NACCHO
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2017 Model Practices

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Model Practice Title

Please provide the name or title of your practice: *

Creating a Resource Development Office to Diversify Public Health Funding

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- ☐ Access to Care
- ☐ Advocacy and Policy Making
- ☐ Animal Control
- ☐ Coalitions and Partnerships
- ☐ Communications/Public Relations
- ☑ Community Involvement
- ☐ Cultural Competence
- ☐ Emergency Preparedness
- ☐ Environmental Health
- ☐ Food Safety
- ☐ Global Climate Change
- ☐ Health Equity
- ☐ HIV/STI
- ☐ Immunization
- ☐ Infectious Disease
- ☐ Informatics
- ☐ Information Technology
- ☐ Injury and Violence Prevention
- ☑ Marketing and Promotion
- ☐ Maternal-Child and Adolescent Health
- ☑ Organizational Practices
- ☐ Other Infrastructure and Systems
- ☑ Organizational Practices
- ☐ Primary Care
- ☑ Quality Improvement
- ☐ Research and Evaluation
- ☐ Tobacco
- ☐ Vector Control
- ☐ Water Quality
- ☐ Workforce
- ☐ Conference Theme: Bridging Clinical Medicine and Population Health

Other::

Resource Development and Fundraising

Is this practice evidence based, if so please explain. :

Yes. In 2014, the Science of Philanthropy Initiative (SPI) partnered with the Nonprofit Research Collaborative (NRC) with the goal of trying to better understand how to make scientific research findings more useful to nonprofits and others involved in fundraising. Results indicated that the approximately 50% of national nonprofits that consult scientific studies on how best to approach donors are more successful at fundraising. CDPH has built its Development Office on this concept, following scientific methods wherever possible in its practices related to building and governing its boards; garnering corporate, foundation, and individual support; developing communications and marketing materials; and use of technology.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly.Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

- ☐ Food Safety
- ☑ HIV in the U.S.
- ☑ Nutrition, Physical Activity, and Obesity
- ☑ Tobacco
- ☐ Healthcare-associated Infections
- ☑ Motor Vehicle Injuries
- ☑ Teen Pregnancy
- ☐ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Please use this portion to respond to the questions in the overview section. : *

