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Los Angeles

Assessment of a Public-Private Partnership

Addressing Childhood Obesity in

Southern California

A dissertation submitted in partial satisfaction of the
requirements for the degree Doctor of Public Health

by

Portia Alexandria Jackson

2012

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ABSTRACT OF THE DISSERTATION

Assessment of a Public-Private Partnership

Addressing Childhood Obesity in

Southern California

by

Portia Alexandria Jackson

Doctor of Public Health

University of California, Los Angeles, 2012

Professor Antronette K. Yancey, Chair

Background: The health implications of overweight and obesity warrant preventive action at the local level. Fiscal challenges have underlined the need for innovative partnerships between public and private sectors to address population health. The *FriarFit* initiative is a partnership between a professional sports franchise and public health organizations aiming to promote nutrition and physical activity in San Diego, California.

Methods: Key stakeholder interviews (N=21) with partners as well as staff from local school districts informed a case study on motives for engagement, initiative implementation and sustainability, and partner outcomes. A survey conducted with participants enrolled in university-based behavioral labs in Los Angeles and San Diego

(N=551) explored partnership outcomes for private partners by assessing whether the fit of a fictitious initiative with the mission of the San Diego Padres influenced consumer evaluation of the franchise and patronization intentions. Participants were randomized to read a brief history of the San Diego Padres (control), a summary of a low-fit initiative (breast cancer), or a summary of a high-fit initiative (childhood obesity).

Results: The case study found that partnering organizations shared common motives. The involvement of program champions, leadership buy-in, and use of existing infrastructure helped sustain core activities over a four-year period. Co-branding helped drive participation in a partner's public health program, but sustainability of these efforts was dependent on funding for incentives. Stakeholders desired to establish open communication and review their mission, activities, and desired outcomes moving forward. School respondents reported significant barriers to promoting nutrition and physical activity, and requested additional resources to drive the implementation of *FriarFit Instant Recess®*, a physical activity DVD, in schools. The partner engagement survey demonstrated that the presence of an outreach initiative, regardless of its fit with the organization mission, positively influenced consumer evaluation of the franchise. However, respondents who were exposed to the high-fit initiative, were from the San Diego survey site, or had a high level of interest in baseball were significantly more likely to express future intentions to patronize the organization.

Conclusion: These results provide encouraging evidence that partnerships to address public health issues can yield beneficial outcomes for participating organizations.

The dissertation of Portia Alexandria Jackson is approved.

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University of California, Los Angeles

2012

DEDICATION

This is dedicated to the memory of the public health heroes I met while on my journey. Dr. Lester Breslow, a public health legend, who generously offered his wisdom as an advisor and nurtured my growth. Dr. E. Richard Brown, one of the most genuine and passionate professors I have had the opportunity to learn from and work with while at UCLA. Christine Niemi, a student who persevered beyond her own battle with cancer to become a leader in the fight against colorectal cancer at the national level. The lessons each of you shared with me will remain in my heart forever.

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LIST OF ACRONYMS

| | |
|------|--------------------------------------------|
| AAPI | Asian, Asian American, or Pacific-Islander |
| BMI | Body Mass Index |
| CBPR | Community-Based Participatory Research |
| CRM | Cause-Related Marketing |
| CSR | Corporate Social Responsibility |
| CPPW | Communities Putting Prevention to Work |
| IOM | Institute of Medicine |
| PI | Performance Improvement |
| PE | Physical Education |
| WIC | Women, Infants, and Children |

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CHAPTER 1: INTRODUCTION

1.1 Overview

This project was designed to identify key elements essential to forming and nurturing partnerships between public and private entities for the express purpose of developing sustainable evidence-based policy and programmatic interventions that address childhood obesity in metropolitan areas. The results of this research aim to contribute towards the business case for partnerships that represent innovative approaches to chronic disease prevention and ultimately drive public health impact. The first study focuses on efforts that partners engage in both to address public health issues as well as to achieve partner-related outcomes, while the second study examines private partner outcomes resulting from these efforts. Partner engagement outcomes for public partners include increased visibility and access to a target population, while outcomes for private partners include increased business, a positive evaluation of the organization among consumers, and consumer intention to utilize an organization's products or services. This research employs both qualitative and quantitative research methods.

A case study of the *FriarFit* Initiative, a public-private partnership addressing childhood obesity through activities in the San Diego Padres' PETCO Park, community events, and schools throughout San Diego County uses a qualitative approach. Information sources include archival documents and key stakeholder interviews with public and private partners, as well as schoolteachers and wellness coordinators. The discussion guide

for partner interviews is based on an Institute of Medicine framework created to evaluate public-private partnerships addressing obesity.

The second component of this study quantitatively examines partner engagement outcomes resulting from private sector involvement in health-focused community initiatives from the public “spectator” perspective. Specifically, it seeks to determine whether the perceived fit of corporate social responsibility activities conducted by a professional sports franchise influences consumer perceptions of the franchise, as well as consumer intention to patronize the franchise in the future by attending games. The ultimate goal of this research is to identify factors that motivate private sector entities to engage in public health partnerships and that lead to program sustainability over time. The lessons learned will contribute to the development of future local-level partnerships addressing the promotion of healthier nutrition and increased physical activity in populations at high risk of overweight and/or obesity.

1.2 Statement of Problem

1.2.1 Background

Overweight and obesity are terms used to classify individuals who are at risk for health complications due to excessive body fat. Individuals are classified as underweight, normal, overweight, or obese by dividing their weight (in kilograms) by the square of their height (in meters) in order to obtain their Body Mass Index (BMI). A BMI of 25-29.9 is considered overweight for adults, while a BMI of 30 or higher is considered obese¹

¹ Body mass index (kg/m^2) is calculated by dividing an individual’s weight (in kilograms) by the square of his or her height (in meters):

Underweight: under $18 \text{ kg}/\text{m}^2$

Normal weight: $18\text{-}24.9 \text{ kg}/\text{m}^2$

(Kumanyika & Brownson, 2007; World Health Organization, 2006). BMI percentile charts that are specific for age and gender are used in children, with the percentile placing individuals on the distribution of all children of the same age and gender. Body fat varies between boys and girls, and shifts significantly during the first eighteen years of life (Centers for Disease Control and Prevention, 2011). A boy whose BMI is between the 85th and 95th percentile of all boys his age would be considered overweight, while a boy whose BMI is at the 95th percentile or above would be considered obese.

Childhood obesity is a growing health threat in the United States. Between 1963-1965 and 2007-2008, the prevalence of obesity among children between the ages of six and 11 (based on clinical examination) nearly quadrupled (Ogden, Carroll, Curtin, Lamb, & Flegal, 2010). From 2003-2007, the prevalence of obesity increased by 13.6% among youth between 10-17 years of age in California, compared to a 10.4% increase nationwide (based on self-report) (Singh, Kogan, & van Dyck, 2010). The sharper increase among youth in California may be attributable, in part, to the diversity of the population. The 2007 National Survey of Children's Health, which focuses on child and adolescent populations, found that compared to white non-Hispanics, black non-Hispanics were 71% more likely to be obese, and Hispanics were 76% more likely to be obese (Singh, et al., 2010). Additionally, children and adolescents from households whose family income was less than 100% of the poverty threshold² were more than twice as likely to be obese or overweight as children from households whose family income was at least 400% of the poverty threshold.

Overweight: 25-29.9 kg/m²

Obese: 30 kg/m² or higher

² In 2007, the poverty guideline was \$20,650 for a family with four members.

The health implications of obesity among youth are serious, as overweight youth are more likely to be overweight or obese as adults, with increased risk of heart disease, stroke, type 2 diabetes, some forms of cancer, and osteoarthritis (Centers for Disease Control and Prevention, 2009). Obesity-related diseases such as diabetes are responsible for a growing number of preventable deaths in the United States, as well as mounting health care costs to individuals and self-insured employers (Centers for Disease Control and Prevention, 2010d). Average per capita health care expenses were \$1,400 higher in 2006 for people who were obese compared to those who were of a normal weight. Health care costs attributed to obesity were approximately \$147 billion in 2008 alone. According to the CDC, annual obesity-related hospital costs for children and adolescents have more than tripled over a twenty year period, rising from \$35 million between 1979-1981 to \$127 million between 1997-1999 (Centers for Disease Control and Prevention, 2010d).

Furthermore, overweight and obesity can negatively impact health-related quality of life in youth. Research conducted by Friedlander et al. found that overweight children scored lower on a scale measuring psychosocial health and subscales assessing self-esteem and physical functioning than normal weight children, while children at risk for overweight score lower on physical functioning than normal weight children (Friedlander, Larkin, Rosen, Palermo, & Redline, 2003). Increasing rates of obesity point towards the need for effective interventions, particularly those tailored to improving access to nutritious food and opportunities for physical activity in predominantly minority and/or low-income populations.

1.2.2 Addressing Obesity in the School Setting

The vast majority (96.6%) of the U.S. population between the ages of five and 17 are enrolled in school (nursery or kindergarten through high school) (United States Census Bureau, 2009), making it an ideal setting for modeling health-promoting behaviors, as well as providing healthy food options and opportunities to engage in physical activity (Story, Kaphingst, & French, 2006). However, a 2010 survey of local education agencies representing one in four students in California found that 14% of respondents made cuts to food and nutrition services, 12% made cuts to physical education, and one in three made cuts to facilities (33%) and teaching staff (32%) (California Department of Education, 2010). Fiscal challenges and an increased emphasis on standardized test performance have led to cuts in art, music, and physical education, but this has not had a positive effect on test scores (Wilkins, et al., 2003). In fact, participation in physical activity is associated with improved concentration, memory, and classroom behavior (Trudeau & Shephard, 2008), and aerobic fitness is associated with higher standardized test scores (Roberts, Freed, & McCarthy, 2010).

In 2008, Physical Activity Guidelines for Americans were introduced by the U.S. Department of Health and Human Services for the first time (U.S. Department of Health & Human Services, 2008). It was recommended that children and adolescents between the ages of six and 17 engage in at least one hour of physical activity every day. At least three days per week, this should include vigorous intensity physical activity (such as running or basketball), muscle strengthening, and bone strengthening activities. According to the 2007 California Health Interview Survey, 38% of students in California reported that they did not participate in physical education at school (Diamant, Babey, & Wolstein, 2011).

Intervals of activity as short as ten minutes can count towards achieving federally recommended levels of physical activity (U.S. Department of Health & Human Services, 2008). Recent research has found that bouts of physical activity at least ten minutes in length are associated with greater benefits on adiposity than bouts of shorter duration, and suggests that bouts of moderate to vigorous physical activity in youth conducted throughout the day may be more predictive of overweight or obesity status than accruing physical activity in one time period (Mark & Janssen, 2009).

Researchers urge school leadership to incorporate activity breaks into the classroom, with the goal of capitalizing on the effects of fitness on academic performance (Sallis, 2010). Analyses from the Early Childhood Longitudinal study found an increase in math and reading achievement among elementary school girls who engaged in higher amounts of physical activity (75-300 minutes per week) compared to girls who received less than 35 minutes of physical activity per week (Carlson, et al., 2008). A systematic review of studies examining the relationship between physical activity and academic performance found that while reducing time spent on academic subjects to make time for up to an hour of school-based physical activity—including physical education, unstructured activity, or sports—did not have an adverse effect on academic performance (and may, in fact, have positive effects), taking time from physical education curricula to focus on academic subjects did not increase performance in those subjects (Trudeau & Shephard, 2008).

A plethora of studies have found that school-based interventions can improve body mass index and other health indicators (Bartholomew & Jowers, 2011; Donnelly & Lambourne, 2011; Katz, et al., 2010; Kibbe, et al., 2011), as well as attention to task and

academic performance (Bartholomew & Jowers, 2011; Centers for Disease Control and Prevention, 2010a; Donnelly & Lambourne, 2011; Kibbe, et al., 2011; Mahar, 2011). Take 10!® is a program that integrates ten minutes of physical activity with academic lessons that are specific to each grade. A recent review of Take 10!® interventions conducted over a ten-year period found that teachers across several of the sites reported using Take 10!® in their elementary school classrooms four days per week, on average (Kibbe, et al., 2011). Furthermore, increased levels of engagement in physical activity, time on task, and academic performance were observed in students who were involved with the Take 10!® Program. Physical Activity Across the Classroom (PAAC), which used Take 10!® resources to incorporate moderate to vigorous physical activity into academic lessons for 90 minutes per week, found that students who participated for at least 75 minutes per week had significantly lower increases in BMI over a three year period than students who participated for less than 75 minutes per week (Donnelly, et al., 2009). Also, participating schools demonstrated significant improvement in daily physical activity and academic achievement compared to schools that did not participate. Standardized academic test performance improved six percent among students in participating schools, while performance decreased by one percent in the control population (Donnelly & Lambourne, 2011).

A program that integrated physical activity into math lessons found that participants demonstrated longer and more intense levels of physical activity (measured via accelerometer and pedometer) during math class and throughout school days during the intervention compared to baseline measurements (Erwin, Abel, Beighle, & Beets, 2009). Texas I-CAN! presented a learning approach where teachers could teach lessons tied to

their state-mandated curriculum while engaging students in physical activity, with flexibility to adapt to their own lesson plans or curriculum requirements for other states (Bartholomew & Jowers, 2011). Results demonstrated that providing equipment, lessons and training for teachers improved their willingness to implement the intervention, while students improved attention to task and total step counts. Energizers®, a ten-minute lesson that integrates classroom learning content with physical activity, is an example of a program that teachers can easily be trained to lead (training sessions lasted only 45 minutes) and has been proven to improve attention to task among participating students (Mahar, et al., 2006). Because of its potential to translate into improved behavior and academic performance, attention to task may be a powerful incentive for teachers to incorporate physical activity in the classroom (Mahar, 2011).

Instant Recess® was developed to integrate bouts of physical activity in schools, workplaces, and other settings that are scientifically designed to maximize energy expended and enjoyment while minimizing injury risk and perceived exertion (Yancey, 2010). It is grounded in diffusion of innovations theory, marketing, and social psychology, and is characterized by the following principles: 1) institutionalization, 2) compulsory opportunity with voluntary participation, 3) ubiquity, 4) social interaction, 5) entertainment and enjoyment, 6) branding familiarity and distinction, 7) implementation within available facilities and space, 8) cultural congruence and adaptability, 9) carryover or spillover to other venues, and 10) reinforcement of the mission (Yancey, 2010). The concept behind Instant Recess® is to provide a low-cost approach to being active in settings where individuals regularly gather for work, worship, learning, entertainment or other activities. It utilizes a “push” approach in which activity is the default option or path

of least resistance, rather than a “pull” approach that requires individual motivation and volition, which may attract and engage only those who are already active on a regular basis. Individuals are already in the setting in which the break will take place, and the default option is to participate rather than to opt out. Participation is encouraged on the behalf of the organization, but never required.

A wide range of DVDs and audio CDs have been produced, with music and choreography consisting of low-impact movements that reflect a variety of sports and dances, and cultures. Several of the DVDs feature professional baseball, football, or basketball athletes (San Diego Padres, Atlanta Falcons, LA Lakers, LA Sparks, Atlanta Dream). The ten-minute routines are designed to be easily performed in any environment and can be modified according to the participant’s ability level. A study conducted in Forsyth County, North Carolina found that elementary school students who were in classrooms that participated in Instant Recess® significantly improved their levels of light and moderate physical activity, as well as time on task compared to students in classrooms that did not participate in the intervention (Whitt-Glover, Ham, & Yancey, 2011). The increase in physical activity was maintained at follow-up the following semester.

There is a tremendous opportunity for teachers to positively influence their students’ decision-making in regards to nutrition and physical activity by serving as role models in the classroom environment. However, to do so will require shifting social norms and providing support at the institutional level (Yancey, 2006). A study of adolescents in California found that students who identified teachers as role models were more likely to report adequate levels of fruit and vegetable consumption and physical activity, and those who identified athletes as role models were more likely to report engaging in physical

activity on a regular basis (Yancey, Grant, Kurosky, Kravitz-Wirtz, & Mistry, 2011). The involvement of athletes in activity breaks can have a “halo effect”, where positive perceptions of the athlete’s on-field performance and popularity may spill over to an individual’s evaluation of the overall product and therefore motivate his or her desire to participate (Thorndike, 1920). However, it is important to note that negative publicity generated about featured athletes may potentially have the opposite effect.

While there is extensive literature documenting short-term gains related to obesity prevention and control in school settings, the preservation of intervention benefits remains a challenge (Shaya, Flores, Gbarayor, & Wang, 2008). A systemic review of activity break interventions held in school, worksite, and faith-based settings suggests that outcomes realized through organization-level interventions may be better sustained over the long-term than interventions which focus efforts at the individual level (Barr-Anderson, AuYoung, Whitt-Glover, Glenn, & Yancey, 2011). Collaborative efforts at the government, community, and school-level can lead to the development of evidence and practice-based interventions, implementation over a longer course to maintain positive results, as well as the identification of funding needed to support widespread implementation of such efforts.

Researchers have encouraged that an infrastructure be created in order to foster collaboration between public health and multiple sectors in addressing obesity, including: government, community, academic, media, and corporate partners (Huang 2009). Khan et al. recommended collaborative partnerships as a strategy for obesity prevention (Khan, et al., 2009). They highlighted the importance of private industry involvement in fighting the obesity epidemic, and viewed community coalitions as essential to the overall effectiveness of such efforts, with “multiple perspectives, talents, and expertise” contributing to their

overall effectiveness. Public health practitioners are increasingly encouraged to partner with organizations seeking market sustainability as well as image enhancement among consumers (Huang & Yaroch, 2009). The private sector presents significant opportunities for investment, but often lacks the technical expertise to ensure interventions are evidence-based, sustainable, and impact-driven. The success of the public-private partnerships to date is likely the result of appropriate matching of corporate mission with targeted health issues.

1.2.3 Motives for Private Sector Engagement in Obesity Prevention Efforts

In order to properly match private partners with public health issues, it is important to understand the motives that drive private partner engagement. A multitude of theories have been crafted in order to explain the underlying motivations for corporate social responsibility, as well as its function within the firm and society as a whole. According to Garriga and Mele, there are four major groups of theory or approaches regarding corporate social responsibility (CSR) (Garriga & Mele, 2004):

- Instrumental: social initiatives are an instrument for economic outcomes
- Political: responsible use of corporate power
- Integrative: as a tool to satisfy social demands (interdependence of business and society)
- Ethical: corporate responsibility to society

In each of these cases, it is assumed that the corporate entity proactively engages in CSR in order to draw a desired response from society, or more specifically, their consumers. In the end, the goal is to stimulate increased consumption of their products or services, or target new consumer markets.

The Daena model explores the neural and economic underpinnings of CSR, proposing that “cooperation and competition through social interactions cause empathic and altruistic behaviors, which in turn through affective response, cognitive capacity, emotion regulation and reciprocity configure the stage of CSR” (Abreu, 2008). The model explores how these relationships motivate companies to engage in socially altruistic activities. This model advances the notion that a company's decision to engage in CSR is motivated from interactions within the firm, with other businesses in the market, and with society, and follows a cyclical pattern over time (Abreu, 2008):

- Stage 1: Social interactions and reciprocity foster cooperation and competition
- Stage 2: Collective empathy and altruism in the firm
- Stage 3: Motivate CSR activity
- Stage 4: CSR motivates trust and social preferences in stakeholders via a rewarding mechanism (returning to Stage 1)

In this case, CSR is a tool necessary for other transactions important to the vitality of a business organization, namely building the trust of stakeholders, motivating employees, and enhancing the competitive nature of the market.

Once a company decides to devote its resources to CSR-related endeavors, the next crucial step is the strategic selection of which social issues their organization should address. The most common business approaches to corporate giving are: 1) community and economic development, 2) philanthropy and community relations, and 3) non-strategic giving (America, 1995). Community and economic development ultimately protects the interests of the corporation: by ensuring that the universities, hospitals, and public infrastructure in the communities surrounding their headquarters are maintained, they increase the property values of corporate buildings and homes belonging to employees,

which is important for recruiting talent to their organization. Philanthropy and community relations often focus on donations to health, research, education, the arts, organizations such as United Way, and other endeavors seeking the social good (America, 1995). However, corporate giving practices often lack strategy, as the interests of leaders within the company may trump the needs of the surrounding community as the guiding light for investment. Recent studies have elicited the finding that a compelling business case is needed in order to motivate corporations to engage in CSR efforts in disadvantaged communities (Trebeck, 2008). Political considerations are also a motivating force behind corporate philanthropy (in addition to altruism and business interests).

The actions of firms, including their philanthropic contributions, are constantly being monitored and evaluated by shareholders and the target consumer (Nownes & Cigler, 1998). Based upon a meta-analysis of two decades of literature on corporate social performance and financial risk, the reputation of a corporation in regards to social responsibility was found to have a negative correlation with total market risk (Orlitzky & Benjamin, 2001). Such activities help to foster trust, social capital, and minimize anxiety regarding the financial solvency of an organization, thus increasing confidence with key stakeholders.

1.2.4 Ethical Considerations for Health-focused Public-Private Partnerships

Corporations can play a key role in promoting community wellness through corporate social responsibility efforts (Novelli, 2009). In recent years, food industry conglomerates such as McDonald's, Coca-Cola, PepsiCo, and Kraft have helped fund community programming that encourages wellness, such as PepsiCo's financial support of

YMCA efforts to promote healthy lifestyles—a significant contribution of \$11.6 million dollars over a five year period (Ludwig & Nestle, 2008). However, the question remains whether their attempts to add healthy items to their product lines and promote a message of health are undermined by their less healthy products and intense marketing of such items to children and adults. These efforts often focus on individual behavior and making healthy choices, or encourage physical activity through advertisements and the funding of playground equipment rather than addressing nutrition or large-scale environmental changes (Yancey, 2010). Food corporations and the groups they sponsor (such as the Center for Consumer Freedom) have a history of lobbying against policies that address healthy living through nutrition. Furthermore, these corporations are often seen as veiling public relations activities as corporate social responsibility.

Researchers contend that efforts across sectors to address physical activity are inadequate when compared to efforts for nutrition and other risk-associated behaviors (Morabia & Costanza, 2009; Yancey & Sallis, 2009). While the food industry has been quick to tout its efforts to address childhood obesity, it has been more difficult to draw out major industry players whose products promote sedentary behavior (Institute of Medicine, 2006, 2007).

Yancey and Dorfman suggest there is a tremendous opportunity for the private sector to address childhood obesity through efforts to address the environment that shapes health behavior—rather than focusing attention on individual responsibility (Dorfman & Yancey, 2009). To guide such efforts, Ludwig and Nestle (2008) suggest the creation of a “level playing field, with clear rules of conduct.” They call for the alignment of financial objectives of the food industry and public health goals. Kraak et al. suggest the

development of a code of conduct for public-private partnerships, similar to those that guide private sector interactions in academia-industry and foundation-grantee relationships (Kraak, Kumanyika, & Story, 2009). Yancey and colleagues have recommended similar principles of engagement (Yancey, et al., 2009).

The potential of partnerships to leverage resources across sectors is attractive, but also comes with the responsibility of ensuring resulting efforts are carried out with transparency and accountability from all partners involved. Defining ethical boundaries that are sensitive to the needs of the partners involved can help ensure financially based motives do not compromise health promotion efforts. Monitoring and evaluation of partnership outcomes can help to gauge progress and effectively address challenges that may arise. According to Huang and Yaroch, partnerships must focus on "fostering of trust, open dialogue, discussion of synergy and challenges, transparency, accountability, governance, and defined leadership" (Huang & Yaroch, 2009).

1.2.5 Potential Benefits of Professional Sports Franchise Involvement

The conflict often expressed by public health advocates in regards to partnering with the food industry is not as evident in physical activity partnerships (e.g. sports teams, sports apparel companies, active video games), where there is less of a conflict between the public health mission and the partnering entity's profit-generation from their product line or service. While most fitness apparel companies have traditionally focused on the elements of sports competition, some are realizing they are well positioned to promote their image and reach new consumers while promoting physical activity at the population level. Nike, for example, has developed or collaborated with several programs focused on physical activity promotion (PE2GO, Native American Diabetes Prevention Program and

NikeGO, Reuse-A-Shoe/NikeGO Places, and NikeGO Advocacy), and spoken before Congressional committees regarding its efforts (DeStephano, 2004). The National Football League has partnered with organizations including Action for Healthy Kids, the American Heart Association, FITNESSGRAM, the Let's Move Campaign, and the National Dairy Council, to launch nationwide efforts to promote nutrition and physical activity (NFL Properties LLC, 2012). Keen Footwear has promoted workplace wellness through its "Recess is Back campaign", which provides free Instant Recess® toolkits to worksites and helps them calculate their return on investment for activity breaks (Keen Footwear, 2012).

Professional sports franchises may be an ideal match for partnerships aimed at local communities. Not only do sports venues provide a safe arena for engaging communities in physical activity (Yancey, et al., 2009), but encouraging community participation in physical activity promotions may translate into increased attendance (Dorfman & Yancey, 2009). For the public partner, involvement with a high-profile sports team can bring much needed visibility of public health issues in the community.

There are unique considerations for engagement in corporate social responsibility for professional sports teams that often directly benefit their organization. Researchers have posited that sports franchises differ from traditional organizations in the following ways: fans express a highly personal affinity for teams, the teams are embedded within the community, and many of the athletes are given celebrity status (Walker & Kent, 2009). Past studies indicate that fans of professional sports franchises expect teams to reach out the local community by engaging in corporate social responsibility-related activities (Alonso & O'Shea, 2012; Walker & Kent, 2009). Consumers of both high and low team affinity were particularly supportive of efforts to reach out to youth and nurture developing talent, but

expressed divergent opinions in regards to the extent to which such activities should be prioritized amongst sports competition and financial responsibilities (Alonso & O'Shea, 2012).

Community involvement is seen as a mechanism to create positive associations between fans and the team, thus influencing feelings of team identification (Gwinner & Swanson, 1987; Sacks, Swinburn, & Lawrence, 2009; Sutton, McDonald, Milne, & Cimperman, 1997). Walker and Kent assert that CSR-related activities may be particularly important in influencing the perception of those who express a low team affinity, and in helping preserve morale among fans when the team is experiencing a losing season (Walker & Kent, 2009). In a survey conducted among NFL fans, 16% of organizational reputation was attributed to corporate social responsibility-related activities. Furthermore, regardless of whether they were familiar with such activities prior to the survey, participants generally had a positive perception of the franchise upon being informed of activities teams were engaged in with the community. While CSR appeared to influence word of mouth and merchandise purchase, it did not appear to have a direct effect on future attendance.

However, a study conducted among basketball fans in Korea found that much of the variance in intention to attend future games could be attributed to team perception (Kim, Kwak, & Kim, 2010). Although this research was focused on cause-related marketing (CRM), its implications for corporate social responsibility research are important. While Kim et al. found that CRM was not directly responsible for influencing re-attendance, their work suggested that it could help respondents formulate a positive perception of the team leading to increased intention to attend future games. Not surprisingly, the relationship

between corporate social responsibility and the consumers' intent to purchase is complex (Beckman, Colwell, & Cunningham, 2009). A study that found sports franchise support of causes had lower impact on consumer intent to patronize the organization than non-sports related businesses hypothesized that consumers may have an expectation that sports teams engage in such activities—thus providing less of an effect (Roy & Graeff, 2003).

Researchers have found that corporate social responsibility-related activities that are not perceived as sincere may be detrimental to the organization (Drumwright, 1996; Osterhus, 1997). In a study conducted by Yoon et al., researchers found that participants were more likely to believe companies with poor reputations had sincere motives for CSR activities when there was a low benefit salience (or perceived fit) between the organization's core product or service and the CSR-related activity (Yoon, Gürhan-Canli, & Schwarz, 2006). On the other hand, they were more suspicious about the intent of the organization when there was a high perceived fit between the organization's core product or service and the CSR-related activity. Given that past research indicates fans generally have an expectation that professional sports franchises engage in corporate social responsibility, how perceived fit would influence consumer perceptions in this environment is an open question. This project will contribute towards the understanding of factors that contribute to the long-term sustainability of partnerships addressing obesity at the community level. It will also examine motives for partner engagement, as well as partnership outcomes that may motivate sustained partner involvement.

1.3 Organizational Context

1.3.1 History

The San Diego Padres were established as a franchise in Major League Baseball's National League in 1968 (MLB Advanced Media, 2011a). The organization has had nine players inducted into the National Baseball Hall of Fame, including Dave Winfield (current Executive Vice President, Senior Advisor) and Tony Gwynn, Sr. (MLB Advanced Media, 2011e). The Padres Foundation was developed in 1995 by John Moore, Chairman, as a fund of the San Diego Foundation (MLB Advanced Media, 2011b) to fund outreach for the Padres, with activities primarily aimed towards children.

