

Draft 8/15/00

Public

Private

Partnerships

A Tool for Success

August 2000

INTRODUCTION

The purpose of this tool is to offer lessons learned from a public-private partnership between the SafeUSA™ alliance and Browning Ferris Industries (BFI). In November, 1997, BFI, as a member of SafeUSA, kicked off a campaign to work with partners to increase safety in three communities. This tool provides the lessons learned from these projects and highlights other successful public-private partnerships. We hope your organization or business will use this tool in learning about the many benefits of partnerships and in building your own successful SafeUSA public-private partnerships.

SafeUSA is an alliance of public and private organizations working in a variety of areas including public safety, public health, transportation, law enforcement, education, medicine, and research. The SafeUSA Partnership Council is dedicated to eliminating unintentional and violent injury and death in America. SafeUSA seeks to make our nation's homes, schools, work sites, transportation areas and communities safer by working through partnerships to enhance public awareness and support injury prevention efforts at all levels. The purpose of the partnership is to combine scientific research, programmatic efforts, sound public policy, and community involvement to achieve targeted safety objectives that will result in a better quality of life for all Americans. Since its inception in 1995, SafeUSA has made significant progress in expanding the partnership and providing the public with valuable safety information, and additional products including an information clearinghouse, a hotline, a website, and a handbook. SafeUSA invites you to take a closer look at its various resources and learn how your organization or business can become a partner.

OVERVIEW

What is a Public/Private partnership?

A public-private partnership is formed when public and private organizations collaborate toward a common goal to improve the quality of life in their communities. The ability to partner effectively with other individuals and organizations both inside and outside the community is essential. However, the steps toward a successful partnership can be challenging. The lessons learned from various partnerships presented in this document will help you and your organization to form an effective partnership.

Why develop a partnership?

- Increase resources
- Involve more people
- Reach more people
- Improve credibility
- Increase community and employee buy-in

How do partners work together?

Joining forces to create an effective partnership can be as challenging as it is rewarding. Partners often come to the table with different perspectives and expectations. Each brings varying belief systems and experiences. Each possesses strengths and weaknesses. While partners may agree on a shared vision or goal, the details essential to building an effective partnership together usually take time and effort. The best partnerships reflect a shared investment and an understanding that the diversity created by joining forces strengthens their chances of success. Whether a partner is a business, private non-profit organization, or government entity, each has something important to contribute:

Business can provide:

- Expertise in a variety of business disciplines—marketing & sales, finance, distribution, etc.
- Ability to engage employees, customers, communities and/or vendor-partners
- Access to particular audiences, and/or geographic or customer markets
- Resources—time, volunteers, expertise, money, results-orientation, strategic relationships

Non-profits can provide:

- Expertise in a particular field, constituency and/or geographic area
- Ability to engage and mobilize a variety of people who care deeply about a given issue
- Access to victims and/or beneficiaries—people who can help tell the story that needs to be told
- Ability to engage key community and political relationships and public policy leaders
- Resources—time, volunteers, community partners, access to money, strategic relationships

Government can provide:

- Expertise in data collection, monitoring, and evaluation
- Ability to engage key community and political relationships and public policy leaders
- Public policy expertise, best practices and results
- Resources—time, expertise, community and government partners, funding, strategic relationships

Models of Business Participation

Non-profit organizations and government agencies have often perceived the role of business in the field of injury prevention as one that is limited to providing financial support only. While monetary contributions are enough for some businesses, others want something more or different. In fact, businesses can be motivated to participate in

safety causes by a variety of factors, including civic responsibility, the public relations benefits, employee involvement, reduced workplace injuries, and/or cost control reasons. The following examples demonstrate public-private partnerships in which businesses contributed resources, both financial and staff time to the overall goal of preventing injuries through participation in safety programs. The range of participation varies among partnerships from short-term projects like the BFI/SafeUSA pilot projects to longer-term commitments like the Safe Illinois, 5-year violence prevention intervention.

Lowe's Home Improvement Warehouse

Lowe's Home Improvement Warehouse is a \$16 billion company with more than 600 stores nationwide. In 1993, the company founded Lowe's Home Safety Council (LHSC) as a nonprofit with a vision of safer American homes.