LHD Description. Cobb and Douglas Public Health (CDPH), with our partners, promotes and protects the health and safety of approximately 880,000 residents of Cobb and Douglas counties. Cobb County has the 3rd largest population in Georgia, recorded at 730,981 in 2014. Of this, 65% is white, 27% black, 5% Asian, and 3% other; 13% is of Hispanic origin. Minority populations have shown the most growth, especially the Hispanic population, with a 9.5% increase from 2010 to 2014. Although Cobb's largest age group is between 35-64 years of age (41%), Cobb County saw a 28% increase in the 65+ age group between 2010 and 2014. This reflects the national trend of our aging "baby boomers" which can significantly impact the overall health status of a community as well as the philanthropic potential. Public Health Issue. According to the Trust for America's Health (TFHA), Investing in America's Health: A state-by-state look at public health funding and key health facts, traditional public health funding sources have remained flat or declined within the past decade. Federal funding streams remain flat and insufficient, averaging $20.28 per capita nationally in FY2011, while state and local funding streams declined among forty states. According to NACCHO's 2015 Forces of Change survey, health departments lost 51,700 jobs since 2008. At the same time, growing populations and increased suburban poverty result in added demand for public health services. Goals and Objectives of Proposed Practice. In 2009, CDPH (www.cobbanddouglaspublichealth.com) proactively addressed declining traditional funding streams by establishing the a Development Office, and subsequently, re-launching the Cobb Health Futures Foundation (www.cobbhealthfutures.org) and the Douglas Health Futures Foundation (www.douglashealthfutures.org), 501(c)3 fundraising affiliate organizations. CDPH established a goal for the Development Office, as part of CDPH's strategic plan, which was to diversify, grow, and sustain funding from new, non-traditional sources. The Development Office initially focused on these top three objectives to bring in new, non-traditional funds: (1) building capital to improve our aging facilities, (2) supporting infrastructure and strategic goals (tied to the health department's pursuit of public health accreditation, strategic planning, and community health improvement [CHIP] initiatives), and (3) meeting the needs of underfunded local public health programs. Implementation, Results and Impact. During its most recent fiscal year, the Development Office and Foundations raised a total of $648,292 in new, non-traditional funds against a goal of $625.000. Since the inception in 2011, the Development Office has helped secure more than $5.5 million in new non-traditional funds for our district. This funding has helped CDPH achieve the three objectives referenced The new funding supported numerous CDPH programs. Highlights include $65,000 raised through Kaiser Permanente to Perinatal Case Management; $66,000 raised through USDA WIC to support building renovations; and nearly $10,000 raised through Coca-Cola, the Atlanta Braves, and individual donations for the CDPH Safe Kids and Media Smart Youth programs. Cobb and Douglas Community Health Assessments (CHA) and Improvement Plans (CHIP) have been supported through fundraising by the CDPH Development Office. Highlights include $1.5 million in Community Transformation Grant funds over 3 years, which provided capacity building support for CHA data collection, and $325,000 in childhood obesity prevention funding from the Healthcare Georgia Foundation in response to the Cobb CHIP. Over the past few years, the Cobb Health Futures Foundation and the Douglas Health Futures Foundation have also grown in their membership and impact through the support of the Development Office. Initially, these Boards were comprised of the same members as our Public Health Board of Directors. Many individuals were appointed, and due to their employment or mindset, were not in a position to fundraise for us. As a result of the Development Office, we have been able to rewrite the Foundation Bylaws and recruit 18 new members who are able and excited to raise money for our strategic priorities. These Foundations hosted inaugural events in 2015 where 110+ community leaders attended to learn about the needs and impact of public health on the lives of our residents. The Boards created promotional videos, which are now used to tell our story in the community. The Boards are also on their third year of "in Memory /Honor of" holiday giving campaigns to raise funds for our programs in need. Finally, the Development Office provided infrastructure to support the CDPH Office of Quality Management, which consists of 1 FTE fully dedicated to strategic planning, quality improvement, and the CDPH's pursuit of national accreditation through the Public Health Accreditation Board. Evidence of the Development Office's support is further demonstrated by news of CDPH's accreditation in May 2015.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR **(2) a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
    - What is the target population size?
    - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
    - Is it new to the field of public health
      OR
    - Is it a creative use of existing tool or practice:
      What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Statement of the Problem/Public Health Issue. In 2010, amid staggering financial setbacks to public health, Cobb and Douglas Public Health (CDPH) was presented with some excellent opportunities—if it could find a way to support them. First, Cobb County Government approved a space allocation plan for CDPH to occupy a much-needed additional 40,000 sq. ft. of operating space next door to our district office. The acquired space—originally a juvenile court facility—would eventually house WIC, Environmental Health, Emergency Preparedness and Response, Babies Can't Wait, Children's Medical Services, and TB/Refugee Services. Although the voters approved a County-wide Special Purpose Local Option Sales Tax (SPLOST) which would fund a portion of renovations, additional funding was needed to make the space operational, and raising capital funds to pay for these renovations became a high priority of our agency. At the same time, CDPH was striving to become the first PHAB-accredited public health district in Georgia. To do this, it needed to continue its Balanced Scorecard strategic planning process while also planning strategically with other community leaders to improve the ways the public was served. It embraced the national model for public health planning, Mobilizing for Action through Planning and Partnerships (MAPP), to develop a community health improvement plan. Raising funds for MAPP efforts therefore also became a high priority. Finally, while economic shifts and budget cuts continued to threaten public health programs, CDPH determined that it must continue to seek alternate resources for select programmatic operations that were critical to the health of the community. CDPH leadership determined that an investment in resource development efforts was needed. Target Population – Size – Reach. As public health is primarily a population-based science, the target population of this Model Practice consisted of the entire populations of Cobb and Douglas counties, which is approximately 880,000 residents. As the five-year strategic development plan evolved for 2011-2015—and as needs and opportunities were determined with direction from the CDPH Development Committee (a multilevel, cross functional agency committee supported by an external fundraising consultant), the health and foundation boards, and community partners—special initiatives targeting specific populations came into focus. For instance, our nonprofit 501(c) 3 fundraising affiliate boards raise money specifically for programs targeting vulnerable populations. One example is the Babies Born Healthy program, which provides under- and uninsured pregnant women with early prenatal care to help reduce infant mortality and improve pregnancy outcomes. Last year this program assisted 2,340 clients with Pregnancy Presumptive Eligibility Medicaid applications and access to early prenatal medical care, while also linking clients to other critical CDPH programs (e.g., WIC Nutrition Supplement program). In yet another instance, the Development Office with our Cobb2020 partners, focused fundraising efforts on special populations identified through MAPP assessments as more at-risk for chronic disease. These residents were more at risk due to higher poverty levels, lower education levels, higher percentages of minorities and single female households with children, and/or lacking access to affordable fruits, vegetables, and other healthy foods. These populations were prevalent in the cities of Marietta (pop: 59,000) and Austell (pop: 7,000) as well as the South Cobb/ Mableton/Six Flags Corridor (comprised of zip code areas 30168 and 30126; pop: 37,000+), Cobb County. In Douglas County, (pop: 138,776) certain areas showed a higher percentage of disparity-related health complications. Vulnerable populations in these areas are frequently targeted to benefit from LHD fundraising efforts in an attempt to reduce health disparities by improving access to primary care services. Past Approaches to Problem Tactical, Not Strategic. Past approaches to bringing in new, nontraditional funds from a grant-seeking standpoint were admirable and at times successful, but they lacked a strategic framework and a centralized office of oversight. While program managers were often proactive about looking for and applying to new funding avenues, there was no formalized procedure for vetting opportunities to determine if the agency was "grant ready" for a specific opportunity or if, in fact, the applicant program was actually the best suited to meet the goals and objectives outlined by the grantor. Funding applications were sometimes begun without sufficient attention to important issues such as what health outcome(s) the grant would impact, who would evaluate the project and how funding would impact existing programs, what would happen after the funding ended, which partner would be the fiscal agent, would new personnel be hired, and if a match was required (cash or in-kind), who that requisite would be met. As far as seeking private funds from individuals, CDPH had not considered that option, despite the agency's history of a unique individual gift in 1997. That year, the health department received some surprising news: The Cobb Health Futures Foundation, Inc.—a 501(c)3 fundraising organization which had initially been created to receive property from the County—had been bequeathed an estate gift of $100,000 from the aunt of a former public health pediatrician. The gift came with one stipulation. It should be used to improve the lives of children struggling with out-of-the-ordinary medical needs. Funds were earmarked for Children's Medical Services, and for years afterward, the Foundation was able to supplement limited state-allocated federal funding to pay providers for medical equipment, medications, medical evaluations, diagnostic tests, laboratory services, hearing aids, and eye glasses for children. In the midst of 2009's economic austerity, CDPH leadership raised the question: In what ways could we increase our new, nontraditional funding base, and could our foundations provide a private funding avenue we'd previously overlooked? Current Approaches to Problem. In 2008 CDPH began a strategic planning process based on the Balanced Scorecard framework. CDPH established an overall strategic goal for a development office, as part of the health department's strategic plan, which was created to diversify, grow, and sustain funding from new, non-traditional sources. In 2009 CDPH hired a grants development specialist and retained a fundraising consultant to help build a centralized Development Office. In tandem with select members of the Leadership Team, the Development Office began working together to cultivate the following: * A fundraising constituency. A fundraising constituency model was needed to illustrate which partners would be most inclined to support the LHD. Such a model was created by the Development Committee, depicting four concentric circles around the core of the circle, which represented public health. Each section of the circle contained categories of stakeholders. The closer a section lay to the public health core, the more likely that category of stakeholders would have a vested interest in supporting public health. The most inner circle contained the following categories: the Cobb and Douglas County Boards of Health, the Cobb and Douglas County Boards of Commissioners, health department administrators, physicians and key staff. The second circle from the core was made up of hospitals, vendors, public officials, employees, and grateful patients. The third circle consisted of school systems, healthcare professionals, and employers/businesses/companies. Finally, the outer circle furthest from the core contained the following: county residents, colleges and universities, foundations, state/regional agencies, and federal entities. * A case for support. One of the most challenging aspects of

