

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. *

- | | | | | |
|-----------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations |
| <input checked="" type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input checked="" type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input checked="" type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input checked="" type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement | <input type="checkbox"/> Research and Evaluation |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce | <input type="checkbox"/> Conference Theme: Unleashing the Power of Local Public Health |

Other::

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: *

- | | | | | |
|------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input checked="" type="checkbox"/> Motor Vehicle Injuries | <input checked="" type="checkbox"/> Teen Pregnancy | <input type="checkbox"/> 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

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).

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

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice: *

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)3s 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 dcv23 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 "Improving Our Futures through Public Health," a video produced by CobbTV23. (Access this video through the Cobb Health Futures Foundation homepage or by visiting this direct link: <https://vimeo.com/138909035>.) Why is the Current/Proposed

Practice Better? In 2015 the Development Office began holding an annual strategic development planning retreat and inviting members of the boards' executive committees to participate. Using a SWOT (Strength-Weakness-Opportunity-Threat) analysis, board members and Development staff determined priorities for growing the boards, which indicated a desire to be more engaged. SWOT results also suggested that the breakfasts might better serve the Foundations and the clients they serve if they were built into actual fundraising events. The board and staff set out to develop a process for improving board engagement. Innovative and Evidence-Based Practice. 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. 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. CDPH has been approached by other Georgia health districts and the State office for counsel regarding how to establish and grow a 501(c)3 organization for funding diversification. CDPH's 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 a Development Committee, 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., the Safe to Sleep initiative of Children 1st and Douglas Safe Kids follows the ABCs of Safe Sleep prescribed by the American Academy of Pediatrics).

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. An ongoing challenge for any 501(c)3 nonprofit fundraising organization is to find ways in which to keep its board engaged, especially between (quarterly) meetings and annual events. To help board members determine how they might best use their time, talents, and treasures, staff developed a strategic process for increasing board engagement in 2016. The Board Engagement Form provides a menu of board talents needed in three areas: (A) 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 for Cobb in 2016 included a "give or get" financial goal per member of \$1,500; the actual average garnered per member exceeded this at \$1,556.81. Cobb's annual campaign goal for 2016 was \$15,000; the board garnered \$17,125. Douglas metrics for 2016 included a "give or get" financial goal per member of \$500; the actual average garnered per member was \$476.15. No firm dollar goal was set by the Douglas board for its 2016 fundraising, but its annual campaign garnered \$3,095. (B) 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 measured in 2016 for Cobb included a meeting attendance goal of each member attending 75% of the quarterly meetings; the board's actual meeting attendance rate was 65%. Douglas members set a goal of each member attending 75% of the quarterly meetings; the board's actual meeting attendance rate was 76%. (C) 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). Specific metrics were not set or measured in this category for 2016. What Did You Do to Achieve the Goals and Objectives? (Steps taken to implement the program). In 2017, Development staff revised the Board Engagement Form to better measure the board's operational support. Results from the three engagement areas are pending year-end closeout, but the goals