1.3.2 Mission

The Padres Foundation states its mission as follows:

“The San Diego Padres are a community asset, committed to making a meaningful and enduring impact on youth in the areas of health, education and baseball/softball. We are guided in this mission to inspire youth to LIVE a healthy life, LEARN, and PLAY.” (MLB Advanced Media, 2011c)

1.3.3 Structure

The foundation is housed in the Community Relations department of the San Diego Padres franchise, with two full-time staff. Funds are raised for the foundation through corporate sponsorship and activities that encourage fan involvement. The Padres Foundation has established itself as a community partner in addressing various issues of importance to their fan base, and is currently a business domain partner for the San Diego County Childhood Obesity Initiative.

1.3.4 Importance of the Problem within the Organizational Context

Results from the 2009 San Diego Youth Risk Behavior Survey indicate that only 16% of high school students reported meeting the national recommendations for physical activity (≥ 60 minutes per day). In 2009, only 32% of San Diego high schools required participation in PE in all grades (Centers for Disease Control and Prevention, 2010c), and accordingly, 44% of students reported that they did not participate in school-based physical education during an average week. Only 24% of students reported meeting the national recommendation of eating at least five servings of fruits and vegetables per day (Centers for Disease Control and Prevention, 2010c), while the vast majority of students (86%) reported that they ate less than three servings of vegetables per day during the seven days preceding the survey.

In 2010, Community Health Improvement Partners held community forums in all six regions of San Diego County, capturing the perspectives of 201 stakeholders from various programs, agencies, and stakeholders (Community Health Improvement Partners, 2011). The stakeholders ranked nutrition and weight status, and physical activity and fitness as the top two health-related behaviors requiring community action. They were also ranked highest in regards to the size and seriousness of issues faced by San Diego County residents. Nutrition and weight status was believed to be the most important health-related behavior among stakeholders. They identified the following factors as root causes of problems related to weight status, nutrition, and physical activity:

- Limited access to affordable, fresh, healthful foods
- Limited access to safe, affordable space for physical activity
- Societal norms do not support physical activity
- Fast foods are easily accessible, less expensive and marketed heavily
- Society's encouragement of sedentary activities

- Fear of crime and safety issues related to being physically active in neighborhoods and parks
- Language barriers

Several areas of metropolitan and rural San Diego have been classified as food deserts by the U.S. Department of Agriculture (Economic Research Service, 2011a). Food deserts are economically deprived areas that lack access to nutritious, affordable sources of food (Economic Research Service, 2011b).³

Geographical proximity to a greater number of fast food restaurants and convenience stores relative to grocery stores has been associated with a higher incidence of obesity and diabetes, especially for those living in low-income communities (California Center for Public Health Advocacy, PolicyLink, & UCLA Center for Health Policy Research, 2008). Diets high in fat and sugar are more common among individuals from low-income households, who spend a higher proportion of their disposable income on purchasing food than those with more financial means (Drewnowski & Specter, 2004).

Given the presence of food deserts in San Diego communities, an increased focus on nutrition and physical activity in the school setting is of urgent importance. As of 2010, more than 40 schools and districts in San Diego County have established wellness policies, in accordance with requirements of The Child Nutrition and WIC Reauthorization Act for districts participating in the School Lunch Program (San Diego County Childhood Obesity Initiative, 2010c). However, less than half of the policies address the nutritional composition of foods sold at lunch, such as sodium or the inclusion of whole grains.

³ Food deserts are defined as: a) Census tracts with a poverty rate >20% or median family income <80% of the median family income for the area, b) >500 people OR >33% of the population in the census tract live at least one mile away from a supermarket or large grocery store (>10 miles for rural tracts).

Furthermore, while 28 of these policies address moderate to vigorous physical activity, the majority focus on providing opportunities for physical activity that are vaguely defined, if at all, rather than listing specific activities or physical activity requirements.

Given the complexity of these issues, it is essential that all sectors of society be involved in developing potential solutions. Increasing access to safe environments for physical activity, as well as the availability and affordability of nutritious foods are prominent priorities, especially in low-income areas. The San Diego Padres, as a highly visible private organization, is uniquely poised to lend visibility while promoting healthy lifestyles to fans, local schoolchildren, and the surrounding community.

1.3.5 *FriarFit* Initiative

With obesity identified as a priority issue in San Diego, the Padres approached The California Endowment to determine how they could garner foundation support to address prevention. This led to the creation of the FriarVision Fitness Fanatics Initiative (*FriarFit*), a partnership between the San Diego Padres, The California Endowment, UCLA, Sportservice (PETCO Park concessionaire), the San Diego Childhood Obesity Initiative, local public health partners, and school and community programs, in 2008 (MLB Advanced Media, 2011d). The nutrition component sought to increase access to healthy items in the ballpark, working with the concessionaire and local nutritionists to add healthier *FriarFit*-branded items to the ballpark menu. To address physical activity, a ten minute Instant Recess® DVD and CD, featuring current and former players, were produced in conjunction with the UCLA School of Public Health. Padres staff led children in Instant Recess® one hour prior to the start of Sunday home games during the 2008-2011 seasons, and continues in 2012 at the time of this writing.

Public health organizations have also collaborated with the *FriarFit* initiative in order to extend its impact in the community. California Project LEAN (Leaders Encouraging Activity and Nutrition) assisted in the training of teachers of parents and along with the Network for a Healthy California distributed Instant Recess® DVDs in schools, afterschool programs, and at community events throughout San Diego County. This initiative highlights the sports industry as one example of an opportunity for public health and the private sector to strategically align for the purpose of addressing childhood obesity (Yancey, et al., 2009).

In 2010, a process evaluation was conducted by Samuels & Associates and The African American Collaborative Obesity Research Network focusing on the first two seasons of the *FriarFit* initiative (Samuels & Associates, 2010). The report identified salient stakeholder perspectives regarding the development and implementation of the *FriarFit* initiative, as well as the extent to which nutritional items had been incorporated into ballpark fare and fans were participating in the Instant Recess® in the Park at the Park area adjacent to PETCO Park. The results indicated that the intended environmental changes in ballparks and schools were still taking root and merited additional investment and effort.

According to stakeholders, the initiative was seen as a win-win for the franchise, whose leadership believed that it was not only fortuitous to engage in community initiatives from an image perspective, but that, if done correctly, it also had the potential to contribute to the bottom line. It was believed that the time and resources dedicated to planning were a key ingredient in the initiative's successes to date, and that transparent communication and collaboration between partners would be essential as the initiative continued in future seasons. The proposed project will seek to identify factors that have contributed to the

sustainability of this initiative as it concludes its fourth year, as well as partnership engagement outcomes and challenges with implementation across community sites.

CHAPTER 2: METHODS

The proposed research will use case study methodology and survey techniques in order to gather input from partners, schools, and the general population on the factors that contribute to the initiation, uptake, and sustainability of a local-level partnership formed to address childhood obesity in San Diego County. This work will build upon a body of research that engages public health with private industry in order to develop innovative approaches to obesity prevention at the population level.

2.1 Conceptual Framework

2.1.1 Theoretical Background of Activity Breaks in Organizational Settings

Bandura's Social Cognitive theory asserts that behavior, individual-level factors (e.g. cognition), and the environment simultaneously interact and influence one another (Bandura, 1986). Hence, in order to impact behavior, it is important to address barriers to physical activity at both the individual and environmental level. According to Bandura, modeling of behavior can shorten the learning curve for individuals. Instant Recess® breaks incorporate modeling of desired behavior by athletes and other important figures who serve as potential role models and reflect a diverse range of ethnic backgrounds and cultures similar to the audience (Yancey, Pronk, & Cole, 2007). The breaks are adaptable to the individual's level of ability, with the aim of increasing self-efficacy through repetition and mastery. Furthermore, they provide opportunities in the individual's environment to be active on a regular basis.

The Meta-Volition Model simultaneously considers the intersection of biological and psychological factors at the individual level and sociocultural factors and organizational

behavior at the population level in explaining the dynamic process by which the introduction of activity breaks within organizations can ultimately influence population health over time (Yancey, 2009). The model encapsulates six phases of dissemination that can easily be applied to the process of implementing activity breaks. In the *initiating* phase, influential individuals referred to as *sparkplugs* communicate the benefits of activity breaks and other health promoting strategies to organizational leaders (leader to leader). During the *catalyzing* phase, organizations introduce opportunities for engaging in physical activity, presented in such a manner that participation—while voluntary—is the default option (organization to individual). At this stage, the support of leadership and program champions (staff throughout the organization who take responsibility for carrying out the breaks) is key to implementation. As individuals participate in the new practice, positive benefits (increased energy, socializing) may foster continued participation and spillover to increased activity in other settings.

In the *viral marketing* phase, word of mouth about the breaks begins to spread throughout the organization and to other settings. As individuals recount experiences of increased self-efficacy and other positive benefits to colleagues, others may be more likely to engage when presented with an opportunity to participate in an activity break (individual to organization). In the *accelerating* phase, word of mouth regarding the benefits of activity breaks extends from the originating organization to management in outside organizations, possibly leading them to also adopt the practices in search of accruing similar benefits (organization to organization). Organizations that have access to large external audiences can market these practices via communication channels such as the internet or the production and distribution of activity breaks on DVDs. Dissemination

across sectors and expansion of reach can occur as benefits of the practices are documented, leading to the *anchoring* phase (organization to community), where social norms regarding physical activity may begin to shift towards a decreased preference for sedentary behavior. There may be an increased demand for environmental changes supportive of physical activity, which can attract support for policy at a broader level. The *institutionalizing* phase occurs when policies are enacted to support and sustain these changes at the population level, discouraging practices that promote sedentary behavior while positively reinforcing practices that promote physical activity (community to individual).

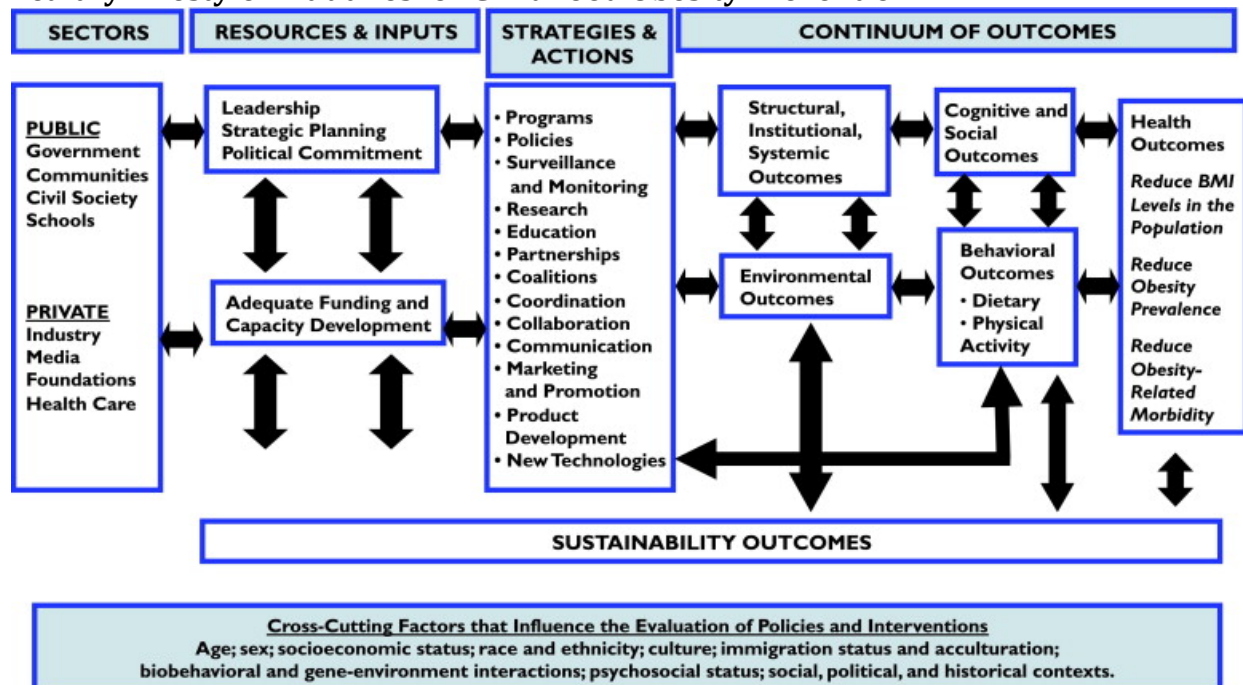
The key tenets of Rogers' Diffusion of Innovations theory explain how activity breaks can help initiate and ultimately sustain physical activity in sedentary environments (Rogers, 2003). Activity breaks provide a *relative advantage* over traditional forms of exercise in that they can be readily performed in the individual's environment, without need for special equipment (beyond a DVD or CD player). The short bouts of exercise are tailored to diverse populations in school, workplace, and faith-based settings, providing a high level of *compatibility*. The use of media (YouTube, DVDs, CDs, etc) to conduct activity breaks enhances ease of access (*simplicity*), while the short duration of the breaks and the ability to adapt the moves to a wide range of skill levels encourages participation (*trialability*). Finally, the support of organizational leadership to participate in activity breaks, promotion of breaks by program champions, as well as the visibility of breaks being conducted during meetings, in classrooms, or during services enhances *observability*.

2.1.2 Model for Public-Private Partnerships Addressing Childhood Obesity

In 2005, The Institute of Medicine (IOM) convened a workgroup to develop

recommendations for cross-sector collaborative efforts to address childhood obesity. The committee developed a framework, based on consensus findings, to guide the evaluation of current partnerships in the field of childhood obesity prevention. Research in this area, while promising, is recently emergent; currently there is not a large body of work combining the study of partnership behavior with chronic disease prevention. Hence, the proposed research will utilize the IOM framework to study factors contributing to partner engagement, program uptake, and project sustainability (Figure 2.1).

Figure 2.1 Evaluation Framework to Assess Public-Private Partnerships Supporting Healthy-Lifestyle Initiatives for Childhood Obesity Prevention



Source: (Institute of Medicine, 2007) adapted by (Kraak & Story, 2010)

This framework was developed as a tool to assess outcomes achieved by public-private partnerships focused on obesity prevention, as well as to identify intervention approaches that have produced promising results with promise for widespread, long-term implementation. It combines the strengths of models that study behavioral and environmental factors contributing to obesity prevalence (Kumanyika, 2007) with the

influence of partnership behavior on program implementation, outcomes, and long-term sustainability (Alexander, et al., 2003; Sacks, et al., 2009; Shediak-Rizkallah & Bone, 1998). The versatility of this tool allows its use for the assessment of a range of short and long-term outcomes.

The IOM framework classifies partners as public (government, communities, civil society, schools) or private (industry, media, foundations, health care). According to Sacks et al.'s Obesity Policy Action framework, partnerships allow each sector to leverage their strengths and areas of influence towards achieving a larger societal goal (Sacks, et al., 2009). For example, the government and the private sector have the greatest ability to impact socioecological approaches. The potential assets of public partners include providing program content and other information, developing "best practices", and recognizing efforts of private sector entities who participate in activities to advance public health (Simon & Fielding, 2006). However, further study is warranted to understand the motives of each partner in entering partnerships, as well as to evaluate whether expected benefits of participation were realized for each organization.

Shediak-Rizkallah and Bone emphasizes the value of identifying program champions within organizations responsible for implementation, who possess "[a] mid- to upper-level managerial position within the organization; a sense for the compromises necessary to build support for the program; and negotiating skill" (Shediak-Rizkallah & Bone, 1998). This, along with the buy-in of executive leadership (Glaser, 1981), has been identified as a key factor influencing sustainability in previous studies (Scheirer, 1990; Steckler & Goodman, 1989). This concept is reflected in the Meta-Volition model, which discusses the role of sparkplugs in introducing new practices to organizations, and the importance of

leadership and program champions in implementing practices (Yancey, 2009).

Strategic planning is a key component of partnership development. Inclusion of partners and community members in the strategic planning process can positively impact the extent to which environmental change and other outcomes are achieved (Roussos & Fawcett, 2000), as well as long-term sustainability (Shediac-Rizkallah & Bone, 1998). A strategic plan may establish desired outcomes, assign roles, generate strategies to garner support, and establish mechanisms for accountability. However, the extent to which these activities are carried out varies from one project to the next. Furthermore, the lack of sufficient time for planning, as well as barriers to involvement for partners and the target population can threaten the partnership.

Political commitment, obtained at the local, state, or federal level, lends visibility to initiative efforts and can be leveraged to obtain additional support (Roussos & Fawcett, 2000). Public health departments at the state and local level, as well as the federal government, have been increasingly encouraged to seek out collaborations with businesses and national organizations (Simon & Fielding, 2006). The involvement of policymakers and public leaders in the partnership process can prove fruitful in the development of policies (such as tax incentives and school nutrition policy) that advance health goals. Leadership, strategic planning, and political commitment, according to the framework, are essential to obtaining adequate funding and capacity development. Leadership and political commitment are both essential in securing sources of funding and ensuring there is sufficient capacity to carry out program activities, while planning specifies the resources needed to implement the program and defines partner roles.

Funding has been identified as the most significant factor contributing to sustainability (Shediac-Rizkallah & Bone, 1998), and obtaining multiple sources of funding can maximize program continuity over time (Pluye, Potvin, & Denis, 2004). Funding a program at a level that cannot be maintained by securing alternative resources once the grant ends may actually prevent sustainability. Programs in which key intervention components are discontinued may experience a reversal in initially positive health outcomes over time (Koo, Dunteman, George, Green, & Vincent, 1994). Hence, it is important to consider factors that could sustain program efforts at the beginning of the development phase. The dedication of resources for program activities is a precursor to the implementation process, which often ends when funding ceases (Weber, 1995).

Minkler et al. defines dimensions of community and partnership capacity that incorporate community-based participatory research (CBPR) principles (Minkler, Vásquez, Tajik, & Petersen, 2008), adapted from Goodman et al.'s dimensions of community capacity (Goodman, et al., 1998) and Freudenberg's application of the dimensions to environmental health (Freudenberg, 2004). Examined in the context of four CBPR partnerships, leadership, participation, skills, resources, social and organizational networks, and shared values were deemed most the essential dimensions. Strategies for sustainability in regards to capacity included establishing and locating new sources of revenue, creating relationships with new potential partners, and collaborating with policy makers to support change.

Strategies and actions encapsulate the programmatic activities or policy approaches undertaken by partnerships. They are classified in the IOM framework as follows: programs, policies, surveillance and monitoring, research, education, partnerships,

coalitions, coordination, collaboration, communication, marketing and promotion, product development, and new technologies. Assessment of the degree to which strategies and actions are created and carried out in the population is an important indicator of partnership impact. According to the framework, these strategies and actions feed into intermediate, short-term, and long-term outcomes, as well as long-term sustainability.

For the purposes of this framework, IOM defined outcomes as “the extent of change in targeted policies, institutions, environments, knowledge, attitudes, values, dietary and physical activity behaviors, and other conditions between the baseline measurement and measurements at subsequent points over time” (Institute of Medicine, 2007). Outcomes were organized under the following categories:

- 1) Structural, Institutional, Systemic Outcomes
- 2) Environmental Outcomes
- 3) Cognitive and Social Outcomes
- 4) Behavioral Outcomes
- 5) Health Outcomes

Structural outcomes were described as the creation, implementation, or modification of legislation and other policies or resources that impact nutrition and physical activity (Institute of Medicine, 2007). Institutional outcomes include organizational changes that promote healthy choices and behaviors related to nutrition and physical activity. Cognitive outcomes were described as shifts in an individual’s perceptions regarding the importance of healthy eating and physical activity in preventing obesity and obesity-related diseases. Social outcomes include shifts in social norms regarding behaviors related to nutrition and physical activity. Behavioral outcomes include modifications in individual dietary choices and intensity or duration of physical activity, as well as mediators of these behaviors. Health outcomes reflect individual or population level changes that affect the risk of developing obesity and obesity-related conditions.

According to the authors of the IOM framework, the review of structural, institutional, systemic and environmental outcomes is important because in order to engage in physical activity and proper nutrition (behavioral outcomes), individuals must have access to such options in their environment (e.g. policies to ensure physical activity is implemented in schools, areas that are safe for exercise) (Institute of Medicine, 2007). Outcomes should help answer the question of whether a program should be sustained, as it can be deleterious to continue a program that does not work (Shediac-Rizkallah & Bone, 1998). Proof of positive program-related outcomes is often a stipulation of funding agreements for program continuity (Roussos & Fawcett, 2000). The dissemination of outcomes can help secure outside financial support for program continuity and expansion, as well as attract new partners.

The Institute of Medicine defines evaluation within the context of this framework as the “systematic assessment of the quality and effectiveness of a policy, program, initiative, or other action to prevent childhood obesity” (Institute of Medicine, 2007). Bossert asserts that the evaluation of program sustainability is incomplete without assessing potential benefits to health (Bossert, 1990). However, evaluations are typically conducted prior to the four-year mark, while it can take anywhere from 3-10 years to realize improvement in population health (Roussos & Fawcett, 2000). Intermediate outcomes such as behavior can be assessed on a more frequent basis, and used to inform further program implementation. Likewise, environmental outcomes such as programs, policies, and practices implemented at the community or systems level are considered to be on the pathway towards improving population health (Roussos & Fawcett, 2000), although the degree to which improvements in population health are directly attributable to environmental change has been debated.

According to Roussos and Fawcett, “the likelihood that a collaborative partnership affects improvement in population health may be related to the amount, intensity of strategy, duration, and penetration of the community and systems change it facilitates” (Roussos & Fawcett, 2000). Rosseau and Fawcett further note that the relationship between socioeconomic factors and health outcomes may influence the efficacy of partnerships. As a result, addressing issues such as poverty may be a necessary precursor to improving the health status of the target population.

In 2010, Kraak & Story proposed the addition of sustainability to the original IOM framework, stating, “there is also a need to assess sustainability outcomes that focus on building and institutionalizing financial, organizational, technical, and operational capacity to effectively prevent and reverse obesity over the long term” (Kraak & Story, 2010). One advantage of partnerships is the potential to lend stability and continuity to health-related efforts. A common stipulation of grantmakers is that grantees prove their capacity to continue programming beyond the initial grant phase (Scheirer, 2005). However, the extent to which this is achieved is of concern. A study conducted on all articles published in 1994 in 12 prominent international journals focused on public health or health promotion found that less than 11% (none of which studied physical activity) were based on research focused on diffusion or institutionalization (Oldenburg, Sallis, French, & Owen, 1999).

Although much of the literature uses sustainability and institutionalization interchangeably, one of the major distinguishing factors is that the former is often used in reference to program within a community, while the latter is almost exclusively used to refer to programs that become embedded within organizations (Johnson, Hays, Center, & Daley, 2004). Additionally, a sustainable program is often defined in the literature as one

that is able to meet the expressed needs of its stakeholders over time (Rissel, Finnegan, & Bracht, 1995; Shediak-Rizkallah & Bone, 1998), rather than its continuity within an organization (Goodman & Steckler, 1989). For these reasons, sustainability is the term used in this research to refer to the continuity of a program over time (Shediak-Rizkallah & Bone, 1998).

Shediak-Rizkallah and Bone assert in their framework for sustainability that factors within the community, organization, and program development and implementation influence sustainability as evidenced by maintaining positive health outcomes, institutionalizing the program, or increasing community capacity. These outcomes were also found in a meta-analysis of 19 studies on the sustainability of health-related programming in the United States and Canada (Scheirer, 2005). Additionally, Scheirer et al. found that the extent to which a project is sustainable in the long-term is influenced by whether (Scheirer, 2005):

- 1) A program can be modified over time
- 2) A “champion” is present
- 3) A program “fits” with its organization’s missions and procedures
- 4) Benefits to staff members and/or clients are readily perceived
- 5) Stakeholders in other organizations provide support

These factors are in line with Max Weber’s concept of the necessity of bureaucratic or charismatic domination in order to achieve routinization, and Pluye et al.’s assertion that such qualities must be embedded within the organization (Pluye, et al., 2004; Weber, 1995).

Pluye et al. posit that sustainability starts from the beginning of the program development process and is a part of each stage extending through the end of implementation phase (Pluye, et al., 2004). The resources needed to sustain programs should be considered throughout the life cycle of a program. Rather than seeking to

continue a program “as is”, the evaluation phase should inform which elements of a program, if any, should be sustained. This is in line with business research, which emphasizes the importance of proving a program’s efficacy prior to deciding whether it should be sustained (Altman, 1995). It should be noted that researchers disagree over the sustainable nature of health promotion programs, as some assert that programs must be ultimately be incorporated into institutional or public policy in order to achieve and maintain continuity of positive effects (Thompson, Lichtenstein, Corbett, & Nettekoven, 2000).

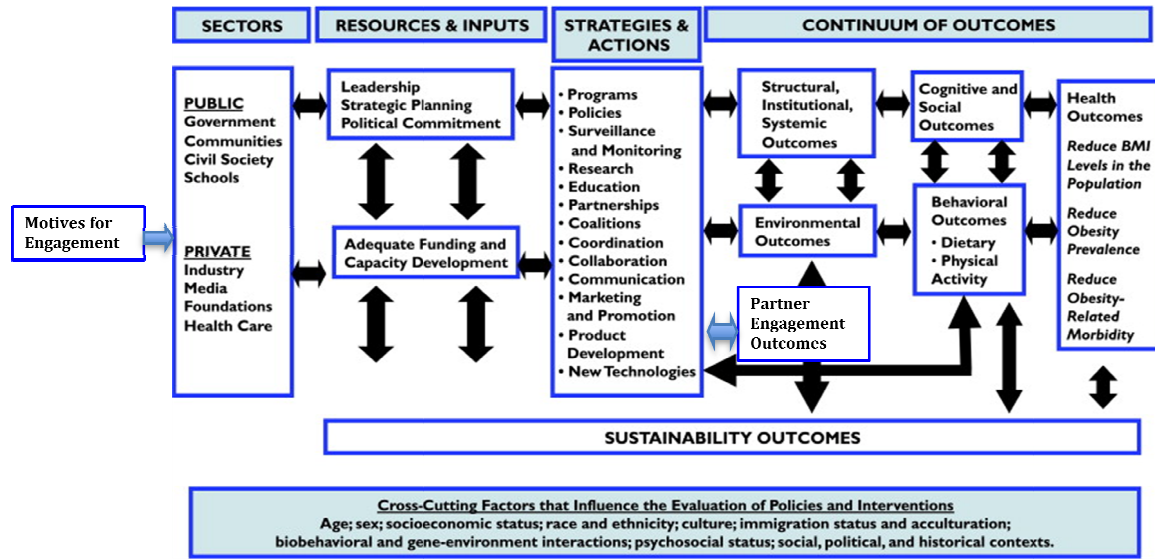
2.1.3 Gaps in Framework

Although the IOM framework provides a comprehensive overview of the process of a public-private partnership addressing childhood obesity, there are a few gaps in the current model. For example, it does not currently discuss the factors that lead to participation of public or private partners, nor does it identify the type of partners that are the best fit in a specific partnership. Partnerships must balance the interests of both public (inclusive of public health, non-profit, and other community-based organizations) and private partners (Kraak, et al., 2009). One of the greatest challenges to forming public-private partnerships is developing an equitable relationship between partners. In a research context, public health usually wields greater leverage in relationships with community organizations. Community-based participatory research has been developed with the intent of representing community interests in the development, implementation, and evaluation stages of research. However, private entities are traditionally in a much more powerful position. When engaging in a public-private partnership, partners must be mindful of the following factors:

- 1) The bottom line interest may differ among partners. For the private partner, the bottom line is profits. For a professional sports team, they also must prioritize their win-loss record. Public health partners are generally more focused on reaching their target audience with health messages, and ultimately driving health impact (Yancey, et al., 2009).
- 2) Determine whether the audience for each partner overlaps. Do public and private partners aim to reach the same target market?
- 3) What is the 'brand' of each partner? What companies would fit well with the intended message of the partnership?

Furthermore, the framework does not specifically address partner engagement outcomes. It is important to explore the expectations and desired outcomes of each partner. How do activities resulting from the partnership benefit partners involved: 1) for public partners, does the partnership lead to increased reach or visibility among their target population? 2) for private partners, does the partnership lead to improved consumer evaluation of the organization or increased utilization of their product or services? The methods outlined in this study will seek to expand the IOM framework by identifying these factors in the featured partnership (Figure 2.2). The proposed additions to this model highlight: 1) motives for engagement in order to solicit appropriate partners, and 2) the identification of outcomes that are important to private partners, and thus pertinent to the long-term goal of sustainability.

Figure 2.2 Proposed Model



This conceptual framework establishes the parameters of the proposed dissertation study. The project will explore the extent to which factors related to the partnership process and outcomes, as identified in this framework, ultimately contributed to program initiation and uptake, as well as the long-term sustainability of the initiatives under study. It will also explore whether the fit of an outreach initiative influences consumer perception of professional sports franchises, and whether this impacts intention to attend future games.

2.2 Goal

Identify factors that lead to partner engagement and the initiation, uptake, and long-term sustainability of partnerships to address childhood obesity.

2.3 Research Questions

The first three research questions are exploratory in nature rather than involving the tests of hypotheses, with the intention of guiding the interview process. The fourth research question presents hypotheses that explore relationships between the perceived fit of a CSR initiative, consumer evaluation of an organization, and consumer intention to utilize an organization's products or services.

