

Keeping Kids Healthy through Collective Impact Evaluation Summary

This document provides a summary of the larger report on the evaluation of [Keeping Kids Healthy through Collective Impact \(KKHCI\)](#), a two-year project administered by the Ontario Public Health Association (OPHA) and funded by the Ontario Ministry of Health's Health and Well-being Grant.



BACKGROUND

In the summer of 2018, communities that participated in [Healthy Kids Community Challenge \(HKCC\)](#) were invited to submit an application to take part in a new initiative, KKHCI. The intent of KKHCI was to build on partnerships and learnings from HKCC, a program funded by the former Ontario Ministry of Health and Long-term Care that supported 45 Ontario communities to improve children's health by promoting healthy behaviours. Four HKCC communities from across Ontario were selected by OPHA to work with local partners to:

1. support and strengthen the communities' capacities to build and expand their cross-sectoral linkages; and
2. enable more coordinated planning and services between health and social sectors to support optimal health and wellbeing of children, particularly those who are disproportionately affected by the social determinants of health (SDOH).

Collective impact offers a framework for communities to develop and work toward a common agenda that can address complex challenges such as the gaps in health equity that affect the wellbeing of children, and changes that require broad societal actions for population level outcomes. Each of the four KKHCI communities established a local 'working table' (i.e., participants in the collective impact process) with a range of community partners. By creating a shared vision and a locally driven action plan, each working table aimed to promote collaboration, integrate services, build efficiencies, break down barriers across sectors and reduce duplication.

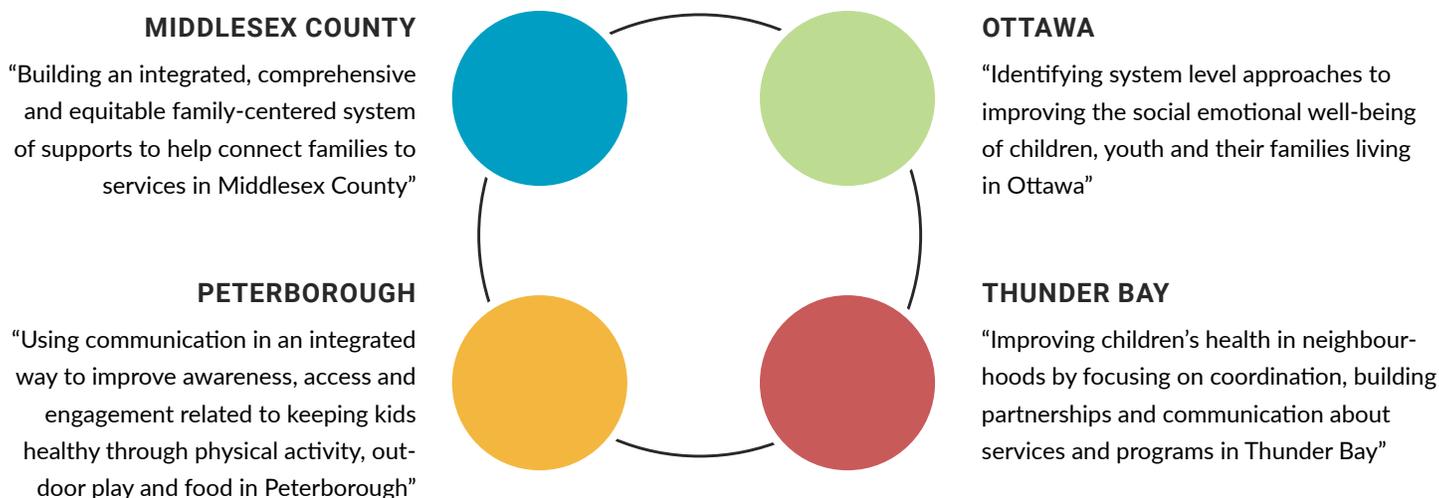


"Through this project our organizations can better collaborate across sectors... we can build glass towers with pathways for collaboration, rather than silos."
– Workshop Participant



“We [now] have a wonderful list of things that we were doing but weren’t aware of – [we are] increasing our awareness of other services that are available.”
– Workshop Participant

KKHCI’s initial activities were informed by a [provincial scan](#) that sought to learn from the partnership experiences of local project managers during the HKCC. Once four participating communities were confirmed, KKHCI was launched through a series of meetings facilitated by a collective impact consultant hired by OPHA. A meeting of all of the community leads took place in Toronto in October 2018, followed by a meeting in each community later that fall. These meetings provided background information on the KKHCI project and on collective impact. The meetings were also an opportunity to bring together local partners to talk about what KKHCI might look like in their communities.



