



**The Power of Collaboration:
A Story of Healthy Kids Community Challenge
in Burlington – March 27, 2017**

Part 1



© 2017 Community Development Halton, all rights reserved

Copies of this document may be reproduced non-commercially for the purposes of community awareness or community development with appropriate recognition to Community development Halton (CDH). In all other cases, permissions must be sought from CDH.

Community Development Halton
3350 South Service Rd
Burlington, ON
L7M 3L6
Phone: (905) 632-1975
1 (855) 395-8807
Email: office@cdhalton.ca
A United Way member Agency

United Way Funded Agency



Research Team:

Rishia Burke, Social Planner
Richard Lau, Research Associate

This paper was written as part of the local evaluation of Burlington's Healthy Kids Community Challenge Project (HKCC). HKCC is funded by Ontario's Ministry of Health and Long Term Care.

Many thanks to all the contributions of community partners and volunteers who have made this collaborative project possible.

Contents

Introduction to Ontario’s Healthy Kids Community Challenge.....	1
Using the Key Tenants of the Ensemble Prévenons l’Obésité Des Enfants Model for HKCC	2
Building Healthy Communities Through the Power of Collaboration	3
Burlington’s Approach to Healthy Kids Community Challenge: Strong Neighbourhoods.....	4
Burlington Target Populations.....	4
Burlington HKCC: Neighbourhood Action Teams	5
A Neighbourhood Development Approach: Understanding the Process.....	7
Social Data: Understanding the Neighbourhood and Evidence-Based Decision-Making.....	9
Socio-demographic Mapping.....	9
Asset Mapping	11
Neighbourhood Development and Network Weaving.....	13
Burlington’s First Year of Healthy Kids Community Challenge: Run.Jump.Play. Everyday	15
Understanding the Connections: The Importance of Leaders in Networks	19
The HKCC Team: Local Project Managers and Neighbourhood Support Workers	19
Parent Power	19
The Role of Public Health Nurses with Schools.....	20
Understanding the Connections: Who is missing.....	21
Understanding the Connections: Fragments.....	21
Readiness to Connect: Network Weaving at the Neighbourhood Action Team Level.....	21
Taking a.....	24
Deeper Dive: Relationships Within the Interventions.....	25
Case #1: Bike to School Week.....	25
Aldershot Family Fit Night	26
ChillZone	28
Reflections	29

List of Figures

Figure 1 – Burlington HKCC Social network analysis pre-implementation	17
Figure 2 – Burlington HKCC Social network analysis: Post Implementation.....	18
Figure 3 – Approach to Building Neighbourhoods, Community Development Halton, 2014.....	22
Figure 4 – Interventions by Neighbourhood Action Team (NAT)	24
Figure 5 – Bike to School Week: Campaign/Community Challenge- Information Sharing.....	26
Figure 6 – Aldershot Family Fit Night: One-Time Family Event – Collaboration.....	27
Figure 7 – ChillZone – Cooperation, Collaboration, Fully Linked	28

List of Maps

Map 1 – HKCC Neighbourhood Action Team Boundaries.....	6
Map 2 – Socio-demographic map showing the location of low income children in Burlington.....	10
Map 3 – Sample Healthy Kids Community Challenge Asset Map	12

The Power of Collaboration: A Story of Healthy Kids Community Challenge in Burlington

Introduction to Ontario's Healthy Kids Community Challenge

Healthy Kids Community Challenge (HKCC) is an Ontario Ministry of Health and Long Term Care initiative with the goal of supporting the well-being of our children. It aims to create communities where it's easy for children to lead healthier lives. There are 45 communities across Ontario participating in the HKCC, all focused on children aged 0 to 12 years and their families. These communities receive resources from the Province including funding, training, and social marketing tools to help promote:

- healthy eating
- physical activity
- healthy behaviours for children.

The HKCC is one segment of Ontario's Healthy Kids Strategy, a cross-government initiative to promote children's health. There are four main principles:

1. **Focus on healthy kids:** Strategies that target risk factors for unhealthy weights - including improving nutrition and physical activity - will benefit all children.
2. **Focus on positive health messages:** The projects themes encourage healthy active living.
3. **Recognize that healthy kids live in healthy families, schools, and communities:** Strategies will focus not just on children but on parents and the broader community.
4. **Support health equity:** Support population level interventions tailored to reach vulnerable populations most at risk.

The Healthy Kids Strategy is based on three pillars:

1. **Healthy Start** - supporting healthy pregnancy and early years to build the foundation for healthy childhood and beyond
2. **Healthy Food** - initiatives to promote healthy eating, achieving healthy weights and healthy childhood development
3. **Healthy Active Communities** - building healthy environments for kids in their communities¹

In Ontario, nearly a third of children and youth are overweight or obese, conditions that can result in chronic diseases like diabetes, cancer and heart disease.... Overweight and

¹ Healthy Kids Panel. *No Time to Wait*. ON: Queen's Printer for Ontario. February 2013. http://www.health.gov.on.ca/en/common/ministry/publications/reports/healthy_kids/healthy_kids.pdf

obesity is caused by an imbalance between food and beverage intake and physical activity. A range of influences contribute to this imbalance. These individual, family, community, and society-level influences begin before birth and continue throughout childhood. A comprehensive, collaborative approach is required to address this significant public health issue.²

Using the Key Tenants of the Ensemble Prévenons l'Obésité Des Enfants Model for HKCC

The HKCC initiative is based on a European obesity reduction model called Ensemble Prévenons l'Obésité Des Enfants (EPODE), which has its foundations in France. The four pillars of EPODE are:

- Political commitment
- Adequate resources for centralized support and evaluation
- Support for planning and coordination through a centralized body (Ministry of Health and Long Term Care)
- An evidence based approach.³

The EPODE process is grounded in health equity. Health equity means that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, age, social class, socioeconomic status or other socially determined circumstance. Health equity involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. While striving to improve health outcomes for all population groups, the pursuit of health equity seeks to reduce the excess burden of ill health among socially and economically disadvantaged populations.⁴

Ontario's Ministry of Health and Long Term Care serves as the centralized support for the HKCC project. A scientific research panel was formed to provide the research and evidence for the 45 local communities, helping to ensure an evidence-based approach is used in planning. Public Health Ontario is responsible for the process and outcome evaluation for the project.⁵

² Ontario Agency for Health Protection and Promotion (Public Health Ontario). *Addressing obesity in children and youth: evidence to guide action for Ontario*. Toronto, ON: Queen's Printer for Ontario; 2013.

³ Borys, J.-M., Le Bodo, Y., Jebb, S. A., Seidell, J. C., Summerbell, C., Richard, D., ... the EEN Study Group. EPODE approach for childhood obesity prevention: methods, progress and international development. *Obesity Reviews*, 2012. 13(4), 299–315 <http://doi.org/10.1111/j.1467-789X.2011.00950.x>

⁴ National Collaborating Centre for Determinants of Health. *Let's Talk Health Equity*. http://nccdh.ca/images/uploads/Lets_Talk_Equity_English.pdf Retrieved September 10, 2016.

⁵ Public Health Ontario is collecting process data from all 45 communities via Action Plan reports, Local Project Manager in person training survey, Local Project management and Steering Committee surveys and key informant interviews. The Outcome measures include the Parent Computer Assisted Telephone Interviews (CATI) which is a telephone survey with parents inside and outside of HKCC communities. The data is collected at two time points (November 2015 and at or near the end of the HKCC program). The other information for the outcome evaluation will come from existing data (Ontario Student Drug Use and Health Surveys (OSDUHS) and, Electronic Medical

The Ministry of Health and Long Term Care has provided three years of funding to the 45 communities. With recommendations from its scientific research panel, the Ministry of Health and Long Term Care, launches a new theme related to physical activity or healthy eating every nine months. Physical activity and healthy eating are two protective factors associated with healthy weights in children. The HKCC project is an upstream initiative, with a focus on prevention and health promotion rather than treatment. The three themes for the project are:

- *Run.Jump.Play. Everyday*
- *Water Does Wonders*
- *Choose to boost veggies and fruit*

The expectations for each of the local HKCC projects are:

- Identify one or more target populations in their community
- Seek the support of a local champion (suggested as a local politician)
- Hire a local project manager who develops a cross-sectoral Steering Committee, which guides the project and facilitates local collaboration
- Use the evidence provided by the scientific research panel along with other local data collected by the local project managers and partners
- Submit an action plan based on an on-going community needs assessment that asks the following three questions:
 - What assets does your community have that you can to build on or leverage?
 - What are the current challenges related to the topic of the theme?
 - What opportunities are there for working together to address the challenges?

Local communities are asked to implement their action plan (as approved by the Ministry of Health and Long Term Care) using the key messaging provided for the theme, and ensuring a common social marketing approach across the 45 communities. Local Project Managers also provide the Ministry of Health and Long Term Care with action plan reports and financial monitoring on the project process and outcomes, via the evaluation plan administered by Public Health Ontario, as described in the footnote on the previous page.

[Building Healthy Communities Through the Power of Collaboration](#)

The intended health outcomes for the children and families engaged in each of the 45 communities is increased healthy active living, towards the prevention of obesity and promotion of healthy weights. Woven through the HKCC project activity is intersectoral collaboration. It is through this process of collaboration that we are building and empowering community to create

Records Administrative Linked Database (EMRALD)). Public Health Ontario piloted the collection of Body Mass Index data as part of the outcome evaluation but found that the methodology was not viable. The evaluation results for the HKCC project is being analyzed at a Provincial level.

relationships that last beyond the HKCC project and contribute to the broader goal of a healthy community.⁶

Healthy Communities/Healthy Cities is an international movement that involves thousands of projects, initiatives, and networks world-wide. Using a Healthy Communities approach means taking a holistic view of communities. As with the HKCC project a Healthy Communities project is based on multi-sectoral collaborations that consider all the social determinants of health and work to strengthen community capacity to promote and sustain health.