building an effective development office for a LHD in Georgia was this: Everybody thought support for public health was happening or should be happening in an area outside their own. For example, state officials thought the county should be funding the LHD, and county officials thought the state should be. Private citizens and organizations thought that public health was automatically publicly funded. Ultimately, the development committee formulated a case for support to be shared in grant applications, personal solicitations, and civic presentations—any time the LHD did outreach and education. The case for support, as revised in 2016, follows: ? "Cobb & Douglas Public Health cannot protect the health and safety of the residents of Cobb and Douglas counties by relying solely on tax dollars. Over 40% of our funds must come from fees and private contributions made by individuals, businesses and foundations." * A donor database. CDPH selected a cloud-based fundraising database package, eTapestry, to help track grant-seeking and award information, potential individual donor data, and partner information. * A process for partner identification. All partners are NOT the same. CDPH values all of its partnerships but assesses each on an ongoing basis to optimize approaches to collaborate as well as to leverage services for those living and working within the health district. Partner categories follow: STRATEGIC PARTNER – defined by a formal written agreement that includes one or more of the following: (1) significantly contributes to specific state or local health objectives with discrete deliverables, (2) substantially contributes to community assessments, (3) collaborates to influence community policy at an organizational level, (4) contributes significant funding/in-kind resources totaling $10,000 or more. SUSTAINING PARTNER – defined by an informal and ongoing collaboration that includes one or more of the following: (1) ongoing participation in community health and emergency response events/services, (2) consistent input in community health/emergency preparedness goal and/or community assessments, (3) consistently contributes to network/information sharing, (4) contributes to funding/in-kind resources totaling between $2,000 and $9,999. AFFILIATE PARTNER - defined by an informal collaboration that includes two or more of the following: (1) limited participation in community health and emergency response events/services, (2) public expression of support for community health and emergency preparedness goals, (3) serves as Goodwill Ambassadors on behalf of Public Health, (4) contributes funding/in-kind resources totaling less than $2,000. * A plan to solidify the role of the agency's 501(c)3 fundraising foundations. Two foundations, Cobb Health Futures Foundation and Douglas Health Futures Foundation, had been created in 1994 as a means for the district to accept properties gifted by Cobb and Douglas counties. Each foundation was governed by its corresponding Board of Health, but both had lay dormant since the late 1990s. In 2010, the Development Office drafted its first five-year strategic plan. The following priorities were established for the FY11-FY15 period: * INITIATIVE 1: Diversify, grow and sustain funding sources - with a focus on developing and revitalizing the Cobb Health Futures Foundation, Inc. and the Douglas Health Futures Foundation, Inc. * INITIATIVE 2: Promote, develop and evaluate community partnerships and provide high quality services - with a focus on supporting the district's efforts relating to MAPP and PHAB. * INITIATIVE 3: Allocate resources based on priorities and results - with a focus on identifying and supporting programs that align with strategic and operational priorities. * INITIATIVE 4: Promote health and injury prevention – by supporting marketing and communication efforts as they relate to resource development. * INITIATIVE 5: Build a safe and healthy environment – by fundraising for capital and renovation needs. (In 2016, the Development Office revisited the plan, evaluated its performance, and set new priorities for the FY16-FY20 period, which are outlined later in this narrative). Innovative and Evidence-Based Practice. As of 2015, CDPH was the only LHD in Georgia with a dedicated development office tasked with garnering new, nontraditional funding support for the district and its partners. The five-year strategic development plan utilizes the practice- and evidence-based Balanced Scorecard (BSC) framework to align strategies and desired outcomes of development with those of the district at large. Fundraising efforts for programs and initiatives are vetted with the Development Committee and Cobb2020 or Live Healthy Douglas Steering committees, and special care is taken to seek opportunities that not only align with the strategic direction of CDPH but that also support evidence-based programs (e.g., Media Smart Youth, Farm Fresh, Joint Use Agreements).

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
    - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
    - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

Goals and Objectives of Practice. CDPH established an overall strategic goal for the development office, as part of the health department's strategic plan, which was to diversify, grow, and sustain funding from new, non-traditional sources. For the purposes of