for 2017 are: (A) Financial support for Cobb is set at a "give or get" goal of \$1,500 per board member; Douglas's goal is \$500 per member. (B) Advocacy metrics remained the same for both Foundations with each member being asked to attend 75% of quarterly meetings, but (C) Operational metrics have been more clearly defined. Within each board, each member has been asked to commit to serving on one or more committees (strategic planning, nominating/orientation, event planning, fundraising). Further, board members have been asked to participate in teleconferences scheduled by the Development Office and led by committee chairs between quarterly board meetings in an effort to maximize on their pledged commitment. Any criteria for who was selected to receive the practice (if applicable)? N/A What was the timeframe? Board members were tasked with completing a revised Board Engagement Form at the first meeting of 2017. Throughout the year, CDPH staff worked with board members individually and collectively to help them fulfill their individual commitments. For instance, the Executive Director and Development Director scheduled one-on-one time prior to each quarterly board meeting to review the agenda and action items with the respective board chairs. The Development Specialist prepared quarterly financial statements for board members to stay abreast of their personal giving for the year as well as financial gifts they successfully solicit from others (recorded as soft credits on behalf of the appropriate board member). Board advocacy was tracked through meeting attendance, which is recorded in each separate batch of quarterly minutes. Ongoing operational work with board members often must be scheduled on a one-on-one basis with appropriate staff. For example, the Nominating Chair works between meetings with a Development staff person to meet potential new board members that have been vetted and to orient them prior to their first meeting if all agree they should serve and lead. Staff also schedule other one-on-one time with board members who wish to have special marketing materials prepared, to review foundation financials in more depth, or to organize special events, such as the breakfasts or other board-driven fundraising events. (Examples of the latter include a Zumbathon in 2016, which garnered \$1,005 [including in-kind values for site rental and prize donations] but was quite labor-intensive for staff and board. A "Give \$35 in Honor of [Board Member's] Turning 35!" on-line campaign in 2017 raised \$563 with minimal time investment from staff and board and all proceeds raised earmarked for the Babies Can't Wait program in Douglas County.) Were other stakeholders involved? What was their role in planning/implementation process? (What does the LDL do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s). Orchestrating two breakfasts on an annual basis—one to support each of our 501(c)3 organizations—requires extensive planning. For the events themselves to be successful, they require considerable participation (through sponsorships and/or attendance) by numerous other stakeholders and community partners. During years 1 and 2 of these events, Development staff led much of the planning and implementation process as it learned the ropes of hosting a fundraising event. By year 3, relying on feedback from the Board Engagement Forms completed in early 2017, Development was able to count on committee co-chairs from both Foundations to lead planning calls, enhance sponsorship packets (with greater incentives to "give big"), 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, 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 event venue was changed to The Home Depot headquarters in Vinings, and The Home Depot catered the event as well. The purpose of the event remained the same: To educate and build support in the professional community for the Foundation-sponsored programs and how they impact the Cobb community. Dr. Kisha Holden, with the Satcher 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. 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. The program featured a presentation by the Grelecki family—nine-year-old Parker and his parents Ryan and Crysti. 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/4s-kMnsQxP0>), 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