LHSC is dedicated to helping families improve their quality of life through better home safety practices. It supports a variety of charitable and educational projects. Over 300 vendors participate in the Council and members include national safety-related organizations, manufacturers, and notable individuals that have the desire and ability to contribute. Lowe's also works with local fire departments, school systems, and other community organizations to improve home safety in communities throughout the nation.

Some of the programs in which LHSC has invested include: 1) Lowe's Heroes 2) the Great Safety Adventure® and 3) Risk Watch®. The Lowe's Heroes program is comprised of volunteer teams of Lowe's employees, representatives of nonprofit organizations, and members of the local community. The Heroes teams work together with homeowners on injury prevention strategies to heighten home safety awareness, education and activation. Currently, more than 10,000 Lowe's employee volunteers representing more than 550 stores are tackling home safety issues through the Lowe's Heroes 2000 program. Combined, these stores will contribute more than \$800,000 in 2000 toward life-saving projects. More than \$40,000 in cash prizes will be awarded to nonprofit partners for exemplary projects.

Lowe's Great Safety Adventure is a home safety traveling exhibit that teaches home safety skills to children, families and communities. This exhibit has reached more than 150,000 children and has reached millions of families through intense media attention.

Finally, Lowe's teamed up with the National Fire Protection Association (NFPA) to co-fund the development of Risk Watch, a school-based, comprehensive injury prevention curriculum for children in preschool through eighth grade. Risk Watch links teachers with community safety experts, parents and caregivers to improve child safety. This program has been implemented in almost every state, enabling the NFPA distribute more than 35,000 modules.

Safe Illinois Project

Launched by the Illinois Violence Prevention Authority in October of 1998, Safe Illinois is a five-year pilot project developed by a coalition of public and private groups committed to preventing intimate partner violence, commonly referred to as domestic

violence. This project targets two major groups: health care providers and employers, who have the opportunity to provide information and assistance to intimate partner violence victims and perpetrators on a daily basis. The three pilot communities of Joliet, Rockford, and Belleville, have established Local Planning Committees to assist in project implementation and evaluation. The principle collaborative partners on a statewide and national level include BlueCross BlueShield of Illinois, the Illinois Department of Public Health, the University of Illinois at Chicago, United Parcel Service, and the Centers for Disease Control and Prevention (CDC).

A statewide Research and Evaluation Committee has developed an evaluation plan for Safe Illinois, to determine the effectiveness of the models in promoting positive outcomes in the health care and workplace pilot sites. The plan includes analysis of pre-test and post-test surveys for health care providers, employers, and employees to determine if there is a change in attitudes and behavior related to intimate partner violence. Archival data is also gathered from domestic violence agencies and employee assistance programs to track changes in referrals received, and in the case of employers, employee absenteeism. In addition, qualitative data is gathered through employer and health care provider interviews, and Local Planning Committee feedback.

McDonald's/SafeUSA™

SafeUSA partnered with McDonald's Corporation to promote SafeUSA's web site and hotline. In May and September 1999 the restaurant chain featured two brochures that were included in the Happy Meals. The first brochure provided summer safety tips and included topics such as swimming and biking safety. The second brochure covered home and fire safety tips. McDonald's developed these brochures with information given to them by the CDC and the National Fire Protection Association, another SafeUSA partner. McDonald's trayliners listed the SafeUSA hotline number along with other toll-free government numbers. The restaurant chain promoted this initiative by issuing a news release to their consumer and trade media list.

BFI and SafeUSA™

This is a more in-depth example of a public-private collaboration between BFI, and SafeUSA™. BFI, now a subsidiary of Allied Waste, was once the second largest waste and recycling services company in the world with subsidiaries and affiliates serving 3,000 communities around the globe. BFI was in the business of collecting, transporting, treating and disposing of commercial, residential, municipal and industrial solid waste, with additional operations in recycling, resource recovery and medical waste services. In 1996 company leaders determined they should identify a "world-wide cause" that would meet the global intersection of interests historically found to exist between BFI and its various key stakeholder groups. This could contribute to numerous benefits over time, including an enhanced corporate reputation, a stronger brand, more satisfied and loyal customers and employees, and increased shareholder value. BFI's worldwide cause would be:

- A philanthropic magnet for the employees, customers and the communities BFI served to join together to do good works
- A source of pride for BFI employees everywhere