This reflection paper is the story of the power of collaboration for a healthy Burlington. It highlights the collaborative effort during the first HKCC theme, *Run.Jump.Play. Everyday*. It documents stakeholder engagement, efforts to increase access to physical activity opportunities, increased awareness amongst families about the importance of physical activity and healthy eating, and the development of supportive environments to sustain children's opportunities for physical activity and for families to be active together.

Burlington's Approach to Healthy Kids Community Challenge: Strong Neighbourhoods

Burlington Target Populations

The HKCC project is designed to be a universal project, intended to reach children aged 0 to 12 years and their families in Burlington, but with special consideration of two target population groups: families living in low income and newcomer families.

The City of Burlington is an affluent community with a higher than provincial median family income of \$101,090, however, 3,300 families live in low income as measured by LIM-AT (After Tax Low Income Measure). Another segment of the population struggling financially in Burlington are the working poor with 3,500 working poor individuals in Burlington.⁷ Those who live in low income situations in the Burlington community are often hidden. This leaves them with a sense that they do not fully belong in the community. They feel marginalized. The high cost of living, (including housing, food, transportation, child care, and medications) is an on-going stress for low income families. Fee for service recreation such as active programming and sports become frivolous when weighted against feeding your family and paying the rent.

Between 2006 and 2013, the number of low income families in Halton has grown twice as fast as the number of families (35.7% versus 17%). The 2008-2009 global recession triggered a jump in

⁶Ontario Healthy Communities Coalition. *What Makes a Healthy Community?* <http://www.ohcc-ccso.ca/en/what-makes-a-healthy-community> Retrieved December 13, 2016.

⁷ Community Development Halton. *The Working Poor*, Community Lens #103, May 2015.

the proportion of low income families. Four years after the recession, statistics show that many low income families are still trapped in poverty while other families are forced into a similar dire financial situation. Burlington saw an 11% increase in low income families between 2006 and 2013.⁸

Statistics Canada defines immigrants who arrived in Canada during the five years prior to a census as recent immigrants. For the 2011 Census (National Household Survey), recent immigrants were those who migrated between 2006 and 2011. During that period, Halton received about 14,500 immigrants representing about 11% of the total immigrant population. Burlington received about one-quarter (25% or 3,690) of Halton's recent immigrants. They represented about 10% of the city's total immigrant population.⁹

Using a health equity approach ensures that those groups with barriers to programs and services have access to all HKCC programs, resources, and activities. Burlington's HKCC project reduces barriers through the adoption of a neighbourhood approach so that programs, services, information, and campaigns are delivered locally and are easily accessible.

Burlington HKCC: Neighbourhood Action Teams

Following the EPODE model, a multi-sectoral Steering Committee was gathered, including the following partners:

- The City of Burlington, Parks and Recreation (Co-Project Manager)
- Community Development Halton (Co-Project Manager)
- Halton Region Public Health Department representatives
- Burlington Public Library
- Halton District School Board
- Halton Catholic District School Board
- Our Kids Network
- YMCA of Hamilton/Burlington/Brantford
- Reach Out Centre for Kids (ROCK) – Ontario Early Years Centre
- Heart and Stroke Foundation
- Halton Multicultural Council Connections
- Representative for Champion/Mayor of Burlington
- A representative from each of the five Neighbourhood Action Teams

The Steering Committee's role is to connect the project back to their organizations, helping to garner support for the overall project and the interventions within their organizations. The

⁸ Community Development Halton. *Growing Number of Low Income Families*, Community Lens, #112, May 2016.

⁹ Community Development Halton, *Social Profile of Halton*, 2014.

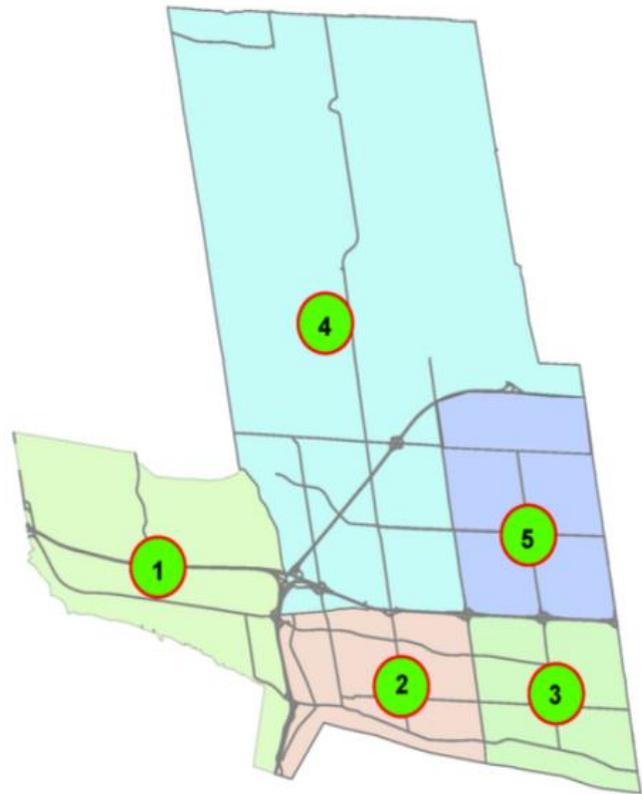
Steering Committee members provide guidance and expertise for the project; providing information, for example, on how to ground the project in a health equity model using the population health promotion model or with specific information on topics such as nutrition.

The Steering Committee was presented with, and agreed to move forward with, the idea of implementing intersectoral collaboration in five neighbourhoods, with the goal of creating opportunities for local community members and agencies to be empowered through the process of working together, learning more about their neighbourhoods, its assets, and its challenges.

Research suggests that a neighbourhood is a very difficult thing to define.

... neighbourhoods rarely fall into formal political boundaries or official catchment areas. While having a geographic dimension, they are also defined by the lived experience of residents.¹⁰

For the purposes of the HKCC project, the city of Burlington has been broken into five “neighbourhood” areas, each with a Neighbourhood Action Team (NAT) working together to build strong neighbourhoods that support HKCC activities (See Map 1). The boundaries have been identified using community understanding of social and physical geography. These are boundaries defined by groups in communities referring to



Map 1 – HKCC Neighbourhood Action Team Boundaries

areas they are working in independently or together (service areas) as well as other natural areas that the community associates with or have grouped together. In addition, for the purposes of socio-demographic analysis of the “neighbourhoods” the areas have needed to comply with some data limitations.

HKCC staff convene Neighbourhood Action Teams regularly to ensure that community members and other local stakeholders are directly involved in guiding the development and implementation of the Burlington HKCC Action Plans. In pulling people together in this format,

¹⁰ Leviten-Reid. *Asset-based, Resident-led Neighbourhood Development*. The Caledon Institute of Social Policy, 2006 p. 5

the project has also intentionally invested in creating local networks to leverage expertise, access to resources, and create conversations with the goal of collective action.

Neighbourhood Action Teams make evidence-based decisions, solve local problems, and work together to create opportunities for children and their families for healthy active living. Through this process partners have been:

- Sharing common health promotion messages about healthy active living
- Increasing child and family knowledge about how to make changes for healthy active living
- Leveraging existing and creating new programs, where necessary, that help support behaviour change for healthy active living
- Developing supportive environments that promote and enable healthy behaviour change

By working together in neighbourhoods, the HKCC project is contributing to developing strong connections which will lead to healthy neighbourhood and partnerships. The objective is to ensure these initiatives will last beyond the duration of the Burlington HKCC project.

A Neighbourhood Development Approach: Understanding the Process

Organizing with an asset-based community development orientation allows for small efforts focused on possibilities and positive elements in the community to demonstrate to residents that any individual or small group can take action that produces an improvement in the place, even with few financial resources. Incrementally more complex and focused activities help people understand themselves as capable actors, in this case as the producers of improved opportunities for health and well-being.¹¹

Not only does a neighbourhood approach help facilitate access to programs and services, but it also assists project partners to leverage and further develop the power of local neighbourhood networks. Developing local social capital for collaboration and the creation of supportive environments for access to physical activity, healthy food choices, and health information are made possible in neighbourhoods.

While local initiatives often need resources from external sources, such as government, they also need the flexibility to pursue processes that suit local circumstances and reflect the insights of local leaders.¹²

¹¹ Puntteney and Zappia. *Grassroots Activism and Community Health Improvement*, Northwestern University 2010.

¹² Leviten-Reid. *Asset-based, Resident-led Neighbourhood Development*. The Caledon Institute of Social Policy. 2006 p. 8.

A neighbourhood development approach allows the project partners to ensure that the project remains tapped into local ideas, talents, existing programs, structures, and systems.

Leviten-Reid (2006) outlines some important learnings from Canadian case studies in neighbourhood development. He advises that with neighbourhood development, it is important to:

- Let the community lead and not to rush the process
- Work through local community members; remembering it's all about relationship building
- Engage community as leaders and support capacity development with training
- “hear the soft voices”, meaning make sure the process involves as many groups as possible, through inclusive community dialogue
- Explore information connections, go beyond formal processes and systems to look for connections
- Look for some early wins to keep people and community partners motivated
- Know that there will be bumps along the way!