The KKHCI structure was somewhat different in each community but each community had an overall steering group as well as two or more working groups. Given that the four communities had been part of HKCC, participating in KKHCI represented a shift from an intervention focus to a systems approach. While the leads understood the importance and relevance of taking a systems-approach, they needed the support to actually do it. A significant challenge in the work was understanding what systems level thinking means and how it translates into action.

OPHA provided support to the four communities in the form of quarterly teleconferences with all the leads, regular community-specific coaching calls with the collective impact consultant, support with planning local partner meetings and development of their situational assessments and action plans. Public Health Ontario (PHO), as part of their role on the project steering committee, provided evaluation planning support to the four communities. In addition to PHO, other steering committee members, including representatives from the alpha-OPHA Health Equity Work Group, The Alliance for Healthier Communities, The Association of Family Health Teams of Ontario, Children's Mental Health Ontario, Ontario Municipal Social Services Association, and the former Propel Centre for Population Health Impact all provided advisory support throughout the project and provided linkages to groups within their networks that are active within the four communities.



Experience Implementing KKHCI

Leads expressed that they felt unsure about the approach at the beginning. A great deal of information was provided at the initial meetings and to some, the project goals seemed lofty and not entirely clear. A significant challenge in the work has been understanding what systems level thinking means and how it translates into action. Because communities had been involved in HKCC, they faced the additional challenge of moving from intervention to systems change. Professional development related to systems thinking and systems change is important for groups undertaking collective impact. OPHA provided regular coaching calls with the collective impact consultant and communities supported each other through the quarterly update calls and contact with each other between those calls.

EVALUATING THE KKHCI PROJECT

An evaluation plan for the overall KKHCI initiative focused on the early stages of collective impact, which emphasize understanding the context, the design and implementation of the CI process. The evaluation aimed to discern key lessons about the early stages of collective impact processes that other communities can learn from to address complex local challenges relating to supporting optimal health and well-being of all children by better addressing the social determinants and reducing health inequities.



Elements of Collective Impact

The five conditions for collective impact provided a framework for KKHCI. Leads found this framework helpful for understanding the different elements of the process, and in some cases, it helped to put a name to things they were already doing. Some elements, such as common agenda were seen as more important, particularly at the beginning, while others were more challenging, for example, shared measurement system. Backbone support was an essential condition for engaging in a collective impact process.

Factors that Influence the Collective Impact Process

Communities identified a number of factors that influenced the collective impact process. Among these were size and location of the community, existing relationships and other activities happening in the community. Rural communities face different issues than urban communities. Collective impact may be easier in smaller communities where people know one another; not only is there the potential to build on existing relationships, there may already be a culture of working together.

Changes in leadership can also have an impact on the collective impact process as they can result in a loss of time and momentum and there is a risk that new partners will not have the same buy-in or commitment to the work. When groups allow the bulk of the work to fall on a few people, there is the potential for burnout and the risk that when people move on, they will leave a gap to be filled.

Engaging Partners

A number of factors promote partner engagement. First, partners need to see a role for themselves and their respective organizations. While ensuring that partners have a role to play can help them engaged, having a “tangible” action plan can help clarify that role.

When looking at engaging partners, there is a balance between encouraging active involvement and managing the time commitment. Although there is a risk in expecting too much of partners, it is also important for partners to be invested in the activities and take on tasks. While people may not become engaged if they perceive that it will require a lot of time and effort, it is also important for them to “have some skin in the game.”

KKHCI provided opportunities for conversations to happen.



Meeting around the KKHCI table has allowed the partners to identify gaps.



Communities were working to make services available in areas where they had not been available before.

It is also important to remember that there will be layers of engagement when doing collective impact work. Some partners will want to become actively involved and others will be on the “I just want information” list. The importance of the latter group should not be underestimated as they can play key, if small, roles and may get more involved at different stages of the process.

Contributions Toward Cross-Sectoral Linkages and Coordinated Planning and Services

The collective impact work of KKHCI contributed to cross-sectoral linkages in participating communities, bringing together people and sectors that had not worked together before and leading to new collaborations. It provided an opportunity to understand how other sectors worked. Relationships within sectors were also strengthened where silos had existed.

While it was still early in the process to see evidence of coordinated services, communities were working to make services available in areas where they had not been available before. Meeting around the KKHCI table has allowed the partners to identify gaps, where they might be filled, and where gaps still exist. KKHCI provided opportunities for those conversations to happen. Some new partners are coming to the table and they are having discussions about systems change.

Sustainability

Given that the Ministry of Health's Health and Well-Being grant program for OPHA's KKHCI initiative was ending in March 2020, sustainability was an important consideration.

