facilitator by sector

3= Third most commonly cited facilitator by sector

As shown in Table 7, nine of the 12 barriers were identified as being within the top three choices by sector; however, three barriers/statements 1) "limited vision", 2) "lack of clear purpose and inconsistent level of understanding purpose" and 3) "failure to communicate their mission, mandate or other relevant information" were never identified as a top barrier. Thus, suggesting that these barriers were least experienced by respondents.

The resulting ranked order of barriers is different per sector. For example, for all five sectors, "financial and time commitments outweigh potential benefits" was ranked as the top two choices. For the education, health care and non-profit sectors, "financial and time commitments outweigh potential benefits" was ranked as first, or the most frequently experienced barrier for these three sectors by all respondents, whereas for the public health and recreation sectors it was ranked as the second most frequently experienced barrier for these two sectors.

Additionally, some barriers were found for one sector. For example, "manipulated or dominated the partnership or competed for the lead" and "hidden agenda" was reported only for the public health sector.

SECTOR-SPECIFIC BARRIERS

Respondents were provided the opportunity to qualitatively describe barriers experienced when partnering with each sector. Ten out of 22 (45%) provided qualitative information. This information was analyzed into themes for each sector and presented in Table 8. Four themes were identified: 1) human resource issues, 2) bureaucracy, 3) lack of time, and 4) lack of a champion. Key findings include that barriers related to "human resource issues," and "bureaucracy" were identified when partnering with all five sectors. Respondent's identified that four of the five sectors (all sectors except the public health sector) choose "lack of time" as a barrier; whereas, "lack of a champion" was only identified as a barrier when partnering with two sectors (i.e., education and health care). The sector for which respondents reported experiencing the least amount of barriers was the public health sector.

Themes of additional barriers identified	Health Care	Education	Non-Profit	Public Health	Recreation
Human resource issues (e.g., lack of staff capacity; only had one person who has many roles; high turnover of staff; volunteers)	✔	✔	✔	✔	✔
Bureaucracy (e.g., having to work across many school boards; broad sector hard to reach out; involved contacting and working with a number of different departments; upper management made it difficult to move things forward; concerned with liability; not forward thinking)	✔	✔	✔	✔	✔
Lack of time (e.g., timelines for the project too short; limited time to develop partnership; timelines for project didn't match school timelines; lack of time for participation; everything was rushed)	✔	✔	✔		✔
Lack of a champion (e.g., no one to represent the sector's interest; didn't have a champion for the project within the setting; never secured representation from senior management)	✔	✔			

Table 8: Themed qualitative responses by sector

SPECIFIC SECTOR BARRIERS

Some respondents described barriers experienced when partnering with specific sectors and a few offered strategies to overcome these specific barriers. Below is a summary of what was shared.

Bureaucracy of municipal and education (e.g., school boards) sectors: One respondent identified that both the municipal and school boards have vastly different processes (e.g., administrative requirements, approval processes) and that these processes didn't always complement each other. The respondent indicated it was a learning curve for both sides to understand the differences and work out a mutually beneficial approach to the partnership.

Lack of a champion and time to reach out to the health care sector: Several respondents identified the health care sector as the hardest to reach. One respondent shared that they did reach out to a hospital and tried to connect with doctor's offices; however, they found that there wasn't adequate time within the HKCC project to build a partnership and develop an understanding of how to work together. It was noted that they were unable to identify a key champion within this sector and this made it more difficult to develop a relationship.   Another respondent shared that "engaging local health professionals was challenging at times, but I believe with more time and focused recruitment, and relationship development, we would have seen more success. We found that we could engage for "one off" types of events, but ongoing participation was not realistic for health professionals."

Not all respondents reported experiencing barriers when partnering with the health care sector. One respondent described their positive experience with this sector as having "…an excellent, engaged relationship with the health teams and health centres - there were no barriers in this sector as values closely aligned."