Burlington's HKCC project partners decided to be purposive in taking a neighbourhood development approach believing, that this would allow for meaningful connections with people, decrease barriers to participation, encourage capacity building amongst volunteers and local agencies. It creates the connections between people and groups to practice working together. Using an asset-based community development approach for neighbourhood development, partners start with an understanding of what is going well. This includes community spaces, partners, programs, community gifts and talents. This allows project partners to focus on the agenda building and problem solving of local community, building relationships between community members and local agencies and institutions.¹³ The sustainability of the project and/or its activities will be in part dependent on the development of strong networks across Burlington and deep into its neighbourhoods.

Following these key neighbourhood development principles, there have been numerous outcomes related to connections, new leadership and community activities that engage children and their families. However, the Healthy Kids Community Challenge is still at the beginning stage of this process and can testify to the fact that neighbourhood development takes time and practice.

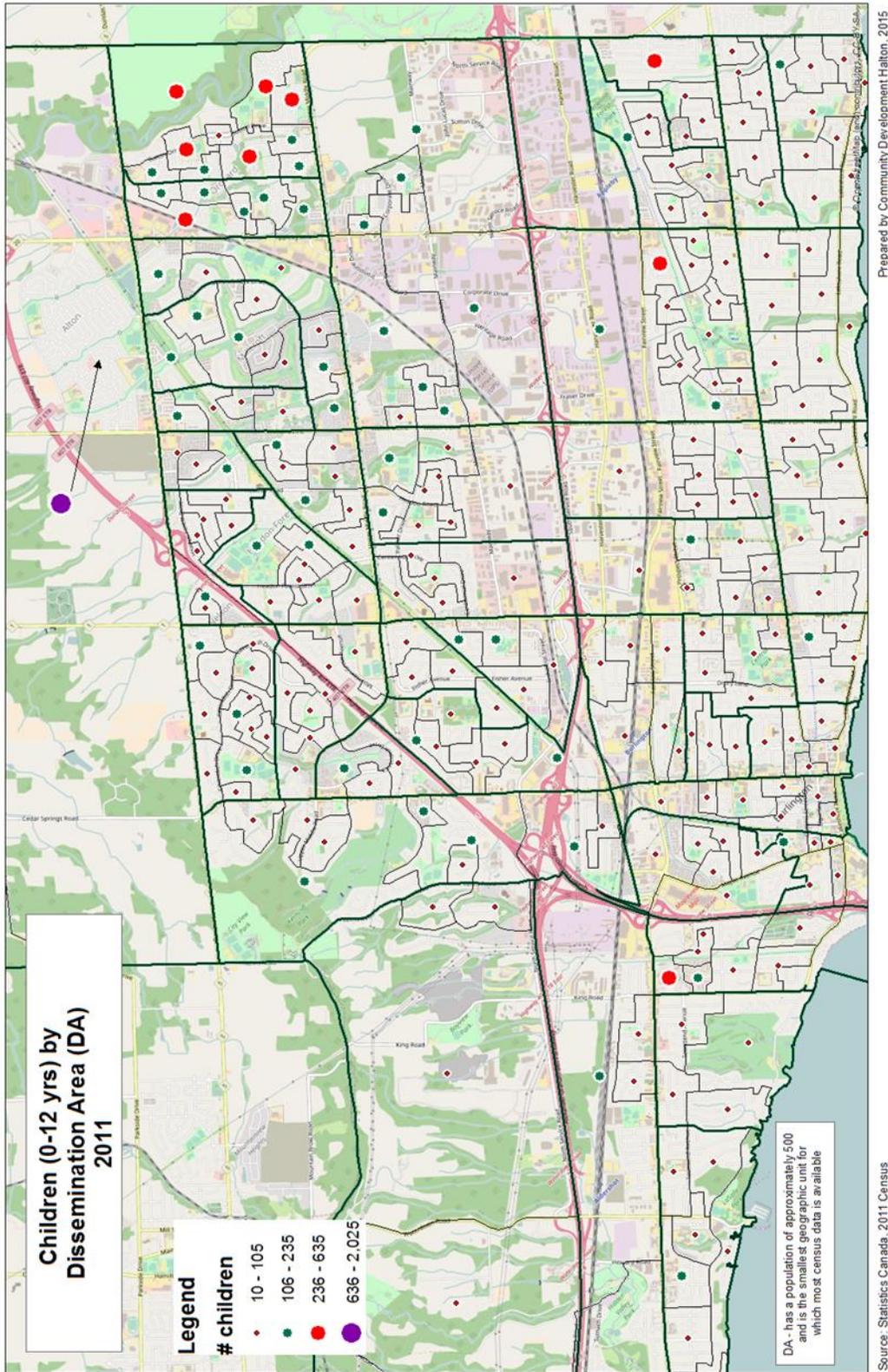
¹³ Community Development Halton. 2014. *Where We Live Matters*. www.cdhalton.ca

Social Data: Understanding the Neighbourhood and Evidence-Based Decision-Making

Socio-demographic Mapping

A variety of sources of information have been used to create socio-demographic maps that depict where children aged 0 to 12 years, newcomers, and families with children living in low income are located. Map 1 (showing the location of low income children in Burlington), below, is an example of one socio-demographic map used during planning on Theme One: *Run.Jump.Play. Everyday*. Other data has also been collected to explore several variables such as health status, health behaviors, socio-cultural indicators, economic characteristics, the marginalization index,¹⁴ and the built and food environments. The purpose of the maps and data analyses are to provide community contextual information for decision-making and neighbourhood planning.

¹⁴ The Ontario Marginalization Index allows you to explore how factors like residential instability and material deprivation are concentrated at local level and how this is affecting health outcomes. ON-Marg was created by researchers at the Centre for Research on Inner City Health. Matheson et al. Development of the Canadian Marginalization Index: a new tool for the study of inequality. *Canadian Journal of Public Health*. 2012; 103(Suppl. 2): S12-S16.



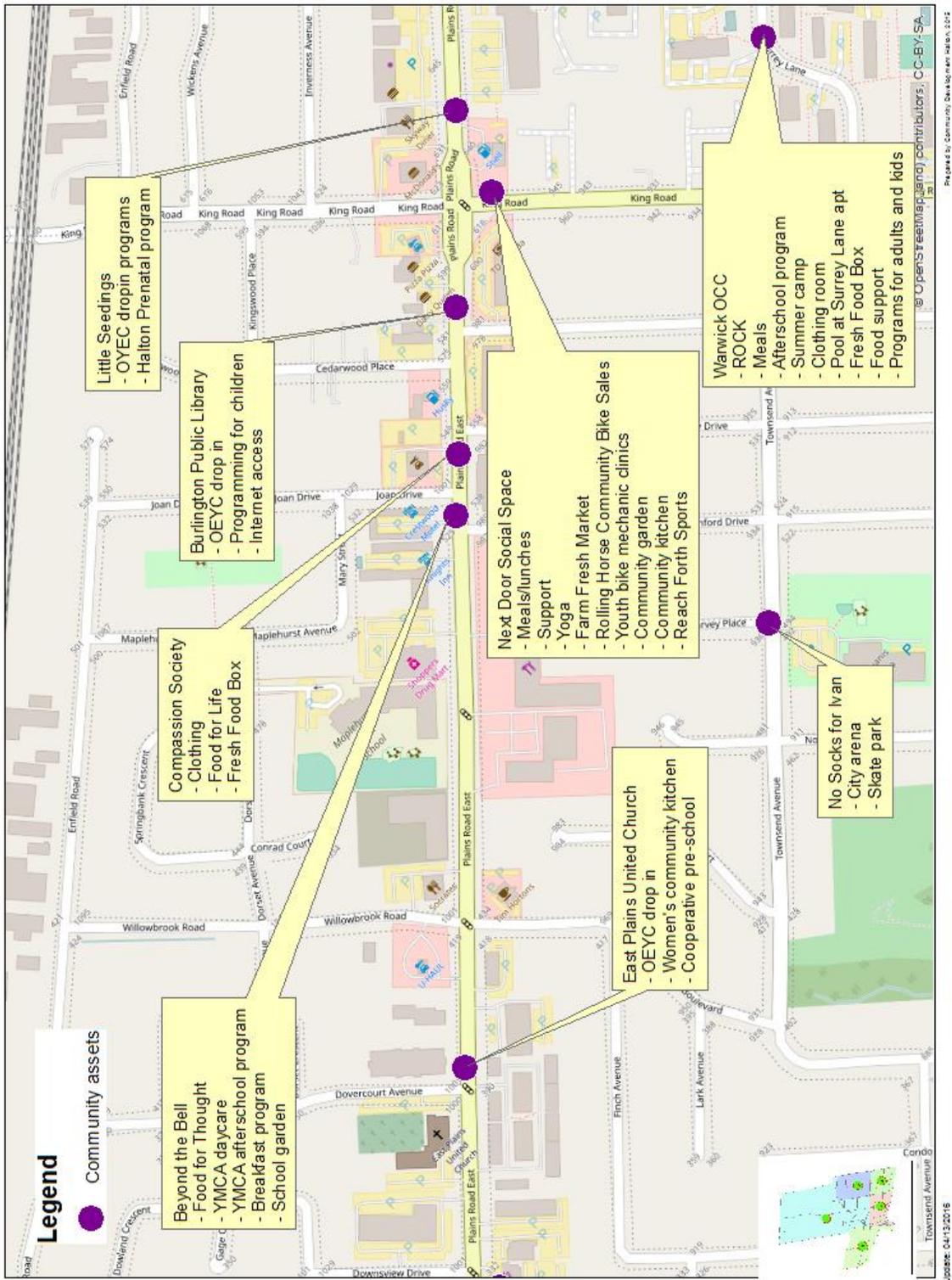
Map 2 – Socio-demographic map showing the location of low income children in Burlington

Asset Mapping

Using blank maps, community members and agency partners have been asked to work together to create asset maps, painting a picture of “what is going well” related to physical activity and healthy eating for children and their families in Burlington. The assets include spaces, programs, people, and other resources. These maps are foundational to the evidence that Neighbourhood Action Teams have used as a starting place to work together. The maps help identify partners and community members that should be invited to the table for conversation. This process begins to weave a network. Map 2 is a sample of an asset map showing the assets identified by Neighbourhood Action Team #1 for Theme One: *Run.Jump.Play Everyday*.