- A long term commitment—BFI would grow into it over time;
- An ongoing opportunity to test and replicate best practices on a variety of levels;
- A strategic tool to help BFI develop a stronger brand name and corporate reputation;
- A living reflection of BFI’s mission, vision and values

About that same time BFI had also developed four Corporate Citizenship Priorities to help the company focus its corporate citizenship resources and activities for greater individual and collective impact. The company had every hope that the cause identified would be connected to these priorities in a variety of ways. BFI’s citizenship priorities were:

- Environment- Causes supporting environmental protection and/or stewardship
- Education- Causes working to improve student achievement and educational endeavors
- Safe and Healthy Neighborhoods- Causes working to create and/or maintain safe and healthy neighborhoods
- Community Vitality- Causes supporting healthy, thriving communities

After much research and scanning, BFI landed on the issue of “safety”, specifically “safety through injury prevention”. Safety was chosen for a variety of reasons, including but not limited to:

- PUBLIC OPINION. Experts consistently had identified safety as a top concern in public opinion polls.
- COMMUNITY. BFI was committed to addressing the safety and injury problems of the communities it served.
- CUSTOMERS. Safety was a primary concern of BFI’s largest and most profitable customers.
- EMPLOYEES. Many BFI employees were impacted by safety issues each year – through job related and non-job related injuries and through injuries to family and friends.
- COMPANY FINANCIAL HEALTH. BFI spent millions of dollars each year on safety and risk management, including worker compensation and property claims. BFI wanted to ensure a safe workplace while reducing these expenses. It made good business sense to make safety a top priority.

“What sets BFI apart from other organizations is that we believe that quality of life is central to environmental responsibility”.

Bruce Ranck- former CEO of BFI

BFI learned in the process of conducting research to identify a cause, about the newly forming SafeUSA (formerly Safe America) initiative. To learn more, BFI contacted the National Center for Injury Prevention and Control within the Centers for Disease Control

and Prevention. After a series of meetings to explore mutual interests and expectations, in November 1997 BFI became SafeUSA's Charter Corporate Partner and helped launch the effort nationally.

The partnership between BFI and SafeUSA™ brought together experts in the field of safety and injury prevention and provided an infrastructure of human resources and funding. With the partnership also came a commitment to participate on the national level of the Partnership Council and recruit additional corporate partners. BFI pledged to fund the SafeUSA™ campaign at \$1 million (in cash and in-kind services) over three years. These resources went toward funding community and workplace pilot projects, providing in-kind staff support to SafeUSA™ Partnership Council members, providing cash donations to SafeUSA™ through the CDC Foundation, and allowing for conference sponsorship. The most significant of these was BFI's commitment to conduct three injury prevention pilot projects in communities served by BFI. These pilot projects were intended to test and perfect how to create an effective SafeUSA project on the community level. BFI contributed \$25,000 in cash to each of the three pilot project sites and also provided significant in-kind support to carry these projects to fruition..

Choosing the sites

The partners developed criteria for selecting the sites and collaborated on the selection process. At the time these projects were started, CDC was the parent organization of SafeUSA. As such, CDC played a strong role in organizing the local projects. The process of selecting the pilot communities revealed some distinct differences between the corporate and public health perspectives, but the two partners agreed on this universal set of criteria.

BFI Criteria

- Strong BFI management and community affairs teams
- High market shares of local BFI marketplace
- Above average safety records
- High visibility of the local BFI marketplace and good potential for media attention
- Synergies with other organizations and potential for partnerships

CDC Criteria

- Strong injury units within the State Health Departments to help define and prioritize local injury problems
- Established local associations, relationships, and partnerships with SafeUSA
- History of projects within the geographic area

Nine sites were narrowed down to three: Minneapolis, Minnesota, Detroit Michigan, and Atlanta, Georgia. Minneapolis was chosen because it had a committed local BFI team, and because they had a supportive state injury- prevention office. Metropolitan Detroit was selected as one of the sites because of its strong company operations and because Ford Motor Company's headquarters, BFI's largest customer, is located there. From the public health perspective, Detroit was chosen because it is a large urban area and the population has many injury risk factors. Finally, Atlanta was selected as one of the

pilot project sites based on BFI's community involvement, its proximity to the Centers for Disease Control and Prevention and because it had a strong local injury prevention office.