Limited human resources, lack of time, and bureaucracy and the non-profit sector: Regarding barriers faced when collaborating with the non-profit sector, one respondent shared that "often times the biggest barrier was that non-profit organizations only had one person and they were doing everything so time and capacity was a big barrier. We also had to ensure that there was an understanding of what was expected of the organization at the table. Some of the non-profits had to fit it into the work they were already doing and if it did not, there was no opportunity to go outside that."

Not all respondents reported experiencing barriers when partnering with the non-profit sector. Two respondents reported that they found this sector to be very engaged and open to working as a HKCC partner. One respondent shared that their experience with working with non-profit was that "these [representatives] were great partners. Because they are smaller organizations, they are able to communicate at all levels within the organization and participate fully in planning and programming."

Limited human resources and lack of time and the recreation sector: One respondent shared that they "worked with a number of sports organizations and associations. These organizations are often volunteer operated, so time and capacity were a big barrier."

Limited human resources and bureaucracy and the public health sector: One respondent shared that "one of the biggest challenges [when working with the public health sector] was that the number of people that had to be involved from the health unit because of how they were organized. No one person could represent the health unit."

What did we learn about barriers?

- Some barriers outlined in this study were experienced when working to develop cross-sector partnerships with some sectors.
- Not all barriers were identified for each sector. A summary of the overall ranked findings are presented in Table 9. The checkmarks areas represent the barriers experienced per sector and the white areas represent barriers not experienced when working to develop a partnership with a specific sector.

Barriers	Health Care	Education	Non-Profit	Public Health	Recreation
Financial and time commitments outweigh the potential benefits	✓	✓	✓	✓	✓
Lack of support from own organization	✓	✓	✓	✓	✓
Human resource issues	✓	✓	✓	✓	✓
Bureaucracy/Administration requirements	✓	✓	✓	✓	✓
Too little time for effective consultation	✓	✓		✓	✓
Lack of time	✓	✓	✓		✓
Differences of philosophies and manner of working together	✓	✓		✓	
Lack of commitment		✓	✓		✓
Lack of readiness for this type of partnership/project		✓	✓		✓
Lack of understanding of roles/responsibilities within the partnership			✓	✓	✓
Manipulated or dominated the partnership or competed for the lead				✓	
Hidden agenda				✓	

Table 9: Summary of barriers by sector.

KNOWLEDGE TRANSFER

This section of the report outlines advice provided by respondents based on their personal experience leading and developing cross-sector partnerships. They were asked to share one lesson learned and one skill or piece of knowledge that would have been helpful to support their efforts to build cross-sector partnerships and work in collaboration.

LESSONS SHARED

Fifteen respondents provided one lesson learned from their experience. All responses were analyzed together to identify themes. Two themes were identified: 1) invest in building relationships and trust and 2) model clear communication. Each theme is explained and examples of how to model the two themes are outlined below.

1) Invest in building relationships and trust

Responses reflected the advice for those working in cross-sector partnerships to take time to build relationships with partners. It was suggested to:

- Develop common goals and objectives to ensure everyone has the same understanding of the partnership and/or the project.
- Take time to understand each partners' organizational process and requirements. It was shared that taking this time allowed for realistic planning of activities and built trust.
- Understand why a partner and their organization is part of the partnership (e.g., understand their reasoning/agenda) and what each partner and their organization hopes to gain from the partnership. One participant shared that this type of investment into understanding can address barriers such as hidden agenda, or lack of support from their organization.

01 **Examples of statements made by respondents to support investing in building relationships and trust:**

"It is all about relationship and trust building. You have to listen and ensure objectives meet the needs and mandate of the sector you are working with. Be willing to adapt and be flexible."

"Recognize that some partners may be able to give more as they have greater capacity, while others may be able to give less (more peripheral). All levels of partnership is valuable."

"Try your hardest to engage as many as possible, but sometimes, it is just as important to do a really good job at engaging a few organizations who are clearly committed and at the right stage of readiness to move the agenda forward."