Together the socio-demographic maps, data, asset maps and the community assessment of gaps and opportunities for collaboration form a comprehensive community needs assessment package.

Each Neighbourhood Action Team has been using these practices to make recommendations for the first action plan for the Ministry of Health and Long Term Care. Once approved, the Neighbourhood Action Teams begin the process of discussing, planning, and implementing activities in their assigned geography. The result of that work together in the Neighbourhood Action Team conversations has been extraordinary. The project moved quickly from conversation to collaborative action, to new partnerships, and to grass roots capacity building in the form of leadership development and collective decision-making and problem solving.



Map 3 – Sample Healthy Kids Community Challenge Asset Map

Neighbourhood Development and Network Weaving

As noted earlier, the Steering Committee is a cross sectorial collaborative. Collaboration is complex. As a concept, collaboration is broken into four variables:

- Governance - joint decision making
- Organizational autonomy - act of representing an organization's own interests and the collective interests of the group
- Mutuality - forgoing one's own interests for the groups
- Norms - the importance of trust and reciprocity within the group.¹⁵

To build and strengthen networks, it is important to create direct experiences of learning collaboratively and of exchanging information, resources, and work in new ways.¹⁶

Although collaboration takes some significant work it can pay off in terms of results for community in "higher levels of community impact."¹⁷

One way of understanding the relationship between partners in the HKCC initiative is to conceptualize them as networks. The pages that follow illustrate a social network analysis representing the HKCC Theme One: *Run.Jump.Play. Everyday*, interventions and the partners associated with those interventions.

June Holley has pioneered the idea of network weaving. Her work helps explore how networks form and how they can be woven together for effective collective action.

Communities are built on connections. Better connections usually provide better opportunities.¹⁸

Holly describes two simple driving forces of networks:

- Birds of a feather flock together
- Those close by form a tie.¹⁹

Although many community partners have commonalities, with strong relationships and great collaborative projects together, if the network becomes insular the work can become stagnant or routine, lacking creativity. The act of network weaving is the process of activity managing

¹⁵ Thomson, A.M, Perry, J., Miller, T. Conceptualizing and Measuring Collaboration. *Journal of Public Administration and Research*. 2007, 19: 23-56.

¹⁶ Tener, B. *Collaborative Learning and Generous Exchange: The Heart of Networked Work*. 2016. www.ndcollaborative.com/collaborative-learning/

¹⁷ Schoen, M, Moreland-Russell, S, Preweitt, K, Carothers, B. Social network analysis of public health programs to measure partnership, *Social Science and Medicine*, July 2, 2013.

¹⁸ Krebs, V and Holley, J. *Building Smart Communities through Network Weaving* 2002-2006. <http://www.orgnet.com/BuildingNetworks.pdf>

¹⁹ Krebs, V and Holley, J. *Building Smart Communities through Network Weaving* 2002-2006. <http://www.orgnet.com/BuildingNetworks.pdf>

networks; knitting the network together to create “smart communities.”²⁰ Network weavers are those people...

who intentionally and informally – and often serendipitously weave new and richer connections between and among people, groups, and entities in networks. They also weave new and richer connections between networks.²¹

Holley describes four aspects or types of networks:²²

Network	Characteristics
Relationship Network	<ul style="list-style-type: none"> • Connecting people • Building trust • Bringing people into the network
Intentional Network	<ul style="list-style-type: none"> • Focusing on an opportunity, problem, or issue • Engaging people to develop strategies and /or actions in this area
Action Network	<ul style="list-style-type: none"> • Encouraging people to take initiative • Clustering people interested in the same project • Fostering collaboration
Support Network	<ul style="list-style-type: none"> • Setting up communication systems and platforms • Helping people use social media and social web • Restructuring resources to support networks and collaboration • Setting up evaluation and reflection • Support Network Weavers

Holley, also notes the importance of the following key processes:

- Reaching out to engage all the essential players
- Developing trust relationships within the network
- Embracing informality where possible to keep the network action nimble and innovative
- Supporting leaders within the network
- Ensuring the network has accountability and strong communication processes²³

²⁰ Krebs, V and Holley, J. Building Smart Communities through Network Weaving. 2002-2006. <http://www.orgnet.com/BuildingNetworks.pdf>

²¹ Kanter, B. June Holley and The Art of Being Rhizomatic (The Practice of Network Weaving) http://beth.typepad.com/beths_blog/2009/10/june-holley-and-the-art-of-being-rhizomatic-the-practice-of-network-weaving.html Accessed September 29, 2016.

²² Holley, June. *Network Weaver Handbook*. Network Weaver Publishing, Athens Ohio, February 2012, p.23.

²³ Holley, June, *Network Weaver Handbook*. Network Weaver Publishing, Athens Ohio, February 2012, p.17-22.

As noted above, each network aspect and along with its key activities describes many of the purposive steps being taken by Local Project Mangers in Burlington’s HKCC project.

Marrying neighbourhood development and network weaving seems a natural fit for Burlington’s HKCC project with the intent of the development of social capital, capacity building, and readiness for collective action for healthy communities.

Burlington’s First Year of Healthy Kids Community Challenge: *Run.Jump.Play. Everyday*

Theme One: *Run.Jump.Play Everyday* was the first theme for all 45 HKCC communities, as designed by the Ministry of Health and Long Term Care.

After consultation with the community through the five Neighbourhood Action Teams (NAT) along with extensive Steering Committee conversations, a plan was submitted to the Ministry of Health and Long Term Care which included the following interventions:

- Healthy Kids Sites: Enhancing hubs²⁴ in each NAT area, where there are opportunities for programs, connections to parents and a natural meeting area for the community to gather and share information
- Children’s Sport Programs – Enhancement and support for local sport programs that decrease barriers to participation in sport throughout the year
- Preschool Neighbourhood Programs – Development of a preschool program for preschoolers and parent participation in physical activity and nutrition programming. Programs with a focus on newcomers and low income families
- Family Activities/Events – Creation of a series of activities that help families be active together
- Establishment of the Neighbourhood Action Teams – creating community teams that work together to address neighbourhood needs and help activate the community through the planning, local decision making and organizing/implementing family activities/events or other interventions as part of the HKCC Plan. This will create a well connected, supportive, and community led approach for sustainability
- Neighbourhood Support Workers – Working with neighbourhood and community to develop connections through outreach to increase engagement. Facilitate active opportunities, support and help organize community events, activities & promote HKCC. Work with community and partners to remove barriers to participation

²⁴ The HKCC Team uses the term “hub” here in reference to a centre of activity with multiple programs and services and/or partners offering program and services for the area. For development of hubs see, Community Development Halton, *Community Hubs in Halton*, February 2017. <http://www.cdhalton.ca/images/pdf/Community-Hubs-in-Halton-FINAL.pdf>

- Education Campaign – Developing a community awareness campaign around key messages for the Healthy Kids Community Challenge
- Resource / Equipment Kits – Creation of a community inventory of existing no cost or low cost programs/activities and affordable spaces i.e. gyms, meeting rooms, kitchens, etc.
- Equipment Lending Program – Create lending program for active /physical literacy resource kits/equipment for groups to be active that might not have the funds to purchase including adaptive equipment for children with mobility limitations or developmental challenges
- Transportation/ Active Transportation – To address and mitigate the barriers for participating in physical activities and provide alternatives
- Training - To provide staff, coaches and volunteers with skill training and knowledge
- Park Planning Process – To create a process where parents and children are involved with park re-development and that their ideas are the foundation for the re-development
- Bylaws – To have bylaws reflect a healthy active lifestyle and remove barriers to participation in unstructured play
- Housing Complexes – To create spaces where children can play safely in their own neighbourhood
- Daily Physical Activity (DPA) – To support schools in meeting the DPA requirements, to increase understanding of the barriers to the implementation of DPA, and to develop an action plan with stakeholders to address these barriers

At the time of submission of the plan, a social network analysis was developed to depict the interventions or activities that were submitted to the Ministry of Health and Long Term care. Figure 1 is the social network analysis showing each of the intended interventions and the partnerships associated with that intervention. Each blue dot represents an intervention or a work plan activity described above, such as healthy kids after school sites, policy projects or education campaigns. The red dots are the community partners that committed to help implement each intervention.