Choosing the intervention- The partners also developed criteria for the projects that were used during the intervention selection process. BFI wanted to ensure their community programs were high quality, sound community projects. The following is a list of the criteria that was recommended the interventions include.

- A scientific approach, proven evidence and/or knowledge about the best way to prevent injuries.
- A targeted, well-defined population, and a focus on one of the five SafeUSA venues such as:

<i>Safe at Home</i> <i>Safe at School</i> <i>Safe at Work</i> <i>Safe on the Move</i> <i>Safe in the Community</i>

- Support by a coalition of community representatives.
- Engage and collaborate with a cross section of the community, including government, business, nonprofit, employee and community volunteers.
- A short time frame. The entire project (planning, intervention and evaluation) should not exceed 1 year.
- Potential to attract positive media exposure over time.
- Measurable and clear results that are attributable to the pilot intervention.
- Replicable in other communities and easily documented to enhance the probability of implementation elsewhere.

The Sites

Minneapolis, Minnesota

Venue: *Safe in the Community*

Injury

Issue: Organizers in Minnesota found that unintentional injury was the leading cause of death of persons age 1-34 years and the fifth leading cause of death among those 55 and older (source Minnesota Department of Health, death certificate data 1991-1995). Among the leading causes of injury death were falls, suffocation, poisoning, drowning, and burns. Many of these injuries occurred in the home and most of these injuries could have been prevented through interventions that result in environmental and behavioral modifications.

Program

Description: Home Safety Checklist visits were performed in a total of 273 homes in the city of Anoka in Anoka County, the cities of Inver Grove Heights and South St. Paul in Dakota County and the neighborhood of St. Anthony Park in the city of St. Paul. The target audience in Anoka County and St. Paul was older adults. In Dakota County the intervention focused on young children. The Minnesota Department of Health had demonstrated through 7 years of evaluation that home safety checks conducted by trained public health professionals using the Home Safety Checklist for families with young children were effective in identifying the hazards that placed people at risk for falls, suffocation, poisoning, drowning, and burns. The science of injury prevention suggested the same results would occur in the homes of older adults. The BFI funds helped develop a new checklist targeting injury prevention of older adults. The funds also allowed the purchase of home safety equipment, which was installed after the home checks. Many BFI employees assisted in this project by completing the Home Safety Checklist to promote safety in their own homes.

Program

Partners: Minnesota Department of Health (MDH), Merriam Park Living at Home/Block Nurse Program, Merriam Park Community Center, Inver Grove Heights and St. Paul fire departments, Anoka County Community Action Seniors Program, Dakota County Public Health, St. Paul-Ramsey Public Health, Early childhood Family Education, Minnesota Safety Council, Minnesota SAFE KIDS, Hennepin Regional Poison Center, State Fire Marshall Division, BFI of Minneapolis, and CDC.

Atlanta, Georgia

Venue: *Safe on the Move*

*Injury
Issue:*

The organizers at this site found too many of Georgia's children were being killed and injured as passengers in motor vehicle crashes. In 1996, over 4,200 children were injured in motor vehicle crashes. In 1994, a total of 22 Atlanta, Georgia children age 0-4 died as occupants in motor vehicle crashes and over 1,800 were seriously injured. The high number deaths was attributed to the non-use or misuse of child safety seats. According to the SAFE KIDS program leaders, 80-90 percent of parents who use car seats use them incorrectly. The need for child safety seats among low income families far exceeded the SAFE KIDS coalition's funding and distribution capabilities. The coalition also identified a lack of education regarding child safety seats among Atlanta's growing non-English speaking community due to a shortage of bilingual instructors.

Program

Description: This site implemented a child booster seat campaign called “Safe Atlanta” in the metro Atlanta counties of Clayton, Cobb, DeKalb, Fulton and Gwinnett. Each of these counties had a SAFE KIDS coalition in place when the campaign began. SAFE KIDS coalitions are usually comprised of diverse public and private agencies, organizations and businesses interested in preventing injuries among children. Coalitions promote the proper use of child safety seats. The project targeted economically disadvantaged parents and care givers of children ages 0-4 in the five metro Atlanta counties. The BFI funds were distributed among the counties based on need. This money purchased booster seats and funded child safety seat education classes. Other by-products of the intervention included: train-the-trainer classes, safety roadblocks, media outreach programs, community health fairs, new partnerships and improved program evaluation.