raises funds. Goals of the breakfast were to inform Douglas County 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 DHFF. 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 purpose of the Douglas Health Futures Foundation breakfast remained the same: to educate and build support in the professional community for the four DHFF-sponsored programs and how they impact the lives of Douglas residents. The 2016 event included a partner highlight presented by Tim Williams with GreyStone Power, compelling client stories shared by CDPH staff with Babies Can't Wait and Children 1st, and commemorative check presentations to the staff of Children 1st, Babies Can't Wait, Children's Medical Services, and Douglas Safe Kids. Metrics and outcomes for the 2016 breakfast follow: • Attendance Goal: 60 – Actual: 55 • Table Sponsor Goal: \$2,500 – Actual: \$2,750 • New Donor Goal: 2 NEW donors – Actual: (Day of) 3 Corporate; 4 Individuals The 2017 Douglas Health Futures Foundation was again held at the City of Douglasville Police Department. Board Member Nadia Faucette, Area Manager with Georgia Power, shared an inside glimpse of the positive experience her family had with the Children's 1st program in Douglas County. Board Chair Greg Williams, Manager of Large/Strategic Accounts, Kaiser Permanente Georgia Region, spoke to the group and outlined the ways dollars received by DHFF are used: "\$3,000 can go toward hearing aids for children in need. \$1,000 can assist families dealing with the needs of children related to chronic conditions such as cystic fibrosis, asthma, and other disorders. \$250 can purchase 25 bike helmets to keep Douglas Kids safe," said Williams, "and \$100 purchases a portable crib and a safe place for a baby to sleep." Metrics and outcomes for the 2017 breakfast follow: • Attendance Goal: 80 – Actual: 81 • Table Sponsor Goal: \$2,500 – Actual: \$5,000 • New Donor Goal: 2 new corporate – Actual: 6 new corporate • New Donor Goal: 2 new individual donors – Actual: 4 new individual donors Any startup or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. 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 apply for recognition as a tax-exempt public charity (i.e., 501(c)3 status). This process can cost as little as \$129 if approached on line; if done with the assistance of an attorney, fees would obviously be higher. Other start-up chores are relatively inexpensive or free but labor-intensive on the part of staff: filing for Federal EIN as well as state and local tax exemption status, organizing for corporation, and filing Articles of Incorporation. While much groundwork had been done on behalf of the foundations prior to 2011, steps still had to be taken by staff to re-draft bylaws, re-build a board of directors, and develop board handbooks and collateral. 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. The initial breakfasts held in 2015 were underwritten by Cobb & Douglas Public Health. The hope was that each Foundation would bring in sponsorships to cover costs of the breakfast, enabling it to reimburse the district and donate any surplus funds directly to Foundation-supported programming. The breakfasts quickly became not only self-sustaining but income-generating. They have progressively grown in attendance and sponsorship income, and in the case of the Cobb Health Futures Foundation, in in-kind donations as well. Lessons Learned – Moving Forward: It is important to note that starting a 501(c)3 to apply for grant funding is not an immediate fix or "cure-all." Most funders list eligibility requirements that a 501(c)3 organization must prove to have met in order to apply for funding. These are often requested as application attachments. Examples include: a current board list (sometimes with a breakdown of gender, ethnicity, and other demographic information), a percentage breakdown of how many board members support the 501(c)3 financially, the most recent annual audit, the most recent Annual Report, an annual budget, and copies of the last several board meeting minutes. Many 501(c)3 boards think events are the perfect way to raise funds. It is important to remind the board that events require a great deal of work and that, in many cases, the costs of hosting an event outweigh the proceeds the event reaps. In the case of the Cobb and Douglas Health Futures Foundation's breakfast events, they were initially held for friend-raising and name recognition purposes. From the start and for each year since, they have required a tremendous amount of time and effort on the part of the Development Staff. It is important to note that the Foundation boards and staff, as well as the leadership of Cobb & Douglas Public Health (CDPH), look beyond dollars and cents to determine a return on investment for efforts. Such returns include increased awareness, identifying new volunteers, celebrating accomplishments, and friend-raising—which ultimately turns into fundraising. Both Foundation breakfasts have helped create new partnerships with both individuals and organizations. In the case of the Cobb Health Futures Foundation breakfast, it has helped foster a new partnership with Georgia's largest employer, The Home Depot (THD). This relationship has grown stronger each year and has also created good will with other potential funders, who enjoy visiting THD headquarters for the annual breakfast.

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): *

What did you find out? To what extent were your objectives achieved? Please re-state your objectives from the methodology section. The initial objective of creating a Development Office within Cobb & Douglas Public Health (CDPH) was to diversify, grow, and sustain funding from new, non-traditional sources. One of the top objectives for garnering new, non-traditional (F2a) funds was to meet the needs of underfunded local public health programs. To do this, CDPH and its Development Office led the relaunch of the Cobb Health Futures Foundation and the Douglas Health Futures Foundation. The ultimate goal was to grow the 501(c)3 organizations to help diversify public health funding. Part of growing the boards was to develop a signature event for them to present to the community—for the sake of increasing community recognition as well as raising funds. The Development Office continues to be strategic in measuring the impact of the Foundations' work as it helps navigate the Board toward greater success in supporting vulnerable populations. Data-Driven Improvement. In alignment with organizational priorities, the Development Office strives to make ongoing data-driven quality improvement efforts with its Foundation boards. Data outlined in the previous section relating to the Foundations' 2015, 2016, and 2017 events do indeed point toward improved quality. In addition, Development worked with an external fundraising organization, John O'Kane Consulting, to develop questions for a satisfaction survey to administer to the board following the 2017 breakfast events. The survey was administered internally using SurveyMonkey. Results gathered, analyzed, and presented to the boards are outlined below. Board Engagement and Satisfaction with Events. According to survey results following 2017 fundraising events, board members continue to be engaged and supportive of fundraising efforts. Regarding overall satisfaction in Cobb (7 of 11 respondents), 85.71% of respondents were very satisfied and 14.29% were satisfied. The same breakdown of scores was received on questions related to board satisfaction regarding the appropriateness of information presented, the venue and healthy food option. When asked if the event achieved the Board's goal to increase awareness and raise new funding for priority programs, 71.43% of respondents indicated they were very satisfied and 28.57% indicated they were satisfied. Qualitative feedback indicated that individuals were pleased with the way the event increased awareness for the programs supported by the Foundation and the meaningfulness of raising money for these issues. Similar positive scores and feedback were received from DHFF board members although the level of participation was lower.