measurement and evaluation, new non-traditional revenue streams were defined as 1) income not from longstanding traditional source (more than 5 years), (2) income from a traditional source if it is "for a new purpose, service, or need." This strategic plan was developed by and/or vetted with our CDPH Leadership Team and each Public Health Board of Directors. Additionally, our Community Health Improvement Partnership Coalitions (Cobb2020 and Live Healthy Douglas), each made up of more than 30 distinct and diverse agencies in the county, provided many of the priorities for our fundraising efforts. During the FY11-FY15 period, the strategic development plan focused on the following top three objectives in an effort to bring in new, non-traditional funds: (1) building capital to improve our aging facilities, (2) supporting infrastructure and strategic goals (tied to the health department's pursuit of public health accreditation, strategic planning, and community health improvement (CHIP) initiatives), and (3) meeting the needs of underfunded local public health programs (programmatic). At a Glance - Outcomes/Impacts from Plan - FY11-FY15. The CDPH Development Office oversaw implementation of the following initiatives during its first strategic planning cycle: 1. Develop and Revitalize Health Futures Foundations * Tailored eTapestry database to track CDPH and foundation fundraising and partnership efforts (F11). * Continued partner identification; cross-trained staff on eTapestry use; created fundraising constituency model; re-established regular foundation meetings; changed Foundations' bylaws to allow for board diversification (F12). * Continued to build boards—CHFF to 10 members; DHFF to 8 members. Kicked off CHFF board fundraising campaign (F13). * With Accounting, developed annual budgets for DHFF and CHFF board approval; kicked off first Cobb foundation campaign; increased Development office support to 1.5 FTE (F14). * Kicked off annual campaigns for both foundations; held inaugural fundraising breakfast events for both foundations; increased Development Office support to 1.8 FTE (FY15). 2. Support District's Fundraising Efforts Relating to MAPP and PHAB * Supported "How Healthy Are We?" efforts as prequel to Cobb and Douglas MAPP initiatives (FY11). * Facilitated CDC's Community Transformation Grant (CTG) and Healthcare Georgia support for Cobb and Douglas MAPP initiatives, totaling over $499,000 in grant support (FY12). * Continued fundraising efforts to build and sustain MAPP and PHAB efforts, including $499,000 CTG Yr2 funding renewal (F13). * Continued efforts to build/sustain PHAB and MAPP (aka the Cobb2020 Coalition and the Live Healthy Douglas Coalition), supporting efforts to garner $499,000 CTG Yr3 funds and $150,000 Healthcare GA childhood obesity prevention funds. Developed best practices Development Office presentation for DPH-VICS dissemination. * Celebrated official PHAB accreditation announcement! Closed out CTG funding cycle, documenting successful pilot projects in healthy lifestyles, tobacco-free environments, and increased access to care; garnered Yr2 funds of $100,000 for Healthcare GA childhood obesity prevention efforts (FY15). 3. Fundraise for Programs That Align with CDPH Strategic and Operational Priorities * Established annual baseline for number of grants submitted and total dollars pledged/paid in new, nontraditional funding category (FY11). * Facilitated submission of over 24 grants totaling $700,000+ (plus $500,000 CTG) in new, nontraditional funds for the district and its programs (FY12). * Supported submission of 26 grant applications to aid in bringing in $800,000+ (plus $500,000 CTG) in new, nontraditional funds for the district and its programs (FY13). * Built momentum with annual fundraising campaigns aimed at HFF boards and CDPH and community leaders; supported submission of 27 grant applications to aid in bringing in $559,000+ (+500,000 CTG) in new nontraditional funds (FY14). * Built momentum to campaigns by introducing "In Honor Of" and "In Memory Of" giving opportunities; supported submission of 21 grant applications to aid in bringing in $574,392+ in new nontraditional funds (FY15). 4. Support CDPH Communication Efforts Relating to Resource Development * Developed fundraising case for support, letterhead, and fact sheets for CHFF and DHFF; began fundraising features for CDPH Spotlight (FY11). * Developed brochures, PowerPoint presentations, and websites (with PayPal features) for CHFF and DHFF; continued FY11 communication efforts (FY12). * Created and distributed first Annual Report for CHFF. Provided leadership and support in re-branding efforts of agency and its foundations; led efforts to garner $50,000 from Healthcare GA to enhance strategic communication efforts (FY13). * Continued strategic communication efforts by attending "Creating Content that Works" session, securing HFF civic presentation engagements, and creating presentation materials/script (FY14) * Increased visibility of foundations, creating and distributing Annual Reports for both CHFF and DHFF, developing marketing collateral (including business cards and programs) for HFF breakfast events, and writing/producing HFF promotional videos in partnership with County Communication offices (FY15). 5. Support Capital or Other Fundraising Needs as Directed * Supported March 2011 SPLOST efforts and victory: $6.2 million earmarked for CDPH over next 5 years (FY11). * Continued to pursue capital funding opportunities (including those with facilities and IT enhancement potential) through CDBG, USDA/WIC and other avenues as appropriate, including 2016 SPLOST, which earmarked $10+ million for CDPH over 5 years beginning in 2016 (FY12-15). Timeframe for Practice. The initial five-year strategic development plan addressed the period of July 1, 2010, to June 30, 2015. Since 2010, the Development Office and our Foundation Boards have raised over $5.5 million in new non-traditional funds for our district. Over the past fiscal year alone (July 1, 2014-June 30, 2016), the development office and foundations raised a total of $648,292 in new, nontraditional funds. Programmatic funding supported numerous CDPH programs in FY15. A few FY16 highlights include: * $65,000 raised through Kaiser Permanente to support the CDPH Perinatal Case Management program; * $50,000 raised to support Babies Born Healthy through WellStar Health System; * $25,000 raised to support Safe Kids' passenger safety efforts for children with special needs with funding from MetroAtlanta Ambulance Service; and * Over $10,000 raised through the Brain Foundation, the Atlanta Braves Foundation, and individual donations for Family Health and Chronic Disease/Injury Prevention programs. In addition to CDPH programmatic funding, Community Health Assessment and Improvement Plan (CHIP) initiatives were also supported through fundraising by the Development Office during the FY11-FY15 period. Highlights during FY11-FY15 include: * $1,500,000 over three years in funds from the CDC Community Transformation Grant, which provided capacity building funding to support MAPP (Mobilizing for Action Through Planning and Partnerships) efforts such as Community Health Assessment data collection, coalition building, project prioritization, and pilot programming; * $275,000 in childhood obesity prevention funds from the Healthcare Georgia Foundation; and * $108,000 in in-kind annual support in the form of a Public Health Associate (PHAP) assigned to CDPH by the CDC to support community health efforts. Collaboration's Role in Achievements. Two major efforts stand out among successes of the Development Office during the FY11-FY15 period: (1) obtaining CDC Community Transformation Grant (CTG) funding, which enabled capacity building for MAPP initiatives—specifically, Cobb2020 in Cobb County, but indirectly also Live Healthy Douglas in Douglas County—and (2) re-launching CDPH's affiliate 501(c)3 foundations, which enabled the LHD and its partners to apply for funds with Healthcare Georgia Foundation to support a three-year childhood obesity prevention initiative on behalf of Cobb2020. Community Transformation Grant (CTG) Funding. From September 2011 through September 2014, the Cobb2020 coalition was built and sustained by a Community Transformation Grant (CTG) awarded from the Centers for Disease Control and Prevention (CDC) and administered by CDPH as lead and fiscal agent. The CDPH Development Office was instrumental in bringing partners together to strategize and apply for this award.