1. What factors do key stakeholders believe contribute to partner engagement and program uptake?

Rationale: The IOM framework explains how different sectors contribute resources throughout the partnership process, but does not identify the motives that lead to initial public and private sector engagement. This research will explore factors that lead to partner engagement, as well as program uptake in schools.

2. How do key stakeholders believe resources, inputs, and outcomes influence long-term project sustainability?

Rationale: According to the IOM framework, leadership, funding and other resources allow for the development of inputs (programs, etc.), which ideally contribute to outcomes at the institutional and population level over time. However, not all partnerships have an adequate amount of resources, nor are programs and other strategies always maintained long enough in order to realize projected outcomes. Additionally, positive health outcomes

on the population level may not be evident until long after decisions have been made in regards to whether the partnership should continue.

3. How do the community outreach efforts of a private entity translate to “on the ground” program implementation?

Rationale: There is not a clear understanding of whether public relations or corporate social responsibility-related activities conducted by the franchise (distributing DVDs to schools, trainings held at The California Endowment or at PETCO Park, distribution of tickets and other incentives to schools and students, participation in Lets Move in Schools at PETCO Park) influenced the implementation of the *FriarFit* Instant Recess® DVD in classrooms and other settings.

4. How does the perceived fit of an initiative with an organization’s core products and services influence consumer perceptions and evaluation of the organization?

Rationale: Previous research has found that, among companies with a poor reputation, a low-fit initiative will have a greater influence on consumer perceptions than a high-fit initiative (Yoon, et al., 2006). Although it is not anticipated that the Padres Foundation will be perceived as having a poor reputation, it is plausible that the fit of the initiative with the organizational mission of the franchise may differentially influence the consumer evaluation of the franchise. This research will test an overarching hypothesis that the fit of the initiative influences consumer evaluation of the franchise (H1), as well as several related hypotheses:

H1: The perceived fit of the initiative influences consumer evaluation of the franchise

H2: The perceived fit of the initiative influences the likelihood that consumers will attend a game in the near future

H3: The perceived fit of the initiative influences the average number of games that consumers will attend in a given year

H4: The perceived fit of the initiative influences consumer perception of the sincerity of franchise motives

H5: The perceived fit of the initiative influences consumer perception of image promotional motives of the franchise

H6: The perceived fit of the initiative influences the consumer's perception of the credibility of the scenario

H7: The consumer's evaluation of the Padres influences the likelihood they will attend a game in the near future

H8: The consumer's evaluation of the Padres influences the average number of games they plan to attend in a given year

2.4 Specific Aims

The proposed project will seek to achieve the following aims:

Specific Aim 1: Determine how public and private entities engage in collaborative efforts to address childhood obesity.

- Document the dynamic process through which the *FriarFit* Initiative was developed and implemented in PETCO Park, schools in San Diego County, and at community events in the San Diego Metropolitan area between 2008 and 2011

Specific Aim 2: Determine what resources are needed in order to encourage uptake of the *FriarFit* Initiative in San Diego Schools

Specific Aim 3: Determine whether manipulation of the perceived fit of a health initiative with a private entity's core product or service influences the consumer's evaluation of an organization.

- Assess private partner engagement outcomes stemming from participation in a community-based health initiative.

2.5 Case Study Methods

This research employed a case study of an existing public-private partnership to address childhood obesity in Southern California. The case study was constructed by interviews conducted with key stakeholders from partnering organizations and schools, and archival documents were used to further analyze and project components. The perspectives captured in this research will inform the refinement of a model to help public and private partners collaborate in sustainable partnerships that will generate social and economic value by developing mutually satisfying objectives and leveraging resources and skills across sectors.

2.5.1 Study Design

Case study methodology is a well-established approach in the business field for the description and exploration of corporate social responsibility activities across organizations. The benefit of this method is the ability to triangulate findings by examining multiple sources of data, each yielding key insights on the organization or project under study, and ultimately increasing the overall validity (Yin, 2009). Also, it enables researchers to examine how elements of organizational culture may influence the existence and quality of activities implemented as corporate social responsibility. “The case study inquiry...benefits from the prior development of theoretical propositions to guide data collection and analysis (Yin, 2009).” Hence, the case study was conducted as an exploration

of how closely partnerships adhere to the IOM framework, and examined which factors contribute to sustainability over the long term.

In order to fully observe these phenomena, it was necessary to study a wide range of data, such as interviews, proposals, reports, websites, and other information. An analysis of dollars spent, or key health areas addressed, although strong from a quantitative standpoint, would not have answered questions surrounding the development, implementation, and sustainability of partnerships. A qualitative approach offered the best opportunity for an in-depth exploration of the components key to successful partnerships over time.

2.5.2 Sampling Criteria and Justification

Purposive sampling was used to identify a project that targeted childhood obesity prevention at the school or community level. The goal of collecting rich data required that the partners involved were willing to participate in interviews, and that projects were documented by official reports or other archival data relevant to the topic under research. Focusing on one partnership, rather than a comparative study, allowed for an in-depth exploration of partnering organizations and the partnership process through extensive interviews.

The San Diego Padres' *FriarFit* Initiative was selected for study as an example of a public-private partnership addressing childhood obesity in Southern California. This initiative was chosen because it highlighted a collaboration between a highly visible private organization (the San Diego Padres and the Padres Foundation) and partnering public organizations that played a prominent role in advancing public health in the community. Furthermore, the initiative was entering its fourth year at the time of

selection, which meant it could potentially yield rich insight on the factors that either contributed to or inhibited its sustainability over time.

The UCLA School of Public Health was involved in its formative stages of the initiative through Dr. Yancey's work in developing the *FriarFit* Instant Recess® DVD. This relationship helped facilitate access to key stakeholders from partnering organizations, who then provided contacts for other organizational contacts, local school district wellness coordinators, and teachers. Attempts were also made to interview teachers who had participated in an Instant Recess® training. The sampling goal was to attempt to reach all organizations that were considered by key stakeholders to be current partners of the *FriarFit* initiative, as well as schools that had received an Instant Recess® DVD, a visit from the San Diego Padres, tickets to a Padres game, participated in an event sponsored by the *FriarFit* Initiative (e.g. *Lets Move!* in Schools), or whose teachers had attended a *FriarFit* initiative training held at The California Endowment and/or PETCO Park. The decision was made not to involve children in the case study because a previous intervention using Instant Recess® had extensively documented the effects of student participation in Forsythe County, North Carolina (Whitt-Glover, et al., 2011).

2.5.3 Data Collection

Formative interviews were conducted with six individuals from the Padres Franchise, the San Diego Health & Human Services Agency, California Project LEAN, Network for a Healthy California, and UCSD Active Living Research in June of 2010 to establish the parameters of this research. Pilot interviews were conducted with the Padres franchise in order to finalize questions for the discussion guides (see Appendix). The partner guide explored the extent to which components of the IOM framework were

evident in their partnership process, as well as perceived motives for private sector involvement and identification of factors that contributed to or inhibited partnership sustainability. The wellness coordinator and teacher guide focused on awareness of the initiative, teacher and school participation in the initiative, receipt or usage of initiative resources, and their perceptions of private sector motives for engagement. Upon further discussion with committee members, the discussion guide was broadened in order to explore current efforts to address nutrition and physical activity in the school setting, challenges to addressing these issues in the school setting, and the communication channels through which staff hear about nutrition or physical activity-related resources.

Once the research commenced, each key stakeholder was asked to identify individuals within their organization and partnering organizations who could lend additional perspective on the *FriarFit* initiative and the underlying partnership dynamic by participating in a 30-minute interview. The interviews started within the Padres franchise, and expanded to partner organizations as other key stakeholders were identified. Interviews were conducted within each organization until it was determined that the research questions had been adequately explored and further interviews were not necessary (saturation point), or attempts to reach additional individuals were not successful. Twenty-nine teachers were contacted to participate in interviews. However, due to low response, interviews were expanded to include district wellness coordinators.

From July 2011 to March 2012, interviews were conducted with 15 key stakeholders from the Padres Foundation and the San Diego Padres Franchise, the Network for a Healthy California, the San Diego Childhood Obesity Initiative, teachers, and wellness coordinators and other staff from San Diego County schools (Table 2.1). An amendment

was submitted to IRB in November 2011 to incorporate data from the formative interviews into the case study, bringing the total sample size to 21.

Table 2.1 Key Stakeholder Interviews

| Organization | Type | # Interviews |
|--------------------------------------------------------------|----------------------------|---------------------|
| Padres Foundation and San Diego Padres Franchise | Sports Franchise | 3 |
| Network for a Healthy California | Public Health Organization | 5 |
| California Project Lean | Public Health Organization | 1 |
| San Diego Childhood Obesity Initiative | Public Health Organization | 1 |
| San Diego County School District Wellness Coordinators/Staff | School District | 6 |
| San Diego County Teachers | School District | 2 |
| San Diego Health & Human Services Agency | Public Health Organization | 2 |
| Active Living Research | Academic | 1 |
| Total | | 21 |

Interviewees were asked to share documents associated with *FriarFit* initiative (funding received, sales records for nutritional items, DVDs distributed, etc). Interviews were also conducted with school district wellness coordinators and teachers, as identified by key stakeholders from organizations involved with the *FriarFit* initiative. Interviews were conducted by the principal investigator, and were recorded using a digital recorder. Randomized numbers were created using a random integer set generator and assigned to participants in order to assure that names were not associated with content elicited from interviews and/or documents (Random.org, 2011). Audio files were transcribed by an outside service, and the resulting text files were uploaded into a password-protected software program for transcription. Participants had the right to review stakeholder interview tapes made as part of the study to determine whether they should be used or

erased in whole or in part. The Principal Investigator kept the original text and audio files in a locked area with limited access, and they were erased following coding of the data.

2.5.4 Data Analysis

Interviews and documents were analyzed using Dedoose, a qualitative software with advanced analytical capabilities, including the integration of mixed methods research (Dedoose, 2012). The coding of interview documents utilized both an inductive and deductive approach. The initial coding themes for the partner interviews were based on the IOM framework domains:

- Sectors
- Resources & Inputs
- Strategies & Actions
- Continuum of Outcomes
- Sustainability

As the documents were coded, additional themes emerged from the data. The coding schema for the school district wellness coordinator and teacher interviews emerged from the data during the coding process.

Inter-reliability testing was performed by setting up a series of tests in Dedoose software. Two coders initially reviewed 10 excerpts of interviews conducted with key stakeholders from *FriarFit* partner organizations, and 10 excerpts of interviews conducted with school district wellness coordinators and teachers in San Diego County. Reliability was calculated by dividing the number of agreements in coding by the total number of agreements and disagreements (Miles & Huberman, 1994). The pooled Cohen's kappa was .68 for the partner sample, and .84 for the school sample. After discussing the coding schema, a second test was conducted using only one code for each excerpt. The final test was expanded to include 17 excerpts of partner interviews and 17 excerpts of school

interviews. These 34 excerpts represented approximately 10% of the total excerpts. The Cohen's Kappa was .93 for the partnering organization interviews, and .94 for teacher and wellness coordinator interviews.

The written analysis expounded on these themes as relevant to the overall research focus. It was bound by the theoretical framework, which, as Yin asserts, is "used as a template with which to compare the empirical results of the case study" (Yin, 2009). The framework helped to identify and streamline field data that was consistent with the overall theme. This also helped prevent the risk of missing key information, or presenting a subsequent analysis that was too general to yield rich insights (Goetz & LeCompte, 1981).

2.6 Partner Engagement Survey Methods

A general population-based survey was developed to identify potential outcomes for private entities engaging in public-private partnerships. Specifically, it explored whether the fit of corporate social responsibility activities with a private organization's mission influences consumer perceptions of the organization and intentions for future patronization. The San Diego Padres served as the target organization for the purposes of this study. The goal was to determine whether the perceived fit of fictitious outreach initiatives with the organizational mission of the Padres influenced the consumer's evaluation of the franchise or future intentions to patronize the franchise (partner engagement outcomes).

2.6.1 Sampling Criteria and Justification

In order to approximate opinions held by the general population, the behavioral labs at the Anderson School of Management and the Rady School of Management were used as the study population. The Anderson Behavioral Lab study pool served as a convenience

sample, while the Rady Behavioral Lab study pool provided a population that would be more familiar with the San Diego Padres and the community they hoped to serve through their outreach initiatives. Participants were required to be over the age of 18 and enrolled in the behavioral lab at either university. Individuals were predominantly affiliated with the university as undergraduates, but the sample also included graduate students, postdoctoral candidates, and faculty.

2.6.2 Data Collection

A three-group between-subjects experimental study design with a no-intervention control group was used, manipulating the perceived fit of a health-focused initiative (high vs. low fit with the organization's core products or services). A target sample size of 500 was calculated in order to achieve sufficient power for the proposed analyses.

Four hundred individuals were solicited through the Anderson Behavioral Lab at the Anderson School of Management at UCLA for participation in a five-minute survey (see Appendix). Participants were randomly assigned to the control group or one of two experimental conditions. Surveys were positioned in random order of appearance within a larger survey packet. The survey packets were handed out in numerical order as participants entered the auditorium over a 3-hour period. One hundred and thirty-four participants were assigned to the control group, 133 participants were assigned to the high-fit experimental condition, and 133 participants were assigned to the low-fit experimental condition. Participants received \$15 for completing the entire survey packet, which took approximately 45 minutes. This survey took approximately five minutes.

Two hundred and seventeen individuals were solicited through the Rady Behavioral Lab at the Rady School of Management at UCSD for participation in a five-minute survey

online. The survey was developed on the Qualtrics website (Qualtrics Labs Inc., 2011). The link randomized participants to one of the three study conditions. Seventy-one participants were assigned to the control group, 73 participants were assigned to high-fit experimental condition, and 73 participants were assigned to the low-fit experimental condition. Participants were entered in a drawing for one of five \$50 gift certificates for Amazon.com, or received class credit, in exchange for participation in the study.

Participants were informed that researcher was studying consumer perceptions. They were asked to state their own personal opinion, and were informed that there were no correct or incorrect answers. All participants (including the control group) read a paragraph that presented a brief history of the franchise.

History of the San Diego Padres

The San Diego Padres were established as a franchise in the National League of Major League Baseball in 1968. The organization has won the National League pennant twice (1984 and 1998), and nine of its players have been inducted into the National Baseball Hall of Fame, including Dave Winfield and Tony Gwynn.

An additional scenario was then presented to the participants in each of the two experimental conditions, designed to reflect the participation of private sector entities in health-focused initiatives. Fictitious scenarios were presented in order to prevent bias amongst participants who might be familiar with current initiatives being conducted by the San Diego Padres.

Individuals in the high-fit experimental condition read a scenario on San Diego Padres' efforts to address childhood obesity, as an example of a health-focused initiative that was closely related to the organization's core products or services.

The Padres Foundation conducts community outreach for the San Diego Padres. The foundation has established itself as a partner in addressing various issues of importance to Padres' fan base, one of which is an initiative to address childhood obesity. Pamphlets distributed in the park provide families with tips on how to stay active. The Padres have sponsored the construction of local playgrounds, and currently host a weekly Farmers Market adjacent to their stadium. Finally, a public service announcement played during home games features local children eating healthy foods and engaging in physical activity.

Individuals in the low-fit experimental condition read a scenario on San Diego Padres' efforts to address breast cancer, as an example of a health focused initiative that was not closely related to the organization's core products or services.

The Padres Foundation conducts community outreach for the San Diego Padres. The foundation has established itself as a partner in addressing various issues of importance to Padres' fan base, one of which is an initiative to address breast cancer awareness. Pamphlets distributed in the park discuss the importance of screening and tips on breast cancer prevention. The Padres have sponsored a cancer ward in a local hospital, and currently contribute funds towards breast cancer research. A tribute video played during home games features San Diego residents who have overcome breast cancer.

The control group was only presented with a brief history of the San Diego Padres, and did not read an additional scenario.

The control group completed a modified questionnaire (franchise evaluation, attendance intentions, targeted health issue questions about breast cancer and childhood obesity, and demographics). In the experimental conditions, once students read one of two fictitious scenarios about the franchise's community outreach activities, they were asked to complete the subsequent questionnaire (franchise evaluation, perceived sincerity and credibility of the franchise in conducting CSR-related activities, attendance intentions, targeted health issue questions about breast cancer OR childhood obesity, and demographics).

2.6.3 Instrumentation

The scenarios presented in the survey were developed based on past research conducted by Yoon et al. on the influence of perceived fit of CSR activities conducted by companies with poor reputations on consumer perceptions of the organization (Yoon, et al., 2006). Additional questions were included to explore perceptions regarding the health conditions presented in the scenarios, as well as intention to attend baseball games in the future. Existing scales were used in order to develop the questions for this questionnaire, except where indicated (Table 2.2). Additionally, demographics (gender, race/ethnicity, age, school year, mother’s highest level of education, parents’ income) were included in order to develop a descriptive summary of the study sample. Following completion of the questionnaire, the students were debriefed and informed that the information they read about the CSR activities was fictitious, and crafted for the purposes of research.

Table 2.2 Partner Engagement Survey--Question Matrix

| Index | Question | Reference |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Franchise Evaluation | What is your evaluation of the San Diego Padres? | (Yoon, et al., 2006) |
| Inferred Motives (Sincerity of Motives) | The San Diego Padres had genuine concerns for childhood obesity (breast cancer) and health causes when it supported childhood obesity prevention (breast cancer awareness) | (Yoon, et al., 2006) |
| | The San Diego Padres sincerely cared about consumers’ health when it supported childhood obesity prevention (breast cancer awareness) | (Yoon, et al., 2006) |
| Inferred Motives (Image-Promotional Motives) | The San Diego Padres tried to make a good image of the franchise by supporting childhood obesity prevention (breast cancer awareness) | (Yoon, et al., 2006) |
| | The San Diego Padres tried to improve their existing image by supporting childhood obesity prevention (breast cancer awareness) | (Yoon, et al., 2006) |
| Confound Check | To what extent was the information you read about | (Yoon, et al., 2006) |

| | | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| (Credibility) | the San Diego Padres believable? To what extent was the information you read about the San Diego Padres credible? | (Yoon, et al., 2006) |
| Sport Affinity | How interested are you in baseball? | (Kim, et al., 2010) |
| Attendance Intention | The likelihood I will attend a San Diego Padres game in the future is high On average how many San Diego Padres games will you attend (in person) in a given year? | (Kim, et al., 2010) New question |
| Target Problem Identification | Childhood obesity (breast cancer) is one of the major health problems in California Either I or someone I know has been affected by childhood obesity (breast cancer) | (Hilbert, Rief, & Braehler, 2007) New question |
| Responsibility (attribution of responsibility) | Is childhood obesity (breast cancer) a problem that needs to be solved by the individual or by the society? | (Hilbert, et al., 2007) |

Dependent Variables

Fit of CSR activity. Support of childhood obesity represents a corporate social responsibility activity that is high perceived fit, while support of breast cancer awareness represents a corporate social responsibility activity that is low perceived fit. Survey participants in experimental groups were assigned to read either a high-fit scenario or a low-fit scenario.

Likelihood of attending a game. Survey participants were asked to report the likelihood that they would attend a Padres game in the future. A seven-point bipolar semantic differential scale was used, anchored by “extremely unlikely” (1) and “extremely likely” (7) (Osgood, Suci, & Tannenbaum, 1957).

Number of games attended. Survey participants were asked to estimate the number of Padres games they planned to attend on average in a given year. The categorical options were reported were as follows: none, 1-4 games, 5-10 games, 11-19, 20 or more games.

Independent Variables

Independent variables were measured on a seven-point bipolar semantic differential scale, numbered from 1 to 7. The use of multiple-item scales allowed for a more precise evaluation of the constructs under study (McIver & Carmines, 1981). The inclusion of several measures for variables aimed to decrease potential measurement error and improve validity (Blalock, 1970). Indices are based on those used in Yoon's research on consumer perceptions of companies in light of their corporate social responsibility efforts (Yoon, et al., 2006). The psychometrics for Yoon's original indices are as follows: company evaluation ($\alpha=.93$), sincere motive index ($r=.96$), image promotional motive index ($r=.90$), and credibility index ($r=.73$). The Cronbach's alpha reliability coefficient is used to report multiple item reliability for the indices in this research. The acceptable level for a Cronbach's alpha reliability coefficient is generally .7 or higher (Nunnaly, 1978).

Experimental Arm. Survey participants were assigned to 1=Control, 2=Breast Cancer, or 3=Childhood Obesity, based on the survey they completed.

CSR Fit. Survey participants were assigned to 0=Low Fit (Breast Cancer) or 1=High Fit (Childhood Obesity). Control group participants were excluded.

Franchise evaluation. Survey participants were asked to evaluate the franchise on four scales: "extremely unfavorable" versus "extremely favorable", "extremely negative" versus "extremely positive", "extremely bad" versus "extremely good", and "extremely not likable" versus "extremely likable". The franchise evaluation index ($\alpha=0.91$) was formed by the average of the means of these items. All scales were anchored by "extremely" for the purpose of consistency.

Inferred motives. Scales for this variable were anchored by “extremely unlikely” versus “extremely likely”. Survey participants were asked to make inferences about the sincerity of the franchise’s motives for engaging in corporate social responsibility activities by providing feedback on two statements: “The San Diego Padres had genuine concerns for breast cancer (childhood obesity) and health issues when they supported breast cancer outreach (childhood obesity prevention)” and “The San Diego Padres sincerely cared about consumers’ health when they supported breast cancer outreach (childhood obesity prevention)”. The sincere motive index represents the average of these two measures for breast cancer ($\alpha=0.82$) and childhood obesity ($\alpha=0.91$). Survey participants made inferences about the franchise’s image promotional motives—efforts to cultivate a good image or improve an existing image—by providing feedback to the following two statements: “The San Diego Padres tried to make a good image of the franchise by supporting breast cancer outreach (childhood obesity prevention)” and “The San Diego Padres tried to improve their existing image by supporting breast cancer outreach (childhood obesity prevention).” The average of these measures comprise the image promotional motive index for breast cancer ($\alpha=0.1.00$) and childhood obesity ($\alpha=0.88$).

Confound check. Survey participants were asked to respond to two statements on the credibility of information related to corporate social responsibility activities. They were asked to specify the believability and credibility of the statements they read regarding the San Diego Padres on scales anchored by “extremely unbelievable” and “extremely believable” and “extremely not credible” and “extremely credible.” A credibility index ($\alpha=0.69$) was developed by the average of these two items.

Interest in baseball. Survey participants were asked to describe the level of their interest in baseball. The scale was anchored by “extremely uninterested” and “extremely interested”.

Problem identification. Survey participants read a question that asked whether they believed breast cancer (childhood obesity) was one of the major health problems in California. The scale was anchored by “disagree completely” and “agree completely”. They also whether they or someone they knew had been affected by breast cancer (childhood obesity). The scale was anchored by “disagree completely” and “agree completely”.

Responsibility. Survey participants were asked to indicate whether they believed breast cancer (childhood obesity) was the responsibility of the individual or society to solve. The scale was anchored by “completely by the individual” and “completely by the society”.

Order of the dependent variables

The survey participants completed their evaluations of the franchise first. Next, they were asked to make inferences regarding the motives of the franchise for engaging in corporate social responsibility activities, followed by the confound check and attendance intentions. Then, they were asked questions to determine their level of identification with the problem (childhood obesity or breast cancer) and whether they attributed responsibility for the solving the health condition to the individual or society. Finally, participants were asked to complete demographic questions.

2.6.4 Data Analysis

Data from completed surveys were entered into an Excel spreadsheet, then were imported into STATA (v.11.2). Descriptive statistics were computed for continuous and categorical variables. Frequencies and percentiles were calculated for demographic variables, while means and standard deviations were calculated for the remaining

variables. Regressions were used to test each of the hypotheses. Associations were considered significant at $\alpha=0.05$. Ordinal logistic regression was used to test for an association between fit and the consumer's likelihood of attending a future game. Logistic regression was used to test the association between perceived fit and the number of games a consumer planned to attend in the next year.

2.7 Human Subjects Protection

In order to protect the individuals interviewed during the course of my case study, I filed for human subjects protection with the UCLA Institutional Review Board (Social Sciences). Exempt approval was obtained in March 2011 (IRB#11-000942), as this study will not identify subjects by name and the nature of the study questions indicates low personal risk to individuals participating. An amendment was made in November 2011 to include formative interviews, and expedited approval was received in December 2011. IRB approval was obtained in February 2012 for data collection through the Anderson Behavioral Lab study pool at UCLA (IRB#12-000313), and an amendment was approved in March 2012 to expand the data collection to the Rady Behavioral Lab study pool at UCSD. I have completed IRB training with the university as of November 2007.

CHAPTER 3: CASE STUDY OF THE *FRIARFIT* INITIATIVE

This case study explores the dynamic process through which the *FriarFit* initiative was developed and implemented in San Diego County from 2008-2012. It relies on interviews with key stakeholders from partnering organizations, as well as wellness coordinators and teachers from local school districts. The intent of the case study is to identify the factors that have both contributed to and inhibited the sustainability of the partnership over the past four years. It also examines the motives for partner engagement, challenges to implementation within school and community settings, and outcomes for partners involved.

Current efforts to address nutrition and physical activity in San Diego County are addressed in Section 3.1. In Section 3.2, challenges to addressing nutrition and physical activity in San Diego County schools are presented. These barriers underline the potential of public and private partners to support and augment efforts to address childhood obesity. In Section 3.3, the process by which the *FriarFit* initiative was carried out is documented according to the stages of the Institute of Medicine Framework. Section 3.4 addresses challenges to school implementation of Instant Recess®, and recommendations given by school stakeholders. Section 3.5 addresses challenges within the partnership, and recommendations given by public and private partner stakeholders. Finally, Section 3.6 summarizes key findings of the case study.

3.1 Current efforts to address childhood obesity in San Diego County

Communities Putting Prevention to Work (CPPW) is a funding mechanism developed as part of the American Reinvestment and Recovery Act of 2009, which

designated \$650 million “to carry out evidence-based clinical and community-based prevention and wellness strategies authorized by the Public Health Service Act that deliver specific, measurable health outcomes that address chronic disease rates (H.R. 1--111th Congress, 2009).” In 2010, 44 communities were selected to receive \$372.8 million in funding from the Centers for Disease Control and Prevention to address nutrition, physical activity, obesity, and tobacco use (Centers for Disease Control and Prevention, 2010b). The economic burden of obesity and tobacco use is believed to be \$1,000 per capita in these communities each year for medical costs alone. Comparatively, food advertising is estimated at \$37 per capita per year and tobacco advertising is estimated at \$43 per capita per year, while the CPPW funding is \$4 per capita. Of the community funding awarded, \$230 million was dedicated to obesity, with the County of San Diego Health & Human Services Agency receiving \$16.1 million of these funds (County of San Diego, 2011c). A separate State and Territory Initiative provided \$119 million in funding for efforts related to prevention, of which \$2,200,000 was awarded to California for policy and environmental change efforts related to nutrition, physical activity, and tobacco use.

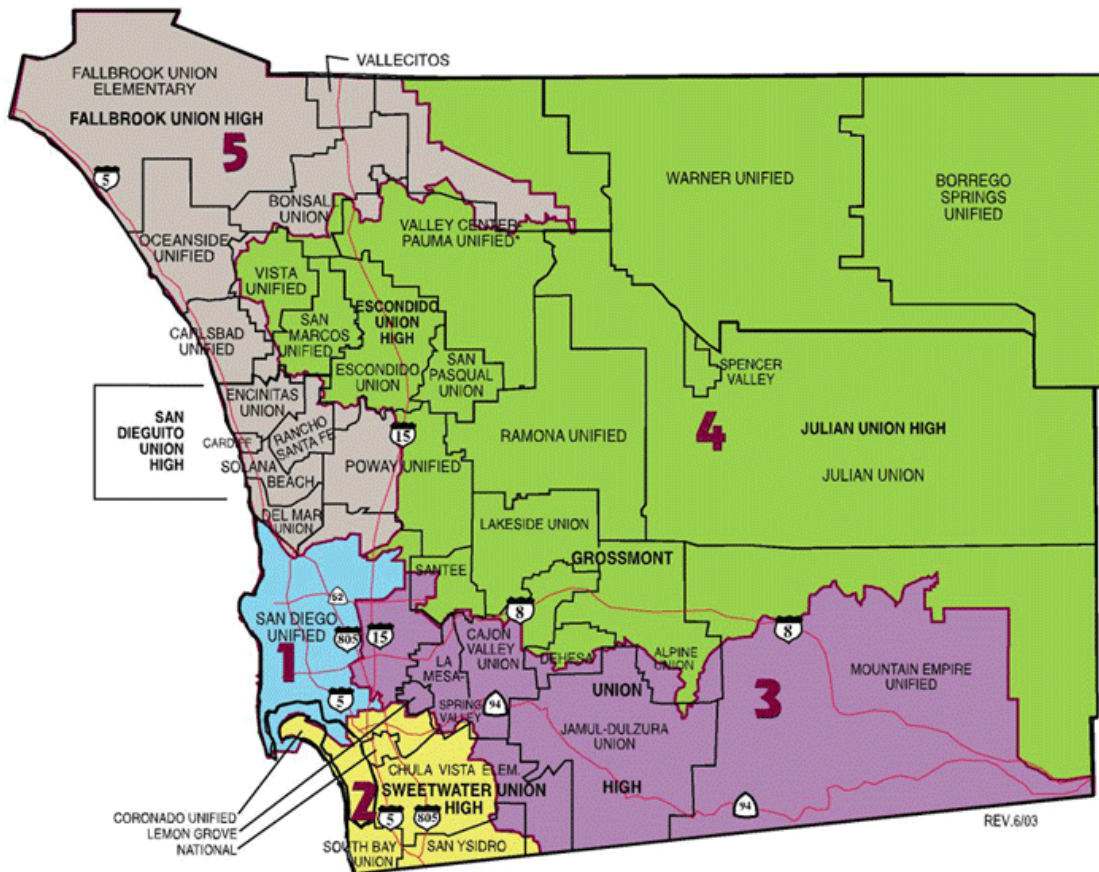
Partnerships have been deemed central to carrying out CPPW activities. To this end, San Diego County Health & Human Services Agency established Healthy Works, which has engaged community organizations and agencies, including: University of San Diego's Division of Child Development and Community Health, San Diego County Office of Education, San Diego Association of Governments, University of California, San Diego, San Diego State University's Graduate School of Public Health, California Project LEAN, Community Health Improvement Partners and the San Diego County Childhood Obesity Initiative (California Project LEAN, 2011a; County of San Diego, 2011a).