All four communities were confident that the work would continue and they noted a number of factors related to supporting sustainability:



THE WORK ALIGNS WITH THE BACKBONE ORGANIZATION'S MANDATE



THERE IS A COMMITMENT TO THE COMMON VISION



BRANDING CAN PROVIDE A CORE IDENTITY THAT COMMUNICATES WHAT THE NETWORK IS ABOUT AND PROVIDE A SENSE OF OWNERSHIP



ONGOING COMMUNICATION TO KEEP PARTNERS INFORMED AND ENGAGED

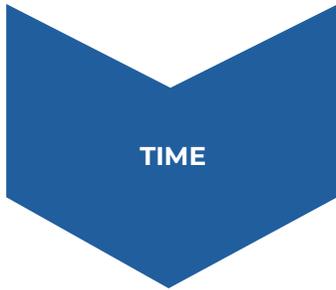


THE ACTION PLAN NEEDS TO BE "REFRESHED" PERIODICALLY, BY BRINGING ALL PARTNERS TOGETHER TO SHARE INFORMATION AND DO A DIRECTION CHECK, REVISITING THE COMMON AGENDA AND GOVERNANCE STRUCTURE

What Did We Learn?

As the four KKHCI communities progressed through the development of their respective CI initiatives, in 18 months they went from being unclear, to building networks, implementing situational assessments, developing action plans and evaluation plans, and starting to gather evaluation learning. The communities accomplished a great deal in the face of a number of challenges.

In terms of lessons learned, several things stand out:



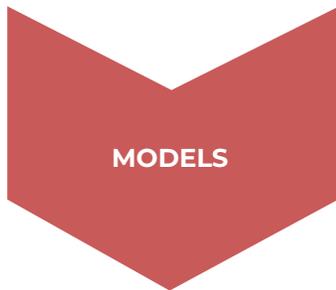
While the KKHCI communities did a commendable job scaling up in a short period of time, collective impact and systems approaches take a long time. Funders need to be mindful of this and provide adequate time for planning and implementation.



The backbone function is essential and funding for a dedicated coordinator to oversee the process can do much to keep things moving and on track.



Detailed case studies of other collective impact and systems-change initiatives would be of great benefit to groups starting on this path.



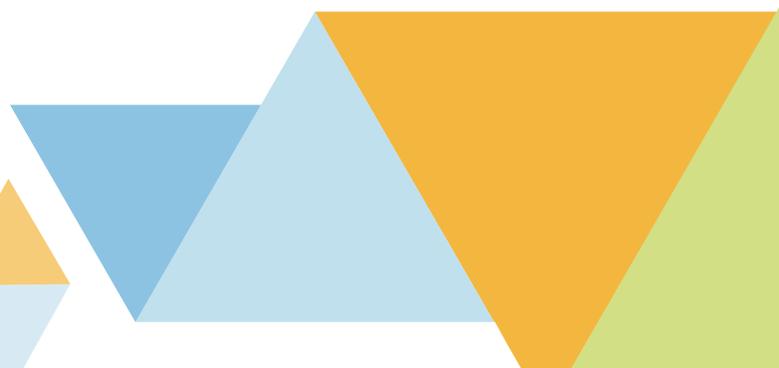
Logic models or results chains can help groups think through the process and should be reviewed periodically.



Networking events that include partners and other community stakeholders can be an effective way to share information, engage new partners, and learn together.



Patience, flexibility, and perseverance can help keep you going.



And finally, groups engaging in collective impact need to be prepared for unexpected events. Just such an event occurred as KKHCI was coming to a close. The emergence of COVID-19 in February – March 2020 quickly consumed the backbone organizations in each community, as most were directly involved with the response to the pandemic. In-person meetings were suspended and activities were put on hold. The impact of the pandemic on sustainability of the KKHCI initiatives in each community remains to be seen. As one of the leads reflected, the work communities have been doing may be even more valuable as everyone adjusts to a post-pandemic world.

ABOUT

For more information on the Keeping Kids Healthy through Collective Impact project, please visit our website opha.on.ca/KeepingKidsHealthy.aspx to view more details, tools, resources, and reports from work throughout project.

ONTARIO PUBLIC HEALTH ASSOCIATION

Created in 1949, the Ontario Public Health Association (OPHA) is a non-partisan, non-profit organization that brings together a broad spectrum of groups and individuals concerned about people's health. OPHA's members come from various backgrounds and sectors - from various disciplines in public health, health care, academic, non-profit to the private sector. Members are united by OPHA's mission of providing leadership on issues affecting the public's health and strengthening the impact of people who are active in public and community health throughout Ontario. This mission is achieved through professional development, information and analysis on issues effecting community and public health, access to multidisciplinary networks, advisement on health public policy and the provision of expertise and consultation.

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