Much of the grant's initial work focused on capacity-building using the MAPP framework, including comprehensive assessment work. Cobb2020 partners recognized that chronic diseases have reached epidemic proportions and, for the large part, are self-inflicted through the use of tobacco, unhealthy diets, physical inactivity and sedentary lifestyles and the harmful use of alcohol and addictive drugs. The group also recognized the need for additional resources to improve access to primary care and prevention services for uninsured residents. Selected initiatives were recommended by the Cobb2020 coalition for CTG support based on assessment findings coupled with an abbreviated version of CDC's CHANGE Tool. The latter was used to provide a snapshot of policy, systems and environmental change strategies currently in place in the county and to help identify areas for improvement. In 2012 the Cobb2020 coalition celebrated with a kick-off event, "The Weight is Over," held at the Strand Theatre in Marietta, Georgia and attended by over 400 community leaders. Highlights of the event included presentations by CDC leadership on the obesity issues, statements of support from GA Governor Nathan Deal and Attorney General Sam Olens and highlights of local prevention programs that are innovative and replicable. The Cobb Health Futures Foundation worked with event organizers to obtain sponsorships from the following community partners: Children's Healthcare of Atlanta, City of Acworth, City of Kennesaw, City of Marietta, City of Powder Springs, City of Smyrna, Cobb Chamber of Commerce, Cobb County Government, Cobb County School District, Cobb EMC, ColorSpot, Inc., Emory-Adventist Hospital, Healthcare Georgia Foundation, Kaiser Permanente, Life University, Lockheed-Martin, MLS and Associates, Inc., Marietta Power and Water, Six Flags Over Georgia, Earl Smith Strand Theatre, Superior Plumbing, WellStar, West End Medical Centers, and Whole Foods/Harry's Market. CDPH staff worked with Cobb2020 Steering Committee members to identify organizations/ representatives of schools, community institutions/ organizations, work sites, healthcare organizations, and the community-at-large to get participation commitment. Based on assessment and planning, the coalition focused efforts on community-wide efforts that impact the social and built environments, such as food access, walkability, bikeability, tobacco-free policies, and personal safety. In addition, the Cobb2020 Steering Committee used the Community Balanced Scorecard (CBSC) strategic planning and evaluation framework to define and prioritize community improvement strategies. The CBSC process helped align the entire coalition—including implementation teams, work groups, and residents—behind the strategy. Cobb2020 has continued to focus on strategies that are primarily evidence-based and include: (1) Reduction in tobacco use by increasing number of model clean indoor air ordinances in three municipalities in Cobb County; (2) Increased access to healthy foods and beverages by bringing mini-farmer's markets or a mobile food truck to areas that have limited access to locally-produced healthy foods; (3) Increased access to environments that promote physical activity through joint use agreements, worksite wellness initiatives, school wellness policies; and (4) Increased access to chronic disease prevention, risk reduction and management opportunities through coordinated health services among providers serving the uninsured in Cobb County. Cobb2020 partners are more committed than ever to sustaining the work begun with CTG funding. Partners continue work to determine best practices for sustaining and disseminating findings from its initial work, which includes development of a website and a speakers' bureau. Coalitions in both counties (Cobb2020 in Cobb County and Live Healthy Douglas in Douglas County) are newly committed to strengthening the partnerships, which have recently completed second iterations of the Community Health Assessment (CHA) process, with plans to finalize the new Community Health Improvement Plans (CHIPs) in March 2017. Re-launch of CDPH's Affiliate 501(c)3 Foundations. Two foundations, the Cobb Health Futures Foundation and the Douglas Health Futures Foundation, were created in 1994 as a means for the district to accept properties gifted by Cobb and Douglas counties. Each foundation was governed by its corresponding Board of Health, but both had lay dormant since the late 1990s. The Development Committee studied some of the advantages of having a 501(c)3, which included exemption from income, sales, property, and employment taxes; eligibility to receive tax-deductible charitable contributions; reduced postal rates offered by the U.S. Postal Service; and personal asset protection. These advantages did not seem significantly different than those appreciated by a LHD. However, two other advantages did resonate with the committee: (1) credibility, in that individual and corporate donors are more likely to support organizations with 501c3 status because they know their donations will be tax deductible and (2) special eligibility, in that recognition of exemption under section 501(c)3 of the IRS assures foundations and other grant-making institutions that they are issuing grants or sponsorships to permitted beneficiaries. Based on recommendations of the Development Committee, the Cobb Health Futures Foundation and the Douglas Health Futures Foundation were re-launched. They began meeting again regularly in 2011, sharing board members with their respective Boards of Health per their most recent bylaws. Their purpose was re-established: to provide financial, fundraising, and advocacy support for the mission of Cobb and Douglas Public Health. In 2012 the Foundations updated their bylaws to allow for diversification of the boards. No longer was each foundation board a duplicate of its respective Board of Health—although three members from each health board remained on each foundation board to help with the re-launch. Over the next year, board development was a primary focus, until the Cobb Health Futures Foundation (CHFF) board was built to 10 members and the Douglas Health Futures Foundation (DHFF) board to 8 members. Board development was deliberate, with a focus on maintaining a balanced cross-section of members representing both genders, various ethnicities (Caucasian, African-American, and Latino), a multitude of geographic sections of the respective county, diverse skill sets (marketing, fundraising, public health policy, political influence, financial influence, corporate, and health system leadership), and from a variety of representations (business, government/municipality, elected official, civic group, medical/health business, and schools or universities). In 2013, both boards studied 9 at-risk public health programs to determine where their support could have most impact. The Cobb Health Futures Foundation chose to focus its fundraising efforts on Children's Medical Services and Perinatal Case Management; Douglas Health Futures chose to focus efforts on children's programs, specifically Children 1st, Safe Kids, Babies Can't Wait, and Children's Medical Services. With guidance from CDPH administration, both foundation boards began developing annual budgets for board approval, improving their grant-ready status for when funding opportunities presented themselves. That same year, the CHFF board kicked off its first annual fundraising campaign and became a 100% giving board; the DHFF board followed suit in 2014. Today both foundations operate with 100% giving boards that provide Financial Advocacy, Financial Support and Stewardship and Community Education. The boards meet quarterly, champion independent annual campaigns, and sponsor independent annual breakfast events to raise funds to support at-risk programming for the LHD and its partners. They are both registered charities with the Georgia State Charitable Contribution Program (SCCP), a program which allows State employees to register to support their charity of choice through a payroll deduction process. They also both continue to benefit from donations made through a special annual holiday giving campaign begun in 2014. Potential donors are invited to make a gift of $25 or more by mid-December to one or both of CDPH's 501(c)3 foundations. Upon request (and a shared picture of the donor's loved one[s]), the Development Office provides a commemorative certificate for the loved one being honored. These certificates make great stocking stuffers! They also let loved ones