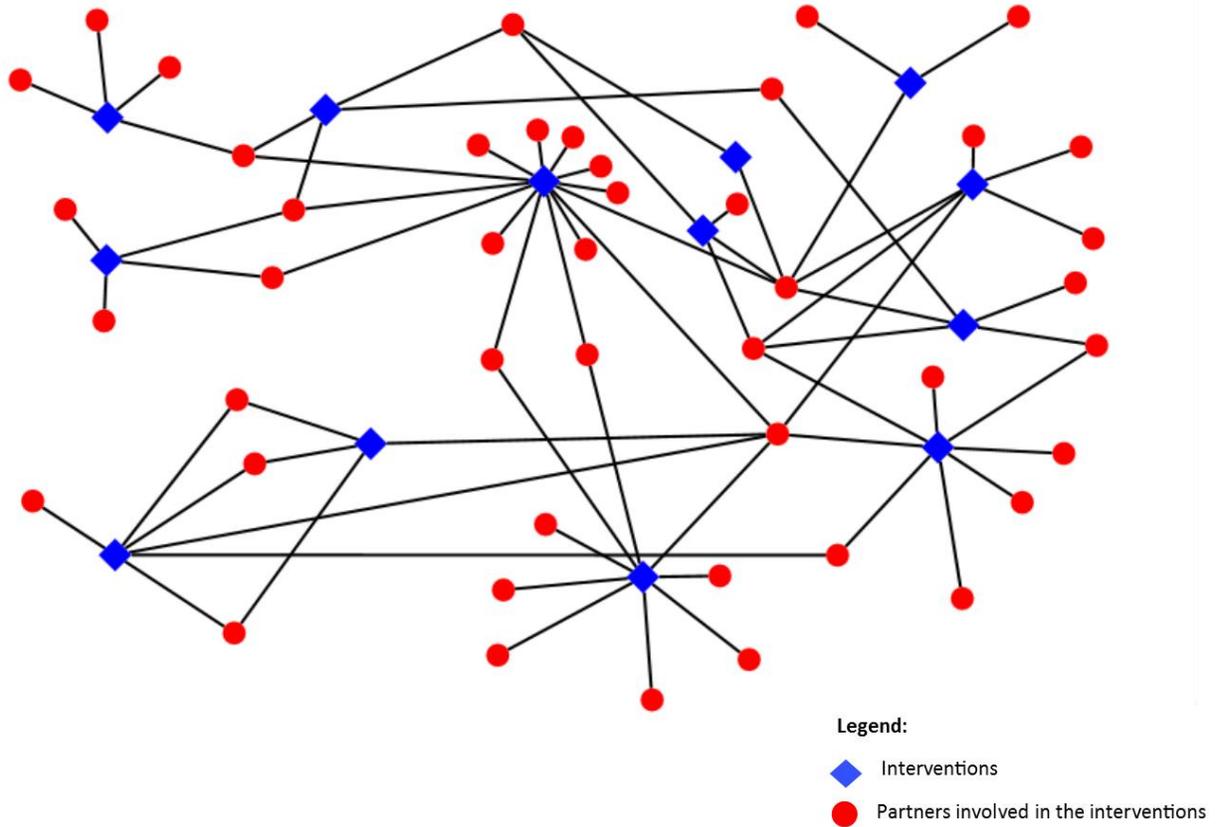


Figure 1 – Burlington HKCC Social network analysis pre-implementation

The network shows that there are 13 interventions with 46 partners. The analysis shows connections between partners across the interventions with a few partners that are “connectors,” those people/agencies that have influence and/or are participating across a variety of activities, linking partners, while others are less connected. The network shows that some partners have relationships with multiple interventions planned for HKCC Theme One. Others are connected through one intervention. There are three partners that have access to four or five connections across the planned interventions.

With the action plan for *Run.Jump.Play. Everyday* approved, the actual process of connecting with others in local neighbourhoods and the development of initiatives began. The result has been an even richer array of connections than anticipated with new partners and additional interventions that grew out of networking and collaboration. Figure 2 is the social network analysis developed at the end of the *Run.Jump.Play. Everyday* theme. Just as in Figure 1, the blue nodes are the interventions and the red nodes are the community partners involved in each intervention. There are now 34 interventions with 120 partners.

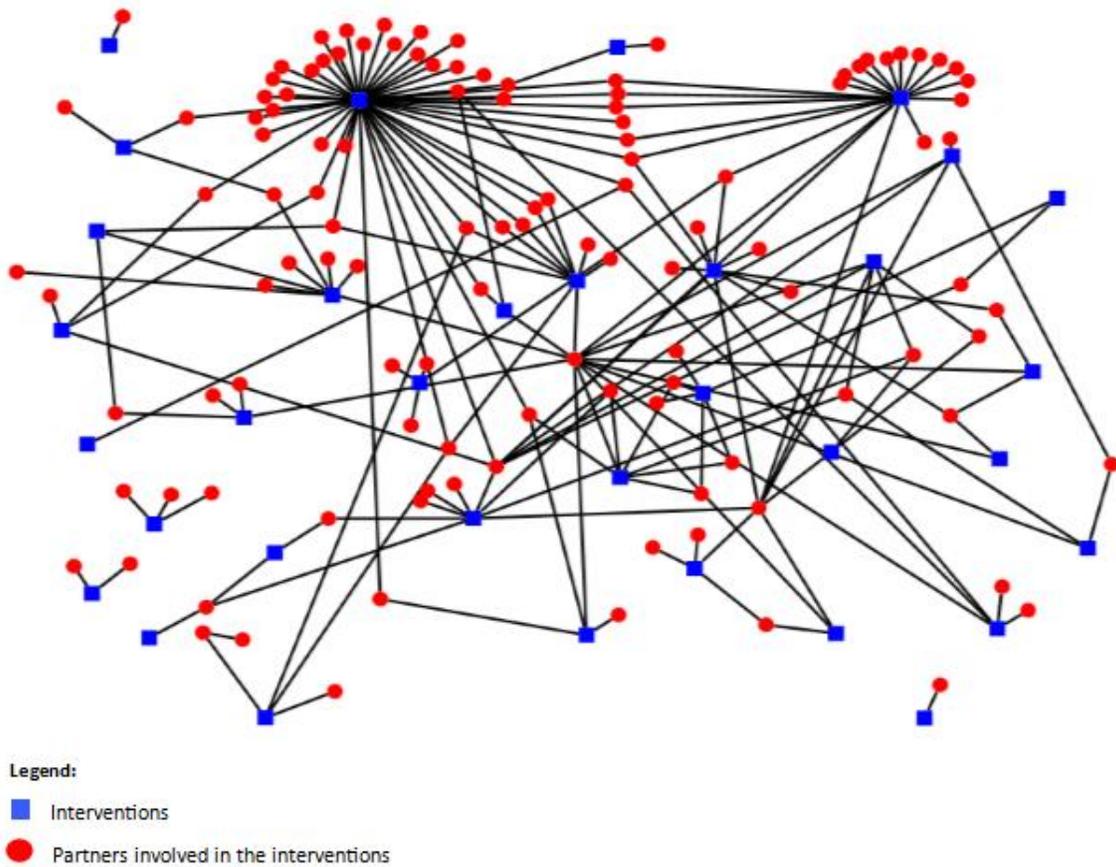


Figure 2 – Burlington HKCC Social network analysis: Post Implementation

The network shows:

- There were significantly more partners participating than anticipated (120 partners)
- There were more relationships across interventions that materialized
- There were more interventions than planned (34 interventions)²⁵
- There were two significant connectors in the network with seven or more relationships across the network that proved to be significant in creating cooperation, collaboration, and innovation in HKCC Theme One
- There were many more partners with at least two connections and others with three to four connections across the network that wove the network tighter than anticipated.

²⁵ There was significantly more up take of the Family Events than organizers had planned. The training took on a different form with a series of capacity building events. The equipment projects yielded some different results than expected with innovations resulting from new partnerships (new playground for the Mosque and the Bike Buddy project). Policy interventions were not completed in the time framework of Theme One, however, the work on those projects such as the work on bylaws is on-going.

Understanding the Connections: The Importance of Leaders in Networks

Holley notes that:

Network leadership is not a solitary activity. Network Weavers work collaboratively to make a difference in their network. This way they can learn from each other and support each other when challenges arise.”²⁶

Holley defines the following “Network Weaver” roles:

- Connector Catalyst – Connects people, gets network building started
- Network Guardian – Helps put in place all systems needed for network communications, training, support, and resources
- Self-Organizing Project Coordinator- Helps coordinate self-organized projects
- Network Facilitator – Helps convene people to set up a more explicit and focused network²⁷

The HKCC Team: Local Project Managers and Neighbourhood Support Workers

Burlington HKCC Local Project Managers along with their Neighbourhood Support Workers, serve as connectors or network weavers, providing community development support in the form of individual and organizational engagement in the process, developing safe environments for conversations, as well as meeting facilitation and communication systems and other organizational supports for the project. When the Neighbourhood Action Teams identify events, projects, or campaigns to be implemented, the HKCC Team provides varying degrees of support in the form of coordination, communication material development, administrative support, etc.

The HKCC Team always defers to the NAT team members as leaders where possible. Thus, the HKCC Team does not work alone. The HKCC network has other partners who have been actively weaving connections for community change. The following stories are just a few examples.

Parent Power

Where schools participated in HKCC Theme One, there was often a strong school council parent who participated in the Neighbourhood Action Team conversations. Several of these community leaders are now representing their Neighbourhood Action Teams on the Steering Committee, further bolstering their engagement and, in some cases, deepening their commitment through further involvement in other projects in their schools. Two examples illustrate individuals who have high degrees of trust within their networks and are effective in leveraging resources and developing partnerships for bigger impact.

One school council parent is a wonderful example of how a champion develops when an individual is personally invested, connected to a cause, and supported. After getting involved

²⁶ Holley, June. *Network Weaver Handbook*. Network Weaver Publishing, Athens Ohio, February 2012, p.41.

²⁷ Holley, June. *Network Weaver Handbook*. Network Weaver Publishing, Athens Ohio, February 2012, p.30.

with the HKCC Winter Walk campaign, this school council volunteer worked with the school on one of the HKCC Family Events, organizing a family fitness evening. This same individual saw the opportunity for their school to be involved in the Bike to School Week, a HKCC campaign in Theme One (described in more detail later). Not only did this volunteer sign up the school for Bike to School Week, but also worked with the school administration, local police, and the City of Burlington to block off local roads so that their entire school community could do a school ride together to celebrate Bike to School Week. Every single student at the school biked, rolled or walked together that morning. In addition, this same volunteer began work on Theme Two, *Water Does Wonders*, and is also the school's student nutrition coordinator and has made changes to the menu at school so that only milk or water are offered in the breakfast program.