"Trust and relationships played a powerful role in enabling multiple sectors to work together – trust in collaboration, in each other and the common vision that had been established from the beginning."

"Everyone usually has their own agenda and it's important to figure out what that is so you can frame the project in a way that will get them on board."

2) Model clear communication

The second theme was about the need to model clear communication. This involves communicating clearly, concisely and frequently about what is expected from organizations and the people involved related to their participation and involvement. Respondents also highlighted the use communication methods that already exist, such as email lists, meetings and/or monthly updates as a means to share information and model clear communication.

02 **Examples of statements made by respondents to support the need to model clear communication:**

"Communication is key."

"Communication is of key importance when working with multiple sectors."

"Reaching out widely and allowing partners to identify themselves was successful, and regular communication through methods that people already use."

"Clear, concise, and frequent communication is key to keeping everyone informed, engaged and willing to participate in the success of the program."

SKILLS AND KNOWLEDGE TO SUPPORT CROSS-SECTOR PARTNERSHIPS

Respondents were asked to share one skill or piece of knowledge that would have been helpful to support their efforts for cross-sector linkages in their leadership role. Fourteen responses were reported and analyzed to identify themes. Two themes were identified: 1) invest in developing facilitation skills; and 2) learn more about Collective Impact and Asset-based Community Development to strengthen leadership skills.

Invest in developing facilitation skills

It was identified that part of the role of the person leading a cross-sector partnership/project is the need to facilitate discussion about developing a common vision, mission, goal and objectives, a strategic plan and work plans. One respondent shared "facilitation [skills would have been helpful to support their efforts to build cross-sector linkages]. I felt ill equipped to facilitate and chair meetings that required consensus decision- making." Collectively, our findings suggest that there is a need to have strong facilitation skills. This includes being able to engage in discussion with people and topics that leaders may not have a lot of experience with, while demonstrating an openness to learn and work together. Thus, identifying one strategy that could help with developing cross-sector partnerships is for those leading the partnership to invest and develop strong facilitation skills.

Learn more about Collective Impact and Asset-based Community Development

The importance of learning about and modeling collective impact and asset-based community development methods was identified as necessary skills to lead cross-sector partnerships.

Collective impact is "the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.[3] (p.36) It involves people working together within "a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."[3] (p.38) It is a method for working together for community change and provides a framework for collaboration and partnership development.

Asset-based community development involves focusing on the assets of a community, such as their human, physical, social, economic capital. It involves gathering stories, connecting with individuals, institutions and organizations and working in partnership to identify what is the collective vision, what assets a community has and what needs to be done to make their vision a reality.[22, 24] Partnerships typically engage in asset-mapping to outline the capacities within the community and identify a common vision to build on these assets.

One respondent identified the need for an engagement and relationship building guide.

What did we learn to better develop cross-sector partnerships?

- Respondents identified a number of skills and knowledge that were helpful for leading and developing cross-sector partnerships.
- Specifically, they identified that when leading and developing cross-sector partnerships, leaders need to develop or enhance skills related to:
  - **Building relationships and trust**: Develop common goals and objectives, take time to understand each partners' organizational process and requirements and understand why a partner and their organization is part of the partnership.
  - **Modeling clear communication**: Communicate clearly, concisely and frequently about what is expected from organizations and the people involved related to their participation and involvement. Use communication methods that already exist for partners, such as email lists, meeting and/or monthly update methods.
  - **Developing facilitation skills**: Invest and develop strong facilitation skills to engage in discussions with people on topics that may be new, generate new ideas and model an openness to learn and work together.
  - **Utilizing Collective Impact and Asset-based Community Development methods**: Learn more about and model these two frameworks for building cross-sector partnership. Both are methods for working together for community change and building on the strengths of a community and their members.