In the first year, Healthy Works has improved access to and affordability of farmers markets in high-need communities, instituted efforts to address wellness policies in school districts, developed a partnership between SDUSD and local farmers, and funded grant programs promoting physical activity through planning for communities, transportation, and schools (County of San Diego, 2011b). Six school districts with high rates of obesity were selected to receive assistance in efforts to address obesity, including the provision of wellness coordinators for the duration of the grant. Supplementary funding of \$1.7 million were designated to aid evaluation of school and community activities (County of San Diego, 2011a). In schools, evaluation efforts are focused on nutrition programs such as Healthy Breakfast and Summer Meals, as well as the collection of BMI data to gauge the effect of interventions.

3.2 Challenges to addressing obesity in San Diego County schools

Forty-two school districts served 497,916 students attending 747 public schools throughout San Diego County during the 2009-2010 school year (Board of Education--San Diego County Office of Education, 2012) (Figure 3.1). San Diego Unified School District is the second largest district in the state, with more than 132,000 students enrolled (San Diego Unified School District, 2011). More than half of its students (59.1%) are eligible for free or reduced-fare meals. Almost half of the student population (45.7%) is Hispanic/Latino, and 30.2% are learning English as a second language.

Figure 3.1 San Diego County Board of Education Districts



Source: San Diego County Office of Education (Board of Education Districts are numbered) (Board of Education--San Diego County, 2012b)

An introduction to the challenges of promoting nutrition and physical activity in schools highlights the importance of public-private partnerships at the local level. The fiscal issues facing school districts and the increased prioritization of standardized testing have led to significant challenges for promoting healthy lifestyles in schools. The number of school nurses has been cut, with one district reporting five nurses for 27 schools. Their roles have also shifted, with much of the focus given to addressing Type 1 and Type 2 diabetes. There have been tremendous cuts to PE classes, as well as teachers dedicated to physical education. One of the wellness coordinators commented,

PE is the first subject to go when the test scores are low and teachers are feeling super pressured about raising those test scores and because you know, let's face it, their performance and the kids' performance on those tests has everything to do with how the teacher is viewed as a teacher...

This sentiment was also expressed by teachers, one who noted, "We were told at one meeting that PE was just not - PE and Nutrition are not priorities right now...right now, we need to raise our test scores and of course, you sit there and go, mmm-hmm, well you can do that if you could just change things a little bit ...ensuring that the kids get physical activity."

The California State Board of Education mandates the following policy for physical education in schools (California State Board of Education, 2011):

- 200 minutes of physical activity every 10 days for grades 1-6
- 400 minutes of physical activity every 10 days for grades 7-12
- 200 minutes of physical activity every 10 days for elementary districts serving grades 1-8

The goal of this policy is to provide opportunities for daily physical activity for all students, and require two years of physical activity for high school students. However, according to the California Center for Public Health Advocacy, less than 50% of school districts in California meet the requirements for elementary schools (California Center for Public Health Advocacy, 2012).

According to a respondent, while wellness policies reflect these guidelines, there are not adequate resources to ensure they are carried out:

We have a district-wide policy that addresses wellness and nutrition and physical activity and that's, you know, what is required through the Food Services Act...and there isn't really, in our district, a mechanism for accountability and actually implementing some aspects of that policy.

It is often left to the responsibility of the teachers to ensure that their students engage in physical activity. Students might get as much as 50 minutes of physical activity twice per

week, or 30 minutes once per week. Some of the respondents reported obesity rates of nearly 50% their school districts, and communicated a high level of discomfort with continuing to neglect physical activity in schools. They noted that the attention given towards physical activity, while sincerely motivated, may not be consistent enough to help attenuate obesity rates. According to a wellness coordinator,

PE...it's required so we still do it but if we do it in creative ways that aren't necessarily what I would call a physical activity for the child... a quick little, you know, stand up, wiggle ...for them, or we're counting in the morning before they get here before their actual school day starts... we have 20 minutes of time that they could be out playing on the playground or ... [doing] physical activity when some of the kids aren't necessarily doing it 'cause it's not a structured activity. Despite the desire teachers may have to promote nutrition and physical activity, there is a profound lack of support and funding. A wellness coordinator stated, "I think that there's not a teacher on the planet that doesn't want to teach their kids at least in our District, Physical Education. The barrier is just they don't know how and they don't have the resources. Another wellness coordinator noted, "It's overwhelming...the teachers don't know how to do it...there are a lot of teacher trainings happening in English, Language, [the] Arts and Math but nothing on Nutrition and Physical Activity." Although wellness coordinators are available in some districts to support teachers with efforts to address nutrition and physical activity, they often reported significant barriers to being able to access students and provide resources to overburdened classrooms. Furthermore, most of the wellness coordinators interviewed hold several roles in the district, and those who have their positions supported through the CPPW grant were unsure of how or whether they would be funded in the future.

Teachers and wellness coordinators emphasized that the decline of physical education as a priority is even more noticeable in program improvement schools. Schools

that receive Title I/ Part A funding, but have not fulfilled stated requirements for academic progress for two years in a row are labeled as Program Improvement (PI) schools, and have significantly more pressure to focus on academic rigor (Board of Education--San Diego County, 2012a). However, school staff members contend that incorporating physical activity is a viable approach to improving academic performance. A wellness coordinator commented,

I think, the biggest challenge that we face is when we're dealing with Program Improvement Schools because the way I see it is, our Program Improvement Schools, also are schools where kids are not getting enough physical activity and we have not done a good job of making the connection between the importance of physical activity for kids everyday and helping out their test scores or helping them be better learners. 'Cause we know that data is out there now. The studies are out there and we've got the data. And we need to know, make the connection between those two so that kids in Program Improvement Schools who –I don't know, statistically, but they seem to have a higher obesity rate because they're inner city usually, because they don't access the access to playing fields like the suburbs kids, because of all of those reasons...we've got to fix that piece and make –if we make the connection with test scores, then hopefully, that then, more people will buy into it. A majority of school respondents agreed that the strongest case for integrating physical activity into the classroom is the opportunity to improve academic performance—which they saw as the overriding priority in the current academic climate—while also making headway in the county's battle to address childhood obesity.

Despite evidence supporting the benefit of physical activity in the classroom setting, teachers and wellness coordinators noted a struggle in translating these findings into practice. A PE resource teacher stated,

I think the more the message gets out about connecting physical activity and good nutrition with classroom performance, the more likely it is to have that PE and nutrition [education] happen on a regular basis. So, it is just that you know you - we have sent that message and still that connection isn't there...I don't know why but they just don't get it. In order to improve physical activity efforts in the classroom, teachers and wellness coordinators alike emphasized the importance of leadership support. Some felt that in

order to make physical activity and nutrition efforts sustainable, it would require a mandate from the state legislature to enforce the incorporation of physical education into the curriculum, as well as a system for accountability. Others suggested that additional staff is sorely needed to “to go out and train teachers, to work with schools”, but that finding funding would be the greatest challenge. However, respondents stated that the most vital support for these efforts would come from the school board and other administrators.

According to a PE resource teacher,

Administrators are focused on test scores. I think, the biggest challenge is we haven't moved the middle. We got to move that middle piece. If the President and the First Lady [are] talking about it, and the teachers want to do it and the Principals are getting mandated from their people, we've got [the] Padres doing things, we've got the Chargers doing things. It's the middle, it's the superintendents, it's the school boards...it's that piece that has to be moved to make this happen.

Recent initiatives at the local, state, and federal level, such as *Let's Move* have called attention to the importance of physical activity among youth (Let's Move, 2011).

Policymakers at the state level have developed legislation such as Senate Bills 12 and 965—which restrict on-site sales of food and beverages during school hours—to help school environments promote healthy lifestyles (California Department of Education, 2012). Respondents stated that partnerships not only helped them carry out their objectives, but also alleviated the pressure of securing already scarce district resources for efforts.

Partnerships have been a great strength for us ... without the community, I don't think you can do it because especially in a school environment, we don't have the funds to do a lot of things and so the community partners a lot of times are more than willing to help out and I think it's great –I mean, without them, there [are] a lot of things that you [wouldn't] be able to do.

Teachers and wellness coordinators reported hearing about nutrition and physical activity resources through the following channels and organizations:

- San Diego County Office of Education (Healthy Works/Communities Putting Prevention to Work grant)
- District wellness council members
- District-level resources
- University of California, San Diego and other colleges
- San Diego Health & Human Services Agency
- Network for a Healthy California
- San Diego Childhood Obesity Initiative
- The California Endowment
- Dairy Council of California
- Community Health Improvement Partners
- Regional health initiatives
- Websites

While existing partnerships and resources have been useful to current efforts, the respondents a great need to improve opportunities for physical activity and access to nutritious foods in schools. They express that partnerships can play a valuable role in working towards that goal. Finally, the respondent interviews shed light on a pressing need for advocacy, as well as resources to help teachers on the ground implement physical activity in their classrooms on a daily basis.

3.3 Mapping of the *FriarFit* Initiative to the IOM Framework

The adapted version of the Institute of Medicine framework is used to map out the development and implementation of the *FriarFit* initiative in the following section. This will help the reader achieve a deeper understanding of how the initiative was conceived, carried out, and sustained over time.

3.3.1 Sectors

The Padres Foundation, the California Endowment, and Delaware North Companies Sportservice are considered to be private partners for the purposes of the framework. Information on the Padres Foundation can be found in the Organizational Context (Chapter 1). The California Endowment is a private foundation that was established upon the

conversion of Blue Cross of California from nonprofit to for-profit status in 1996 (Blue Cross created WellPoint Health Networks, a for-profit subsidiary) (The California Endowment, 2012a). The foundation's regional office in San Diego serves Imperial, Orange, and San Diego Counties. City Heights, located in San Diego, was selected as one of 14 communities of focus for *Building Healthy Communities*, a one billion dollar initiative of the California Endowment that focuses the foundation's efforts on developing healthy communities and driving health impact over a ten-year period (The California Endowment, 2012b). Sportservice has provided general concessions, specialty dining, catering, and retail services to PETCO ballpark since its opening in 2004 (Delaware North Companies, 2011). Scripps Health was also mentioned as a partner for the ballpark component of the initiative.

The San Diego Childhood Obesity Initiative, Network for a Healthy California, California Project LEAN, and participating San Diego County schools and afterschool programs are considered to be public partners according to the IOM framework. The San Diego Childhood Obesity Initiative was the product of a series of efforts starting in 2004, when the San Diego County Board of Supervisors called for the development of a plan to address, and ultimately end, childhood obesity in San Diego County (San Diego County Childhood Obesity Initiative, 2010b). This would involve organizations such as the Community Health Improvement Partners (CHIP) and County of San Diego Health and Human Services (HHSA), and would build on the efforts of the Coalition on Children and Weight San Diego. The Call to Action: San Diego County Childhood Obesity Action Plan was produced in 2006, and is revised regularly to incorporate new strategic efforts (San Diego County Childhood Obesity Initiative, 2010a). Focusing on environmental changes that will foster healthy

lifestyle choices, the plan recommends the adoption of strategies in the following seven sectors:

- Government Domain
- Healthcare Domain
- Schools and After-School Domain
- Early Childhood Domain
- Community Domain
- Media Domain
- Business Domain

The San Diego Childhood Obesity Initiative was developed to guide the implementation of these efforts. It is a cross-sector collaboration involving partners dedicated to building an environment that provides access to healthy foods and opportunities for physical activity for children and their families. The initiative encourages the development of innovative approaches to addressing childhood obesity.

The Network for a Healthy California is an initiative of the California Department of Public Health (California Department of Public Health, 2010). It aims to increase promote fruit and vegetable intake and physical activity, as well as address food security and chronic disease prevention in low-income populations (food stamp eligible or household income \leq 185% of the Federal Poverty level) statewide through partnerships with local, state, and national organizations. The organization works to effect change in a wide range of settings, including schools, worksites, homes, and the broader community landscape through the provision of grants, program support, and technical assistance (California Department of Public Health, 2010). Funding is provided by state and local governments (through the USDA Food Stamp Program) and CDC Prevention Block Grants. Eleven regional networks support local efforts and carry out programs such as the *Children's Power Play!* campaign. In San Diego, the Network is based in City Heights and provides

assistance to the San Diego Nutrition Network and Physical Activity & Healthy Eating collaborative in realizing a mutually identified goal of improving nutrition and physical activity at the local level (Network for a Healthy California- San Diego and Imperial Region, 2011).

California Project LEAN focuses on obesity prevention in schools and low-income communities through policy advocacy and implementation, education, and efforts to effect change at the environmental level (California Project LEAN, 2011c). Project LEAN is currently providing support to the Healthy Eating, Active Communities program and Central California Regional Obesity prevention. The organization is also working on projects throughout the state to improve community access to school facilities for physical activity during non-school hours, reduce consumption of sodium and intake of sweetened beverages, and assist school districts in the development and implementation of policies regarding physical activity and physical education (California Project LEAN, 2011b). San Diego Parks and Recreation was mentioned as a public partner, as were participating school and afterschool sites. A respondent noted, “They distribute from the *FriarFit* perspective. They distribute the incentives...and they engage in the physical activities that are encouraged by *FriarFit*... so they're leading... *FriarFit* activities and they are utilizing the Instant Recess® DVD as well.”

3.3.2 Motives for Engagement

The *FriarFit* initiative was a result of conversations within the Padres franchise and local public health organizations. Members of the Padres Foundation had served on the Leadership Council of the San Diego Childhood Obesity Initiative. Dave Winfeld, who is a hall of famer and is currently the executive vice-president and senior adviser for the

Padres, had the vision of the Padres taking the lead in childhood obesity prevention efforts in Major League Baseball (Patingenaru, 2010). As one private partner stakeholder noted, “It is such [an] important social issue that to ignore that would be to ignore ... kids’ needs.”

Meanwhile, public health partners were seeking to create environmental change and broaden the reach of their messages. They also were interested in developing linkages with businesses in order to drive sustainability of their efforts. According to one of the public health partners, “We have had kind of an on-going challenge ... to really find, you know, partners who work, you know, in the business setting who understand what we're trying to do with policy in environmental change and are willing to have a role in it.” Ultimately, partners felt that their missions were well-aligned, as one public stakeholder noted: “I think the benefits are that *FriarFit* or the Padres Foundation, they are well-known in the community, respected...they align with their mission of promoting physical activity so having a partner which has the same goals and mission benefits our programs because it just makes our mission stronger.” Another public stakeholder described the involved organizations as an ideal match, stating, “Each of those organizations have different resources that were able to, you know, make this a successful fitness initiative that can stop obesity.”

Initial partners included the San Diego Padres, the Professional Athletes Council, the California Endowment, the San Diego Childhood Obesity Initiative, and the UCLA School of Public Health (Document 1, see Appendix). Once the partners were identified, stakeholders discussed the mission of the proposed partnership. Early conversations centered on the capabilities of the franchise and the possibility of adding new food options, addressing the

procurement of foods for the stadium, and encouraging healthy food options for Little League games.

So, there are a lot of different ideas that were thrown around and then at some point in time, I think, Dr. Yancey, Dave Winfield, the California Endowment, all of these players, you know, kind of became interested at the same time in working with the professional sports team, you know, to make some ... changes at the ballpark and I believe that's when the discussion really centered around the concept of the *FriarFit* program.

According to the Padres organization, the franchise had a rich history of community involvement, and was interested tying its efforts into the brand while driving impact in schools and in the ballpark. The PETCO ballpark was opened in 2004 with an adjacent park, sand area, and Wiffle Ball Field, according to the vision of Larry Luccino and John Moore. The *Park at the Park* area is a gathering place for families during games, and is available for public use outside of game time. The admission to this area is only \$5 for games, has a grassy area for picnics, and grants patrons access to concession areas throughout the park (Garin, 2012). This area proved to be a perfect location for promoting physical activity among ballpark attendees. A program originally named “Fun To Be Fit” at San Diego State was revamped into the FriarVision Fitness *Fanatics* Initiative, or *FriarFit*, with three main components: online, school, and ballpark.

When public stakeholders were asked about the motives of the Padres Foundation for developing the *FriarFit* initiative, most respondents stated that they had genuine motivations. One stakeholder noted, “I think they were truly concerned about the obesity rights in San Diego and they want it to take a big role in advocating for, you know, childhood obesity prevention.” School respondents were also asked to discuss what they believed were the major motives for the Padres in creating the initiative (Table 3.1).

Table 3.1 Perceptions of School Respondents regarding Padres motives

| Motives | Responses* |
|----------------------------------------------------------------------------------------------------------------|-------------------|
| Establish community presence | 6 |
| Build a relationship with a future generation of fans | 6 |
| Improve image of franchise in community | 5 |
| Address prominent social issues in the surrounding community (e.g. childhood obesity) | 5 |
| Address community needs (e.g. opportunities for children to engage in physical activity in a safe environment) | 5 |
| Stay competitive with other professional sports teams | 2 |
| Boost ticket sales | 1 |

*Based on a sample of N=7

Most respondents agreed that the initiative was developed to address genuine community needs while also enhancing the image of the franchise and building a relationship with future fans. One respondent commented, “I think they [the Padres Foundation] were truly concerned about the obesity rates in San Diego and they wanted to take a big role in advocating for, you know, childhood obesity prevention.” Respondents generally did not believe the franchise motives were rooted in profit or the desire to stay competitive with other teams, although one respondent commented, “I think it might bring kids to the ballpark if they know that there was going to be a program for them.” Overall, respondents expressed a belief the motives of the organization were straightforward.

3.3.3 Resources and Inputs

When the San Diego Padres decided to develop an initiative to address childhood obesity, they were directed to the California Endowment for direction. The California

Endowment played an early role in identifying public health partners who could help the Padres carry out their vision, and provided funding support. Through the California Endowment, the Padres Foundation connected with a registered dietician who was able to provide guidance in the development of healthy options for the ballpark. The California Endowment and the Padres Foundation provided significant funding support for initiative activities. The Network for a Healthy California and Project LEAN signed onto the initiative as partners in disseminating incentives and carrying the public health message to students throughout San Diego County at school and community events. Dr. Antronette Yancey at the University of California School of Public Health worked with the Padres franchise to develop the *FriarFit* Instant Recess® DVD.

The Network for a Healthy California, The San Diego Childhood Obesity Initiative, and the California Endowment initially met with the Padres Foundation to discuss options for providing nutritious food options at the ballpark. According to a partner, “Then we continued to have meetings ... within the [Padres] organization around their food vendors and Sportservice ... I think it that it took probably six to nine months to actually put together a strategic plan.”

In regards to strategic planning, a series of documents were circulated among partners in the months leading up to the launch in April 2008 (Document 2). There was recognition of each organization’s internal mission and how it could be reflected through the partnership, as well as potential benefits and risks. Attention was given to the differences in organizational cultures. Early discussions also focused on the division of roles, focusing on the ‘content’ expertise of public health partners and the ‘dissemination

and sustainability' expertise of private partners. They also proposed plans for implementation and evaluation.

In order to maximize the capabilities of the initiative, partners intended to utilize existing infrastructure at the ballpark (*Park at the Park* area, food stands, etc), and incorporate existing efforts of public health partners in order to help disseminate Instant Recess® and incentives outside of the ballpark (Document 1). The Padres Foundation provided support for incentives, production of the *FriarFit* Instant Recess® DVD, and other initiative activities. The foundation also identified sponsors to help support events in the community. In efforts to build capacity, plans were made to train staff and parents to be program champions for the initiative in the community.

In regards to political commitment, the Board of Supervisors was noted for their efforts to address childhood obesity through the creation of the San Diego Childhood Obesity Initiative. Many of the respondents felt that the involvement of local level leadership could prove valuable moving forward. Supervisor Ron Roberts, an avid Padres fan, was mentioned as an ideal supporter. Other respondents were confident that they would be able to garner support of local assemblymen for events.

The significant value of executive leadership and program champions to the initiative was one of the most oft mentioned themes in interviews. Respondents emphasized that leadership played a dominant role in establishing the initiative and finding support for activities in subsequent years. A public stakeholder commented,

Leadership influenced that a lot - I mean _____ who was the, or is the Executive Director of the Foundation, she got buy-in from the General Manager ... and so the non-profit side and the profit side actually spoke to each other and it would not have had happened if she did not have the buy-in of the General Manager.

The support of executive leadership made it possible to initiate conversation between sectors, eventually opening the door for developing the partnership. Leadership can provide access to connections, help partners navigating the bureaucracy within and between organizations, and provide authority for partnership activities.

Private partners involved with the initiative highlighted the value of support from leadership. The issue of childhood obesity resonated strongly with leadership, as a private stakeholder noted, “Our leadership, they’re parents, they’re grandparents, they’re brothers and sisters, so they understand the importance of options and moderation and messaging.” Stakeholders felt that leadership believed in the mission of the initiative, which augmented their support for the partnership.

However, program champions within the Padres franchise were identified as critical in launching *FriarFit* and keeping the momentum for the initiative over time.

Dave Winfield needs to be called out in that he is certainly very visible champion for the program, and his name allows us to get in front of a lot of people, and he does a lot of behind the scenes work.

If it weren’t for ____ really having a spot in heart for community, in addition to actually meeting her revenue goals, we wouldn’t be where we are [today].

My understanding has been probably it would not have moved forward without _____’s ... enthusiasm for this. I think it was the Padres infrastructure. I think their business plans may be changing and realigning. And my understanding is that _____ has really advocated for this program strongly in the past.

Program champions throughout the participating organizations made instrumental contributions to the implementation of initiative activities. A private stakeholder noted the involvement of staff in Instant Recess® at the ballpark:

We have staff members who work in the same location 81 games a year. So, one particular usher, he makes it a game. You know, he gets all the kids up there, and if they participate and he likes what they do, he gives them baseball cards...that’s his

own dime, he buys the cards, he gives the cards, he incentivizes the kids, he watches them...staff champions!

Program champions also played a vital role in navigating challenges that arose during the partnership, which will be addressed later in this chapter. Respondents noted that program champions successfully leveraged their own infrastructure, existing relationships, and secured new resources in order to maintain core partnership activities.

3.3.4 Strategies and Actions

The IOM framework provides an extensive list of strategies and actions that may be developed and carried out over the course of a partnership (Institute of Medicine, 2007). At the outset of the *FriarFit* partnership, there was a discussion of potential approaches to address several of these areas (Documents 2 and 3) (Table 3.2):

Table 3.2 Proposed Strategies and Actions in the *FriarFit* Initiative

| | |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| Programs | Implement <i>FriarFit</i> Instant Recess® in the ballpark, schools, and the San Diego community at large |
| Policies | Assist schools with the development of wellness policy |
| Surveillance & Monitoring | Track local surveillance data related to physical activity |
| Research | Conduct evaluations of the initiative |
| Education | Promote nutrition and physical activity in the ballpark and community, training of staff and parents as program champions |
| Coalitions, Collaboration, & Partnerships | Engage partners across sectors to develop, fund and carry out program activities |
| Communication | Reach out to media outlets, publish in peer-reviewed literature |
| Marketing and Promotion | Produce public service announcements (PSAs) and other materials to promote the initiative and the health message |
| Product Development | Develop <i>FriarFit</i> Instant Recess® DVDs, make healthy items available in the ballpark, pedometers, hackeysacks, T-shirts, and other incentives |
| New Technologies | Create a website for the initiative to provide resources to youth and schools, as well as track participant activities |

This section will document the major activities that were carried out over the course of the partnership.

The *FriarFit* initiative was officially launched on April 25, 2008 with a press conference that resulted in local and national media coverage (Document 3). The UCLA School of Public Health worked with the Padres to develop the *FriarFit* Instant Recess® DVD, a ten-minute video that features nine moves based on activities one would see during a baseball game from hitters, pitchers, and fans.

FriarFit Instant Recess® was launched in the ballpark on May 25, 2008, and has been featured at Sunday home games ever since. One hour before the game, a countdown clock is started on the FriarVision Jumbotron board in the *Park at the Park* area. The countdown is also displayed on a cutout of the Friar and on televisions throughout the stadium. Players sign autographs before games in *Autograph Alley*, an area adjacent to where Instant Recess® is performed (Garin, 2012). As soon as the players depart, the Pad Squad (a group that helps generate excitement among fans before and during games) and the Friar (the team mascot) take the stage to lead fans in the *FriarFit* Instant Recess®. Afterwards, incentives (which have historically included DVDs, hackeysacks, and pedometers) are often distributed to participants. The Pad Squad and the Friar also regularly visit schools and demonstrate Instant Recess® to students.

Sportservice, the PETCO Park Concessionaire, collaborated with a dietician at the Network for a Healthy California to develop healthy options to be offered in the ballpark. The dietician helped ensure that items branded as *FriarFit* met nutritional standards, based on Senate Bill (SB) 12 and SB 965 (California Department of Education, 2006).

One of the major challenges to people eating healthy is access to healthy foods and the fact that the Padres Foundation were interested in bringing that access to the park was huge but that, you know, they needed a registered dietician. They needed experts, people familiar with the California ... state, or federal nutrition guidelines and that's where we contributed. We provided our expertise in that so, _____ who's our Principal

Investigator and a registered dietician...participated in that entire project and now they are offering these 12 items.

The guidelines for snack items were as follows (Patringenaru, 2010):

- 35% or less of its calories from fat (except products containing legumes or nuts)
- 10% or less calories from saturated fat
- 35% or less of total daily caloric recommendations
- Fruit juices were required to be at least 50 percent juice, with no sweeteners added

The responsiveness of Sportservice to the idea of the initiative allowed for the introduction of more than a dozen new or upgraded items during the 2008 season, with *FriarFit* branding added for the 2009 season (Documents 3 & 7). A respondent noted in regards to the process, “There was some product development [and] some taste testing... there was again a sort of strategic plan to make sure that people were accepting of it.” A few of the items introduced in 2008, along with pricing, are listed below (Table 3.3):

Table 3.3 *FriarFit* Food Items

| Item | 2008 Pricing |
|-----------------------------------------------|---------------------|
| Fruit and Yogurt Parfait* | \$6.75 |
| Fruit Salad | \$6.50 |
| Hummus with Pita Chips | \$6 |
| Low fat Milk | \$1.50 |
| Roasted Corn | \$3.75 |
| Mandarin Salad (without dressing) | \$6.50 |
| Southwestern Chicken Salad (without dressing) | \$6.50 |
| Smoothie* | \$7.50 |
| Turkey Wrap | \$7 |
| Veggie Dog | \$4 |
| Veggie Burger | \$4 |

*Removed following the 2008 season

This component of the initiative gave the Padres an opportunity to serve a segment of their fan base that desired to purchase healthy foods in the ballpark. Pricing for comparable items traditionally found in a ballpark setting (such as hot dogs and veggie burgers) was set competitively. If there was a special on burgers and hot dogs advertised in

the ballpark, the *FriarFit* versions of these items were included (veggie burgers and veggie dogs).

During the 2009 season, the Friar Shack, a concessions stand with products geared towards youth, included items such as low fat cookies, milk, veggie dogs, 100% juice, and bottled water, each priced at \$1.50. Although the shack was later removed, a Padres' kids meal, featuring a small hot dog, Smuckers® Uncrustable or turkey sandwich on white bread, applesauce, carrots, and a 100% juice box was introduced in 2010 for \$5 and made available to all patrons throughout the ballpark. The meal emerged as an alternative to the discontinued 5-for-\$5 deal, which featured a hot dog, soda, peanuts, popcorn, and a cookie, and was popular among ballpark attendees (Rowe, 2010). However, a franchise stakeholder noted that the decision to purchase and consume healthy food options is ultimately in the hands of the consumer, stating, "Now, whether a parent acts on the waffle ice cream cone, or acts on the 100% fruit juice, nothing we can do about that... except make them economically equal, or equitable in some way. But a juice isn't going to cost as much as a waffle cone [or a] waffle sandwich."

