2018 Model Practices

Applicant Information

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Size

Select a size:
☐ Small (0-50,000) ☑ Medium (50,000-499,999) ☑ Large (500,000+)

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
☐ Community Involvement ☐ Cultural Competence ☐ Emergency Preparedness
☐ Global Climate Change ☐ Health Equity ☐ HIV/STI
☐ Informatics ☐ Information Technology ☐ Injury and Violence Prevention
☐ Organizational Practices ☐ Other Infrastructure and Systems ☐ Primary Care
☐ Tobacco ☐ Vector Control ☐ Water Quality
☐ Coalition and Partnerships ☐ Environmental Health ☐ Immunization
☐ Communication/Public Relations ☐ Food Safety ☐ Infectious Disease
☐ Maternal-Child and Adolescent Health ☐ Marketing and Promotion
☐ Quality Improvement ☐ Research and Evaluation
☐ Conference Theme: Unleashing the Power of Local Public Health
Is this practice evidence based, if so please explain:

Yes. The Science of Philanthropy Initiative (SPI) partnered with the Nonprofit Research Collaborative (NRC) in 2014 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 the concept of evidence- and data-based fundraising, following scientific methods wherever possible to build and govern its boards and to garner corporate, foundation, and individual support. The Development Office of Cobb & Douglas Public Health (Georgia Health District 3-1) raises funds for public health programs that are built upon evidence-based practices and the specific needs of the communities served. As such, the district’s 501(c)3 support organizations raise funds for the following programs: Children 1st, Children’s Medical Services, Babies Can’t Wait, Safe Kids, and Perinatal Case Management.

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
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.