IMPLICATIONS FOR PRACTICE

The findings in this report can be considered and used by anyone working in or leading a cross-sector partnership. This includes geographical locations beyond Ontario as the focus is on how people can better work together for creating change and building healthy communities. This section provides guidance on how the results of this report can be used to strengthen cross-sector partnerships. It outlines practices to consider to shape, enhance and strengthen these types of partnerships and collaborations to make communities healthier for all. Three implications for practice are identified and discussed below.

MODEL THE FACILITATORS AND DECREASE THE BARRIERS WHEN LEADING CROSS-SECTOR PARTNERSHIPS

Use the findings from this report to develop and lead cross-sector partnerships. Model the facilitators that enable effective collaboration and decrease the barriers that inhibit the development of cross-sector partnerships and weaken collaborative efforts. For example, consider the facilitators identified in Table 5 and the barriers identified in Table 9 and use this information to engage in discussion with your partners on ways to model the facilitators and decrease the barriers.

One way to do this is as the partnership is engaging in the process of moving towards a common agenda/goal and partners learn more about each other, their organization and how they relate to the problem being discussed, include in these discussions:

- The facilitators and barriers identified in this report. Give partners the opportunity to share their experiences addressing or overcoming the barriers and sharing strategies.
- Capture this information (e.g., flip chart paper, include in minutes) as it is valuable to consider as partnerships identify their common agenda, roles and responsibilities role and ways of working together.
- After some time of sharing and gathering this information and getting to know each other, use the information to develop a written document of how the partnership will make decisions, be accountable and communicate with each other, their organization and the public. A formal example this type of document is a Terms of Reference.[24]

i Terms of Reference is a document that outlines the way in which a group of people agree to work together to accomplish common goals.[25] It identifies the process in which people and organizations collaborate and states the shared set of expectations and accountabilities for members. A key feature is that it outlines the scope of the partnership, along with the responsibilities of individual partners and their organizations. Appendix B has more information about the most common components included in a Terms of Reference.

CONSIDER THE FINDINGS IN RELATION TO SPECIFIC SECTORS

The findings in this report show that some facilitators and some barriers to cross-sector partnership and collaboration were experienced when working with some sectors. The second implication for practice is to use the information about specific sectors to strengthen a relationship and/or work more effectively with that sector. For example, if your goal is to develop or strengthen a partnership with the educational sector, consider the findings from this report related to this sector. One way to do this is to engage in relationship building dialogue with people who work in the education sector. Methods to do this include having a phone conversation, setting up a meeting or arranging to visit their organization. Doing so could provide an opportunity to share the purpose, objective and vision of the partnerships and to learn from those working in the sector how to overcome barriers they may experience.

WORKING MORE EFFECTIVELY WITH THE EDUCATIONAL SECTOR: AN EXAMPLE

The results show that the top facilitators for developing an effective partnership with the educational sector include:
- Leveraging and/or sharing resources;
- Working together for change; and
- Sharing a common vision and fostering an environment for shared understanding.

Respondents also identified that modeling clear communication, finding/having a champion and providing incentives were effective (Table 5).

Barriers identified with working with the educational sector were:
- Financial and time commitments;
- Lack of support from their organization;
- Human resource issues;
- Bureaucracy/administration requirements;
- Too little time for effective consultation;
- Lack of time;
- Differences in philosophies and manner of working together;
- Lack of commitment and readiness for this type of project (Table 9).

You could gather information from those working in this sector to learn more about whether or not these facilitators and barriers exist and if so, how to capitalize on the facilitators and address the barriers.

BUILD YOUR OWN CAPACITY

The third implication for practice is related to what those working to lead and facilitate cross-sector partnerships can do to build individual capacity (e.g., skills, knowledge) in their leadership role within the partnership. The skills and knowledge identified include:

- Build relationships and trust;
- Model clear communication;
- Develop facilitation skills;
- Learn more about Collective Impact;[22] and
- Learn more about Asset-based Community Development.[23, 24]

Ways to build such capacity include: attend workshops, join list serves, and/or learning more about these topics from others (e.g., read material, attend conferences).