When stakeholders engaged in discussions regarding food procurement for the ballpark, they quickly realized the challenges of providing healthy options in the venue.

You play for seven games and then you're away for thirteen and you come back for three and you're away for ten, I mean it's just the nature of ... the food. But they still do it because it's the right thing to do. And I don't want to undermine that by just saying it's the right thing to do, but I truly believe that as an organization, we know it's about options.

The constant alternation of home and away games makes it difficult to store perishable food. However, the franchise has been responsive to the need to make healthy and alternative options available at the ballpark. A stakeholder noted, "[Leadership] influenced the Sportservice relationship a lot on what items we offer in the park and where they are,

so that we make sure we have them available on every level throughout the park and in different concession stands.”

The efforts to provide a wider range of options included the placement of two carts in the park: 1) the *FriarFit* cart, which provided salads, fresh fruit, and other healthy options, and a 2) a gluten-free cart with gluten-free offerings. The *FriarFit* cart was originally positioned in the Mercado (a general concessions area) next to the gluten-free cart. In 2009, it moved to a section in the ballpark with higher foot traffic, but was later relocated to the Mercado. Public service announcements (PSAs) are run as part of the pregame reel in the ballpark to promote *FriarFit* and healthy menu options.

The ballpark has featured special events each season to encourage physical activity among youth. During the summer, YMCA *Go Play, Get Fit* day campers visit the park for a game, on-field parade, and participate in Instant Recess®. A poster contest is held to display ideas related to healthy living. In August, the park distributes back to school backpacks, and allows youth to run the bases after the game. Opportunities to incorporate celebrities into *FriarFit* Instant Recess® activities and to reach out to media have been regularly explored.

Collaborative efforts with local public health partners have helped extend the partnership’s reach beyond the ballpark. Starting in the fall of 2008, California Project LEAN conducted trainings at the California Endowment and PETCO Park to discuss district wellness policies with parents and teachers, and introduce them to Instant Recess®. California Project LEAN also helped to disseminate *FriarFit* Instant Recess® DVDs and other incentives associated with the initiative to youth in San Diego County school settings.

The *FriarFit* initiative was also incorporated into the *Children’s Power Play!*

campaign, a Network for A Healthy California program that targets fourth and fifth grade students at schools that have predominantly low-income populations (>50% qualify for free or reduced fare lunch). A stakeholder explained the strategy behind focusing on these grades:

9 to 11 years olds, they see the greatest behavior change. The students are at the age where they are impressionable enough but they are going to potentially take that information and change their own behavior but they also have influence over their family members as well so that they're receiving information, processing information and then going home and sharing. We see that is the nature of [how] things really happen.

The curriculum is designed to promote nutrition and physical activity, and the Instant Recess® DVDs were distributed to classrooms participating in the campaign as a tool for physical activity in the classroom. As one respondent noted, "It is a way that teachers and site leaders can get the physical activity without having to do too much...Instant Recess® helps with capacity building of staff because it is taking the pressure off with them for the 10 minutes or whatever it would be." One of the partners described the collaboration as "making the connection with baseball ... [and] baseball moves to get kids excited about physical activity." Another respondent described the Network's role as, "The dissemination of *FriarFit* resources, helping to market and brand *FriarFit* in the community, helping to distribute information about how families can engage at the PETCO Park."

Starting in April 2010, the *FriarFit* initiative was announced to all school and afterschool programs that worked with the Network. Teachers who returned their participation reports for the *Children's Power Play!* campaign received *FriarFit* incentives (jump ropes, hackysacks, etc) and their students were entered in a drawing to receive Padres game tickets. The participation reports provided important feedback to the Network, documenting the number of *Children's Power Play!* lessons that were completed

by classrooms at participating schools (Document 8).

The Padres foundation recently reached out to corporate sponsors to support the production of incentives (such as pedometers), creating an opportunity for co-branding between the San Diego Padres and Scripps Health. According to a stakeholder, “They’re not only distributed in ballpark, but they’re also distributed at the Scripps Mobile Medical Unit ... and also at different school sites and health fairs.” This partnership leverages the resources of both organizations and extends their visibility and reach in the community.

3.3.5 Outcomes

Proposal documents reflected plans to review *FriarFit* website data (usage, student physical activity levels, etc.), FITNESSGRAM data and population-based surveys, media coverage, food and ticket sales, and *FriarFit* branded items in order to evaluate the initiative. The California Endowment funded an evaluation of the first two years of the initiative that was completed by Samuels & Associates and the African American Collaborative Obesity Research Network (AACORN) in July 2010 (Samuels & Associates, 2010). The report evaluated environmental changes in the ballpark, engagement in the community, sustainability of ballpark activities, and the business case for the partnership as a model for future initiatives. The report showed that the availability of *FriarFit* foods in venues and compliance with nutrition standards improved following the initial season. Also, the System for Observing Fitness Instruction Time (SOFIT) tool was used to monitor participation and levels of physical activity before, during, and after Instant Recess® at the ballpark. They concluded Instant Recess® is successful in increasing physical activity levels of the ballpark attendees in the *Park at the Park* area. Early findings from the partnership were published in *Preventive Medicine* in 2009 (Yancey, et al., 2009). The publication

included rules for engagement for efforts involving professional sports franchises and public partners.

Respondents were asked to discuss their perception of outcomes resulting from the initiative. Several stakeholders listed the incorporation of Instant Recess® into the structure of Sunday home games at the ballpark, and the availability of healthy options in the ballpark as an example of structural or institutional outcomes. “Well, you know, I think the fact that they have made improvements, any improvements at all, you know, to the food service at the Ballpark is very positive ... and implies to me a kind of, you know, institutional or a systemic change.” However, some respondents stated that other outcomes have not yet been realized. One public stakeholder noted, “I would not say Instant Recess® is institutionalized at schools...I think it is a helpful tool. I do not think anyone is using it in place of regular PE minutes. I think that is more of a rainy day tool.” Another stakeholder listed “changes in terms of the way things were ordered.... the new products and then ... having the new cart” as systemic, but emphasized that the changes had not yet been institutionalized.

While no specific observations were made regarding cognitive or social outcomes, a private stakeholder noted the initiative may have been influential in shifting social norms regarding physical activity:

I think there is value, I don't have any data behind it...but I guess I have, you know, data just from the teachers, that when a student sees Trevor Hoffman exercising and fit, he or she is more likely to want to be like him...and again, I don't have data that shows...but it's something you're aware of and paying attention to.

In regards to behavioral outcomes, staff at the ballpark noted that several children attended and participated in Instant Recess® regularly throughout the season, and

noticeably improved their footwork over time. Public stakeholders also mentioned the distribution of incentives may encourage youth to engage in physical activity.

Public partners noted that health outcomes were not an intended short-term outcome for the initiative. One stakeholder expressed:

This program, like many was to create awareness. I think that was the first step...we want people to know that they need to be eating healthy...that they need to be active and this is why. Our, you know, celebrities, baseball players are doing it so can you...I think that was the main message like ambassadors of promoting health and obesity prevention. Now, the next step should be sustainability and behavioral change...more research.

Another respondent noted, "Changing food in the ballpark is really just one of the many, many, many factors that, you know, would really lead to health." Several respondents called for more accountability to measure and report outcomes of partnership efforts moving forward.

In regards to partnership engagement outcomes, many respondents made the observation that the introduction of healthy foods most likely did not produce a positive economic outcome for the ballpark, while noting that it was not expected to. Consistent with this observation, partnership expectations for the franchise were generally not stated as economic:

Increased visibility in the community and being able to get the name out there with our items, or with our school visits.

Awareness in the marketplace that the Padres continue to be corporate leaders in terms of corporate social responsibility.

Private stakeholders noted that the staff is more aware of *FriarFit*, but noted that the awareness has not completely spilled over into ballpark activities. Staff do understand the added value of Instant Recess®, and have found it a valuable asset when conducting sales for events like camp day at the ballpark, where 1500-3000 youth participate in Instant

Recess®. However, efforts to incorporate physical activity practices within the organization itself have not been successful to date. Pedometers and logs were distributed to staff, including guest services, who are on their feet in the park during games. However, most of the logs were not completed.

There were significant partner engagement outcomes for the Network for a Healthy California, as well. Representatives within the school district and the Network felt that the use of the *FriarFit* incentives encouraged participation in the *Children's Power Play!* campaign. A wellness coordinator recounted that several of her teachers stepped up to complete the requirements (7 out of 10 Power Play lessons) in order to be eligible to receive incentives and enter a raffle for game tickets. The Network noticed an increase in submitted participation reports, which were critical to their work, as a result of the partnership. According to involved respondents, the partnership also helped the Network promote physical activity among youth:

We recruit the school districts and as a result, you know, the kids got tickets to go to the Padres. And then at the park, you know, kids would get an opportunity to do the Instant Recess® that was probably led by one of the players or some important personality that kids will probably like...kids knew that Instant Recess® was fun and cool because that's happening out at PETCO Park. So, I think that was pretty exciting and it opened the doors for us as well to get more support from the school districts to implement our curriculum. You know, we promoted *FriarFit* in our schools [and] that made it possible for us to teach our lessons and reach our scope of work and then on the other hand, you know, they were, you know, the community was hearing about the Padres Foundation fitness initiative as well.

Furthermore, the partnership gave the Network an opportunity to assist under-resourced schools. The partnership was also beneficial to their organizational aims.

Having tangible gifts to be able give to schools that have very limited funding... having more schools and after-school sites participate in our program as a result of tools available [helped]. At media events, being able to have the Friar is definitely something that I think TV stations work towards...and so having the Padres

involved, again, helps to show that there was a community draw, so, our events are perceived as more successful because the Friar is there. Respondents have reported that several schools are interested in participating in the campaign in subsequent years because of the incentives, or having won raffle tickets to games in a previous year. The respondents have expressed the need for continuity of incentives in order to maintain and increase levels of participation in the campaign.

3.3.6 Sustainability

The most oft mentioned challenges to sustainability were summarized succinctly by a respondent as “funding and competing food choices in the ballpark.” Shortly after the initiative began, a change in franchise ownership was followed by a reduction of staff for the Padres Foundation, significantly impacting the capabilities of the initiative. Several promotions to drive ballpark attendance have been introduced in recent years, such as the *All You Can Eat* seating section (select concession items are available on an unlimited basis as part of the ticket admission price to a designated section). Desserts were later removed from the unlimited food section menu.

A respondent stated, “They’ve [the franchise] really dwindled down what their focus is going to be on... and the fact that *FriarFit* has survived, says a lot ... the fact that they do it [Instant Recess®] every Sunday and it’s still stable...is very important.” A private stakeholder noted,

I think from a leadership standpoint, we did have a change in leadership at the beginning of this program. So, we launched in 2008, we had a leadership change in the beginning of the 2010 season, and I believe that we really continued this program status quo. We didn’t look to make any improvements, nor did we look to make any significant changes in terms of decreasing support of the program. That’s from a community standpoint.

While it was not possible to distribute as many DVDs and incentives in subsequent years,

core ballpark activities such as Instant Recess® and the offering of healthy food options were maintained. Public stakeholders expressed that the ownership change greatly affected partnership resources, at times resulting in insufficient incentives to distribute during community outreach efforts. However, several respondents credited the franchise for continuing the initiative:

We're all fairly well aware of, you know, of some of the challenges and it isn't only true for the San Diego Padres, I think. The recent downturn in the economy has been a challenge for most businesses...certainly, a program that might be seen as, you know, one that doesn't make money might be the first, you know, to be caught. So, I think that in that environment, an organization that supports a program like *FriarFit* is really to be commended because, you know, I think that they would have to see added value beyond the bottom line to continue a program that perhaps is not, you know, as lucrative or some of the other programs and services that they provide.

Overall, respondents stated that the Instant Recess® in the ballpark was the most sustainable element of the initiative. Instant Recess® has continued to be a prominent feature of outreach activities for both public and private partners. *FriarFit* Instant Recess® has grown in popularity among youth since its inception in the ballpark in 2008.

We're having more kids who come to Sunday just because of *FriarFit*... just because of Instant Recess®. They know they're going to interact with the mascot, they know they're going to interact with [the] Pad Squad, and they have fun with it. And some weekends, we haven't had something to give them, like we haven't had a pedometer or anything, and they still come, they still have fun, and I think it has to do with a lot of the energy from the Friar and from the Pad Squad, that make it happen.

Participation in Instant Recess® is a draw for Little League Sundays (approximately 3 of the 11 home games), attended by 200 youth representing 20 teams, on average. Special events conducted in and outside of the ballpark have engaged as many as 4000 participants in Instant Recess®.

However, some respondents felt that the nutrition portion was not as sustainable, and that more resources were needed to educate the public and market the options that

were available in the ballpark. As one respondent inquired, “How does [the food] get remarketed so that it becomes a norm and not something that is just on the side?” Initially, product placement was centered at the *FriarFit* Cart and the Friar Shack. Although the shack has since been replaced, and the positioning of the *FriarFit* cart has shifted between seasons, the *FriarFit* cart is in a major concession area, and items such as veggie dogs and veggie burgers are in concession stands throughout the ballpark.

In regards to other program elements, the *FriarFit* website was discontinued due to low participation. Respondents noted that the requirement to log in to the website may have deterred potential users reluctant to share their information. Most public stakeholders felt the partnership with the *Children’s Power Play!* campaign was sustainable as long as sufficient incentives were provided to encourage student participation:

With the incentives, we have the ability to distribute those to a much larger audience than we probably are right now so if there [were] more funding, it would just be a matter of engaging all of the schools. This year we have 23 elementary schools. We’ll probably have somewhere in the ballpark of 15 to 20 after-school programs participating in Power Play between January and June 2012. So, it [would] be terrific if we were able to do for all what we could do for one. The way we’ve been doing it right now is that we have a limited number of incentives because of funding and we sort of use them as prizes for turning in participation reports early. They go into a raffle. We did have Padres tickets [that] were donated to schools that turned in their participation reports so, I would love to be able to say that we have the same model in place for all schools.

Both public and private partners acknowledged the need for the partnership to revisit its efforts in order to drive sustainability over time. Several public and private stakeholders expressed a desire to see healthy options expanded in the ballpark. One respondent stated, “We would love to see more ongoing product development in terms of really significantly making changes that were kind of systemic and able to be sustained over time.” Public partners were interested in seeing more substantive changes, and

believed that more can be done to promote physical activity and nutrition through the initiative, both in the ballpark and in the community. Public partners suggested incorporating additional DVDs for variety and supplemental materials that would also address school health and nutrition. In regards to aiding with school implementation efforts, a public respondent commented:

What I would love to see is that the Padres were able to provide us with activity kits. We recently did a teacher training and they said at the end, "Are you guys going to give us anything for us to be able to conduct PE?" And right now we had to say, "No." So, having something that is school-based for all grades, all students, I think... would help to create that environmental change. If we were able to provide really outstanding PE resources to each ... school that participates in *Power Play* branded as *FriarFit*, I think the schools would be giddy.

Several public partners have expressed interest in creative low-cost opportunities, such as introducing signage to the park that would make patrons more aware of everyday opportunities to be physically active, as a mechanism to promote nutrition and physical activity in the ballpark. Partnering organizations also expressed interest in continuing to leverage in-house services already available in the ballpark (e.g. public service announcements, school visits from Pad Squad staff and talent).

It would be great for all schools that participate in *FriarFit* if the Padres were able to provide a spokesperson to go to the school ... and speak to the 4th and 5th Grade students who are participating in *Power Play* about the importance of physical activity. That's something that - again, that is a staffing issue but I think there [is] something really amazing for the students about 'someone from the Padres came to my classroom ... and talked to me about why it is important for me to exercise.' We do not have that in place right now ... but having sort of that, that level of engagement within individual communities could have huge ... outcomes for the students who actually participate in physical activity.

Such visits would allow the partnering organizations to capitalize on the visibility of athletes as role models for healthy behaviors, and connect them with students.

Respondents also have discussed plans to feature some of the healthy choices from the

ballpark in schools. Many of the respondents were hopeful that proposed elements currently under discussion would help the partnership take more of an advocacy role and move towards achieving behavioral and environmental outcomes.

I think if the *FriarFit* component can have an advocacy component would be... a good step for advancing and making changes. I mean, I'm all about making changes in the environment and providing access and I think they were very successful at creating awareness and knowledge of why people should be having a healthy lifestyle but maybe not [doing so]. We need to go step further and become advocates for those changes (1257).

In efforts to sustain current initiative efforts and enable future growth, the Padres Foundation has started to work in collaboration with corporate relations for the franchise in recent years to identify sponsors for the *FriarFit* initiative. They noted that sponsorships are looked upon favorably by the franchise, since the initiative does not have a revenue-generating model, and the involvement of sponsors helps strengthen the initiative as a priority within the franchise.

The foundation is able to leverage the franchise brand in identifying sponsors, and seeks strong affiliations in order not to dilute the brand. Private stakeholders stated the importance of identifying sponsors whose mission and goals are consistent with the *FriarFit* initiative:

We have some sponsors that naturally this ties into their program. So, a lot of our healthcare providers had a very strong interest in providing healthier options in the ballpark, fitness regimens, [and were] interested in combating the childhood obesity initiative and so this seemed like a natural tie-in...so, we will approach our partners who are interested in similar goals and see how we can work with them to increase funding for the program and increase their brand awareness any time we're out in the community.

The private stakeholders noted that while elements could be added to the initiative depending on the sponsor, "We have a strong structure in place...we'll build on things that

are existing so that the sponsor can be happy, but we also stay true to ...our objectives or actions.” The franchise stakeholders acknowledge that the responsibility for success of the sponsorship lies with both organizations. However, the benefits to the initiative are substantial. A current sponsorship with Scripps Health will support the production of incentives. For the franchise, the emergent involvement of corporate relations creates an opportunity to “take this great program and make it a saleable asset for the club.”

Finally, a public stakeholder provided a unique commentary on the future initiative goals of public and private partners by noting that embedding the goals of the partnership within the organization is an influential factor in driving sustainability:

I find that the more an organization builds into its core value system and principles, healthy eating and active living, the easier it would be for that organization to sustain a program like *FriarFit* and if the Padres were to really, you know, make a wholesale change in the way they do business with the focus on, you know, the impact on health, I think that that would make the sustainability of a program like *FriarFit* much more - much easier and much more likely.

3.4 School Implementation Challenges and Recommendations

In the proposal stages, partners proposed extensive activities to drive the participation of local schools in Instant Recess®. The initiative sought to partner with six local schools whose population was comprised of at least 50% of students eligible for free or reduced fare lunch (Document 1). School collaboration efforts would include signed memoranda of understanding (MOU) committing to conduct at least one Instant Recess® break per day in classrooms, during recess, and during school functions. They would also be asked to identify individuals to attend trainings to help them become program champions for the initiative in their communities. In exchange, they would receive incentives, visits from the Padres or the Pad Squad, and assistance with advocacy for physical activity efforts. An interactive website would communicate messages about

healthy eating and physical activity, allow for tracking of physical activity logged by users, as well as provide lesson plan resources for teachers (Document 4).

However, awareness of the *FriarFit* initiative varied among teachers and wellness coordinators. Some had heard about the initiative through the staff training, or the public health partners. Others were connected with the initiative when their students received tickets to attend Padres games during the *Children's Power Play!* Campaign, or were invited to the ballpark for community events like *Lets Move! in Schools*. While several individuals reported they or someone at their school had received an Instant Recess® DVD through the Network for a Healthy California or a wellness council meeting, most of the respondents were not currently using it in their classroom. Furthermore, the *FriarFit* website, which was geared towards students and teachers, was not fully utilized.

Activity breaks such as Instant Recess® provide a low-cost opportunity for teachers to integrate physical activity into the classroom. The *FriarFit* Instant Recess® DVD was designed to be easily implemented across settings, with minimal use of equipment.

According to the respondents, DVDs are an optimal tool for being active in classrooms.

The DVD [is] a great idea and for me, as a physical education teacher, the biggest problem that classroom teachers have is they have to leave their classroom to take kids out to the field to play which they don't like to do. So, how do we get them active in their classroom, which might encourage them to go out of the classroom? And so, this is a perfect opportunity. Our third, fourth and fifth grade teachers are all equipped with smart boards in their classrooms so that they can just go right on the internet, the DVD comes right up on the screen, and the kids can stand up, push their chairs in and do the activity. So, it makes it - it's just very simple for the PE classroom teachers.

The format of short bouts of activity is easily adaptable to teachers looking for resources that won't pull them away from their lesson plan. According to one respondent, "If it's an Instant Recess®, that's easy enough to hit play and they do their activity and they're getting refreshed to start at the next topic and come back to their topic."

Wellness coordinators and teachers agreed that Instant Recess® could be successfully used as an approach to incorporate physical activity breaks in the classroom. Most reported that their classrooms had access to projectors and the internet to display resources. However, school stakeholders felt that more resources would be needed in order to ease the burden of implementation on teachers, and suggested resources that could be developed to help guide future implementation efforts (Table 3.4).

Table 3.4 Recommendations to Improve Implementation in Schools

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| <ul style="list-style-type: none">• Follow up with teachers to discuss challenges with implementation• 30 minute webinar or other training to help teachers feel confident with Instant Recess®, demonstrate DVD use in the classroom and show successes• Make resources accessible to the district• Save costs by uploading DVD to district website• Distribute a user-friendly one page flier of possible resources• Provide a book or pamphlet with lesson plans• Develop resources for key decision-makers, and those who would ultimately introduce materials to teachers• Continue to provide incentives such as free tickets to stimulate interest• Identify opportunities to integrate nutrition education with physical activity |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Respondents also came up with creative approaches for future products and strategies that could be used to encourage physical activity in the classroom. One respondent was in the process of making Instant Recess® and other activity breaks accessible to teachers throughout the school district, with the intention of the teachers using the breaks daily. Another respondent suggested,

You know, it would be really nice if they could make like a little flipchart or something small that had quick easy activities that like when I have just, you know, a couple of minutes of transition time or fill time that I can just look to an activity or spin a wheel and it dropped on an activity and I can just go, "Okay. We're doing this right now," you know. 'Cause sometimes we end up with just a couple of minutes ... it would be nice to have something like that.... the kids could... choose from or flip or even dice that had like the names of the activity all over it.

The vast majority of respondents were interested in using *FriarFit* in order to help their students be more active in the classroom. Several also felt that the feature of celebrity athletes provided additional appeal to students to be active.

Finally, several school stakeholders expressed that the *FriarFit* initiative could play an influential role in supporting advocacy efforts for physical activity in schools by presenting a program ready for implementation to superintendents. There was concurrence among school respondents that support is ultimately needed at the board level in order to establish policies and procedures. They felt it would be valuable to have the initiative “advocate to the board what is the need and how they can help support the school district to address [it].”

3.5 Partnership Challenges and Recommendations

In the developmental stages of the partnership, stakeholders reported that communication channels between partners were strong. As one public stakeholder noted,

[The Padres Foundation] asked _____, “What do the schools want? What do after-schools want?” ...and [they] would get [incentives] with the *FriarFit* logo on them so, I think that's been really nice because again, we're the boots on the ground in the schools, in these areas...we see what the students are using, what the teachers like, and having a partnership where you are able to work so closely on things like that, I think it has been really important to making sure we're doing the right thing by way of the students and giving them things that will actually help them to increase their physical activity. However, not all of the respondents who were involved in the implementation of the initiative were aware of the other partnering organizations. Respondents surmised that communication difficulties may have arisen due to the nature of the baseball season schedule and the reorganization of the franchise. They acknowledged that the partnership responsibilities were shifted to a truncated staff.

However, several stakeholders were hopeful that re-establishing communication

channels within the organizations could help facilitate future partnership efforts:

From a strategic planning standpoint, I think that the infrastructure is in place. We just need the approval, and again, this is where my hope for the future of the partnership with *FriarFit* is that we can build a few more bridges at the Padres ... in terms of communication stream, I realize that ___'s job is becoming increasingly extensive so we just want to make sure we have champions in place there that we can have on-going communication set up.

Respondents suggested that the original parameters of the initiative be revisited in order to determine how individual and collective goals may have shifted over time, and how the partnership may be sustained and improved moving forward. A public stakeholder stated,

I think we need to - if you want to sustain this program, we really need to sit down and come up with a set of goals and objectives, make sure that the resources are available, that the missions [of the organizations] are the same ... I think that in the last couple of years, that hasn't happened. And we probably need to hear from the *FriarFit*, you know, what their commitment is because that seems to have changed up [in] the years since initiative started, it started really strong and in the last year or two, you know, their resources have been limited ... so sitting down coming up with a new mission or with a new set of goals ... also find out what the other organizations' ... mission in this partnership is [at this time].

Other respondents voiced a need for increased engagement of Padres organization in community activities, proposing an increased alignment of initiative components in the ballpark and the surrounding community. Several respondents requested that partner activities conducted for the *FriarFit* initiative, such as the *Children's Power Play!* campaign, be acknowledged on the Padres' community website for the *FriarFit* initiative, noting that it could help highlight a unique multi-sector partnership promoting nutrition and physical activity at the community level.

Recommendations given by public and private stakeholders to strengthen the initiative are summarized in the following table (Table 3.5):

Table 3.5 Partner Recommendations for the *FriarFit* initiative

- Make sure all partners are recognized
- Clearly define roles of partnering organizations
- Make sure partners are aware of each other so they may leverage each other's expertise and resources
- Secure funding for DVDs and other physical activity-related incentives for ballpark and community use
- Ensure timely production of incentives to support dissemination
- Explore opportunities to strengthen communication between the franchise and schools to ease implementation of Instant Recess®
- Dedicate staff, where possible, to serve as a liaison and assist with community implementation efforts
- Continue to discuss innovative ideas for future funding and programming, and create a plan for implementation

3.6 Conclusion

The key findings of this case study on the *FriarFit* initiative may be summarized as follows:

1. Partners signed on to the initiative because they believed it would advance their organizational mission
2. Program champions played a vital role in establishing the initiative and contributed to its sustainability over time
3. Disruptions in communication in subsequent years of the initiative compromised partnership efforts
4. The lack of funding was a major hindrance in disseminating DVDs and incentives to schools
5. Sponsorships are a promising avenue for sustaining future efforts
6. The lack of tools to support the initiative, and lack of awareness of the initiative, hurt implementation efforts in schools
7. Partners and schools agreed that Instant Recess®, with the use of additional tools, can be incorporated into classroom environments to facilitate physical activity

The *FriarFit* initiative incorporated many of the key elements of the Institute of Medicine framework. Additionally, the respondents identified motives for engagement on the part of public and private stakeholders, as well as partner engagement outcomes. A community-based stakeholder noted that the public health sector has realized it cannot solve population based health problems on its own, and is increasingly embarking on

efforts to engage the private sector. Another community-based stakeholder suggested that partnerships should engage multiple levels (federal, state, and local), and pick at least one policy goal to align under and advocate for change. There are many lessons for future partnerships that will be explored in the Discussion.

In closing, several public respondents expressed the value of the partnership from their perspective:

I think it is a great idea. It is great project and I think ... *FriarFit* and the Padres ... have [the] potential [to change] how kids see physical activity and healthy eating - I think if it comes from people that you admire and respect, it doesn't - it is no longer something that I'm telling you that you have to do because it is right but it is something that you want to do because the people that you admire and respect are doing it so I think they have a huge impact....a huge power and I think they should make this initiative bigger and stronger because they can change obesity in San Diego so...and I'm excited that they are open, that they started this.

We [the initiative] don't just want to tell people, "Eat right. Be active." But we do provide access to do these things and ... that should be seen as the great model. I think, worksites, businesses, not just PETCO Park but everybody needs to think, "What can I do to increase access to healthy foods and to physical activity in my neighborhood, in my worksite, in my business?" And that's what *FriarFit* did.

A professional sports team adding their weight behind an obesity prevention initiative like ours and actually making changes within their own....really, you know, it says a lot and to us, that's very important because it shows that they take these efforts seriously and that they understand the importance of environmental change within their own setting so I think that's been an excellent example to other businesses in the community.

CHAPTER 4: PARTNER ENGAGEMENT SURVEY RESULTS

This section documents the results of the partner engagement survey, which was developed to explore whether the fit of an initiative with an organization's mission influences consumer evaluation of the organization. The San Diego Padres were used as the target organization, and summaries of fictitious outreach initiatives on breast cancer and childhood obesity were developed in order to manipulate fit of the initiative with the organizational mission. The control group read a brief history of the San Diego Padres, which preceded the fictitious summary for the two experimental conditions.

A total of 617 surveys were distributed to individuals enrolled in the Anderson Behavioral Lab at the UCLA Anderson School of Management (N=400) and the Rady Behavioral Lab (N=217) at the UCSD Rady School of Management. Five surveys were not returned for UCLA, and 40 consecutively sequenced empty surveys were collected at UCSD—possibly due to a computer glitch—for a total of 572 collected surveys. In order to ensure all participants were 18 years of age or older, observations for whom age was not recorded (UCLA=16, UCSD=5) were excluded from the sample. A total of 551 surveys were completed across sites: 379 (131 control, 123 breast cancer, and 125 childhood obesity) at UCLA, and 172 (57 control, 59 breast cancer, and 56 childhood obesity) at UCSD. The completion rate for the combined study population was 97%, reflecting the number of completed surveys (N=551) that included age information.