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. 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 law, insurance, medicine, higher education, volunteer advocacy, and business. It approved a 2017 forecasted budget of \$120,000 and has personally committed to raising \$20,000 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

board. Additionally, the Development Office has an \$800,000 goal in FY18 and we are on track to achieve that goal through staff and Board efforts. Both of these 501(c)3 foundations operate with 100% giving boards whose members commit to providing financial support, advocacy, and operational guidance to sustain the work they strategically choose to support. 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. Both foundations are 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 winter holiday giving campaign begun in 2014. This holiday campaign has not only been sustained annually but has also served as the model for a second annual campaign that honors/remembers special loved ones during Mother's Day/Father's Day giving campaigns. Potential donors are invited to make a gift of \$25 or more during the campaign periods 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 and gifts for "the person who has everything"! They also let loved ones know that about the value of "giving back" to our communities. Other work of the Cobb & Douglas Public Health Development Office also continues. This includes grant-seeking with a focus on those awarding \$50,000 or more. As the Development Office continues to evolve, so, too, do its revised goals for raising new, nontraditional (F2a) funds. New fundraising goals and outcomes: FY16 – Target: \$625,000; Actual: 636,742 FY17 – Target: \$700,000; Actual: 729,425 FY18 -Target: \$800,000 FY19 - Target: \$900,000 FY20 - Target: \$1,000,000 Cost/Benefit Analysis. Both fundraising boards 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. They are trained to educate potential donors that 100% of individual gifts go directly to programs. Even small gifts can pack a tremendous impact for a client in need. For instance: \$10 can purchase a bicycle helmet to protect a child at play; \$12 can purchase pilot caps to keep an infant's hearing aids in place; \$25 can purchase a therapy brush or massager to stimulate feeling in a child undergoing physical therapy for sensory issues; \$50 could cover a weighted vest to calm a neurologically-impaired child. Larger gifts are welcome, too, and can also significantly impact clients in need. For example, \$100 could purchase a portable crib, giving baby a safe place to sleep; \$1,000 could assist a family in dealing with a child's needs related to cystic fibrosis, asthma, cleft lip, cerebral palsy, cataracts, diabetes, or spina bifida; \$3,000 or more could provide a child with hearing aids. (The examples provided here are not exhaustive.) 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 and by having staff who are experts in grant writing and fundraising, the quality of requests is greatly improved. It provides direction and credibility to fundraising for more wide-ranging and successful efforts, most notably public health's inclusion in Cobb County's recent SPLOST and CDBG campaigns, culminating in more than \$8 million in capital facility improvements and tens of thousands in furnishings and clinical equipment for the health department. 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, the staff and board of its Foundations, and other local public health stakeholders 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, when all stakeholders are engaged in health in all policy practices, and when grant and government funds can be leveraged with individual fees for services and individual donations made through supporting 501(c)3 organizations, public health then becomes more competitive. It becomes better able to obtain funds to sustain important at-risks programs for our most vulnerable clients. It is a win-win commitment for all public health stakeholders. Ultimately, though, the biggest winner here is the populations served by the LHD.

Additional Information

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

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|-------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a conference | <input checked="" type="checkbox"/> Colleague in my LHD | <input type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> Model Practices Brochure | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> NACCHO Exchange | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Website |
| <input type="checkbox"/> Public Health Dispatch | | | | |