Another story of “parent power,” from another school, was again a school council volunteer, who also organized a family fitness night, involving a local fitness instructor. They also involved a Public Health Dietitian and Public Health Nurse to share healthy eating information and provide a chance to make some healthy snacks. This parent helped to facilitate their schools Bike to School participation, and then changed the menu at their end of year school fair to eliminate the sale of soda pop beverages.

These local volunteers have become the real HKCC champions in Burlington and important connectors for the project in their neighbourhoods.

The Role of Public Health Nurses with Schools

Where a Public Health Nurse is present, providing regular direct support in a local school the HKCC project has seen more engagement in the project. The Public Health Nurses have been intentional in connecting their work plans to the HKCC project and, specifically the conversations at the Neighbourhood Action Team meetings. One example of a Public Health Nurse working with a school is the development of a family cooking evening complete with a scavenger hunt, and information for families on physical literacy.²⁸ Each family also took home a physical literacy kit. The same nurse facilitated a running program for the school which culminated in students and their families participating in a fun run. This nurse also supported other Neighbourhood Action Team members by participating in and engaging their school community families in a local community fair designed to get families to be active together.

As mentioned earlier, the social network analysis in Figure 2, demonstrated the successful connections made across community and taking from multiple activities building healthy communities. This is traced to the growing trust, commitment, and collaboration of the members of both the Neighbourhood Action Teams and the Steering Committee.

²⁸ Physical literacy is the motivation, confidence, physical competence, knowledge and understanding to value and take responsibility for engagement in physical activities for life. International Physical Literacy Association, May 2014 <http://canadiansportforlife.ca/sites/default/files/Consensus-Handout-EN-WEB.pdf> Retrieved December 15, 2016.

Understanding the Connections: Who is missing

The social network analysis in Figure 2 also indicates who is missing from the network. For example, at the time of the launch of the HKCC, local child care centres and Early Years settings were coping with changes to child care legislation and the impact of the provincial move to full day kindergarten. When project managers approached potential partners from this sector they were told that they did not have the capacity to participate now. The HKCC Team did, however, develop relationships with Halton Regional staff who support networks, such as the local Ontario Early Years Centre. The HKCC Team have reached back out to child care centres with the help of these relationships to create some concrete opportunities for this sector to be woven into the HKCC network for Theme Two: *Water Does Wonders*.

Understanding the Connections: Fragments

There are also fragments within the network, community agencies, volunteers that were involved but not connected beyond their individual activity or event. These are potential partners for the future themes. Some of those on the margins as noted are individual schools and others are local agencies that were not connected through local conversations, but were responding to a campaign and/or activity opportunity.

For the most part, local elementary schools represent the scattered fragments at the edge of the network; they are less connected and participated less intensively in the project during year one. Anecdotally, the HKCC Team and partners found local schools challenging to connect with. The school boards are large and complex and although they are positively represented on the Steering Committee and to some extent through parents at the Neighbourhood Action Team level, the Neighbourhood Action Team and Steering Committee partners have agreed that there is work to be done to weave schools into the network more effectively. The experience in the first year showed the need to work with school administrators one by one to most effectively engage them in the project. The action plan for Theme Two: *Water Does Wonders*, includes a very intentional plan to reach schools to increase their involvement in the project.

The work for HKCC Theme Two and Three is to better weave schools into the fabric of the project so that the groups and families they represent have increased access to the information, activities and programs developing through the HKCC project.

Readiness to Connect: Network Weaving at the Neighbourhood Action Team Level

The overall social network analysis in Figure 2 does not tell the whole story. The project partners were aware from the beginning that different Neighbourhood Action Team areas would have varying levels of readiness for engagement in the HKCC process.

Figure 3 shows, “An Approach to Neighbourhood Development,”²⁹ that emphasizes the importance of engagement, taking the time to develop social capital and local social capacity to work together. It also shows the importance of general readiness. As the project began, partners

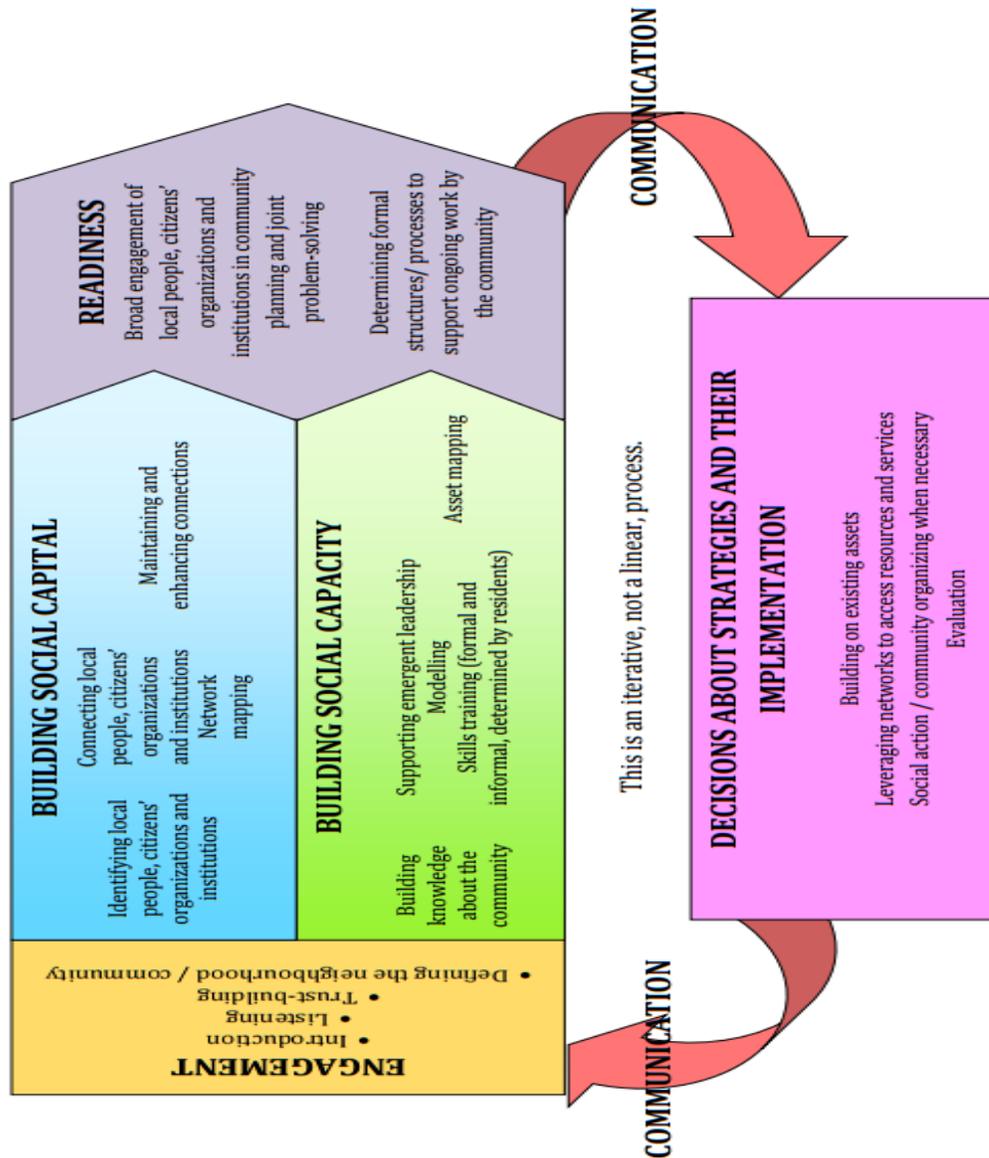


Figure 3 – Approach to Building Neighbourhoods, Community Development Halton, 2014

knew that in some areas of the city there was not a great deal of existing community collaboration or parent/family engagement, particularly in newer subdivisions, and in areas with new schools where staff are new and parent council is emergent. In other established neighbourhoods, there has not been the opportunity for extensive collaboration or community

²⁹ Community Development Halton. *Where We Live Matters*. 2014.

animators present to create broader based community dialogue. Community animators use community development approaches to engage community members, develop partnership amongst community organizations and institutions. They facilitate change as identified as needed by local community. As noted, earlier network development and collaboration not only takes time but it also takes practice.

In other parts of Burlington, there are existing community groups, collaborative agreements for programs, and years of experience in working together. Often these areas have staff that function as community developers or connectors, dedicating their time to the neighbourhood, and weaving the network. In other cases, due to the socio-demographic nature of the community low income families, single parents requiring support, and large numbers of newcomer families, focused staff resources from agencies such as Halton Public Health have been assigned to targeted schools. Those resource people have been able to develop a network of support and/or have been intentionally reaching out to develop supports for those neighbourhoods.

Using the same social network analysis data seen in Figure 2, Figure 4, breaks the interventions down according to each of the five Neighbourhood Action Teams (NAT). The social network analysis show that NAT #3 and #5 are the least connected networks. It was in those areas where there has been less community development activity before the HKCC project and thus less experience with collaboration. Neighbourhood Action Team #5 does have a cluster of community partnerships in a localized area. However, the large geography in NAT #5 includes primarily new development, a diverse population, and commuters. The NAT #5 geography is also divided by Dundas Street (Highway 5) which creates a community boundary and a resulting disconnect in the community. Pulling local volunteers and a few agency people together who support the local schools was the first step for this area, but larger scale collaboration and network development will take time and practice.