Demographics across the two samples were sufficiently similar to enable study of the population as a whole. However, t-test comparisons did show significant differences for ethnicity ($p=0.042$), school year ($p=0.000$), age ($p=0.000$), and gender ($p=0.0001$). Women

comprised more than two-thirds of the sample (67%) (Table 4.1). The majority of the sample (68%) reported their racial/ethnic background as Asian, Asian American, or Pacific Islander (AAPI). Seventy-four percent of the participants were between the age of 18-21, and undergraduate students represented the majority of respondents (94%). More than one-third of the participants (37%) of participants reported that their parents' annual income for the previous year exceeded 400% of the Federal Poverty Level (\$92,201 or higher). Also, half of the sample reported that their mother had obtained an undergraduate degree or higher (48%).

Moderately high mean values were obtained for the following variables, which were coded on a bipolar semantic differential scale from 1-7: evaluation of the Padres (4.74), sincerity of franchise motives (4.63), image promotional franchise motives (5.83), credibility of the scenario presented (4.81), perception of the health condition presented in the scenario as a major health problem in California (5.53), the extent to which the respondent or someone they knew was affected by the health condition presented in the scenario (4.7), and attribution of responsibility for solving the health condition to the individual or society (4.42) (Table 4.2). The mean value for interest in baseball (2.75 on a scale of 1-7) was low. Survey responses regarding health conditions, the sincerity of franchise motives, and image promotional franchise motives were specific to the health condition presented in the scenario, but were treated as generic for the purposes of summarizing across conditions.

The variable representing likelihood of attending a Padres game was collapsed from the original seven point semantic differential scale (extremely unlikely=1, extremely likely=7) into three categories to aid in analysis. The newly assigned values were 1-2

(extremely unlikely), 3-5 (moderately likely), and 6-7 (extremely likely). The variable for the average number of Padres game a consumer planned to attend in a given year was rescaled due to a low number of responses in several of the categories. It was recoded from the original categories (1=none, 2=1-4, 3=5-10, 4=11-20, 5=20 or more), to two categories (0=none, 1=one or more). The following changes were made to the race/ethnicity variable: 1) "American Indian/Alaskan Native" was removed as a category due to a lack of responses, 2) "Other" was eliminated once text responses were recoded into the appropriate category, and 3) "Multiple races reported" was added for individuals who reported more than one race/ethnicity. A "Did not report" category was added to capture non-response for parent income and mother's highest level of education. For the school year variable, "Graduate student or Postdoctoral scholar" and "Staff or Faculty" were collapsed into one category "Graduate student, Postdoctoral scholar, Staff, or Faculty", due to a low number of responses in these categories.

A regression was performed to test the overall hypothesis that the perceived fit of the initiative influenced consumer evaluation of the franchise. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.3). After testing for overall parameter effects, the variables for experimental condition (control, breast cancer, childhood obesity) ($F(2, 519)=7.18$, $p=0.0008$), site location ($F(1, 519)=12.34$, $p=0.001$) and racial/ethnic background ($F(4, 519)=4.42$, $p=0.002$) were significant in the model. The null hypothesis was rejected.

There was a significant relationship between exposure to the low-fit initiative (breast cancer) and the consumer's overall evaluation of the franchise ($\beta=.33$, $p=0.005$).

The mean value for the evaluation of the Padres was 5.34 among those who read the breast cancer scenario, holding other variables at zero. Additionally, exposure to the high-fit initiative (childhood obesity) was significantly associated with evaluation of the franchise ($\beta=.42$, $p=0.000$). The mean value for the evaluation of the Padres was 5.49 among those who read the childhood obesity scenario, holding other variables at zero. The difference between the means for these groups, adjusting for covariates, was not significant ($\beta=.09$, $z=0.72$, $p=0.469$). The mean value for the evaluation of Padres for the control group (5.07) differed significantly from the breast cancer group ($\beta=.33$, $z=2.83$, $p=0.005$) and the childhood obesity group ($\beta=.41$, $z=3.57$, $p=0.000$).

There was a significant relationship between site location reported as San Diego and evaluation of the franchise ($\beta=-.38$, $p=0.000$). The mean value for the evaluation of the Padres among respondents from the San Diego sample in the control group was 4.69, with other variables held at zero. The mean value for the evaluation of Padres for respondents from the Los Angeles sample (5.07), adjusting for covariates, differed significantly from respondents from the San Diego sample ($\beta=.38$, $z=3.51$, $p=0.000$).

An ordinal regression model was used to test the hypothesis that the perceived fit of the initiative influenced the likelihood that a consumer would attend a Padres game in the near future. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.4). The dependent variable (likelihood of attending a future game) was ordinal but the distance between categories could not be precisely defined, making a linear regression model inappropriate (Long & Freese, 2006). A generalized ordinal logistic regression was run on the data in order to test for violation of the parallel lines assumption, which would mean

that the ordinal categories were not based on intervals. The test for the parallel lines assumption was not significant ($\chi^2(20) = 21.62, p = .362$), allowing for the use of the ordinal logistic regression procedure. After testing for overall parameter effects, the variables for experimental condition ($\chi^2(2) = 6.32, p = 0.043$), site location ($\chi^2(1) = 19.30, p = 0.0000$), and interest in baseball ($\chi^2(1) = 115.59, p = 0.000$) were significant in the model. The null hypothesis was rejected.

There was a significant relationship between exposure to the high-fit initiative (childhood obesity) and likelihood of attending a Padres game in the future ($\beta = .50, p = 0.04$). Among participants assigned to the childhood obesity experimental condition, the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 1 or 2 (extremely unlikely) was .55, the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 3, 4, or 5 (moderately likely) was .32, and the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 6 or 7 (extremely likely) was .13.

The survey site reported as San Diego was associated with the likelihood of attending a Padres game in the future ($\beta = .99, p = 0.000$). Among participants from San Diego, the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 1 or 2 (extremely unlikely) was .50, the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 3, 4, or 5 (moderately likely) was .35, and the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 6 or 7 (extremely likely) was .15. There was also a significant relationship between interest in baseball and the likelihood of attending a Padres game in the future ($\beta = .69, p = 0.000$). For

each one-unit increase in interest in baseball, the log odds of moving to the next higher category for the likelihood of attending a game in the near future increased by .69.

A logistic regression was performed to test the hypothesis that the perceived fit of the initiative influenced the average number of games a consumer would attend in a given year. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.5). After testing for overall parameter effects, the variables for the experimental condition ($\chi^2(2)=8.68$, $p=.013$), site location ($\chi^2(1)=21.68$, $p=0.000$), and interest of baseball ($\chi^2(1)=61.28$, $p=0.000$) were significant in the model. The null hypothesis was rejected.

There was a significant relationship between exposure to the high-fit initiative (childhood obesity) and the average number of games a consumer planned to attend in a given year ($\beta=.925$, $p=0.005$). The predicted probability of respondents assigned to the childhood obesity experimental condition reporting that they would attend one or more games on average in a given year was .29. There was also a significant relationship between the survey site being reported as San Diego and the average number of games a consumer planned to attend in a given year ($\beta=1.36$, $p=0.000$). The predicted probability of respondents from the San Diego site reporting that they would attend one or more games on average in a given year was .32. Finally, there was a significant relationship between interest in baseball and the average number of games a consumer planned to attend in a given year ($\beta=.62$, $p=0.000$). For a one unit increase in interest in baseball, the log odds of a respondent reporting that they would attend one or more games on average in a given year increased by .62.

A regression was run to test the hypothesis that the perceived fit of the initiative influenced the consumer's perception of the sincerity of franchise motives. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.6). After testing for overall parameter effects, the variable for race/ethnicity was significant in the model ($F(4, 330)=3.89, p=.004$). The null hypothesis was rejected.

There was a significant relationship between race/ethnicity reported as African-American and consumer perception of the sincerity of franchise motives ($\beta=1.34, p=0.001$). The mean value for the sincerity of motives index among African-Americans in the control group was 5.71, holding all other variables at zero, differed significantly ($\beta=1.34, z=3.25, p=.001$) from the mean value for the sincerity of motives index for the reference group, Caucasians/Whites, holding all other variables at zero (4.37).

A regression was run to test the hypothesis that the perceived fit of the initiative influenced the consumer's perception of the image promotional motives of the franchise. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball. The model as a whole did not explain a significant amount of variance in the consumer's perception of image promotional motives of the franchise ($F(24, 330)=1.10, p=0.34$). The null hypothesis was not rejected.

A regression was run to test the hypothesis that the perceived fit of the initiative influenced the consumer's perception of the credibility of the scenario presented. The model controlled for gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.7). After testing for overall parameter effects, interest in baseball was significant in the model ($F(1, 519)=13.19,$

p=0.000). The null hypothesis was rejected. There was a significant relationship between interest in baseball and the consumer's perception of the credibility of the scenario ($\beta=.09$, p=0.000). For every one-unit increase interest in baseball, there was a .09 increase in the mean value of the credibility index, or the extent to which respondents believed the scenario presented was believable or credible.

An ordinal regression model was used to test the hypothesis that consumer evaluation of the franchise influenced the likelihood that a consumer would attend a Padres game in the near future. The model controlled for experimental condition, gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.8). A generalized ordinal logistic regression was run on the data in order to test for violation of the parallel lines assumption, which would mean that the ordinal categories were not based on intervals. The test for the parallel lines assumption was not significant ($\chi^2(24) = 28.20$, p=.252), allowing for the use of the ordinal logistic regression procedure. After testing for overall parameter effects, the variables for consumer evaluation of the Padres ($\chi^2(1)=11.49$, p=0.001), site location ($\chi^2(1)=23.58$, p=0.000), and interest in baseball ($\chi^2(1)=119.37$, p=0.000) were significant in the model. The null hypothesis was rejected.

There was a significant relationship between consumer evaluation of the franchise and likelihood of attending a Padres game in the future ($\beta=.33$, p=0.001). For each one-unit increase in the consumer evaluation of the franchise, the log odds of moving to the next category for the likelihood of attending a game in the near future increased by .33. The respondent site reported as San Diego was associated with the likelihood of attending a Padres game in the future ($\beta=1.13$, p=0.000). Among participants from San Diego, the

predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 1 or 2 (extremely unlikely) was .48, the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 3, 4, or 5 (moderately likely) was .36, and the predicted probability of the respondent reporting his or her likelihood of attending a game in the near future as 6 or 7 (extremely likely) was .16. There was also a significant relationship between interest in baseball and the likelihood of attending a Padres game in the future ($\beta=.72$, $p=0.000$). For each one-unit increase in the respondent's interest in baseball, the log odds of moving to the next category for the likelihood of attending a game in the near future increases by .72.

A logistic regression was performed to test the hypothesis that the consumer evaluation of the franchise influenced the average number of games a consumer would attend in a given year. The model controlled for experimental condition, gender, site, ethnicity, age, school year, parent income, mother's highest level of education, and interest in baseball (Table 4.9). After testing for overall parameter effects, the variables for the consumer evaluation of the franchise ($\chi^2(1)=5.48$, $p=0.019$), experimental condition ($\chi^2(2)=6.90$, $p=0.032$), site location ($\chi^2(1)=23.76$, $p=0.000$), and interest in baseball ($\chi^2(1)=62.54$, $p=0.000$) were significant in this model. The null hypothesis was rejected.

There was a significant relationship between the consumer evaluation of the franchise and the average number of games a consumer would attend in a given year ($\beta=.30$, $p=0.019$). For a one unit increase in consumer evaluation of the franchise, the log odds of a respondent reporting that they would attend one or more games on average in a given year increased by .30. There was a significant relationship between exposure to the high-fit initiative (childhood obesity) and the average number of games a consumer

planned to attend in a given year ($\beta=.81$, $p=0.016$). The predicted probability of respondents assigned to the childhood obesity experimental condition reporting that they would attend one or more games on average in a given year was .29.

There was also a significant relationship between respondent site reported as San Diego and the average number of games a consumer planned to attend in a given year ($\beta=1.47$, $p=0.000$). Finally, there was a significant relationship between interest in baseball and the average number of games a consumer planned to attend in a given year ($\beta=.64$, $p=0.000$). The predicted probability of respondents from the San Diego site reporting that they would attend one or more games on average in a given year was .33. For a one unit increase in interest in baseball, the log odds of a respondent reporting that they would attend one or more games on average in a given year increased by .64.

CHAPTER 5: DISCUSSION AND CONCLUSION

5.1 Discussion

The Institute of Medicine's Evaluation Framework to Assess Public-Private Partnerships Supporting Healthy-Lifestyle Initiatives for Childhood Obesity Prevention was used as a framework to explore the following dynamics related to the *FriarFit* initiative:

- 1) factors that contribute to partner engagement and program uptake,
- 2) how resources, inputs, and outcomes influence long-term project sustainability,
- and 3) how community outreach efforts of a private entity translate to "on the ground" program implementation.

The Institute of Medicine (IOM) framework was adapted in order to include motives for partner engagement, as well as partner engagement outcomes. A survey conducted at UCLA and UCSD assessed additional aspects of partner engagement outcomes by exploring whether the perceived fit of an initiative with the franchise's mission influenced the consumer's overall evaluation of the Padres, as well as his or her intentions to attend Padres games in the future.

5.1.1 Factors contributing to partner engagement and program uptake

A member of the executive leadership within the Padres franchise, who also functioned as an organizational sparkplug, initiated the idea of addressing childhood obesity as a platform issue for the organization. Once this issue was identified as a priority for the franchise, introductions were made to public health partners that could help solidify their mission, identify opportunities to address the issue within the ballpark, and carry out the partnership in the surrounding community. Among public stakeholders, motives for

engagement included a desire to work with the business sector in efforts to develop environmental approaches to addressing nutrition and physical activity.

The partnership was formed with the common goal of promoting nutrition and physical activity among youth in San Diego County. Respondents cited increased visibility of partner organizations and the ability to leverage the initiative with school districts in order to fulfill the requirements of the *Children's Power Play!* campaign as partner engagement outcomes. The provision of *FriarFit*-branded incentives and the opportunity to win Padres game tickets was a powerful motivator for schools to participate in the *Children's Power Play!* campaign and to complete the participation reports.

5.1.2 Resources, inputs, and outcomes influencing sustainability

Program champions and leadership were believed to be critical to the development and sustainability of the initiative. Program champions within each organization leveraged their own resources in order to continue initiative activities in light of funding challenges. Although there was evidence of strategic planning and strong communication at the inception of the partnership, respondents indicated that the change in franchise leadership and reduction in staff dedicated to the partnership may have inhibited communications in subsequent years. As a result, some of the original partners were no longer engaged, and there was uncertainty about the extent to which of the partnership activities would be carried out in the future.

FriarFit Instant Recess® at PETCO Park leveraged existing infrastructure in the ballpark, which may have been a contributing factor to its sustainability. During Sunday home games, the *Park at the Park* area is open to patrons, and the Pad Squad and Friar mascot are already present. While healthy food items in the ballpark were not necessarily

profitable for the franchise, they were maintained because they reflect the franchise's commitment to fans that desire healthy options.

Instant Recess® in the ballpark was identified as the most sustainable element of the initiative, followed by the partnership between the initiative and the *Children's Power Play!* campaign. The sustainability of the conduct of physical activity within the ballpark setting through Instant Recess® is consistent with Steckler and Goodman's findings that a high-fit initiative is more likely to be institutionalized over time (Steckler & Goodman, 1989). It was noted, however, that the future success of the campaign collaboration would be dependent on the provision of sufficient incentives. Stakeholders believed that further investments in education and marketing would be necessary in order to make the offering of healthy options in the ballpark sustainable. Expansion of the partnership to include new sponsors and program elements were highlighted as essential to the initiative's sustainability.

5.1.3 Translation of franchise outreach efforts to program implementation

Community efforts undertaken by the Padres franchise and public health partners endeavored to introduce *FriarFit* Instant Recess® as a tool for incorporating physical activity across school and afterschool settings. The adoptability of this tool, according to Roger's Diffusion of Innovations theory, suggests its versatility across settings. However, challenges within the partnership limited the implementation of Instant Recess® in school settings. The production of DVDs and incentives were dependent on funding. Public partners reported that this was a major barrier to implementation of the initiative in schools, limiting distribution in subsequent years. Additionally, there was not a system in place to gauge current or past usage of the DVD within classrooms. School respondents

often reported that they had not received an Instant Recess® DVD, but were optimistic that the initiative could make a significant contribution to helping teachers incorporate physical activity in classroom settings. School and partner stakeholders suggested the partnership develop resources that could help improve the implementation of the initiative in the school setting and encourage regular use of the DVD in classrooms moving forward.

5.1.4 Influence of initiative fit on consumer evaluation of an organization

The final research question explored how the perceived fit of a corporate social responsibility-related initiative with an organization's overall mission influences a consumer's evaluation of the organization and future intentions to patronize the organization. Individuals enrolled in behavioral labs at the Anderson School of Management (UCLA) and the Rady School of Management (UCSD) completed a survey based on one of the following three scenarios: a fictitious scenario focusing on Padres foundation efforts on the behalf of the franchise to address breast cancer (low-fit initiative), a fictitious scenario focusing on efforts to address childhood obesity (high-fit initiative), or a brief history of the San Diego Padres (control group).

Results of this study showed that individuals who read about the low fit or high fit initiative reported significantly higher mean values for the evaluation of the franchise than those who were assigned to the control group. This relationship is consistent with research showing that community involvement influences team identification (Gwinner & Swanson, 1987; Sacks, et al., 2009; Sutton, et al., 1997) and can improve team affinity and protect fan morale in light of game losses (Walker & Kent, 2009).

In this context, the presence of an initiative—regardless of its perceived fit with the organizational mission—positively influenced the consumer’s evaluation of the franchise. This is a powerful finding, as it suggests that a wide range of corporate social responsibility-related initiatives can positively influence consumer evaluation of a professional sports franchise. Ultimately, corporate social responsibility efforts can help address key societal issues while fostering goodwill in the community on behalf of the franchise.

While respondents exposed to the breast cancer initiative and the childhood obesity initiative did not differ significantly in their evaluation of the franchise, the perceived fit of the initiative was significantly associated with consumer intent to patronize the organization in the future. Respondents who were exposed to the childhood obesity initiative reported a significantly higher likelihood of attending a Padres game in the near future, and were significantly more likely to state they would attend one or more games on average in a given year. This is a departure from Yoon’s findings, which showed that high-fit initiatives negatively impacted consumer perceptions of organizations that already had a poor reputation (Yoon, et al., 2006). This suggests that among organizations that have a positive reputation, initiatives like *FriarFit*, which closely mirror the organizational mission, may be more effective in driving consumer intent to patronize the organization, among other partner engagement outcomes. Also, the detection of a relationship between exposure to the high fit initiative and intention to attend future games extends the work of researchers who have sought to determine the impact that corporate social responsibility (Walker & Kent, 2009) and cause-related marketing Kim et al. (Kim, et al., 2010) efforts have on consumer patronization intentions.

Interest in baseball was significantly associated with the likelihood of attending a game in the future, and intention to attend one or more games on average in a given year. There was also a significant relationship between the respondent's level of interest in baseball and the extent to which they believed the scenario presented (childhood obesity or breast cancer) was credible. This may indicate that baseball fans, a core consumer base, respond positively to franchise outreach initiatives. A higher mean value for sincerity of franchise motives among African-Americans may be partially attributed to role modeling. Current and former Padres players of African-American descent, such as Hall of Famers Tony Gwynn, Sr. and Dave Winfield, are highly visible in the San Diego community.

While the presence of an initiative positively influenced consumer evaluation of the franchise, the mean value for consumer evaluation of the Padres franchise was significantly lower among San Diego respondents than Los Angeles respondents. However, San Diego respondents expressed stronger intentions of patronizing the organization than Los Angeles respondents. San Diego respondents reported a significantly higher likelihood of attending a game in the future, and significantly higher intentions of attending one or more games in future years. These findings may be attributed in part to the geographical proximity of the team. These individuals could have higher levels of exposure to franchise promotional activities and may have attended games in the past.

This research explores potential fan segments that may be currently underrepresented among the core baseball fan base. In this study, a population with a low level of interest in baseball (mean value of 2.75 on a 1-7 scale) was more likely to express intention to attend games when exposed to a high fit initiative. This research may also have important implications for the identification of factors that may motivate intention to

attend baseball games in a predominantly Asian-American female population. This research shows that corporate social responsibility activities may be a successful approach to tapping into new markets and expanding a professional sports franchise's fan base.

5.2 Recommendations for *FriarFit* Partner Organizations

After four years, several components of the initiative have been sustained: healthy food options in the ballpark, performance of Instant Recess® prior to Sunday home games, and the co-branding of *FriarFit* with the Network for a Healthy California's *Children's Power Play!* campaign. While the initiative serves as an example of collaboration between the public and private sector at the local level, there were some gaps in the partnership process reflected in the IOM framework. There was evidence of structural, institutional, and environmental outcomes, but behavioral and health outcomes have not yet been achieved. Furthermore, there was not a plan for continued evaluation of outcomes, nor was there documentation of steps taken in response to the initial evaluation to improve outcomes moving forward. Respondents reported breakdowns in communication, and expressed uncertainty as to which organizations were currently involved with the initiative. Also, there has not been a recent opportunity for all of the partners to reconvene and discuss how the partnership should move forward. Finally, the implementation of the initiative in San Diego County schools has been limited. The following recommendations are offered to partnering organizations of the *FriarFit* initiative:

Recommendation 1: Revisit the partnership and identify priorities moving forward

Partners should review the current state of the initiative, and gauge the interest of partnering organizations in continuing to engage in the initiative (or of inactive organizations to re-engage) moving forward. Partners should identify which of their

expectations have (or have not) been met. The current goals and desired outcomes of organizations related to the initiative should be clarified, as they may have shifted over time. Partner roles should be examined and redefined as necessary, with special attention to any challenges experienced by partner organizations in carrying out their responsibilities. Organizational resources (funding, infrastructure, staff) that can be leveraged fulfill the mission of the *FriarFit* initiative should be documented.

Recommendation 2: Develop an updated strategic plan

Partners should revise the strategic plan for the initiative, and develop plans to sustain communication channels moving forward. The partnership should also explore the capacity of current partners or outside organizations to conduct evaluations on a regular basis. Finally, opportunities to include new program elements or partners should be reviewed on an ongoing basis. Efforts to expand the program must be reviewed in light of each partner's organizational priorities.

Recommendation 3: Develop a strategic approach to improve school implementation efforts

Feedback from school respondents indicated that there is a pressing need for resources to incorporate physical activity in the classroom setting. School respondents were aware of the data linking academic performance and physical activity. Due to decreases in physical activity, respondents were eager to incorporate opportunities to be physically active in the classroom. Representatives of the *FriarFit* initiative should meet with wellness coordinators in order to better understand the challenges faced by San Diego County schools, as discussed in the case study, and identify specific contributions that can be made on the behalf of the initiative.

Tools such as a 30-minute webinar, as suggested by staff respondents, may help teachers adopt Instant Recess® in classroom settings. Additionally, public stakeholders suggested the development of a *FriarFit*-branded activity kit, which was specifically requested by teachers during school visits. The provision of a variety of Instant Recess® DVDs may help teachers incorporate activity break on a regular basis. The strategy for distributing DVDs should be reassessed, as usage of the DVD by a segment of teachers within a school did not necessarily spillover to other classrooms. If access to DVDs was made available through district internet resources, or through a wellness coordinator, this could help ensure that Instant Recess® remains as a school resource when a teacher leaves the school or district. Finally, the usage of DVDs in classrooms should be documented as an initiative outcome, in order to better gauge the success of implementation efforts. *FriarFit* incentives and Padres visits could be used to reward students for engaging in Instant Recess® in school and afterschool settings.

Recommendation 4: Explore opportunities for advocacy

School respondents expressed a need for partners to advocate for the incorporation of physical activity in the school setting on their behalf. Respondents suggested that the representatives of the *FriarFit* initiative engage the Superintendents and Board of Education in their respective districts. Public stakeholders also expressed a desire for the initiative to expand its mission by engaging in advocacy efforts. Partnering organizations can review their existing advocacy efforts related to promoting nutrition and physical activity in San Diego County, and explore how *FriarFit* might contribute to or complement these efforts.

Recommendation 5: Endeavor to mirror best practices within partner organizations

The final stage of the Meta-Volition model represents the anchoring of healthy lifestyles within the larger community. In order to achieve this vision, it is important that healthy practices first take root at the organizational level, where they can then spill over to other organizations and settings. It is essential that partners commit to addressing practices related to nutrition and physical activity within their own organizations. The incorporation of activity breaks and access to nutritious, affordable food options in the work environment can help partnering organizations become examples of a ‘best practice’ for other organizations to follow.

Recommendation 6: Focus on activities that promote population health and important partner engagement outcomes

The results of the case study and the partner engagement survey indicate that an initiative like *FriarFit*, which is closely related to the mission of the franchise and its partnering organizations, can help drive partner engagement outcomes. Key stakeholders indicated that the involvement of the *FriarFit* initiative has helped drive participation in the *Children’s Power Play!* campaign. Also, results from the survey indicate that a high fit initiative can help drive consumer intent to patronize the franchise in the future. The overarching focus of the initiative should continue to be on building healthier communities and improving outcomes related to population health. However, stakeholders should discuss how core initiative activities may help drive high-priority outcomes for partnering organizations, which may help sustain their involvement over time.

5.3 Limitations

There were several limitations to this research that should be considered carefully in its interpretation. The study of one partnership, as opposed to a cross-case analysis, limits the generalizability of the case study findings. However, focusing on one partnership allowed for a more in-depth examination of the partnership process within the context of the surrounding community. The lessons identified in this case study may prove informative and useful for future partnerships.

Key stakeholder interviews were conducted with current partnering organizations, as some of the original partnering organizations were no longer involved with *FriarFit*. There was limited depth within organizations where it was not possible to capture multiple perspectives from key stakeholders. One partner organization did not wish to complete a stakeholder interview, and suggested that interview data collected from their organization during the formative stages of this research be used for the purposes of the case study. With this individual's permission, an amendment was obtained from the Institutional Review Board to include results from formative interviews in this research.

Attempts were made to identify teachers who were exposed to the *FriarFit* initiative through staff trainings, the Children's Power Play campaign, and school visits conducted by the San Diego Padres. However, many of the teachers had moved on to other districts or schools by the fourth year of the initiative, or did not respond to interview requests. It was not possible to identify all of the teachers who may currently be using the Instant Recess® DVD in their classrooms. In order to account for this and help identify helpful approaches to aid future implementation, key stakeholders suggested the inclusion of wellness

coordinators, with whom partnering organizations worked closely, and who were the primary point of contact regarding physical activity in their respective school districts.

College students comprised the majority of the sample for the partner engagement survey, and are not representative of the general population. Furthermore, 68% of the study sample reported their race or ethnicity as Asian, Asian American, or Pacific Islander (AAPI), which is overrepresented compared to the college population and the general population.

Both study samples were located within Southern California, indicating a lack of geographical diversity in study responses compared to a national sample. However, both Los Angeles and San Diego have major league baseball teams, increasing the likelihood that there would be a sufficient difference in the affinity for the San Diego Padres amongst respondents in San Diego, compared to Los Angeles. The use of samples in Los Angeles as well as San Diego allowed for the examination of perceptions among consumers who may not be familiar with the San Diego Padres, as well as those who are within close geographical proximity to the franchise and are more likely to have been exposed to their outreach activities. Fictitious scenarios were used to prevent bias among those who may be familiar with the *FriarFit* initiative.

The partner engagement study design only manipulated the perceived fit of the initiative. Hence, unidentified factors may contribute to the consumer's evaluation of the franchise. However, results showing that the presence of the initiative, rather than its perceived fit, positively influences consumer evaluation of a professional sports franchise is an important finding. Also, the high-fit initiative was associated with a stronger likelihood to attend games, and intentions to attend at least one game in a given year. These findings

can help organizations prioritize involvement in partnerships that would resonate strongly with their consumer base. These findings also stand in contrast to the findings reported by Yoon et al., who showed that for corporations with poor reputations, it was only the low-fit corporate social responsibility activity that yielded positive evaluations. For corporations with positive reputations, we now see, the high-fit CSR-related activity yields greater patronage. Finally, while the significant relationships found in these models were conditioned by ethnicity, it did not alter the overall pattern. The ethnicity variable remains, however, a covariate of importance.

5.4 Suggestions for Future Research

The expansion of this research to include additional partnerships could help to corroborate these findings as well as to identify additional elements that affect the partnership process. The Institute of Medicine framework provides a general model for the evaluation of partnerships, and was expanded to incorporate motives for engagement and partner engagement outcomes. However, it is possible that there are other partnership dynamics that are not captured by the model presented in this work. Future research efforts should explore additional factors that contribute to engagement, program uptake, and sustainability.