Program

Partners: Progressive Insurance, Lowe’s Home Improvement Babies R Us, Georgia Division of Public Health, SAFE KIDS of Georgia in Clayton County, Clayton County Board of Health, Southern Regional Medical Center, Egleston Children’s Hospital, 17th Division Kiwanis Club, Atlanta Journal Constitution, Cobb County SAFE KIDS, Wellstar Health System, Cobb County Board of Health, SAFE KIDS of DeKalb County, DeKalb County Board of Health, Newcomer’s Network, Fulton County SAFE KIDS, Fulton County Department of Health and Wellness, University of Georgia Cooperative Extension Service, Hughes Spalding Children’s Medical Center, Consumer Product Safety Commission, WestEnd Medical Center, Department of Family and Children’s Services, Maternal and Child Health Institute, Georgia Baptist Teen Parent Program, Atlanta Fire department, Fulton County Fire Department, BFI of Atlanta, and CDC.

Detroit, Michigan

Venue: *Safe on the Move*

Injury

Issue: Project organizers at this site found that from 1991-1995 motor vehicle related deaths were a major cause of injury death in Michigan. In 1995, motor vehicle crashes were the leading cause of injury for men and women between the ages of 15-24 in Michigan. Studies found older drivers experienced an inordinate number of crashes and fatalities in terms of population and miles driven. The estimated economic cost of motor vehicle crashes to Michigan residents is 9.8 billion a year.

Program

Description: Four counties were targeted as the intervention sites, Wayne, Macomb, Oakland and Washtenaw. Macomb County did not participate fully and did not receive funding. Wayne County conducted a campaign called, *Stay in the Game, Buckle Up*, which was designed to advocate safety belt use among urban youth ages 16-22. Washtenaw County developed a child booster seat campaign, *Give Your Child a Boost*, to increase public awareness about the appropriate use of booster seats for children less than 60 pounds. Finally, Oakland County worked with seniors ages 55 years and older on a *Mature Driver Retraining Workshops* to help them self-evaluate their driving skills and improve their driving strategies. Each community took an active role by forming coalitions and by implementing injury prevention projects. BFI distributed funds among the three counties and a few of the counties gained substantial indirect contributions from their coalition members. The *Stay in the Game, Buckle Up* campaign produced videos, brochures, and kicker cards, which were distributed to young people at schools, churches and community groups. This site held a kick-off attended by 8,000 high school students and handed out T-shirts and caps with pro-safety belt messages. Some of the activities of the *Give your Child a Boost* program included, brochure and booster seat distribution, car checks, surveys, and education programs for parents. Finally, 14 Mature Driving Retraining Workshops were held and each included a comprehensive evaluation.

Program

Partners: Michigan Department of Community Health, Ford Motor Company, AAA, Traffic Improvement Association, Wayne County Sheriff's Department, Michigan State Police, City of Detroit Youth Department, HSP, St. Joseph Mercy Hospital, Care Choices Senior, Area Agency on Aging 1-B, Michigan Office of Highway Safety Planning, United Parcel, BFI of Detroit and CDC.

Lessons Learned

The lessons learned from the BFI/SafeUSA pilot projects are summarized below and are organized by topic. This summary includes process information which may be useful when planning, implementing, and evaluating your own community interventions.

Leadership- When many partners are involved in a project, leadership issues may arise. Often members of the partnership have full-time jobs in addition to their partnership responsibilities. The projects showed leaders emerged by simply taking charge. For example, the Minneapolis project had a particularly dynamic leadership-

sharing role in that the BFI and the State Health Department representatives worked as a team to take a hands-on-approach to implementing the projects.

Once the sites were selected, BFI and CDC assigned staff to work on the projects. Contacts were made with the health departments in each of the cities and some injury control staff were assigned to work on the states' projects. The state health department representatives engaged local city and county health departments to get involved. In each city one CDC staff person worked as a Technical Assistant, one BFI representative acted as the Project Officer and one state health department staff person served as Co-Project Officer or Technical Advisor. BFI did not want to be perceived as the sole leaders or beneficiaries. Rather they wanted to be viewed as conveners and partners in the collaborative projects. BFI experienced a reorganization midway through the projects which resulted in a turnover of BFI project staff in Atlanta and Detroit. Some project leaders felt this might have altered program continuity.