Responsiveness and Innovation

LHD Description. Cobb and Douglas Public Health (CDPH – cobbanddouglaspublichealth.org), with our partners, promotes and protects the health and safety of approximately 880,000 residents of Cobb and Douglas counties. In 2015, CDPH was the first health district in Georgia and among only 2% in the U.S. to achieve national accreditation through the Public Health Accreditation Board. Cobb County is located approximately 17 miles north of Atlanta and has the 3rd largest population in Georgia, recorded at 748,150 in 2016. According to the 2016 Cobb and Douglas Community Health Assessment, 64% of the population is white, 28% black, 5% Asian, and 3% other; 13% is of Hispanic origin. The median household is $64,657 with 12.4% living below the federal poverty level. Southwest of Cobb lies Douglas County, with a population of 142,224 (2016). This population is 51% white, 45% black, 2% Asian, and 2% other; 9% of the population identifies as Hispanic or Latino. The median household income is $52,997 with 16.4% living below the federal poverty level. Public Health Issue. According to “A Funding Crisis for Public Health and Safety: State-by-State Public Health Funding and Key Health Facts,” core funding for disease prevention and health promotion programs has declined by around $580 million federally and has remained flat since 2010 (Trust for America’s Health, April 2017). 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 identified a need to proactively address declining traditional funding streams by establishing a Development Office, primarily focused on diversifying, growing, and sustaining funding from new, non-traditional sources. The initial top objectives for garnering new, non-traditional funds included: (1) building capital, (2) supporting infrastructure and strategic goals, and (3) meeting the needs of underfunded local public health programs. Implementation, Results and Impact. Early fundraising efforts and successes centered primarily on grant-seeking driven by a strategic framework and a centralized office of oversight. Successes included $65,000 raised through Kaiser Permanente for Perinatal Case Management; $66,000 raised through USDA WIC to support building renovations; and nearly $75,000 raised through Coca-Cola, the Atlanta Braves, WellStar Health System and individual donations for the CDPH Safe Kids and Media Smart Youth programs. In addition, 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 (CTG) from the Centers for Disease Control (CDC) over 3 years, which provided capacity building support for CHA data collection and Cobb2020 Health Partnership coalition, and $325,000 in childhood obesity prevention funding from the Healthcare Georgia Foundation in response to the Cobb CHIP. Grant-seeking efforts in FY12 and FY13 found the Development Office supporting between 24 and 30 applications for new, nontraditional funds each year. Initial target and actual data for new, nontraditional funds garnered follow: FY12 – Target: $100,000; Actual: $700,836 FY13 – Target: $200,000; Actual: $791,915 After FY13, the rate of applications submitted remained relatively constant, but the actual fundraising results decreased as follows: FY14 – Target: $300,000; Actual: $558,249 FY15 – Target: $400,000; Actual: $574,392 The primary turning point that identified the need to clarify how new, nontraditional funds were reported came about through CDPH’s receipt of a Community Transformation Grant (CTG) in FY11-FY13. While total funding was originally awarded in the amount of $500,000 per year for five years by the CDC, national funding for CTG was discontinued at the three-year mark. This substantial discontinuation of funding prompted the Development Office to revisit new, nontraditional funds acquisition. Examination of internal data managed through eTapestry, a fundraising database which records and tracks financial contributions, also indicated 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 FY14 and FY15 to further define how funds received were categorized and reported. CDPH reevaluated its fundraising by looking more closely at a resource the Development Office had readily available but had only begun to tap—the potential for seeking private funds from individuals through donations to the district’s two nonprofit 501(c)3 organizations, the Cobb Health Futures Foundation (cobbhealthfutures.org) and the Douglas Health Futures Foundation (douglashealthfutures.org).
Statement of the Problem/Public Health Issue. As a result of comparatively declining new, non-traditional funding between FY13-14 and FY15-16, CDPH developed a comprehensive strategy that would provide public health programs with sustainable funding for years to come. The strategy centered on the engagement of community members and partners through the re-launch of the Cobb Health Futures Foundation (CHFF) and the Douglas Health Futures Foundation (DHFF). While both foundations were originally created as 501(c)(3)s in 1994 by the Boards of Health as a means for the district to accept properties gifted by two individuals, it wasn’t until 1997 that the foundations were used to specifically address program-specific needs. That year, the health department received some surprising news: The Cobb Health Futures Foundation, Inc. had been bequeathed an estate gift of $100,000 from the aunt of a former public health pediatrician. The gift came with one stipulation: The funds 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. For years afterward, the Cobb Health Futures Foundation was able to supplement limited state-allocated federal funding to pay providers for medical equipment, life-saving medications, medical evaluations, diagnostic tests, laboratory services, hearing aids, and eye glasses for children. Moving forward from 1997, each foundation continued to be governed by its corresponding Board of Health, but board meetings were put on hold and both foundations lay dormant for over 13 years. Based on recommendations of the CDPH Development Committee (made up of CDPH Leadership and an external fundraising consultant), the foundations began a slow but steady re-launch in 2011. A regular meeting schedule resumed, bylaws were revised, and their purpose was re-established: to provide financial, fundraising, and advocacy support for the mission of Cobb and Douglas Public Health. Target Population Affected by the Problem (incl. relevant demographics). Both re-launched boards of the Health Futures Foundations were oriented to understand that while public health is a population-based service, all 30+ programs of CDPH do not have a need for private funds to support them. For instance, Environmental Health is self-sustaining, in large part based on its fee-for-service structure. Still, around one-third of public health programs are at-risk due to ongoing public health funding cuts. The Foundation boards therefore opted to annually select the top three to four at-risk programs in their counties for their fundraising focus. To begin this selection, the Boards were asked to look at state public health mandates coupled with local data to determine which programs to prioritize fundraising efforts. Board members were provided with a list of programs at risk due to inadequate public funding. 