



National Association of Chronic Disease Directors (NACDD):

“ACHIEVE”ing Healthy Communities and Fiscal Efficiency--

A Funding Report



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Executive Summary

When the national Action Communities for Health, Innovation, and EnVironmental change (ACHIEVE) project ended in September 2012, NACDD’s ACHIEVE communities had collectively and successfully leveraged a total of \$54,846,830 to continue local Healthy Community efforts—evidence of sustainability planning! Some two years later, NACDD is still interested in following the success of these communities and investigating additional funding areas that align with NACDD Healthy Communities priorities. Interested in the two-year post-project ACHIEVE data, NACDD administered a two-year post project funding survey to gain valuable insight as to the additional funding acquired and desired by its network of local communities in the two years following ACHIEVE. From that survey, NACDD learned from its respondents that an additional **\$11,129,324** in continuation funds had been obtained during this two-year span, yielding a new collective **total of \$65,976,154 in sustainability funds for NACDD’s communities, and an estimated return on investment (ROI) of nearly 20:1!**

- **Eighty-seven percent** of these funds came in the form of grants; **48%** came in the form of fundraising efforts or donations received.
- Leveraged funds were used to primarily support community policy, system, environmental (PSE) interventions (**90%**); community-clinical linkage (CCL) strategies (**37%**); and health disparities efforts (**32%**).
- The future funding interests of communities included ongoing pursuit of **PSE** interventions, a heightened pursuit of **CCL** strategies, and an continued focus on **health disparities**:
 - *Specific to PSE*, respondents indicated a desire to pursue ongoing built environment strategies (**84%**), improve access and opportunities for healthy foods and beverages (**79%**), and establish more tobacco-free environments (**50%**).
 - *Specific to CCL*, respondents were equally interested in establishing patient navigators and community health workers to improve access to preventive services, implementing self-management and education programs, and improving chronic disease screening opportunities (**61%**); developing chronic disease resource directories or databases (**50%**); implementing the chronic care model (**44%**); and implementing tobacco cessation programs, education, or pharmacologic therapies (**39%**).

- **All respondents** indicated their ongoing intention to continue improvement of *health disparities* within their Healthy Community efforts, with particular focus to income/poverty disparities **(100%)**, place-based disparities **(78%)**, racial/ethnic disparities **(72%)**, and sub-population-specific disparities **(55%)**.

This report details these findings, as well as makes recommendations for future funding considerations that extend the goals of NACDD Healthy Communities.

Introduction

NACDD, along with the National Association of County and City Health Officials (NACCHO), National Recreation and Parks Association (NRPA) and YMCA of the USA (Y-USA), received funding from the Centers for Disease Control and Prevention’s (CDC) Healthy Communities Program to administer and manage sub-recipient grants and local community projects with the ACHIEVE program. Specifically, funded communities worked to implement sustainable policy, system, and environmental (PSE) improvements to target the most risky chronic disease behaviors of unhealthy eating and physical inactivity, and use of tobacco products in hopes that healthy choices would become the easy choices where people live, learn, work, play, pray, and receive care.

Working through the leadership and guidance of local community coalitions, these funded communities implemented a three-year, five-phased Healthy Community approach within all community sectors that consisted of developing a committed community coalition (phase I), performing a community health needs assessment (phase II), prioritizing and planning assessment results and developing goals and objectives (phases III), implementing a community action plan (phase IV), and engaging in evaluation, progress review and sustainability planning efforts (phase V). **NACDD funded 48 communities in 31 states and one US territory** for the time period 2008-2012. Each funding year represented a “cohort” of communities; these cohorts participated in routine NACDD-led trainings and technical assistance (TA), as well as trainings and TA provided by the entire ACHIEVE national partnership throughout each cohort’s three-year project period.

Funding for NACDD communities was administered and managed for the first year of the three-year project period, and communities used that funding to implement the five-phased Healthy Community model for the remaining two years, as well as engage in sustainability planning activities to continue their efforts past the project. NACDD-led sustainability planning activities included training and TA towards the completion of a coalition sustainability plan, which fostered a process for coalitions to fully engage in sustainability planning surrounding the crucial areas of coalition and partnership maintenance, community health improvement strategies, social marketing and communication techniques, integration, mentoring, and leveraging of additional funding. Completion of this plan became a required extension of each community’s project action plan, thereby ensuring that NACDD communities participated in sustainability planning activities.

When the national ACHIEVE project ended in September 2012, NACDDs ACHIEVE communities had collectively and successfully leveraged a total of \$54,846,830 to continue local Healthy Community efforts!

Some two years later, NACDD continues to seek funding to continue its Healthy Communities efforts nationwide. In efforts to obtain two-year post-project data, as well as to

“We are and have been most appreciative of the resources that have been afforded to our community thus far. We embrace changes already made and look toward the future for continued opportunities to work with the NACDD Healthy Communities team.”

(Sandi Brundage, Salamanca, NY)

research the funding interests of NACDD’s Healthy Community network, NACDD administered a funding survey to its community affiliates to gain insight into additional funds both acquired and desired. This report details the astounding results of the funding survey, as well as makes recommendations for moving forward with additional funding considerations to augment ongoing chronic disease prevention.