Coalition formation- A coalition is a diverse group of individuals and organizations who work together to reach a common goal. In the Minneapolis and Detroit projects coalitions formed after the interventions were chosen. In the Atlanta project, existing coalitions were utilized. The coalitions held regular meetings to plan the interventions. One advantage of using an existing coalition is to save time. The disadvantage of using existing coalitions is that you do not receive cooperation from members of the community and organizations outside of those involved in the existing coalition. Effective communication is key to a productive coalition.

Injury Statistics- Use of the scientific approach was one of the criteria for selecting the interventions in the pilot projects. Under this approach, data is used as evidence indicating the need for the program. Injury data was provided by the CDC and the State Health Departments in all three sites. This data was presented at the initial meetings in choosing venues and injury prevention projects. In Minneapolis a needs assessment was conducted prior to the projects initiation. This assessment analyzed population demographics (such as the number of young families or older adults living in the communities), the economic need for home safety supplies and the risk for injury.

Intervention Selection- Deciding on a single intervention, from the many needs of a community, can be challenging. The project leaders in Minnesota faced this problem with so many injury prevention venues to choose from. However, they did a needs assessment to narrow the issues before the programs were initiated.

Program length- Public and private partners operate under a differing time frames. This is another important issue that the partners must address before initiating community programs. Most businesses are built on yearly or 5 year plans and are interested in seeing a return on their investment quickly. Many public health agencies have a different philosophy about intervention length. They are more interested in evaluating programs to demonstrate their effectiveness through the collection of impact and outcome data. The BFI/SafeUSA pilot projects were intended to last one year, but

many of the leaders involved in the projects wanted more time to evaluate their programs.

Evaluation- Public-private partnerships can work together to assess the value of their injury prevention activities. The overall goal is to ease the evaluation process for community health and development workers. Evaluation complements program management by helping to clarify program plans, by improving communication among partners, and by gathering feedback to improve program effectiveness. Due to the short time lives of the BFI/SafeUSA projects, the project leaders collected process data by documenting the activities they performed. A lengthier initiative would have allowed project staff to gather information about changes in knowledge, attitudes, and behaviors that contribute to injury occurrence and prevention. Insufficient evaluation periods make it difficult to assess the effectiveness of interventions at reducing injuries. However, these programs can still collect anecdotal information, such as a newly installed smoke detector waking a family during a fire or a recently purchased bicycle helmet protecting a child who has been hit by a car.

Sustainability- Once the funding for your project ends or when an important person leaves the organization, interest in the project wanes. If the members of a partnership believe in the partnership goals there are ways to sustain the projects. Strong coalitions made up of diverse groups are more sustainable. They have already developed working relationships and can collectively work on fund raising. BFI hoped to create coalitions in every site to increase the projects' sustainability. The Detroit and Minneapolis project staff were interested in continuing and expanding their programs. Unfortunately, BFI's reorganization eliminated new funding. The Minneapolis project sustained one component of the program. The Minneapolis Department of Health distributed over 10,000 copies of the Older Adult Checklists since the project ended. The checklist is most often used by local public health agencies in providing home safety checks and education to older adults in their communities.

Funding- In any partnership, members will have their own expectations for businesses and other partners. It is important to remember that many businesses want to take an active role in partnerships rather than being limited to providing funds. In the BFI/SafeUSA projects, there were expectations about how much BFI would contribute throughout the course of the partnership. Some individuals were unclear about the details of the funding commitment. Outside of the \$25,000 BFI contributed to each project, some sites raised their own funds through their coalitions. For example, the Detroit projects received over \$200,000 from such contributors as the Traffic Improvement Association, the Office of Highway Safety Planning, and the City of Detroit Youth Department. Fundraising efforts can help sustain programs once the initial funding source ends. This should be a continuous effort.

Conclusion

You too can develop or be involved in a successful public-private partnership. Through the planning of the BFI/SafeUSA projects a formula has been developed to implement community injury prevention programs. We offer you this model so you can implement similar projects in your community. Hopefully the lessons we learned during the projects can help you to improve your efforts. We invite you to explore the SafeUSA website or call the hotline for answers to all of your safety questions. You can also learn how your organization or business can become a SafeUSA partner. Refer to the checklists and to the resource page of this tool for guidance in the development of your partnerships and programs.