While corporate social responsibility efforts were found to influence consumer evaluation of an organization, there may be alternative factors that help to explain the relationship between corporate social responsibility efforts and consumer intention to patronize an organization. Although consumer evaluation of the franchise was higher among Los Angeles respondents, intentions to patronize the Padres franchise were higher among San Diego respondents. The presence of two Major League Baseball teams within

the Los Angeles metropolitan area, as well as the geographical distance from San Diego, may have influenced their intentions to attend Padres games. A factorial design that manipulates additional variables could allow for a more in-depth understanding of the factors that influence consumer evaluation of the franchise, as well as consumer intention to attend games in the future. Such findings may incentivize organizations in a similar position to expand current outreach efforts or engage in new initiatives in their respective communities.

5.5 Conclusion

Overweight and obesity increasingly present health challenges for America's youth. Classroom-based bouts of physical activity have emerged as a promising approach for integrating physical activity with academic lessons, with documented benefits to measures related to health and academic performance. However, fiscal challenges and an increased focus on standardized testing as the basis of assessment of students and teachers have threatened efforts to address nutrition and physical activity within the school setting. Public health researchers have recommended the formation of collaborative efforts with other sectors to develop sustainable partnerships at the local, state, and federal level, which can leverage the resources and capabilities of each sector to effectively address chronic disease prevention at the population level.

The results of this study demonstrate that public-private partnerships such as the *FriarFit* initiative can work effectively with public health partners to promote nutrition and physical activity in a community that is at a high risk for obesity and overweight. Professional major league sports franchises exist in most metropolitan areas of the United States, and minor league teams can be found in many rural areas. Yancey et al. state that

programming similar to the *FriarFit* initiative could reach the estimated 49,000,000 people who attend minor league baseball games each year (Yancey, et al., 2012). Team affinity often serves as a unifying factor across racial and class divides. Sports events attract thousands of fans per year to venues, which can serve as an ideal setting for activity breaks and other large-scale health promotion efforts. The branding power of the franchise, combined with the celebrity status often conferred on athletes, can be of value to public health organizations seeking greater visibility for their message. At the same time, by participating in such efforts, franchises can build community capital. The Padres provide an appealing brand for youth, while bringing attention to an important public health issue for this segment. This research has demonstrated that the corporate social responsibility related efforts of a franchise, regardless of whether they are closely aligned with the mission of the franchise, could have a positive impact on the consumer's evaluation of the franchise. Furthermore, a high-fit initiative like *FriarFit* can positively influence patronization of the franchise over time.

Public health partners at the local level should seek out partnerships with local sports teams at the collegiate or professional level to develop initiatives that address prominent community issues. Researchers emphasize the role that non-profit organizations can play in advocacy for policies and other efforts that promote physical activity (Doyle, Hutber, & McCarthy, 2009). Because of their ease of access to the surrounding community, they are well positioned to help carry out or guide the implementation of interventions. Finally, they are equipped with the skills necessary to provide research and monitoring needed to track outcomes. This partnership is an example

of how those efforts can be strengthened by leveraging the resources available through collaboration with other partners.

The limited capacity of government to address issues at the local level has created a unique opportunity for partnerships such as *FriarFit* to contribute to health promotion and disease prevention efforts by engaging community based organizations and developing much needed resources. The Institute of Medicine framework, as presented in this study, provides an overview of key components of partnerships that should be considered in the stages of development, implementation, and evaluation. It is important that organizations looking to develop future initiatives clarify goals at the outset that are beneficial for all partners involved. They should achieve buy-in from leadership, establish program champions within each organization, and develop a strategic plan that clearly defines roles and resources needed for implementing partnership activities. It is important the partners regularly communicate and commit to a plan for ongoing evaluation throughout the duration of the partnership. Lastly, the partnership model should be seen as an ever-changing relationship in which the addition of new program elements and sponsors—or departure thereof—are regularly considered. The incorporation of strong businesses and organizations that are anchored within the community, as well as political commitments, can help institutionalize efforts over time.

TABLES

Table 4.1 Study Population Demographics

| VARIABLE | UCLA (N=379) | UCSD (N=172) | TOTAL (N=551) |
|----------------------------------------------------|--------------|--------------|---------------|
| Experimental Condition (N=551) | | | |
| Control | 131 (34.57%) | 57 (33.14%) | 188 (34.12%) |
| Breast Cancer | 123 (32.45%) | 59 (34.30%) | 182 (33.03%) |
| Childhood Obesity | 125 (32.98%) | 56 (32.56%) | 181 (32.85%) |
| Gender (N=551) | | | |
| Male | 104 (27.44%) | 76 (44.19%) | 180 (32.67%) |
| Female | 275 (72.56%) | 96 (55.81%) | 371 (67.33%) |
| Race/Ethnicity (N=547)* | | | |
| African-American/Black | 13 (3.44%) | 2 (1.18%) | 15 (2.74%) |
| Hispanic/Latino | 20 (5.29%) | 7 (4.14%) | 27 (4.94%) |
| Asian, Asian-American, or Pacific Islander | 264 (69.84%) | 109 (64.50%) | 373 (68.19%) |
| Caucasian/White | 60 (15.87%) | 43 (25.44%) | 103 (18.83%) |
| Multiple Races Reported | 21 (5.56%) | 8 (4.73%) | 29 (5.30%) |
| Participant Age (N=551) | | | |
| 18-21 | 305 (80.47%) | 105 (61.05%) | 410 (74.41%) |
| 22-25 | 56 (14.78%) | 57 (33.14%) | 113 (20.51%) |
| ≥26 | 18 (4.75%) | 10 (5.81%) | 28 (5.08%) |
| School Year (N=550)* | | | |
| Freshman | 105 (27.70%) | 13 (7.60%) | 118 (21.45%) |
| Sophomore | 70 (18.47%) | 19 (11.11%) | 89 (16.18%) |
| Junior | 92 (24.27%) | 49 (28.65%) | 141 (25.64%) |
| Senior | 92 (24.27%) | 80 (46.78%) | 172 (31.27%) |
| Graduate Student/ Postdoc/ Staff/ Faculty | 20 (5.28%) | 10 (5.85%) | 30 (5.45%) |
| Parent's Income (N=551) | | | |
| Below 100% FPL | 39 (10.29%) | 20 (11.63%) | 59 (10.71%) |
| 100-200% FPL | 67 (17.68%) | 37 (21.51%) | 104 (18.87%) |
| 200-300% FPL | 52 (13.72%) | 21 (12.21%) | 73 (13.25%) |
| 300-400% FPL | 50 (13.19%) | 17 (9.88%) | 67 (12.16%) |
| Above 400% FPL | 136 (35.88%) | 67 (38.95%) | 203 (36.84%) |
| Did not report | 35 (9.23%) | 10 (5.81%) | 45 (8.17%) |
| Mother's Highest Level of Education (N=551) | | | |
| Graduate degree or higher | 83 (21.90%) | 36 (20.93%) | 119 (21.60%) |
| Undergraduate degree | 100 (26.39%) | 55 (31.98%) | 155 (28.13%) |
| Some college/ university | 81 (21.37%) | 33 (19.19%) | 114 (20.69%) |
| Secondary or HS diploma | 80 (21.11%) | 34 (19.77%) | 114 (20.69%) |
| Less than high school | 20 (5.28%) | 4 (2.33%) | 24 (4.36%) |
| Did not report | 15 (3.96%) | 10 (5.81%) | 25 (4.54%) |

*Participants who did not report these variables were excluded from the analyses

Table 4.2 Descriptive Statistics for Study Population

| VARIABLES | N | MEAN | STD ERROR | MINIMUM | MAXIMUM |
|--------------------------------------------------------------------|----------|-------------|------------------|----------------|----------------|
| Evaluation of the Padres | 551 | 4.74 | 1.1168 | 1 | 7 |
| Sincerity of Motives | 359* | 4.63 | 1.1516 | 1 | 7 |
| Image Promotional Motives | 359* | 5.83 | 1.0689 | 1 | 7 |
| Credibility | 551 | 4.81 | 1.0317 | 1 | 7 |
| Interest in Baseball | 550 | 2.75 | 1.7524 | 1 | 7 |
| Likelihood of attending Padres game in the near future | 550 | 1.49 | .6768 | 1 | 3 |
| Average number of Padres game consumer will attend in a given year | 551 | .19 | .3902 | 0 | 1 |
| Health condition as major health problem in California | 549 | 5.53 | 1.2038 | 1 | 7 |
| Affected by health problem | 550 | 4.7 | 2.1019 | 1 | 7 |
| Responsibility for solving issue as individual (1) or societal (7) | 550 | 4.42 | 1.4744 | 1 | 7 |

*Control excluded from sample

Table 4.3 Does initiative fit influence consumer evaluation of the franchise?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|---------|--------------|----------|
| Experimental Condition: Breast Cancer | 0.33 | 0.12 | 0.10, 0.56 | 0.005** |
| Experimental Condition: Childhood Obesity | 0.41 | 0.12 | 0.19, 0.64 | 0.000*** |
| San Diego Survey Site | -0.38 | 0.11 | -0.59, -0.17 | 0.000*** |
| Female | 0.06 | 0.11 | -0.15, 0.27 | 0.561 |
| African-American | 0.70 | 0.31 | 0.09, 1.31 | 0.024* |
| Hispanic/Latino | -0.36 | 0.25 | -0.85, 0.13 | 0.149 |
| Asian (AAPI) | -0.34 | 0.13 | -0.59, -0.08 | 0.011* |
| Multiple races reported | -0.14 | 0.24 | -0.61, 0.32 | 0.542 |
| Age 22-25 | -0.06 | 0.14 | -0.35, 0.22 | 0.659 |
| Age 26+ | -0.37 | 0.26 | -0.87, 0.14 | 0.152 |
| Sophomore | 0.01 | 0.16 | -0.30, 0.31 | 0.959 |
| Junior | 0.03 | 0.14 | -0.25, 0.31 | 0.843 |
| Grad Student/Postdoc/Staff/Faculty | 0.29 | 0.27 | -0.24, 0.82 | 0.279 |
| Parent Income <100% FPL | -0.29 | 0.17 | -0.63, 0.05 | 0.095 |
| Parent Income= 100-200 FPL | 0.00 | 0.14 | -0.28, 0.28 | 0.998 |
| Parent Income= 200-300 FPL | 0.05 | 0.15 | -0.26, 0.35 | 0.765 |
| Parent Income= 300-400 FPL | -0.09 | 0.15 | -0.39, 0.22 | 0.577 |
| Did not report parent income | -0.50 | 0.19 | -0.87, -0.13 | 0.008** |
| Mother's Education-Grad Degree | -0.03 | 0.14 | -0.30, 0.23 | 0.819 |
| Mother's Education-Some College | -0.07 | 0.14 | -0.34, 0.20 | 0.618 |
| Mother's Education-High School | -0.21 | 0.14 | -0.49, 0.06 | 0.132 |
| Mother's Education-Less than HS | -0.06 | 0.26 | -0.57, 0.45 | 0.820 |
| Did not report mother's education | -0.00 | 0.25 | -0.49, 0.48 | 0.987 |
| Interest in Baseball | -0.04 | 0.03 | -0.10, 0.01 | 0.141 |
| Constant | 5.07 | 0.22 | 4.64, 5.50 | 0.000*** |

N 545
 F (25, 519) 2.58
 P 0.0001

Note: *indicates p<.05 **indicates p<.01 ***indicates p<.001

Table 4.4 Does initiative fit influence consumer likelihood of attending a game?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|------------|--------------|----------|
| Experimental Condition: Breast Cancer | -0.07 | 0.25 | -0.56, 0.41 | 0.772 |
| Experimental Condition: Childhood Obesity | 0.50 | 0.25 | 0.02, 0.98 | 0.041* |
| San Diego Survey Site | 0.99 | 0.22 | 0.55, 1.42 | 0.000*** |
| Female | 0.11 | 0.22 | -0.33, 0.55 | 0.621 |
| African-American | -0.74 | 0.66 | -2.04, 0.56 | 0.263 |
| Hispanic/Latino | -1.59 | 0.53 | -2.64, -0.55 | 0.003** |
| Asian (AAPI) | -1.01 | 0.26 | -1.52, -0.50 | 0.000*** |
| Multiple races reported | -1.37 | 0.51 | -2.37, -0.37 | 0.007** |
| Age 22-25 | -0.40 | 0.30 | -0.98, 0.18 | 0.178 |
| Age 26+ | 0.38 | 0.50 | -0.60, 1.37 | 0.446 |
| Sophomore | 0.12 | 0.36 | -0.58, 0.83 | 0.728 |
| Junior | 0.63 | 0.32 | 0.01, 1.24 | 0.046* |
| Senior | 0.90 | 0.33 | 0.26, 1.54 | 0.006** |
| Grad Student/Postdoc/Staff/Faculty | 1.42 | 0.54 | 0.35, 2.48 | 0.009** |
| Parent Income <100% FPL | -0.15 | 0.38 | -0.89, 0.59 | 0.694 |
| Parent Income= 100-200 FPL | -0.37 | 0.29 | -0.95, 0.20 | 0.204 |
| Parent Income= 200-300 FPL | 0.13 | 0.31 | -0.49, 0.74 | 0.681 |
| Parent Income= 300-400 FPL | -0.68 | 0.35 | -1.37, 0.02 | 0.056 |
| Did not report parent income | -0.17 | 0.40 | -0.95, 0.62 | 0.678 |
| Mother's Education-Grad Degreee | 0.11 | 0.28 | -0.44, 0.66 | 0.700 |
| Mother's Education-Some College | -0.12 | 0.30 | -0.70, 0.46 | 0.691 |
| Mother's Education-High School | 0.04 | 0.30 | -0.54, 0.63 | 0.886 |
| Mother's Education-Less than HS | 0.12 | 0.58 | -1.01, 1.26 | 0.830 |
| Did not report mother's education | 0.55 | 0.51 | -0.45, 1.55 | 0.285 |
| Interest in Baseball | 0.69 | 0.06 | 0.56, 0.81 | 0.000*** |
| cut1 Constant | 2.46 | 0.47 | 1.53, 3.39 | 0.000*** |
| cut2 Constant | 4.94 | 0.52 | 3.92, 5.95 | 0.000*** |

N 545

$\chi^2(25)$ 229.79

p 0.0000

Note: * indicates $p < .05$ ** indicates $p < .01$ *** indicates $p < .001$

Table 4.5 Does initiative fit influence the number of games a consumer will attend in a given year?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|------------|--------------|----------|
| Experimental Condition: Breast Cancer | 0.24 | 0.34 | -0.43, 0.91 | 0.482 |
| Experimental Condition: Childhood Obesity | 0.92 | 0.33 | 0.27, 1.57 | 0.005** |
| San Diego Survey Site | 1.36 | 0.29 | 0.78, 1.93 | 0.000*** |
| Female | 0.51 | 0.30 | -0.07, 1.09 | 0.087 |
| African-American | -0.14 | 0.88 | -1.85, 1.58 | 0.875 |
| Hispanic/Latino | -0.50 | 0.62 | -1.72, 0.72 | 0.420 |
| Asian (AAPI) | -0.88 | 0.33 | -1.53, -0.23 | 0.008** |
| Multiple races reported | -1.09 | 0.69 | -2.45, 0.26 | 0.113 |
| Age 22-25 | 0.19 | 0.37 | -0.53, 0.91 | 0.607 |
| Age 26+ | 0.06 | 0.60 | -1.12, 1.24 | 0.921 |
| Sophomore | -0.41 | 0.52 | -1.42, 0.60 | 0.427 |
| Junior | 0.06 | 0.42 | -0.76, 0.87 | 0.892 |
| Senior | 0.08 | 0.44 | -0.79, 0.94 | 0.864 |
| Grad Student/Postdoc/Staff/Faculty | 0.49 | 0.67 | -0.82, 1.79 | 0.464 |
| Parent Income <100% FPL | -0.14 | 0.49 | -1.10, 0.83 | 0.784 |
| Parent Income= 100-200 FPL | -0.16 | 0.37 | -0.89, 0.58 | 0.677 |
| Parent Income= 200-300 FPL | -0.31 | 0.44 | -1.17, 0.56 | 0.487 |
| Parent Income= 300-400 FPL | -0.68 | 0.46 | -1.59, 0.23 | 0.144 |
| Did not report parent income | -0.80 | 0.57 | -1.92, 0.32 | 0.161 |
| Mother's Education-Grad Degreee | -0.54 | 0.39 | -1.30, 0.22 | 0.162 |
| Mother's Education-Some College | 0.13 | 0.38 | -0.61, 0.88 | 0.729 |
| Mother's Education-High School | 0.13 | 0.39 | -0.63, 0.89 | 0.735 |
| Mother's Education-Less than HS | 0.09 | 0.79 | -1.46, 1.64 | 0.913 |
| Did not report mother's education | 0.74 | 0.65 | -0.54, 2.02 | 0.256 |
| Interest in Baseball | 0.62 | 0.08 | 0.46, 0.77 | 0.000*** |
| Constant | -3.95 | 0.65 | -5.22, -2.67 | 0.000*** |

N 545

$\chi^2(25)$ 125.36

P 0.0000

Note: * indicates p<.05 **indicates p<.01 ***indicates p<.001

Table 4.6 Does initiative fit influence consumer perception of the sincerity of franchise motives?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|------------|--------------|----------|
| Experimental Condition: Childhood Obesity | 0.05 | 0.12 | -0.19, 0.30 | 0.680 |
| San Diego Survey Site | -0.24 | 0.14 | -0.52, 0.03 | 0.085 |
| Female | 0.19 | 0.14 | -0.08, 0.46 | 0.159 |
| African-American | 1.34 | 0.41 | 0.53, 2.15 | 0.001** |
| Hispanic/Latino | -0.50 | 0.35 | -1.18, 0.19 | 0.154 |
| Asian (AAPI) | 0.18 | 0.18 | -0.17, 0.53 | 0.317 |
| Multiple races reported | 0.10 | 0.30 | -0.49, 0.69 | 0.743 |
| Age 22-25 | 0.21 | 0.18 | -0.15, 0.57 | 0.253 |
| Age 26+ | -0.47 | 0.33 | -1.12, 0.17 | 0.148 |
| Sophomore | -0.24 | 0.20 | -0.64, 0.16 | 0.233 |
| Junior | -0.08 | 0.19 | -0.45, 0.29 | 0.682 |
| Senior | -0.42 | 0.20 | -0.81, -0.02 | 0.038* |
| Grad Student/Postdoc/Staff/Faculty | 0.06 | 0.35 | -0.64, 0.75 | 0.871 |
| Parent Income <100% FPL | -0.25 | 0.23 | -0.70, 0.20 | 0.274 |
| Parent Income= 100-200 FPL | -0.06 | 0.18 | -0.42, 0.30 | 0.747 |
| Parent Income= 200-300 FPL | -0.18 | 0.20 | -0.57, 0.21 | 0.362 |
| Parent Income= 300-400 FPL | -0.13 | 0.21 | -0.53, 0.28 | 0.543 |
| Did not report parent income | 0.11 | 0.25 | -0.37, 0.60 | 0.642 |
| Mother's Education-Grad Degree | 0.05 | 0.18 | -0.30, 0.40 | 0.762 |
| Mother's Education-Some College | 0.18 | 0.18 | -0.17, 0.53 | 0.322 |
| Mother's Education-High School | 0.15 | 0.18 | -0.20, 0.51 | 0.402 |
| Mother's Education-Less than HS | 0.46 | 0.36 | -0.25, 1.18 | 0.203 |
| Did not report mother's education | 0.25 | 0.33 | -0.40, 0.89 | 0.450 |
| Interest in Baseball | 0.06 | 0.04 | -0.02, 0.13 | 0.127 |
| Constant | 4.37 | 0.31 | 3.77, 4.97 | 0.000*** |

N 355
F(24, 330) 1.87

P 0.0089

The control group was excluded (did not read a scenario)

Note: *indicates p<.05 **indicates p<.01 ***indicates p<.001

Table 4.7 Does initiative fit influence consumer perception of the credibility of the scenario?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|---------|--------------|----------|
| Experimental Condition: Breast Cancer | -0.12 | 0.11 | -0.33, 0.09 | 0.257 |
| Experimental Condition: Childhood Obesity | 0.07 | 0.10 | -0.13, 0.28 | 0.482 |
| San Diego Survey Site | -0.05 | 0.10 | -0.24, 0.15 | 0.626 |
| Female | 0.01 | 0.10 | -0.18, 0.20 | 0.891 |
| African-American | -0.03 | 0.28 | -0.59, 0.52 | 0.905 |
| Hispanic/Latino | -0.72 | 0.23 | -1.16, -0.28 | 0.002** |
| Asian (AAPI) | -0.28 | 0.12 | -0.52, -0.05 | 0.017* |
| Multiple races reported | -0.05 | 0.22 | -0.47, 0.37 | 0.811 |
| Age 22-25 | -0.11 | 0.13 | -0.36, 0.15 | 0.416 |
| Age 26+ | -0.41 | 0.23 | -0.87, 0.04 | 0.075 |
| Sophomore | 0.05 | 0.14 | -0.23, 0.33 | 0.724 |
| Junior | 0.12 | 0.13 | -0.14, 0.37 | 0.367 |
| Senior | 0.03 | 0.14 | -0.24, 0.30 | 0.814 |
| Grad Student/Postdoc/Staff/Faculty | 0.51 | 0.24 | 0.03, 0.99 | 0.038* |
| Parent Income <100% FPL | -0.17 | 0.16 | -0.48, 0.14 | 0.273 |
| Parent Income= 100-200 FPL | -0.01 | 0.13 | -0.27, 0.24 | 0.908 |
| Parent Income= 200-300 FPL | 0.02 | 0.14 | -0.26, 0.29 | 0.898 |
| Parent Income= 300-400 FPL | 0.12 | 0.14 | -0.16, 0.40 | 0.400 |
| Did not report parent income | -0.38 | 0.17 | -0.71, -0.04 | 0.028* |
| Mother's Education-Grad Degreee | -0.06 | 0.12 | -0.30, 0.18 | 0.646 |
| Mother's Education-Some College | -0.03 | 0.13 | -0.28, 0.22 | 0.809 |
| Mother's Education-High School | -0.32 | 0.13 | -0.57, -0.07 | 0.012* |
| Mother's Education-Less than HS | 0.09 | 0.24 | -0.37, 0.55 | 0.704 |
| Did not report mother's education | -0.16 | 0.23 | -0.61, 0.28 | 0.464 |
| Interest in Baseball | 0.09 | 0.03 | 0.04, 0.14 | 0.000*** |
| Constant | 4.90 | 0.20 | 4.51, 5.29 | 0.000*** |

N 545
 F(24, 330) 2.64
 P 0.0000

Note: *indicates p<.05 **indicates p<.01 ***indicates p<.001

Table 4.8 Does consumer evaluation of the franchise influence the likelihood they will attend a future game?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|------------|--------------|----------|
| Evaluation of the Franchise | 0.33 | 0.10 | 0.14, 0.52 | 0.001*** |
| San Diego Survey Site | 1.13 | 0.23 | 0.67, 1.59 | 0.000*** |
| Experimental Condition: Breast Cancer | -0.16 | 0.25 | -0.65, 0.33 | 0.528 |
| Experimental Condition: Childhood Obesity | 0.40 | 0.25 | -0.09, 0.89 | 0.109 |
| Female | 0.10 | 0.23 | -0.35, 0.54 | 0.669 |
| African-American | -0.96 | 0.67 | -2.27, 0.35 | 0.151 |
| Hispanic/Latino | -1.50 | 0.53 | -2.53, -0.46 | 0.005** |
| Asian (API) | -0.93 | 0.27 | -1.45, -0.40 | 0.001*** |
| Multiple races reported | -1.28 | 0.50 | -2.26, -0.29 | 0.011* |
| Age 22-25 | -0.37 | 0.30 | -0.95, 0.21 | 0.213 |
| Age 26+ | 0.53 | 0.51 | -0.48, 1.54 | 0.304 |
| Sophomore | 0.13 | 0.36 | -0.57, 0.83 | 0.720 |
| Junior | 0.62 | 0.32 | -0.00, 1.24 | 0.052 |
| Senior | 0.92 | 0.33 | 0.27, 1.57 | 0.005** |
| Grad Student/Postdoc/Staff/Faculty | 1.33 | 0.55 | 0.25, 2.41 | 0.015* |
| Parent Income <100% FPL | -0.07 | 0.38 | -0.82, 0.68 | 0.853 |
| Parent Income= 100-200 FPL | -0.41 | 0.30 | -0.99, 0.17 | 0.170 |
| Parent Income= 200-300 FPL | 0.10 | 0.32 | -0.52, 0.72 | 0.747 |
| Parent Income= 300-400 FPL | -0.65 | 0.36 | -1.34, 0.05 | 0.069 |
| Did not report parent income | -0.03 | 0.40 | -0.82, 0.76 | 0.943 |
| Mother's Education-Grad Degree | 0.12 | 0.28 | -0.44, 0.68 | 0.675 |
| Mother's Education-Some College | -0.06 | 0.30 | -0.65, 0.52 | 0.829 |
| Mother's Education-High School | 0.14 | 0.30 | -0.45, 0.73 | 0.642 |
| Mother's Education-Less than HS | 0.16 | 0.58 | -0.98, 1.31 | 0.780 |
| Did not report mother's education | 0.62 | 0.51 | -0.38, 1.62 | 0.226 |
| Interest in Baseball | 0.72 | 0.07 | 0.59, 0.84 | 0.000*** |
| cut1 Constant | 4.18 | 0.71 | 2.79, 5.57 | 0.000*** |
| cut2 Constant | 6.72 | 0.76 | 5.23, 8.20 | 0.000*** |

N 545

$\chi^2(26)$ 241.56

p 0.0000

Note: * indicates $p < .05$ ** indicates $p < .01$ *** indicates $p < .001$

Table 4.9 Does consumer evaluation of the franchise influence the number of games consumers plan to attend?

| | COEF | STD ERR | 95% CI | P-VALUE |
|-------------------------------------------|-------|------------|--------------|----------|
| Evaluation of the Franchise | 0.30 | 0.13 | 0.05, 0.54 | 0.019* |
| San Diego Survey Site | 1.47 | 0.30 | 0.88, 2.07 | 0.000*** |
| Experimental Condition: Breast Cancer | 0.15 | 0.34 | -0.52, 0.83 | 0.662 |
| Experimental Condition: Childhood Obesity | 0.81 | 0.34 | 0.15, 1.48 | 0.016* |
| Female | 0.49 | 0.30 | -0.10, 1.08 | 0.100 |
| African-American | -0.37 | 0.89 | -2.12, 1.38 | 0.676 |
| Hispanic/Latino | -0.38 | 0.62 | -1.60, 0.83 | 0.538 |
| Asian (API) | -0.75 | 0.34 | -1.42, -0.09 | 0.026* |
| Multiple races reported | -0.94 | 0.68 | -2.27, 0.38 | 0.162 |
| Age 22-25 | 0.24 | 0.37 | -0.49, 0.97 | 0.517 |
| Age 26+ | 0.19 | 0.61 | -1.00, 1.39 | 0.751 |
| Sophomore | -0.35 | 0.51 | -1.36, 0.66 | 0.494 |
| Junior | 0.04 | 0.42 | -0.79, 0.87 | 0.924 |
| Senior | 0.08 | 0.45 | -0.80, 0.95 | 0.861 |
| Grad Student/Postdoc/Staff/Faculty | 0.41 | 0.67 | -0.91, 1.73 | 0.541 |
| Parent Income <100% FPL | -0.03 | 0.50 | -1.00, 0.94 | 0.949 |
| Parent Income= 100-200 FPL | -0.30 | 0.38 | -0.94, 0.54 | 0.593 |
| Parent Income= 200-300 FPL | -0.36 | 0.45 | -1.24, 0.52 | 0.423 |
| Parent Income= 300-400 FPL | -0.66 | 0.47 | -1.58, 0.26 | 0.160 |
| Did not report parent income | -0.71 | 0.58 | -1.85, 0.43 | 0.220 |
| Mother's Education-Grad Degree | -0.55 | 0.39 | -1.32, 0.22 | 0.161 |
| Mother's Education-Some College | 0.18 | 0.39 | -0.58, 0.94 | 0.638 |
| Mother's Education-High School | 0.26 | 0.39 | -0.51, 1.03 | 0.510 |
| Mother's Education-Less than HS | 0.14 | 0.79 | -1.41, 1.70 | 0.856 |
| Did not report mother's education | 0.78 | 0.65 | -0.48, 2.05 | 0.226 |
| Interest in Baseball | 0.64 | 0.08 | 0.48, 0.80 | 0.000*** |
| Constant | -5.55 | 0.97 | -7.44, -3.65 | 0.000*** |

N 545
 X2(26) 130.98
 p 0.0000
 Note: *indicates p<.05 **indicates p<.01 ***indicates p<.001

APPENDICES

APPENDIX A: Case Study: *FriarFit* Key Stakeholder Interview Documents Research Information Sheet

University of California, Los Angeles

RESEARCH INFORMATION SHEET

Assessment of Public-Private Partnerships to Address Childhood Obesity in Southern California

You are asked to participate in a research study conducted by Portia Jackson, MPH, Principal Investigator, as part of her DrPH dissertation (Antronette Yancey, MD, MPH, Faculty Sponsor, Department of Health Services, at the University of California, Los Angeles). You were selected as a possible participant in this study because of your involvement and/or familiarity with childhood obesity initiatives sponsored by the San Diego Padres (*FriarFit*) or taking place at Mark Twain Middle School. Your participation in this research study is voluntary.