What are the implications for practice?

- Model the facilitators identified in this study to enable effective collaboration and decrease the barriers found that inhibit the development of cross-sector partnerships and weaken collaborative efforts.
- Use the information about specific sectors (e.g., education, health care, municipal, non-profit, public health and recreation) found in this study to strengthen relationships and/or work more effectively with that sector.
- Build your own capacity by increasing knowledge and skills related to building relationships and trust, modeling clear communication, developing facilitation skills and learning more about Collective Impact and Asset-based Community Development.

CONCLUSION

The purpose of this study was to better understand facilitators and barriers when working in partnership across health and social sectors. This study focused on five sectors: health care, education, non-profit, public health and recreation. HKCC LPM were invited to share their experiences developing these cross-sector partnerships and 49 percent accepted this invitation. Those who participated represented HKCC partnerships from across Ontario.

Using an online survey, LPM considered a list of facilitators and barriers and chose those that best represented their experience working in partnership with each sector. They also had the opportunity to identify additional facilitators and barriers not listed but self-reported as experienced. This process generated 19 facilitators and 12 barriers organized by sector which were presented in ranked order based on the number of respondents in this study who experienced them.

In addition, respondents were asked to identify lessons learned and skills and knowledge needed to lead and develop cross-sector partnerships. The four strategies identified were: 1) build relationships and trust; 2) model clear communication; 3) develop facilitation skills; and 4) learn about Collective Impact and Asset-based community development.

Three implications for practice were identified. They were: 1) model the facilitators and decrease the barriers; 2) consider the findings in relation to specific sectors; and 3) build capacity to lead, develop and sustain cross-sector partnerships.

The findings from this report will be shared to help support cross-sector partnership and practices in Ontario. In addition, the findings will be used to support Ontario communities developing cross-sector partnerships as part of the OPHA "Keeping Kids Healthy through Collective Impact: Connecting Health and Social Sectors to Promote Health Equity" project[9] and to inform the development of future knowledge transfer products hosted and/or delivered by OPHA (e.g., conferences, webinars, workshops, newsletters).

The findings can also be considered and used by anyone working in or leading a cross-sector partnership. This includes geographical locations beyond Ontario as the focus is on how people can better work together for creating change and building healthy communities.

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APPENDIX A

LETTER OF INFORMATION

OPHA PROVINCIAL SCAN TO BETTER UNDERSTAND CROSS-SECTORAL PARTNERSHIPS

The Project Team at the Ontario Public Health Association (OPHA) invites you as the local project manager (LPM) for the Healthy Kids Community Challenge (HKCC) in your community to participate in our survey. The purpose of the survey is to inquire about your experience during the HKCC to better understand the barriers, facilitators and strategies for working in partnership across health and social sectors. The aim is to use the information generated to inform the development of a resource(s) designed to strengthen future cross-sector linkages and collaboration initiatives to create communities where its' easy for children to lead healthier lives and promote health equity.

This survey is part of a larger project being developed by OPHA called "Keeping Kids Healthy through Collective Impact: Connecting Health and Social Sectors to Promote Health Equity". To learn more about OPHA please visit www.opha.ca. To learn more about this project contact Melanie Sanderson, Project Coordinator at MSanderson@opha.on.ca.

Funding for this survey and project has generously been provided by Ontario's Ministry of Health and Long Term Care Health (MOHLTC).

What is the survey about?
The online survey asks you to reflect on your experiences as a LPM for the duration of the HKCC and share your perspective on partnership development and working in collaboration with various health and social sector organizations to plan, implement and evaluate HKCC activities. The focus of the survey questions will be on the barriers, facilitators and strategies to develop and work in partnership with these sectors.