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. The boards initially began this prioritization process in 2012 and are now asked to revisit funding priorities on an annual basis. They did so most recently in 2017, choosing to maintain the priorities initially selected after reviewing data from the 2016 Cobb and Douglas Community Health Assessment. CDPH programs supported by the Cobb and Douglas Health Futures Foundations provided services to impact families in Cobb and Douglas counties during 2016 in the following ways: Children 1st and Early Intervention Programs (Babies Can’t Wait and Children’s Medical Services) - improved children’s well-being and chances for success in school by identifying their medical and developmental issues and linking them to the necessary services. Within Cobb and Douglas counties combined, these programs identified 3,508 children at risk, conducted assessments on 887 children, referred 2,076 children for special-needs screening, qualified 469 eligible children for special-needs services, Perinatal Case Management - provided under- and uninsured pregnant women with early prenatal care to help reduce infant mortality. Assisted 1,814 clients with Pregnancy Eligibility Medicaid applications. Without these additional contributions from the Foundation, substantially fewer women would have been served. Douglas Safe Kids - worked to reduce the number of accidental injuries to children ages 14 and under through community partnerships, advocacy, public awareness and education, and the distribution of safety equipment. Primary target population is children 19 years and younger. Distributed 123 bike helmets and 254 car seats to families in financial need. What Has Been Done in the Past to Address the Problem? The Development Office and Foundation boards have worked in tandem to advocate and fundraise for their select programs in recent years, starting with developing a constituency model, a fundraising case for support, letterhead, and fact sheets for both foundations. During FY12, staff continued to develop brochures, PowerPoint presentations, and websites (with PayPal features) for both foundations and to write fundraising features for the internal CDPH Spotlight. (Please visit our websites at cobbhealthfutures.org and douglashealthfutures.org) Additionally, more community leaders experienced in fundraising were strategically added to both Foundation Boards and fewer appointed Board of Health members served. In FY13, the first Annual Report was created and distributed for the Cobb Health Futures Foundation. FY14 saw continued strategic communication efforts by staff and board, including creation of presentation materials/script for civic presentation engagements. Development staff worked with Accounting to create the first annual budgets for DHFF and CHFF board approval, and it kicked off the first Cobb Health Futures Foundation campaign for board members to give personally and to raise funds from up to two professional contacts each. In 2015 both boards held separate inaugural signature events to educate potential partners of the foundations, to advocate for support by sharing client stories, and to thank members of the local communities who already provided support. Sixty-four leaders from the Douglas County community gathered on August 25, 2015, for the “Healthy Futures: Partnering for Children’s Health” inaugural breakfast. The breakfast was co-sponsored by the Douglas Health Futures Foundation and the City of Douglasville Police Department, which also hosted the event. A highlight of the event was the premier screening of “It’s All About the Children,” a video produced by dctv23 to shine a light on the Foundation’s fundraising priorities. (Access this video through the Douglas Health Futures Foundation homepage or by visiting this direct link: https://vimeo.com/136714055.) A month later, forty-seven leaders from the Cobb County community gathered on September 10, 2015, for the “Improving Our Futures through Public Health” inaugural breakfast. MetroAtlanta Ambulance Services stepped forward as presenting sponsor, and Cobb EMC provided its Community Room for the event venue. A special highlight of the breakfast was the premier screening of “It’s All About the Children,” a video produced by CobbTV23. (Access this video through the Cobb Health Futures Foundation homepage or by visiting this direct link: https://vimeo.com/138909305.) Why is the Current/Proposed...
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): *
A short video produced by Douglas County Communications/TV highlighting the programs for which the Foundation advocates and with WellStar Douglas Hospital addressed the audience regarding the importance of public-private partnerships. The breakfast featured Kennedy spoke on the impact of public health programs in Douglas County. Greg Williams with Kaiser Permanente and Steven Lambert "Partnering for Children's Health" Breakfast. It was held at the City of Douglasville Police Department. District health director Dr. Jack Breakfast Event - Goals and Outcomes of Collaboration: The 2015 breakfast event in Douglas County was called the "Healthy Futures – proper draining of the excess fluid, reshape his skull, and make room for his brain to grow to appropriate size and develop properly. Parker was born in 2008 with hydrocephalus, with over 98% fluid and less than 2% brain matter. (The MetroAtlanta Ambulance, addressed the audience regarding the importance of public-private partnerships. The breakfast featured a short video produced by Cobb County Communications/TV highlighting the programs for which the Foundation advocates and raises funds. Goals of the breakfast were to inform Cobb business/community leaders about public health’s impact; to make the case for private funding support; and to inspire attendees to take action to support CHFF. The