know that about the value of “giving back” to our communities. Start-up Costs of Practice. All costs for staffing the CDPH development office have been covered by Cobb and Douglas Public Health and currently include compensation packages for 1.8 FTEs and operational expenses (which are kept to a minimum) required by the Cobb Health Futures Foundation and the Douglas Health Futures Foundation. Start-up costs for forming 501(c)3 charitable foundations were not a consideration as the organizations had been previously created in 1994. Had the foundations not been intact, CDPH would have had to budget time and money to retain/obtain an attorney with 501c3 experience, to apply for recognition as a tax-exempt public charity (i.e., 501c3 status), to file for Federal EIN as well as state and local tax exemption status, to organize for corporation, and to file Articles of Incorporation. While much groundwork had been done on behalf of the foundations prior to 2011, steps still had to be taken to re-draft bylaws, re-build a board of directors, and develop board handbooks and collateral. Lessons Learned – Moving Forward: In late 2013 the Development Office presented a webinar for LHDs throughout the Georgia Public Health system with potential interest in creating their own resource development offices. Participants of the webinar included GPH attorneys, tasked with addressing legal questions that might arise during the presentation. After concluding the presentation, the attorneys encouraged CDPH to re-visit its Health Futures Foundation staffing in both Cobb and Douglas counties. They reasoned that while the foundations’ bylaws, originally written in 1994, outlined that the District Health Director should serve as the Foundations’ Executive Director, because the CDPH DHD is, in fact, a State employee, this presented a conflict. The issue was resolved by updating the foundations’ bylaws to state that the DHD would not serve as Executive Director but rather appoint one. In late 2014, the Deputy Director for CDPH, who is not a state employee, was appointed Executive Director of both foundations. Other lessons learned throughout the FY11-FY15 period were incorporated into the overarching strategic development goals outlined for FY16-FY20, which follow: 1. Support Strategic C2C Programs in Need (>$50,000) Determine strategies to support developing new resources to help * reduce morbidity and mortality of chronic disease * improve healthy lifestyles * improve access to health services * reduce sexually transmitted infections * reduce infant prematurity and mortality Outcomes/impacts to date: Initiated a strategic process with an eye on sustainability to better evaluate grant-seeking opportunities for funds over $50,000; process involves use of rubric to evaluate grant seeker’s capacity, competitiveness, connectivity to funder, the amount and renewability of request, and resources needed to meet grant deliverables. Supported submission of 23 grant applications to aid in bringing in $648,292 in new nontraditional funds. In addition, successfully closed out Healthcare GA childhood obesity prevention grant ($200,000+ over 3 years); began strategic planning with new CDPH Office of Planning & Partnerships in the dawn of a new iteration of our CHA and CHIP to better align grant-seeking and fundraising activities with partners moving forward (FY16). 2. Support Strategic Quality Improvement Efforts. Determine strategies to support developing new resources to help: * conduct QI trainings (through Lunch and Learn sessions, CE Day, Quality Council presentations) * develop QI project tracking spreadsheet/database * implement Continuous Improvement Initiatives and document results * check out QI award database per Levi Ross/Savannah; support Robert Wood Johnson applications for QI awards Outcomes/impacts to date: Development Director has joined the CDPH Quality Council to better learn and educate others on agency’s Quality Improvement process and funding needs; also recently supported a 2016 Robert Wood Johnson Foundation “Culture of Health” application; awaiting notification at this time (FY16). 3. Support Workforce Development Needs Determine strategies to support developing new resources to help: * enhance Strategic Training and Career Development * increase effective and consistent internal communications (through quarterly supervisor meetings, Lunch and Learn sessions, annual CE Day) * promote a culture where employees feel valued and we celebrate success (by adjusting salaries toward market value, improving employee work environment, increasing employee recognition programs) * (raise funds for capacity building and training efforts, e.g., Speakeasy for HR trainer) Outcomes/impacts to date: Development has worked with external consultant and Director of Planning and Partnerships to incorporate improved “partnership building” message into new employee orientation; Development Specialist has joined Workforce Development Council to determine ways to better support efforts (FY16). 4. Establish Concrete Outcomes for CHFF and DHFF, Including $$ Goals Outcomes/impacts to date: Developed strategic process for increasing board engagement by providing a menu of board talents needed in three areas [(1) financial support, (2) advocacy, and (3) operations]; individual members requested to “engage” in at least one activity per area; concrete fundraising (“give or get”) goals set at $1,500 per member in Cobb and $500 per member in Douglas (FY16). 5. Refine Fundraising Communications Outcomes/impacts to date: Worked with communication team and consultant to refresh websites for both Health Futures Foundations, maintaining PayPal donation feature but streamlining visitor functions and improving design (FY16). 6. Support Capital or Other Fundraising Needs as Directed Outcomes/impacts to date: Continued to pursue capital funding opportunities (including those with facilities and IT enhancement potential) through USDA/WIC for Smyrna facility and through municipal CDBG opportunities available for Smyrna and Acworth (FY16).

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
    - List any primary data sources, who collected the data, and how (if applicable)
    - List any secondary data sources used (if applicable)
    - List performance measures used. Include process and outcome measures as appropriate.
    - Describe how results were analyzed

- Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

Data Sources and Performance Measures. Work of the Development Office, like that of other areas of Cobb and Douglas Public Health, is measured using the Balanced Scorecard (BSC) framework originated by Drs. Robert Kaplan (Harvard Business School) and David Norton. This allows for a strategic planning and management system that is used to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals. The Development Office "owns" Metric F2a of the CDPH BSC process: "Funding from New Non-Traditional Resources." The objective is to diversify, grow and sustain funding sources. The formula definition drafted in 2010 for F2a follows: "Revenue designated as new and non-traditional, which includes (1) income not from a longstanding traditional source (more than 5 years), (2) income from a traditional source if it is 'for a new purpose, service, or need' and (3) increase of more than 5% in income from traditional sources." New non-traditional funds are important to diversify the funding base and leverage traditional funds against inflation and reduced reimbursements. Careful identification of needs along with monitoring and tracking of new revenues will allow for maximizing and redirecting revenue sources as needed. How Results Were Analyzed. F2a indicators were designed for reported in lag time on a quarterly basis and in absolute dollars. The database used to collect and synthesize information for reporting is the e-Tapestry database, which is updated monthly by the Grants Development Office (funding requests, pledges, receipts and denials) to record and track all new non-traditional funds based on reports from programs and accounting. (Reports generated by Development Office include F2a reports updated for Development Committee [monthly] and Leadership Team meetings [monthly]. F2a reports are also tailored for distribution at each Board of Health and Health Futures Foundation board meeting. Baseline data were collected during 2010, and in 2011 targets were set. Initial targets were intended to be conservative and took into account receipt of a $500,000 per year CDC Community Transformation Grant; the targets (and actual) below have backed out the annual $500,000 forecasted CTG grant income: * FY12 – Target: $100,000; Actual: $700,836 * FY13 – Target: $200,000; Actual: $791,915 * FY14 – Target: $300,000; Actual: $558,249 * FY15 – Target: $400,000; Actual: $574,392 Note: While actual figures reported above appear to have decreased substantially after FY13, further examination of eTapestry and financial reports indicates that during FY12 and FY13, delineation between traditional funding sources and new, nontraditional funding sources was still being refined. Clarity and integrity of reporting improved substantially during the latter part of the FY11-FY15 strategic planning period. Modifications Made to the Practice as a Result of the Data Findings. CDPH recognizes that success is not measured by BSC metrics alone. A few additional noteworthy victories of the Development Office during the FY11-FY15 period are noted below: * In FY13, the Cobb Health Futures Foundation kicked off its first annual campaign to seek individual Public Health Guardian gifts of $250 or more. It served as the fiscal agent to raise over $40,000 for the Cobb2020 kickoff, and it garnered $55,000 in public health support from local foundations. * During FY14, the Development Office supported 27 applications new, nontraditional funds (original goal: 24 applications.) The range of example requests include a $2,500 ask to the Cobb County Friendship Club for safety equipment, a $150,000 ask to Healthcare Georgia Foundation for childhood obesity prevention funds, and a $1,000,000 Centers for Disease Control and Prevention ask for a Partnerships to Improve Community Health (PICH) grant. The Cobb Health Futures Foundation garnered $207,000 in support from local foundations, and the foundation board kicked off its second annual campaign to seek individual Public Health Guardian gifts of $250 or more to reach a goal of $10,000, which it surpassed by raising $12,000+. * In FY15, the Cobb Health Futures Foundation raised $170,000 in support from local foundations. Its board kicked off its third annual campaign to seek individual Public Health Guardian gifts of $250 or more. It hosted an inaugural breakfast event attended by 47 community leaders (goal: 60), receiving table sponsorships totaling $3,250 (goal: $2,000), and attracting 4 new donors/sponsors to date (goal 2) The Douglas Health Futures Foundation kicked off its first annual campaign. It hosted an inaugural breakfast event attended by 64 community leaders (goal: 60), receiving table sponsorships Moving forward into the FY16-FY20 period, the Balanced Scorecard (BSC) framework remains a crucial element in measuring the effectiveness of the Development Office. The metric formula definition for new, nontraditional funding sources was revised for FY16 as follows: (1) income not from a longstanding traditional source, longstanding being defined as 3 or fewer years (more than 3 if committee deems appropriate on a case by case basis) and (2) income from a traditional source if it is "for a new purpose, service, or need" and (3) income value from new in-kind donations. New F2a fundraising targets have been established as follows: * FY16 – Target: $625,000; Actual: $648,292 * FY17 – Target: $700,000 * FY18 – Target: $800,000 * FY19 – Target: $900,000 * FY20 – Target: $1,000,000 Data-Driven Quality Improvement. In alignment with organizational priorities, the Development Office spent substantial time in 2016 on data-driven quality improvement efforts with its Foundation boards. These focused on the following: (1) Board Growth. Planning efforts leading into 2016 focused on growing the boards strategically. Attention was placed on the number of members as well as the demographic and skillset make-up of the Foundation boards in Cobb and Douglas counties. Bylaws state that each board should contain a minimum of three members and a maximum of 15. Current board and staff agree that quality of members is a more important factor than sheer quantity at this stage in each board's development. In growing the boards, community leaders are sought in such a way that the Board's composition reflects the present and desired diversity of its respective county in the following areas: (1) gender (male, female, GLBTQ), (2) ethnicity (Caucasian, African-American, Latino, other), (3) geographic representation (county, city, specific ZIP code); also important is a balance in (4) experience/skillset (fundraising, marketing, public health policy, corporate, health system leadership, political influence, financial influence, other), and representation (business, government/municipality, elected official, civic group, medical/health business, school or university, other). At present, the Cobb Health Futures Board consists of 11 individuals—5 males and 6 females; 63% Caucasian, 28% African-American, and 9% Latino—from segments of the workforce including law, insurance, medicine, higher education, volunteer advocacy, and business. The Douglas Health Futures Board consists of 6 individuals—4 males and 2 females; 34% Caucasian and 66% African-American—from segments of the workforce including education, banking, law enforcement, health system leadership, and business. Recruitment efforts are underway to bring on three new members to each Foundation board during the first half of 2017. (2) Board Strategic Planning. While each Foundation board is tasked with supporting the mission of its corresponding Board of Health, Foundation members are also asked to select two to four programmatic areas on which to focus annual campaign fundraising efforts. Every two to three years, Board members are provided with a list of programs at risk due to inadequate public funding. This year, the Douglas Foundation board looked at Adolescent Health & Youth Development, Breast (and Cervical) Cancer Prevention, Chronic Disease & Injury Prevention, Children 1st, Children's Medical Services/Babies Can't Wait,