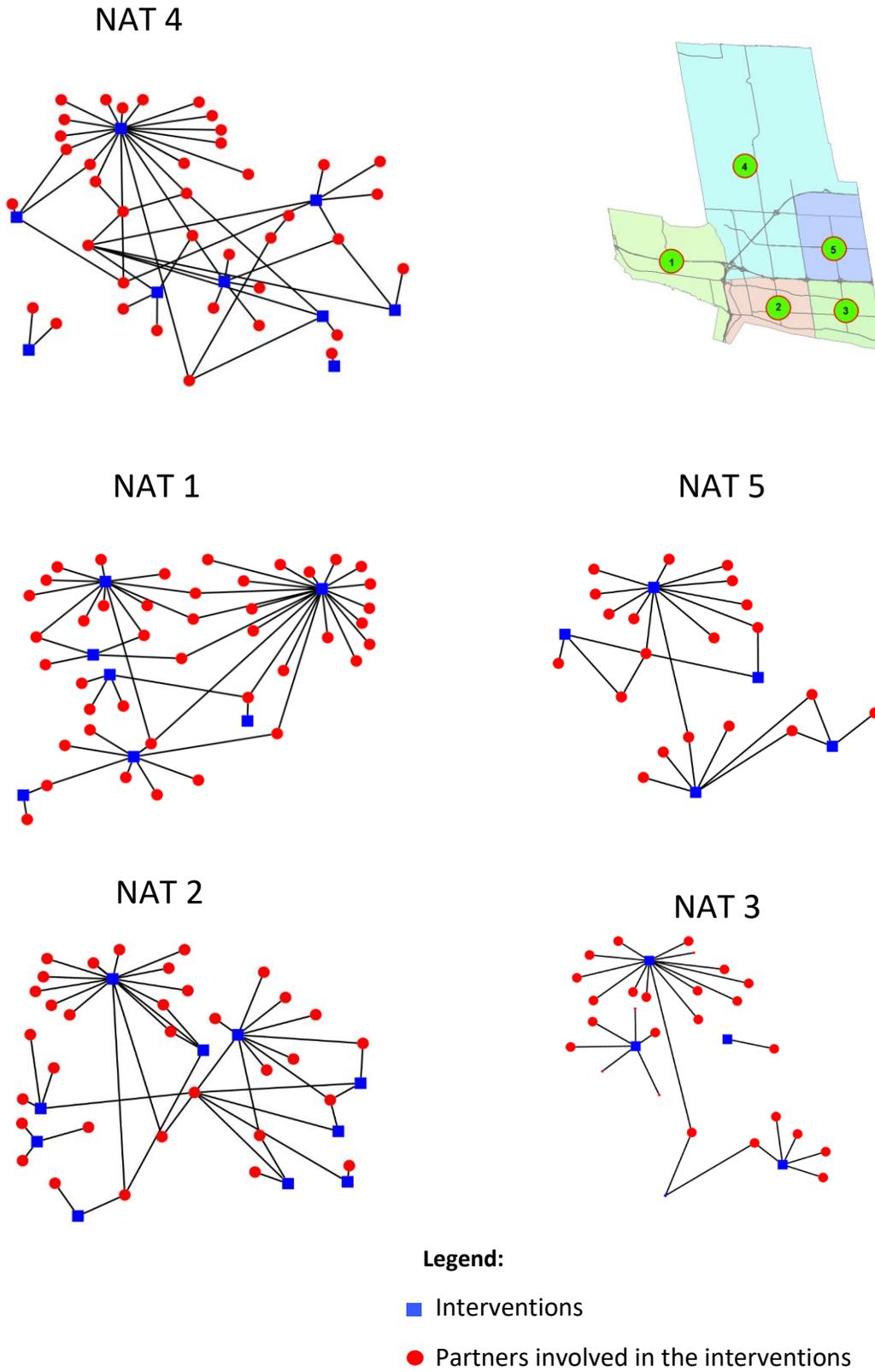


Figure 4 – Interventions by Neighbourhood Action Team (NAT)

Deeper Dive: Relationships Within the Interventions

The social network analysis shown in Figures 1, 2 and 4 tell important stories and are helpful in guiding partners in thinking about strategic relationships, extending the project reach to those on the periphery. Looking beyond the relationships of partners to the interventions is only one way to look at the networks. The stories embedded in those networks are in part about the relationships between the partners associated with the interventions. Three case examples are provided in this section to further detail the power of the relationships and the nature of different types of relationships within a network.

Developing these sets of social network analyses, the methodology used by Schoen et al (2013)³⁰ has been used to define relationships for three case examples including a campaign (Bike to School Week), a one day event (Aldershot Family Fit Night), and a Healthy Kids Community Challenge program site (Chill Zone after school program).

The relationships were coded using the following definitions;

- Not linked (do not work together),
- Communication (share information only),
- Cooperation (work together informally to achieve common goals),
- Collaboration (work together as a formal team with specific responsibilities, e.g. a Memorandum of Understanding or other formal ways of working together), and
- Fully linked (work together as a formal team; mutually plan and share staff or resources to accomplish goals).

Case #1: Bike to School Week

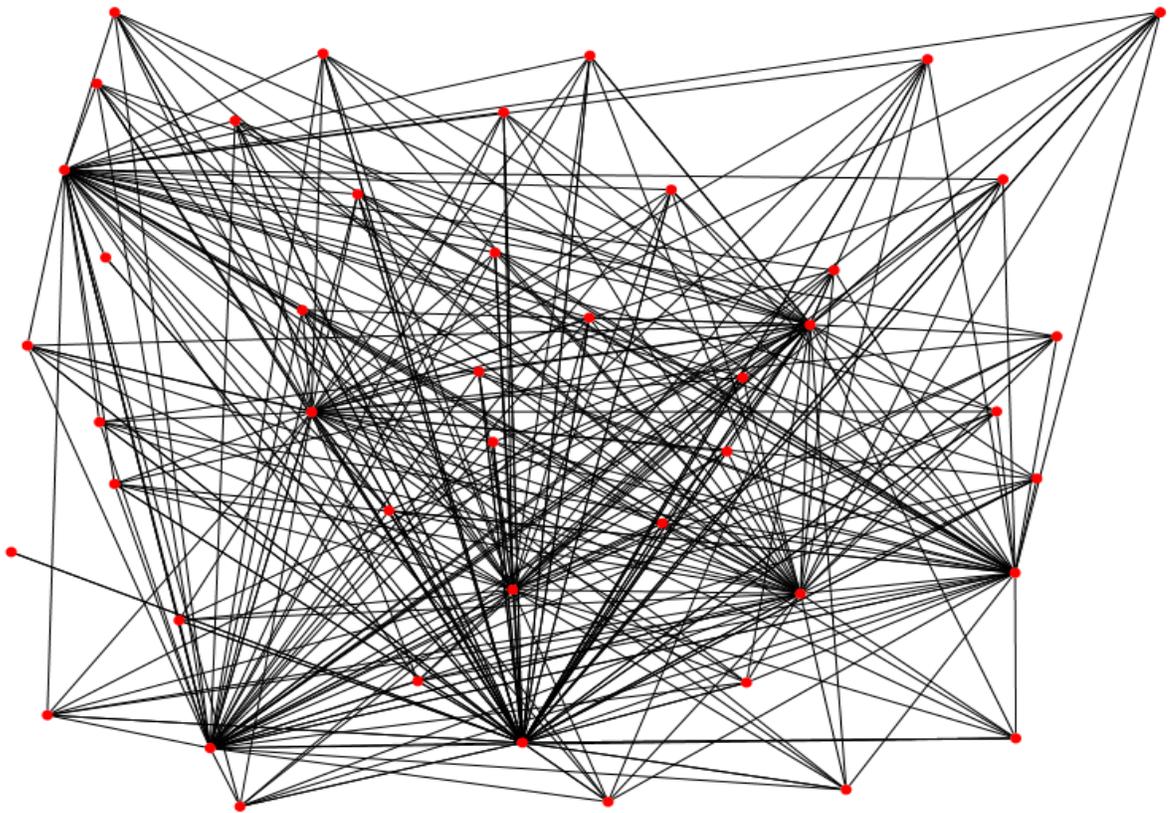
Figure 5 shows the social network analysis for Bike to School Week. The network depicted is very dense. It represents those relationships that are defined by information sharing. As a campaign, Bike to School Week is an example of information sharing across networks to increase engagement.

The schools that participated were not required to collaborate with others, but were asked to promote active transportation within their school community for the designated week and to count the number of children riding or rolling to school. Thus, the cooperation and collaboration networks for this intervention were much thinner. Although the intervention was part of a larger scale project via Metrolinx,³¹ at the Burlington level, several institutions did collaborate to implement the campaign, resulting in one set of social marketing messages, collective administration, and joint prizes for participation. The result was 30 schools participated, five with school council volunteers helping with implementation. The campaign showed about a 600%

³⁰ Schoen, M, Moreland-Russell, S, Preweitt, K, Carothers, B. Social network analysis of public health programs to measure partnership, *Social Science and Medicine*, July 2013.

³¹ http://www.metrolinx.com/en/aboutus/metrolinxoverview/metrolinx_overview.aspx

increase in participation over the previous year because of the leveraging of HKCC network that was forming.



Legend:

- Partners involved in the intervention

Figure 5 – Bike to School Week: Campaign/Community Challenge- Information Sharing

Aldershot Family Fit Night

There was a much larger response to the development of local family events than project organizers had anticipated. In most cases, the events rolled out in the form of individual organizations or schools working with one or two partners and local volunteers to run a fitness or active event for parents and their children. Figure 6 shows the social network analysis for the Aldershot Family Fit Night, one of the family events that took place in HKCC Theme One.