program closed with a request for support, and first-rate media coverage followed. Metrics and outcomes for the 2015 breakfast follow: • Attendance Goal: 60 attendees – Actual: 47 • Table Sponsor Goal: $2,000 (to cover breakfast, other expenses) – Actual: $3,250 • New Corporate or Individual Donor Goal: 2 - Actual: 4 In 2016, the Cobb Health Futures Foundation rebranded the breakfast, which was now called “Healthier Children – Healthier Cobb.” The goal remained the same: To educate and build support in the professional community for the Foundation-sponsored programs and reach out into the community for program presenters, sponsors, and attendees. A progressive account of our work to foster collaboration with community stakeholders in both Cobb and Douglas counties follows. Evolution of the Cobb Breakfast Event - Goals and Outcomes of Collaboration: The 2015 breakfast event was called the "Improving Our Futures Through Public Health" Breakfast. The event was held at the Cobb EMC Community Center. Dr. Emily Lembeck with the City of Marietta School System gave a stirring keynote address. District health director Dr. Jack Kennedy spoke on the impact of public health in Cobb, and Pete Quinones, President, Atlanta Perinatal Associates spoke about the crucial need for partnering to improve the health of pregnant mothers and babies. A highlight of the breakfast was the compelling story shared by Matt and Candice Wells of their experiences with Babies Can't Wait after their first daughter—now a thriving eight-year-old—was born with multiple health and developmental issues. The program closed with a stirring request for support from CHFF Executive Director Lisa Crossman. Metrics and outcomes for the 2016 breakfast follow: • Attendance Goal: 60 attendees – Actual: 101 • Table Sponsor Goal: $2,750 – Actual: $13,125 (including in-kind) • New Corporate or Individual Donor Goal: 2 - Actual: 14 (7 individual; 7 corporate) The 2017 Cobb Health Futures Foundation breakfast was again held at and catered by The Home Depot. Highlights of the breakfast included a keynote presentation by David Satcher, M.D., 16th Surgeon General of the U.S. and Founding Director of the Satcher Health Leadership Institute - Morehouse School of Medicine, spoke about the importance of partnering to improve family health. Dr. Dexter Page with Atlanta Perinatal Associates spoke about the crucial need for partnering to improve the health of pregnant mothers and babies. 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The program featured a presentation by the Grelecki family—nine-year-old Parker and his parents Ryan and Cristi. Parker was born in 2008 with hydrocephalus, with over 98% fluid and less than 2% brain matter. (The average baby has 90-95% brain matter and 5-10% fluid.) Parker’s early life was filled with shunts and craniofacial surgeries to ensure the proper draining of the excess fluid, reshape his skull, and make room for his brain to grow to appropriate size and develop properly. Parker began therapy at four weeks old with the CDPH Babies Can’t Wait program in Cobb, and he had an opportunity to reunite with his therapists at the 2017 breakfast. His ongoing recovery has far exceeded the expectations of the doctors. Parker excels at school, and he is also an engaging personality. Following a short video of his story (available for viewing at https://youtu.be/4sMNsQxP0), he fielded questions from the audience like a mature, engaging professional. Metrics and outcomes for the 2017 breakfast follow: • Attendance Goal: 100 – Actual: 116 • Table Sponsor Goal: $3,750 – Actual: $10,500 (not including in-kind) • New Donor Goal: 3 new corporate – Actual: 6 new corporate sponsors • New Donor Goal: 3 new individual donors - Actual: 6+ (still processing) Evolution of the Douglas Breakfast Event - Goals and Outcomes of Collaboration: The 2015 breakfast event in Douglas County was called the “Healthy Futures – Partnering for Children’s Health” Breakfast. It was held at the City of Douglasville Police Department. District health director Dr. Jack Kennedy spoke on the impact of public health programs in Douglas County. Greg Williams with Kaiser Permanente and Steven Lambert with WellStar Douglas Hospital addressed the audience regarding the importance of public-private partnerships. The breakfast featured a short video produced by Douglas County Communications/TV highlighting the programs for which the Foundation advocates and
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 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 desired practice outcomes. 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- 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
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

**Lessons Learned in Sustainability in Relation to Practice.** 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 strategic 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 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. For example, our Perinatal Case Management program was state-funded for many years. Over 10 years ago, that funding ended and many health departments chose to eliminate this service. However, reducing infant and maternal mortality and morbidity is one of our strategic priorities and CDPH has worked with local partners such as WellStar and Kaiser Permanente to support the program. Over the past two years, CDPH has also implemented more effective insurance billing processes to make this program sustainable in our district. While health departments might often pursue grants and other funding opportunities through existing staff, CDPH’s investment in establishing a Development Office devoted to securing resources in partnership with others, has reaped countless benefits. Lessons Learned in Sustainability in Relation to Partner Collaborations. Today 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 education, banking, law enforcement, health system leadership, higher education, volunteer advocacy, and business. It approved a 2017 forecasted budget of $32,500 and has personally committed to raising $7,500 of this as a board. The Douglas Health Futures Board consists of 11 individuals—5 males and 6 females; 9% Caucasian and 91% African-American—from segments of the workforce including education, banking, law enforcement, health system leadership, and business. This board approved a 2017 forecasted budget of $32,500 and has personally committed to raising $7,500 of this as a
How did you hear about the Model Practices Program:

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