Perinatal Case Management, and Safe Kids. The Cobb Foundation board looked at the same programs plus Pediatric Primary Care. The programs were described and staff-rated according to the following criteria: ** Is program mandated? ** Are program's services urgent? ** Is program the sole provider of services in the community? ** Does program have strong community partner linkages? ** Is the impact of a $250 gift substantial? ** How many people does the program serve annually? ** Is the program's appeal for funding strong? ** Does program have strong sustainability built into it? Each program was rated 3, 2, or 1 (with 3 being optimal/most likely to benefit from board fundraising). Results were calculated and sent to the Board; the higher the score, the more likely the program was to benefit from Foundation support. Board members were then asked to report the following in an anonymous SurveyMonkey tool: (A) how they ranked the programs in order of preference, 1 being the program they would most like their fundraising efforts to support and (B) if they had general comments they wanted the Board to take into consideration before setting its fundraising priorities for Calendar Year 2017. After discussion at their respective October 2016 board meetings, the following 2017 fundraising priorities were approved: ** Based on SurveyMonkey results, the Cobb Health Futures Foundation board's priorities were to raise funds for (1) Children's Medical Services/Babies Can't Wait (scoring 7.20 points), (2) Perinatal Case Management (scoring 6.40 points), and (3) Children 1st (scoring 5.20 points). ** Foregoing SurveyMonkey results in favor of a roundtable discussion, the Douglas Health Futures Foundation board's priorities were to raise funds for (1) Children's Medical Services, (2) Children 1st, (3) Babies Can't Wait, and (4) Safe Kids Douglas. (3) Board Engagement. An ongoing challenge for any nonprofit fundraising organization is to find ways in which to keep its board engaged, especially between (quarterly) meetings. To help board members determine how they might best use their time, talents, and treasures, staff developed a strategic process for increasing board engagement. The Board Engagement Form provides a menu of board talents needed in three areas: (A) advocacy (includes commitment to attend board meetings and annual breakfast as well as the willingness to make civic group presentations and contact personal and professional acquaintances on behalf of the board). Specific metrics included: * Cobb meeting attendance goal: member attends 75% of meetings. Actual attendance rate: 65%. * Cobb breakfast attendance goal: 100% member attendance. Actual: 100% member attendance. * Douglas meeting attendance goal: member attends 75% of meetings. Actual attendance rate: 76%. * Douglas breakfast attendance goal: 100% member attendance. Actual: 83% member attendance. (B) operations (includes areas in which Board members can choose to work with staff to "champion" specific committees or activities such as fundraising, new board orientation, board recruitment/succession planning, and event planning). (C) financial support (includes options for recruiting "Public Health Guardians" [those who donate $250+ per year], "Public Health Friends" [those who donate up to $250 per year], and breakfast table sponsors [$250 for basic level, $500+ for silver level, $2,500 for gold level]; also includes options for recruiting major donors and organizing special fundraising events such as a Zumbathon or wine tasting). Specific metrics included: Cobb "give or get" financial goal per member: $1,500; actual average garnered per member: $1,556.81 Douglas "give or get" financial goal per member: $500; actual average garnered per member: $476.15 Cobb's annual campaign garnered $17,125 compared to its goal of $15,000. Douglas garnered $3,095; no firm goal was set by the Douglas board for 2016 annual campaign fundraising.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation*.)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
    - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Lessons Learned in Sustainability in Relation to Practice and Partner Collaboration. The Development Office of CDPH aligns its sustainability efforts with those of the agency. CDPH, in order to ensure the sustainability of its public health programs, has learned to (1) align services with organizational goals, (2) select acceptable and affordable services, (3) locate alternative funding, (4) adjust staffing patterns as needed, and (5) explore partnerships with community organizations. CDPH, through various ongoing health assessments, ensures that its programs serve populations with the highest incidence rates of public health issues. CDPH services are aligned with CDPH's mission to address the health care needs of our target populations, and these services then receive organizational support. Some of CDPH's sustained programs provide services only to specific populations for which targeted funding (e.g., Latinos, HIV/AIDS patients) can be obtained. Other programs may cut or adjust the number of site locations providing the service or hours of service, or may move from offering individual services to offering more services to groups, or eliminate free or subsidized services and charging a fee. A majority of CDPH's programs are able to sustain services after defunding through partnership support and/or new, nontraditional funding from external sources. Sustained programs generally have staff that can effectively identify funding sources and apply for grants. In 2016, in an effort to optimize grant fundraising efforts while revitalizing CDPH's sustainability plan, the Development Office created a process it refers to as "Strategic Grant Seeking for the Best Return on Investment." The process began with the selection of 12 to 20 large funders with a history of granting awards to our district or to health initiatives. To date, these include WellStar Hospitals, Kaiser Permanente, Emory Adventist, Anthem Foundation, Robert Wood Johnson Foundation, Healthcare Georgia Foundation, Kresge Foundation, Kellogg Foundation, Humana Foundation, Betty and Davis Fitzgerald Foundation, GreyStone Power Foundation, and the Cobb EMC Foundation. As we approach 2017, the Development Office strives to be more strategic with its grant-seeking efforts, putting more time into the efforts that are more likely to provide an equitable return on investment. Taking into account the capacity of the Development Office, this necessitates narrowing the potential funders list to a maximum of six. In late 2016 and early 2017, the following six categories will be weighed using the rating criteria outlined (green = 3 points, yellow = 2 points, red = 1 point). Higher scores indicate which grant makers the Development Office should focus its efforts on: * Amount of time required to plan, strategize, and prepare proposal: 3Green = 6 hrs. or less 2Yellow = 7-20 hrs. 1Red = 20+ hrs. * Level of competitiveness: 3Green = large # of awards will be made 2Yellow = moderate # of awards will be made 1Red = few awards will be made *Favorable contacts we have w/funder 3Green = funder has encouraged an application 2Yellow = funder neutral about an application 1Red = we have no contact with funder or its board *Amount of request: 3Green = $75,000+ 2Yellow = $25,000 - $50,000 1Red = < $25,000 *One time or renewable: 3Green = Renewable for multiple years 2Yellow = Renewable one time 1Red = Nonrenewable *Resources needed to meet grant deliverables: 3Green = Current resources sufficient 2Yellow = Some contract work may be needed 1Red = Extensive contract work/additional staff Cost/Benefit Analysis. CDPH's fundraising boards, the Cobb Health Futures Foundation and the Douglas Health Futures Foundation, conduct cost/benefit analyses to select focus fundraising areas on an ongoing basis. The foundation boards use rubrics to determine programming impact based on number of individuals served, cost of services, availability of services outside the LHD, funding streams available outside the LHD, and anticipated outcomes should funding NOT be deemed a priority. From a district standpoint, having a dedicated resource development office facilitates ongoing efforts to fill programmatic and operational resource and/or funding gaps. It allows CDPH to be strategic in prioritizing which funder(s) to approach for what type(s) of funding. It provides direction and credibility to fundraising for more wide-ranging and successful efforts, most notably the recent SPLOST and CDBG campaigns, culminating in more than $8 million in capital facility improvements and tens of thousands in furnishings and clinical equipment. Stakeholder Commitment. Most people don't realize that only about half of the LHD's operating budget comes from public sources. It therefore must rely on private contributions combined with fees for services to support around $12 million of our annual budget. We as LHD's must educate the public about this. Similarly, as the U.S. political climate undergoes change, healthcare as we know it will change as well. LHDs will continue to provide population-based healthcare services, but they will also be called upon to continue to narrow the gap and ensure that disparate populations are not left behind when it comes to their health. Where we live should not determine how long we live; our district and its partners are more committed to this belief than ever before. Our agency and our coalition partners stand ready to build better ways to identify those in need, to develop better communication strategies to reach them, and to include them in our initiatives and sustainability planning. Within CDPH, the Development Office and the Planning and Partnerships Office are working together to keep community partners engaged, to ensure that they are recognized appropriately, and to help them determine how they might best use their time, talents, and treasures to improve health initiatives and policy work at the local level and beyond. When public health facilities and capital needs can be funded by local government and community partners, and when all stakeholders are engaged in health in all policy practices, we can become more competitive to obtain funds to sustain important at-risks programs for our most vulnerable clients. The ultimate winner here is the populations served by the LHD.

Additional Information

How did you hear about the Model Practices Program:: *

- ☐ I am a previous Model Practices applicant
- ☐ At a Conference
- ☐ NACCHO Website
- ☐ Public Health Dispatch
- ☑ Colleague in my LHD
- ☐ Model Practices brochure
- ☐ NACCHO Exhibit Booth
- ☐ NACCHO Connect
- ☐ Colleague from another public health agency
- ☑ E-Mail from NACCHO
- ☐ NACCHO Exchange