During Neighbourhood Action Team #1 conversations, team members talked about how children in the same neighbourhood go to different schools and thus are not connected and therefore do not have strong relationships in their neighbourhoods. They do not connect with one another to play. The Public Health Nurse who works with the Aldershot cluster of Halton District School Board schools suggested that instead of all the individual schools in that neighbourhood hosting a family event that they attempt working together with all the schools from both the Halton

District School Board and the Halton Catholic District School Board. After some consideration, a group of parents from local school councils came together with the HKCC Team, the Public Health Nurse, and a local School Board Trustee. These parents, who have never met and/or worked together before brainstormed the possibilities for the event, and went back to “pitch it” to their schools. The group met to collaborate for the next six weeks, reaching out to other community businesses and partners who were willing to cooperate and provide opportunities in the form of an activity, food, and information. Approximately 300 people attended the event.

Information was shared and many cooperated to make the event a success but the level of collaboration that resulted between the parent councils was very encouraging. The group developed a logo and have made plans to do the event again with HKCC Theme Two: *Water Does Wonders* focus. The new roles that individuals took on helped to realize their capacity for organizing, which is translating into other school based volunteer opportunities.

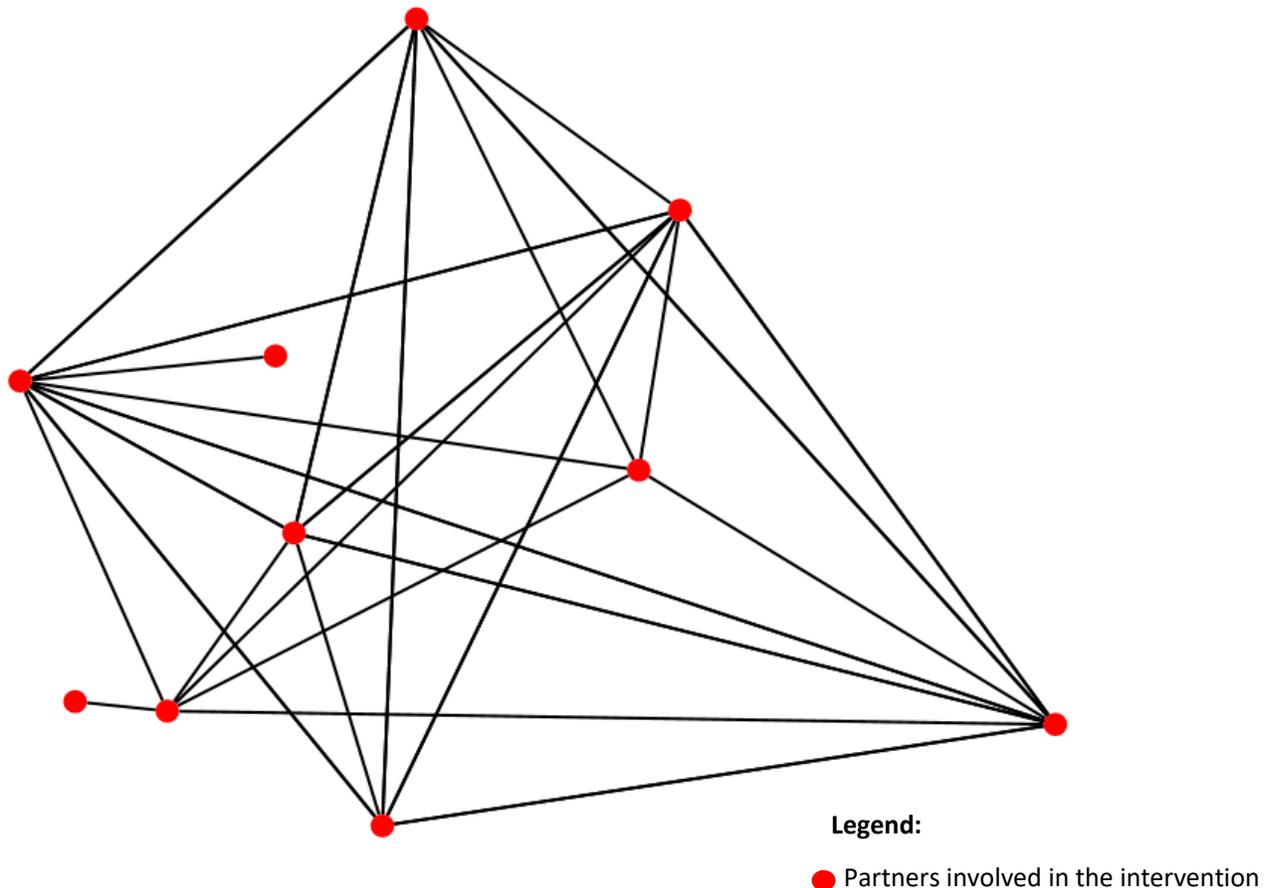


Figure 6 – Aldershot Family Fit Night: One-Time Family Event – Collaboration

The social network analysis in Figure 6 illustrates the relationship between those who collaborated on this one-time event. The network is tightly woven with only two of ten people on the periphery.

ChillZone

The final example and social network analysis (Figure 7) depicts the relationships between a variety of partners, some new and some existing for HKCC Theme One’s Healthy Kids site; and an after-school program called ChillZone, in Neighbourhood Action Team #4. The project that developed through ChillZone, promoted physical literacy, and included the following partners:

- A neighbourhood group
- A public health nurse in a local school
- A local school
- A sport group
- A local church
- Community volunteers

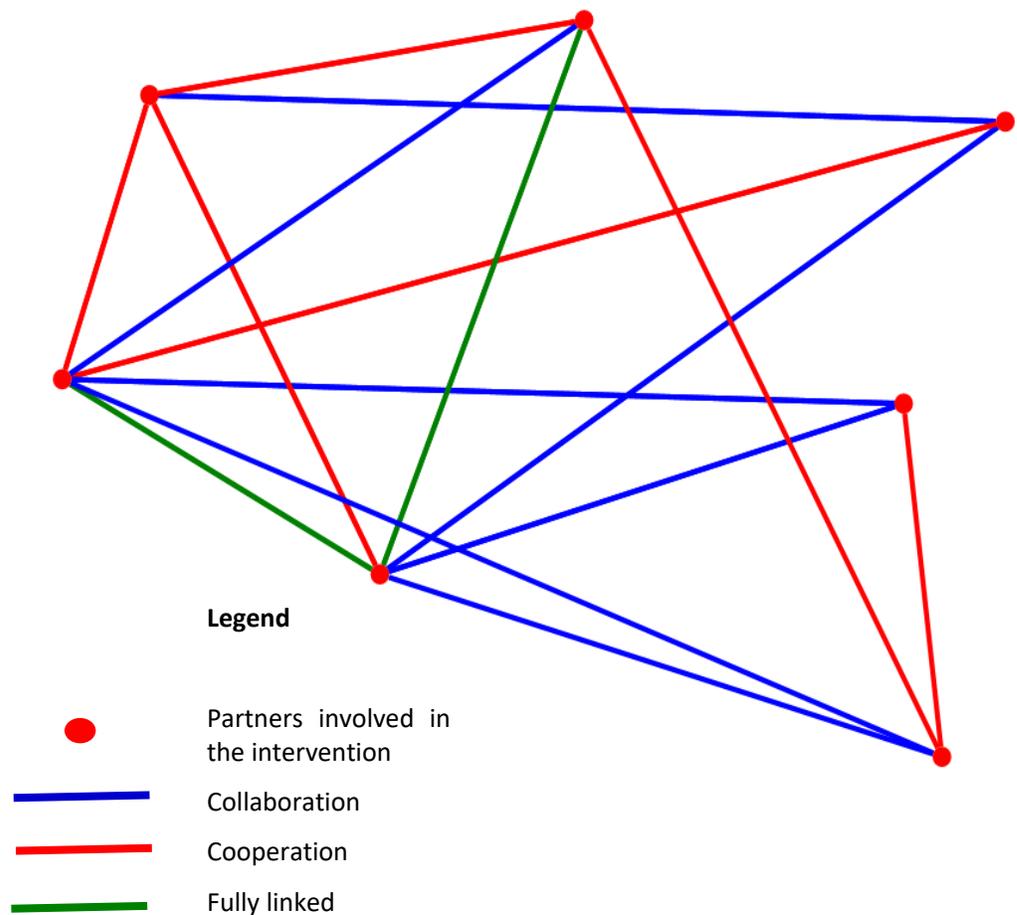


Figure 7 – ChillZone – Cooperation, Collaboration, Fully Linked

The social network analysis shows three levels of relationships between partners: cooperation, collaboration and fully connected. The social network analysis did not have any relationships that were defined as primarily “sharing information.” The network has no outliers, all the partners were in at least a cooperation role with others, each of the partners have at least three connections within the network and two had six connections. The outcome of this work together produced:

- A March break program
- An after-school initiative with HKCC objectives with volunteers, a community group, and a church partner
- A fundamental movement program for the same local children with a neighbourhood group, local school, public health, and a sports club partnership.

Reflections

There is much conversation in community about collaboration, and partnership as building blocks of community well-being, vibrancy, resiliency, and sustainability. The first year of the Healthy Kids Community Challenge (HKCC) has in part focused on developing a network of stakeholders that would be able to inform and guide the project as well as take the learning and relationships and drive them further into community to challenge and change how we work together in the local context.

A purposive approach to thinking about relationships, reaching potential project partners, building a network, and identifying, supporting, and celebrating project connectors are necessary steps in developing local capacity for change. The strength of the networks in the neighbourhoods will be one of the most important products of the Burlington HKCC as partners work together to create opportunities and environments that promote healthy active living for children and their families beyond the life of the Burlington Healthy Kids Community Challenge project.