What will happen during the survey?
Through a short series of questions, you will be asked to think about your experience as LPM specific to partnerships that were developed to support the HKCC in your community and to share your perspective on the partnership development, as well as your perspective on working in collaboration with various health and social sector partners to plan, implement and evaluate HKCC activities. The questions were generated from literature about cross-sectorpartnerships, so the options for drop-down responses may or may not apply to your specific partnerships. As such, there is a space provided at the end of the survey for you to share any additional thoughts about your experience and perspective that was not captured through these questions. Some basic demographic questions will be asked, such as what region your HKCC community is located in and the sector of your host organization (the organization you are affiliated with as a LPM).

You are free to stop the survey at any time by exiting the survey before the end. In cases of withdrawal, any data you have provided up until that point will be retained by OPHA. You are also free to skip questions with no consequences. The survey will take about 15 minutes to complete.

Are there any risks for participating in this survey?
There are no known risks associated with participating in this survey. You control how much or how little information you share by deciding your level of involvement with the questions. All results will be presented in aggregated form (summary of all answers). You will not be asked to provide your name in the survey and it will not be possible for the OPHA project team to identify responses from specific individuals. No identifiable data will be shared with the MOHLTC.

Are there any benefits for participating in this survey?
The results of this survey will be summarized in a report that will be shared broadly across Ontario. Therefore, the survey results may be used to support effective partnership development and cross-sector collaborations. There are no financial remuneration being provided for participating in this survey.

Privacy/Confidentiality
Your participation in this survey is voluntary. By entering the survey and completing questions, you are consenting to the collection of information. All data will be stored in a secure computer file. The data will only be accessible by members of the OPHA project team. Once the project is completed, all data will be permanently deleted.

How will I find out what was learned in this study?
A summary report will be written and disseminated through various communication channels, including, but not limited to, OPHA's website, digital list-serves and networks. An academic paper may also be written and, if successfully published, a news release will be posted on the OPHA website.

The OPHA Project Team includes:
Donna Smith, Policy and Program Consultant
Dr. Kim Bergeron, Research and Policy Specialist
Huda Amareh, Research Assistant
Melanie Sanderson, Project Coordinator

APPENDIX B

THE 11 MOST COMMON COMPONENTS OF TERMS OF REFERENCES FOR PARTNERSHIPS ARE:[25]

- Purpose/mandate/mission of the partnership;
- Description of the partnership (e.g., how, why and when was it formed);
- Goals and objectives;
- Activities and responsibilities;
- Membership;
- Meetings (e.g., how often, attendance expectations);
- Jurisdiction/scope of the partnership (e.g., responsibility and author of the partnership, what is outside of scope);
- Decision-making process;
- Communication methods;
- Resources and budget needed to support the partnerships (e.g., how will these needs be met); and
- Reporting expectations (e.g., on progress, to partner organizations).

How to develop Terms of References:

1. Use information captured from discussions and consider the facilitators and barriers identified in this report to draft the content for the components listed above. For example, ensure that there are statements that provide agreement on facilitators such as a shared vision (purpose/mandate/mission of the partnership) define what working together for change specifically involve (components 4 to 11) or ways resources within and across organizations can be shared or leveraged (activities and responsibilities; resources and budget). Include information to address potential barriers. For example, expectations related to time commitments (activities and responsibilities; meetings), bureaucracy and/or administration requirements for partner organizations (e.g., reporting expectations) and human resource issues such as if the person representing the organization changes positions or organizations, how will their spot be is to be filled by the organization (membership).
2. Share the draft Terms of Reference with the partnership and ask for their feedback, additions. Encourage partners to clearly identify their roles and responsibilities and accountability methods they will demonstrate to enhance the draft content.
3. Make changes based on this feedback.
4. Share the revised Terms of Reference with the partnership and seek endorsement.
5. Ensure that procedures and processes of the partnership follow the Terms of Reference. If not, discuss as a group whether the Terms of Reference need to change or whether the partnership needs to better model the Terms of Reference.

As cross-sector partnerships are living, dynamic interactions that change over time. Engage in the process above throughout the life of the partnership.

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