Why is this study being done?

The aim of this study is to inform the development of sustainable partnerships between public and private partners to address childhood obesity. It is anticipated that the perspectives obtained from interview and focus group participants will shed light on the challenges and successes of such efforts.

What will happen if I take part in this research study?

If you volunteer to participate in this study, you will be asked to do the following:

- Submit archival materials that document the development, implementation, or evaluation of the initiative;
- Participate in a 30 minute interview to obtain insights regarding partner engagement, program uptake, and sustainability;
- Complete a five-minute questionnaire about your association with the initiatives being researched.

How long will I be in the research study?

Interviews will take approximately 30 minutes.

Are there any potential risks or discomforts that I can expect from this study?

There are no anticipated risks or discomforts.

Are there any potential benefits if I participate?

Potential benefits include increased knowledge of childhood obesity prevention initiatives in Southern California, and increased visibility of your own participation in such programming. There are no direct potential benefits to participating in the study. The results of the research may identify specific franchise and community-level factors that should be taken into account in planning programs in other communities.

Will I receive any payment if I participate in this study?

You will receive no payment for your participation.

Will information about me and my participation be kept confidential?

Any information that is obtained by the researcher in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Interviews will be recorded, and commercial services will be used to transcribe audio files. Randomized numbers will be assigned to participants in order to assure that names are not associated with content elicited from questionnaires or interviews. General themes will be synthesized from the interviews. Data will be maintained on a computer protected by password, accessible only by the Principal Investigator. You have the right to review interview data files made as part of the study to determine whether they should be edited or erased in whole or in part. The Principal Investigator will keep the audio files in a locked area with limited access, and they will be erased following coding of the data.

What are my rights if I take part in this study?

You may withdraw your consent at any time and discontinue participation without penalty or loss of benefits to which you were otherwise entitled.

You can choose whether or not you want to be in this study. If you volunteer to be in this study, you may leave the study at any time without consequences of any kind. You are not waiving any of your legal rights if you choose to be in this research study. You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can answer questions I might have about this study?

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact Portia Jackson, MPH, Principal Investigator, at (323) 382-6338 or portiaj@ucla.edu, or Antronette Yancey, MD, MPH, Faculty Sponsor at (310) 794-9286 or ayancey@ucla.edu.

If you wish to ask questions about your rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call the Office of the Human Research Protection Program at (310) 825-7122 or write to Office of the Human Research Protection Program, UCLA, 11000 Kinross Avenue, Suite 102, Box 951694, Los Angeles, CA 90095-1694.

Pre-Interview Questionnaire

Preface: Please complete this short 5-minute questionnaire designed to collect demographic information from study participants. This information will remain confidential.

1. Name:
2. What is your current role in your organization?
3. Do you work directly with the *FriarFit* initiative? If so, in what capacity?

***FriarFit* Partner Discussion Guide**

Preface: Thank you for agreeing to answer some questions. This will take no more than thirty minutes of your time. All the questions relate to the *FriarFit* initiative's efforts to help reduce childhood obesity risk.

The first part of this interview will focus on whether various factors have contributed to the sustainability of the *FriarFit* project. Please respond in the context of your involvement, as well as that of *FriarFit* partners. It is possible that not all of the questions will apply to your role. When that is the case, please state so.

To what extent has each factor contributed to the sustainability of the following components of the *FriarFit* initiative, if at all?

- 1) Healthy food options in the ballpark
 - 2) Instant Recess® at PETCO Park
 - 3) Instant Recess® in schools and the community
 - 4) Online resources for school education
 - 5) Pedometers
 - 6) Public Service Announcements
-
1. Leadership (buy-in from top levels of leadership, presence of a program champion)
 2. Strategic Planning (development of the partnership vision, mission, and objectives. Also may establish desired outcomes, assign roles, generate strategies to garner support, and establish mechanisms for accountability)
 3. Political Commitment (involvement or support of federal, state, or local government, e.g. Board of Supervisors)
 4. Adequate Funding (sufficient commitment of financial or other resources to carry out the initiative)
 5. Capacity Development (efforts to build structure, formal linkages, training, dedication of staff to carry out program, resources, policies and procedures to support effort, build community capacity, relevant expertise)
 6. Partnership Strategies and Actions

- a. Programs
 - b. Policies – the mission
 - c. Surveillance and Monitoring
 - d. Research
 - e. Education – spreading the word about the mission
 - f. Partnerships (augmenting achievement of mission through aligning with like-minded other groups))
 - g. Coalitions
 - h. Coordination
 - i. Collaboration
 - j. Communication
 - k. Marketing and Promotion –promoting the mission
 - l. Product Development – products that will facilitate promotion of the mission
 - m. New Technologies – new technologies that have potential to advance the mission
7. Structural, Institutional, Systemic Outcomes (e.g. incorporating Instant Recess® in franchise, schools and community, Economic outcomes (e.g., increased ticket sales)
 8. Environmental Outcomes (*FriarFit* menu, Instant Recess® at *Park at the Park*)
 9. Cognitive/Social Outcomes
 10. Behavioral Outcomes (Choosing healthier options, participating in Instant Recess®)
 11. Health Outcomes (BMI, obesity prevalence, obesity-related mortality)
12. What are the benefits of this initiative to your organization?
 13. What organizations (public, private, etc.) are currently considered partners of *FriarFit*?
What is their contribution and/or role?
 14. What challenges have you experienced (or do you currently experience) as an organization in making *FriarFit* a sustainable project in the ballpark and surrounding community?
 15. In your opinion, is the program sustainable in its current state? Considering the factors we discussed in the first part of this interview, what changes would be required in order to ensure its longevity?
 16. Are there any influences on sustainability that we have not discussed and that you think are possibly important determinants of the sustainability of specific features of the *FriarFit* initiative?

***FriarFit* Teacher Discussion Guide**

Preface: Thank you for agreeing to answer some questions. This will take no more than thirty minutes of your time. All the questions relate to you or your school/afterschool program's involvement with the San Diego Padres and/or the *FriarFit* Initiative.

Please respond in the context of your involvement. It is possible that not all of the questions will apply to your role. When that is the case, please state so.

1. Are you aware of the *FriarFit* initiative?
2. Did you receive a copy of the *FriarFit* Instant Recess® DVD/CD for use in your classroom or afterschool program?
 - a. Yes
 - b. No (Skip to 8)
 - c. I was not a teacher or afterschool program coordinator in 2010-2011
3. How often did you (or your teachers) use the DVD or CD during the Power Play Program?
 - a. Never
 - b. Less than once per week
 - c. Once per week
 - d. Twice per week
 - e. Everyday
4. How often, if at all, do you (or your teachers) currently use the DVD or CD?
 - a. Never
 - b. Less than once per week
 - c. Once per week
 - d. Twice per week
 - e. Everyday
5. Did you (or your teachers) access the *FriarFit* website? a. Yes b. No
6. What, if any barriers did you (or your teachers) experience in using the DVD, CD, or *FriarFit* website resources (check all that apply):
 - a. No access to a television with DVD player in the classroom
 - b. No access to a music player with CD capability in the classroom
 - c. No access to the internet in the classroom
 - d. Resources were not sufficient for carrying out activities in classroom

7. What factors motivated your (or your teachers') decision to participate in the *FriarFit* initiative? (Check all that apply)
 - a. Administrative Requirement
 - b. Interest of students in professional sports
 - c. Desire to be more active in the classroom
 - d. Other (please specify)

8. Why do you believe the Padres created *FriarFit* and chose to focus its efforts on childhood obesity? (Check all that apply)
 - a. Establish community presence
 - b. Boost ticket sales
 - c. Improve image of franchise in the community
 - d. To stay competitive with other professional sports teams
 - e. Build a relationship with a future generation of fans
 - f. Address prominent social issues in the surrounding community (e.g. childhood obesity)
 - g. Address community needs (e.g., opportunities for children to engage in physical activity in a safe environment)
 - h. Other (please specify)

9. What additional resources or support would you need from *FriarFit* in order to continue (or implement) the activities in your classroom(s)? (How can this program be improved? What are the lessons learned?)

10. What challenges have you experienced in trying to promote nutrition or physical activity to students in the classroom?

11. How can future partnerships involving sports teams or other private partners help you address these challenges? (Strategies, alternative interventions)

12. Would you consider partnering with professional sports franchises to develop future health promotion programs and/or evaluate the health outcomes of other intervention projects?
 - a. Why or why not?

13. What challenges have you experienced as an organization in developing sustainable programming designed to prevent childhood obesity?
14. Please identify the channels through which you hear about community initiatives such as *FriarFit* (how would you hear about a new physical activity or nutrition program that is taking place in your district?).
15. What is the current policy regarding PE in your district?
16. What resources do you need in order to adequately address obesity prevention?
17. How might a program such as *FriarFit* address your needs?

Coding Framework

The following framework was used to code partner interviews, based on the Institute of Medicine model (↯ signifies additional themes identified while coding):

- Motives for Engagement ↯
 - Competing priorities ↯
 - Balancing community efforts vs. profits ↯
 - Desire to be seen as a community partner ↯
 - Desire to provide healthy options to communities ↯
 - Enhance product/service visibility ↯
 - Fit ↯
 - Alignment of mission ↯
 - Co-branding ↯
 - Tie in with profit line ↯
- Partnership Challenges
- Sectors
 - Private
 - Industry
 - Health Care
 - Foundations
 - Media
 - Public
 - Government
 - Communities
 - Civil Society
 - Schools
- Resources and Inputs
 - Leadership
 - Executive Leadership ↯
 - Program champion ↯
 - Strategic Planning
 - Definition of Roles ↯
 - Political Commitment
 - Adequate Funding and Capacity Development
 - Funding
 - In-house Services ↯
 - Infrastructure
- Strategies and Actions
 - Programs
 - *FriarFit* food ↯
 - Instant Recess® ↯
 - Policies
 - Surveillance and Monitoring
 - Research

- Education
- Partnerships
- Coalitions
- Coordination
- Collaboration
- Communication
- Marketing and Promotion
- Product Development
- New Technologies
- Continuum of Outcomes
 - Structural, Institutional, Systemic Outcomes
 - Environmental Outcomes
 - Partner Engagement Outcomes ☹
 - Benefits to partner organization☹
 - Ballpark Attendance ☹
 - Cognitive and Social Outcomes
 - Health Outcomes
 - Reduce BMI Levels in the Population
 - Reduce Obesity Prevalence
 - Reduce Obesity-Related Morbidity
 - Behavioral Outcomes
 - Dietary
 - Physical Activity
- Sustainability
 - Opportunities to increase physical activity in youth☹
 - Opportunities to address nutrition☹
 - Improve partnership visibility☹
 - Proposed Program Elements☹
 - Engaged Partners ☹
 - Proposed expansion of partners☹
 - Program Elements ☹

The following themes emerged while reviewing teacher and wellness coordinator interviews, and were used to code excerpts.

- Private sector motives for engagement
- Challenges to addressing nutrition/physical activity in the classroom
- Communication channels for new nutrition/physical activity classrooms
- Current efforts to address nutrition/physical activity
- Funding
 - Communities Putting Prevention to Work Grant
- Health status of students in district
- Interviewee's role in school/district
- Need support from leadership
- Physical activity requirements
- Awareness of *FriarFit* initiative
- Receipt of DVD
- School or teacher motive for participation in *FriarFit*
- School policies not enforced
- Size of district
- Steps/resources needed to use *FriarFit* and other resources
- Strategies
 - Collaboration with outside partners
 - Creative strategies to address nutrition/physical activity
- Sustainability of efforts to address nutrition/physical activity
- Usage of *FriarFit* resources
- Value of activity breaks

Case Study Documents

1. FriarVision Fitness *Fanatics* Initiative (*FriarFit*) (2/7/08)
2. White Paper: TCE Padres *FriarFit* Initiative (5/19/08)
3. *FriarFit* 2008 Plan (7/8/08)
4. *FriarFit* Initiative: Website Strategy
5. Findings from the FriarVision Fitness *Fanatics* Initiative (*FriarFit*) Stakeholder Interviews (4/09), Samuels & Associates
6. Findings from the Evaluation of the FriarVision Fitness *Fanatics* Initiative (*FriarFit*) (7/10), Samuels & Associates, The African American Collaborative Obesity Research Network
7. Franchise Documents (not listed)
8. Network for a Healthy California, 4th and 5th Grade Teacher *FriarFit* Participation Report (2010)

APPENDIX B: Partner Engagement Survey Documents

Research Information Sheet: UCLA

University of California, Los Angeles

RESEARCH INFORMATION SHEET

Consumer Perceptions

You are asked to participate in a research study conducted by Portia Jackson M.P.H., from the School of Public Health at the University of California, Los Angeles. You were selected as a possible participant in this study because you enrolled in the Anderson Behavioral Lab Database. Your participation in this research study is voluntary. Participants must be 18 years of age or older in order to participate in the study.

We cannot tell you every detail of this study ahead of time, but if you are willing to participate under these conditions, we will explain the procedure to you fully after your participation.

PURPOSE OF THE STUDY

The purpose of this study is to investigate perceptions of a baseball franchise by college students.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following: You will be reading a scenario and then you will be asked to answer several questions. The survey will take approximately 10 minutes.

POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable physical or psychological risks associated with this study. Your decision whether or not to participate in this study will not affect your ability to sign up for other studies.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate benefits to participants. The data we collect from this study will contribute to ongoing research in consumer psychology.

PAYMENT FOR PARTICIPATION

Payment for the entire 45 minute study will be \$10. It will be paid via Bruin Card for UCLA students.

CONFIDENTIALITY

You will be identified in this study by a subject identification number, which will be assigned to you at the beginning of the study. Only the investigators will have access to your data during and after the study concludes. These data will remain stored in a locked computer (or data on CD-R format will be in a locked cabinet) and will be destroyed 5 years after any findings are published. These procedures are used so as to ensure full confidentiality of the information you disclose on the questionnaires.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact: Portia Jackson, 323-382-6338, portiaj@ucla.edu; or Professor Antronette Yancey, 310-794-9284, ayancey@ucla.edu.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal rights because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Office for Human Research Protection Program (OHRPP), 11000 Kinross Avenue, UCLA, Box 951694, Los Angeles, CA 90095-1694, (310) 825-7122.

Research Information Sheet: UCSD

University of California, Los Angeles

RESEARCH INFORMATION SHEET

Consumer Perceptions

You are asked to participate in a research study conducted by Portia Jackson M.P.H., from the School of Public Health at the University of California, Los Angeles. You were selected as a possible participant in this study because you enrolled in the Rady Behavioral Lab Database. Your participation in this research study is voluntary. Participants must be 18 years of age or older in order to participate in the study.

We cannot tell you every detail of this study ahead of time, but if you are willing to participate under these conditions, we will explain the procedure to you fully after your participation.

PURPOSE OF THE STUDY

The purpose of this study is to investigate perceptions of a baseball franchise.

PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following: You will be reading a scenario and then you will be asked to answer several questions. The survey will take approximately 5 minutes.

POTENTIAL RISKS AND DISCOMFORTS

There are no foreseeable physical or psychological risks associated with this study. Your decision whether or not to participate in this study will not affect your ability to sign up for other studies.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no immediate benefits to participants. The data we collect from this study will contribute to ongoing research in consumer psychology.

PAYMENT FOR PARTICIPATION

Participants will be enrolled in a drawing for a prize of \$100.

CONFIDENTIALITY

You will be identified in this study by a subject identification number, which will be assigned to you at the beginning of the study. Only the investigators will have access to your data during and after the study concludes. These data will remain stored in a locked computer (or data on CD-R format will be in a locked cabinet) and will be destroyed 5 years after any findings are published. These procedures are used so as to ensure full confidentiality of the information you disclose on the questionnaires.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind.

IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact: Portia Jackson, 323-382-6338, portiaj@ucla.edu; or Professor Sanjay Sood, 310-825-1250, sanjay.sood@anderson.ucla.edu.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal rights because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Office for Human Research Protection Program (OHRPP), 11000 Kinross Avenue, UCLA, Box 951694, Los Angeles, CA 90095-1694, (310) 825-7122.

Control Group Survey

Thank you for agreeing to participate in this project. This study will investigate consumer perceptions of organizations. Please read the information presented below, then complete the questions that follow. Please respond based on your personal opinion; there is no incorrect answer.

History of the San Diego Padres

The San Diego Padres were established as a franchise in the National League of Major League Baseball in 1968. The organization has won the National League pennant twice (1984 and 1998), and nine of its players have been inducted into the National Baseball Hall of Fame, including Dave Winfield and Tony Gwynn.

1. What is your evaluation of the San Diego Padres?

Extremely
Unfavorable

1.....2.....3.....4.....5.....6.....7

Extremely
Favorable

Extremely
Negative

1.....2.....3.....4.....5.....6.....7

Extremely
Positive

Extremely
Bad

1.....2.....3.....4.....5.....6.....7

Extremely
Good

Extremely
Unlikeable

1.....2.....3.....4.....5.....6.....7

Extremely
Likeable

2. To what extent was the information you read about the San Diego Padres believable?

Extremely
Unbelievable

1.....2.....3.....4.....5.....6.....7

Extremely
Believable

3. To what extent was the information you read about the San Diego Padres credible?

Extremely
Not credible

1.....2.....3.....4.....5.....6.....7

Extremely
Credible

4. How interested are you in baseball?

Extremely
Uninterested

1.....2.....3.....4.....5.....6.....7

Extremely
Interested

5. The likelihood I will attend a San Diego Padres game in the future is high

Extremely
Unlikely

1.....2.....3.....4.....5.....6.....7

Extremely
Likely

6. On average how many San Diego Padres games will you attend (in person) in a given year?

- ___ None
- ___ 1-4
- ___ 5-10
- ___ 11-20
- ___ 20+

7. Breast cancer is one of the major health problems in California

| | |
|---------------------------------------|------------|
| Disagree | Agree |
| Completely | Completely |
| 1.....2.....3.....4.....5.....6.....7 | |

8. Either I or someone I know has been affected by breast cancer

| | |
|---------------------------------------|------------|
| Disagree | Agree |
| Completely | Completely |
| 1.....2.....3.....4.....5.....6.....7 | |

9. Is breast cancer a problem that needs to be solved by the individual or by the society?

| | |
|---------------------------------------|------------------------------|
| Completely by the individual | Completely by the society |
| 1.....2.....3.....4.....5.....6.....7 | |

10. Childhood obesity is one of the major health problems in California

| | |
|---------------------------------------|------------|
| Disagree | Agree |
| Completely | Completely |
| 1.....2.....3.....4.....5.....6.....7 | |

11. Either I or someone I know has been affected by childhood obesity

| | |
|---------------------------------------|------------|
| Disagree | Agree |
| Completely | Completely |
| 1.....2.....3.....4.....5.....6.....7 | |

12. Is childhood obesity a problem that needs to be solved by the individual or by the society?

| | |
|---------------------------------------|------------------------------|
| Completely by the individual | Completely by the society |
| 1.....2.....3.....4.....5.....6.....7 | |

Demographics

What is your age? _____

What is your gender?

- Male
- Female

How would you describe your ethnicity or race? Please select all that apply.

- American Indian/ Alaska Native
- African-American/Black
- Hispanic/Latino
- Asian, Asian-American, or Pacific Islander
- Caucasian/White
- Other (please explain) _____

What is your current year in school?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate student or Postdoc
- Faculty or Staff

Please estimate your parents' annual household income. (Note that this will be kept completely confidential).

Please indicate the highest level of education that your mother has completed:

- Graduate degree or higher
- Undergraduate degree
- Some college/university
- Secondary or high school diploma
- Other (please explain) _____
- Prefer not to say

Please indicate the highest level of education that your mother has completed:

- Graduate degree or higher
- Undergraduate degree
- Some college/university
- Secondary or high school diploma
- Other [_____]
- Prefer not to say

Childhood Obesity Survey

Thank you for agreeing to participate in this project. This study will investigate consumer perceptions of organizations. Please read the information presented below, then complete the questions that follow. Please respond based on your personal opinion; there is no incorrect answer.

San Diego Padres' Support of Childhood Obesity Prevention

The San Diego Padres were established as a franchise in the National League of Major League Baseball in 1968. The organization has won the National League pennant twice (1984 and 1998), and nine of its players have been inducted into the National Baseball Hall of Fame, including Dave Winfield and Tony Gwynn.

The Padres Foundation conducts community outreach for the San Diego Padres. The foundation has established itself as a partner in addressing various issues of importance to Padres' fan base, one of which is an initiative to address childhood obesity. Pamphlets distributed in the park provide families with tips on how to stay active. The Padres have sponsored the construction of local playgrounds, and currently host a weekly Farmers Market adjacent to their stadium. Finally, a public service announcement played during home games features local children eating healthy foods and engaging in physical activity.

6. To what extent was the information you read about the San Diego Padres believable?

| | | |
|---------------------------|---------------------------------|-------------------------|
| Extremely Unbelievable | | Extremely Believable |
| 1..... | 2.....3.....4.....5.....6.....7 | |

7. To what extent was the information you read about the San Diego Padres credible?

| | | |
|---------------------------|---------------------------------|-----------------------|
| Extremely Not credible | | Extremely Credible |
| 1..... | 2.....3.....4.....5.....6.....7 | |

8. How interested are you in baseball?

| | | |
|---------------------------|---------------------------------|-------------------------|
| Extremely Uninterested | | Extremely Interested |
| 1..... | 2.....3.....4.....5.....6.....7 | |

9. The likelihood I will attend a San Diego Padres game in the future is high

| | | |
|-----------------------|---------------------------------|---------------------|
| Extremely Unlikely | | Extremely Likely |
| 1..... | 2.....3.....4.....5.....6.....7 | |

10. On average how many San Diego Padres games will you attend (in person) in a given year?

- ___ None
- ___ 1-4
- ___ 5-10
- ___ 11-20
- ___ 20+

11. Childhood obesity is one of the major health problems in California

| | | |
|------------------------|---------------------------------|---------------------|
| Disagree Completely | | Agree Completely |
| 1..... | 2.....3.....4.....5.....6.....7 | |

12. Either I or someone I know has been affected by childhood obesity

| | | |
|------------------------|---------------------------------|---------------------|
| Disagree Completely | | Agree Completely |
| 1..... | 2.....3.....4.....5.....6.....7 | |

13. Is childhood obesity a problem that needs to be solved by the individual or by the society?

Completely by the individual
1.....2.....3.....4.....5.....6.....7
Completely by the society

Demographics

What is your age? _____

What is your gender?

- Male
- Female

How would you describe your ethnicity or race? Please select all that apply.

- American Indian/ Alaska Native
- African-American/Black
- Hispanic/Latino
- Asian, Asian American, or Pacific Islander
- Caucasian/White
- Other (please explain) _____

What is your current year in school?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate student or Postdoc
- Faculty or Staff

Please estimate your parents' annual household income. (Note that this will be kept completely confidential).

Please indicate the highest level of education that your mother has completed:

- Graduate degree or higher
- Undergraduate degree
- Some college/university
- Secondary or high school diploma
- Other (please explain) _____
- Prefer not to say

Breast Cancer Survey

Thank you for agreeing to participate in this project. This study will investigate consumer perceptions of organizations. Please read the information presented below, then complete the questions that follow. Please respond based on your personal opinion; there is no incorrect answer.

San Diego Padres' Support of Breast Cancer Awareness

The San Diego Padres were established as a franchise in the National League of Major League Baseball in 1968. The organization has won the National League pennant twice (1984 and 1998), and nine of its players have been inducted into the National Baseball Hall of Fame, including Dave Winfield and Tony Gwynn.

The Padres Foundation conducts community outreach for the San Diego Padres. The foundation has established itself as a partner in addressing various issues of importance to Padres' fan base, one of which is an initiative to address breast cancer awareness. Pamphlets distributed in the park discuss the importance of screening and tips on breast cancer prevention. The Padres have sponsored a cancer ward in a local hospital, and currently contribute funds towards breast cancer research. A tribute video played during home games features San Diego residents who have overcome breast cancer.

1. What is your evaluation of the San Diego Padres?

Extremely Unfavorable
1.....2.....3.....4.....5.....6.....7

Extremely Favorable

Extremely Negative
1.....2.....3.....4.....5.....6.....7

Extremely Positive

Extremely Bad
1.....2.....3.....4.....5.....6.....7

Extremely Good

Extremely Unlikeable
1.....2.....3.....4.....5.....6.....7

Extremely Likeable

2. The San Diego Padres had genuine concerns for breast cancer and health causes when it supported breast cancer awareness

Extremely Unlikely
1.....2.....3.....4.....5.....6.....7

Extremely Likely

3. The San Diego Padres sincerely cared about consumers' health when it supported breast cancer awareness

Extremely Unlikely
1.....2.....3.....4.....5.....6.....7

Extremely Likely

4. The San Diego Padres tried to make a good image of the franchise by supporting breast cancer awareness

Extremely Unlikely
1.....2.....3.....4.....5.....6.....7

Extremely Likely

5. The San Diego Padres tried to improve their existing image by supporting breast cancer awareness

Extremely Unlikely
1.....2.....3.....4.....5.....6.....7

Extremely Likely

6. To what extent was the information you read about the San Diego Padres believable?

| | | |
|---------------------------------------|--|-------------------------|
| Extremely Unbelievable | | Extremely Believable |
| 1.....2.....3.....4.....5.....6.....7 | | |

7. To what extent was the information you read about the San Diego Padres credible?

| | | |
|---------------------------------------|--|-----------------------|
| Extremely Not credible | | Extremely Credible |
| 1.....2.....3.....4.....5.....6.....7 | | |

8. How interested are you in baseball?

| | | |
|---------------------------------------|--|-------------------------|
| Extremely Uninterested | | Extremely Interested |
| 1.....2.....3.....4.....5.....6.....7 | | |

9. The likelihood I will attend a San Diego Padres game in the future is high

| | | |
|---------------------------------------|--|---------------------|
| Extremely Unlikely | | Extremely Likely |
| 1.....2.....3.....4.....5.....6.....7 | | |

10. On average how many San Diego Padres games will you attend (in person) in a given year?

___ None
___ 1-4
___ 5-10
___ 11-20
___ 20+

11. Breast cancer is one of the major health problems in California

| | | |
|---------------------------------------|--|---------------------|
| Disagree Completely | | Agree Completely |
| 1.....2.....3.....4.....5.....6.....7 | | |

12. Either I or someone I know has been affected by breast cancer

| | | |
|---------------------------------------|--|---------------------|
| Disagree Completely | | Agree Completely |
| 1.....2.....3.....4.....5.....6.....7 | | |

Debriefing Experience: UCLA

Thank you for your participation. This study will investigate differences in consumer perceptions of a professional sports franchise based on the fit of corporate social responsibility activities undertaken by the team's foundation.

We would like to inform the participants that the scenarios presented were fictitious, and did not need to be real. It was necessary to tell the participants that the situations and the product descriptions were real in order to study their choices.

All participants were UCLA undergraduate students and were randomly placed in either the control, breast cancer (low fit), or childhood obesity (high fit) scenarios. For the control group, participants only read information about the team. For the low fit group, participants read a short scenario on outreach activities being undertaken to address breast cancer following information presented about the team. For the high fit group, participants read a short scenario on outreach activities being undertaken to address childhood obesity following information presented about the team.

If you have any questions or concerns about this study, please feel free to contact Portia Jackson at portiaj@ucla.edu or Professor Sanjay Sood at sanjay.sood@anderson.ucla.edu.

Debriefing Experience: UCSD

Thank you for your participation. This study will investigate differences in consumer perceptions of a professional sports franchise based on the fit of corporate social responsibility activities undertaken by the team's foundation.

We would like to inform the participants that the scenarios presented were fictitious, and did not need to be real. It was necessary to tell the participants that the situations and the product descriptions were real in order to study their choices.

All participants were participants in the Rady Behavioral Lab and were randomly placed in either the control, breast cancer (low fit), or childhood obesity (high fit) scenarios. For the control group, participants only read information about the team. For the low fit group, participants read a short scenario on outreach activities being undertaken to address breast cancer following information presented about the team. For the high fit group, participants read a short scenario on outreach activities being undertaken to address childhood obesity following information presented about the team.

If you have any questions or concerns about this study, please feel free to contact Portia Jackson at portiaj@ucla.edu or Professor Sanjay Sood at sanjay.sood@anderson.ucla.edu.

APPENDIX C: *FriarFit* Resources

FriarFit page on San Diego Padres website:

<http://sandiego.padres.mlb.com/sd/community/FriarFit.jsp>

FriarFit Instant Recess® link: <http://www.youtube.com/watch?v=aEvF3brYvb4>

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