Funding Survey

The funding survey was administered to NACDD ACHIEVE communities with a two-pronged goal of obtaining (1) **outcomes data on the amount of funds leveraged** by NACDD communities in the last two years to sustain local Healthy Community efforts, as well as to (2) **gain insight on the types of funding desired** based upon current coalition strategies and direction. A total of twelve questions were asked that assessed the types and amounts of funding received, potential future funding interests, as well as the likelihood of local communities to work with NACDD again on future projects where NACDD was the national funding partner and TA lead. Of the 48 communities, **19 (40%)** of them completed the survey and **two additional communities** provided data via other methods (email and PowerPoint presentation) that were also considered in the final figures of this report. Having sound data and feedback from this survey will be beneficial to NACDD as NACDD seeks new and continued funding and maintains partnerships with its local communities.

Total Funds Leveraged

When asked **if local coalitions had leveraged additional financial resources to ensure balance, commitment, and sustainability of current ACHIEVE strategies**, nearly **87%** and **48%** of respondents indicated that they had acquired **new grants and fundraising dollars/donations**, respectively. Table 1 below illustrates the total amount of funding secured by respondents in the last two years following the end of ACHIEVE in September 2012. This data represents only the communities for which NACDD was able to obtain two-year post outcomes and funding data.

Table 1: NACDD ACHIEVE Two-Year Post Funding Data September 2014

Community Name	Original Cohort Year	Total \$ Leveraged Since September, 2012- (Grants, Fundraising, Donations)	Total \$ Leveraged During ACHIEVE Project Period (Cohort Year-2012)	Total \$ Leveraged Since Originally Funded by NACDD
Allentown, Pennsylvania	2008	\$541,000	\$138,000	\$679,000
Clinton County,	2011	\$1,000,000	\$3,801,500	\$4,801,500

Indiana				
Columbus County, North Carolina	2010	\$620,000	\$300,000	\$920,000
Green Bay (Brown County), Wisconsin	2012	\$790,749	\$567,500	\$1,358,249
Lake County, Ohio	2009	\$20,580	\$89,000	\$109,580
Multnomah County, Oregon	2009	\$300,000	\$7,720,000	\$8,020,000
Nacogdoches, Texas	2009	\$280,000	\$703,101	\$983,101
Northeast, Connecticut	2009	\$205,497	\$577,300	\$782,797
Norwalk, Connecticut	2012	\$50,000	\$10,000	\$60,000
Portsmouth, Virginia	2010	\$418,398	\$278,547	\$696,945
Randolph County, Indiana	2012	\$17,500	\$7,000	\$24,500
Salamanca, New York	2008	\$1,135,600	\$45,000	\$1,180,600
Spartanburg County, South Carolina	2011	\$3,300,000	\$95,000	\$3,395,000
Stark County, Ohio	2008	\$100,000	\$75,000	\$175,000
Tallahassee (Leon County), Florida	2010	\$100,000	\$98,472	\$198,472
Whatcom County, Washington	2009	\$600,000	\$529,000	\$1,129,000
Williamson County, Texas	2009	\$1,500,000	\$532,400	\$2,032,400
Wrangell, Alaska	2010	\$150,000	\$170,000	\$320,000
TOTAL Leveraged by These Communities	2008-2012	\$11,129,324	\$15,736,820	\$28,866,144

The figures in Table 2 below represent the **total funding leveraged** during the ACHIEVE project period by NACDD’s funded communities, and takes into account the two-year post data figures from Table 1 above. Altogether, **NACDD ACHIEVE communities leveraged a collective total of \$65,976,154 in ongoing funding** to continue Healthy Community efforts.

Table 2: Total Funds Leveraged by NACDD ACHIEVE Communities from 2008-2014

	Total \$ Leveraged During Project Period 2008-2012	Total \$ Leveraged During Two-Year Post Project 2012-2014	Total \$ Leveraged Since Originally Funded 2008-2014
NACDD ACHIEVE Communities	\$54,846,830	\$11,129,324	\$65,976,154

The funding amount per cohort year that NACDD awarded to sub-recipient communities varied in accordance with what was received yearly by CDC during the ACHIEVE project period. The range of funding distributed to the 48 sub-recipient communities varied from \$40,000-\$88,000 per community per year. Using the figures displayed in Table 3, NACDD was able to calculate its estimated ROI for the project as a whole by dividing the total continuation funds leveraged by communities by the total funds invested by NACDD throughout the project period. Following this concept, an **estimated ROI of 19.61:1 was calculated for NACDDs ACHIEVE project.**

Table 3: Calculated ROI for NACDD ACHIEVE Efforts

NACDD ACHIEVE Funding Cohort	Amount of \$ Awarded to Each Sub-Recipient Communities	Number of Communities Per Cohort	Total Amount of \$ Given to NACDD ACHIEVE Sub-Recipient Communities
2008 Cohort	\$40,000	10	\$400,000
2009 Cohort	\$75,000	13	\$975,000
2010 Cohort	\$75,000	10	\$750,000
2011 Cohort	\$60,000	10	\$600,000
2012 Cohort (New Communities)	\$88,000	5	\$440,000
2012 Cohort (Mentor Communities)	\$40,000	5	\$200,000
Totals			
	<i>Range of \$40,000-\$88,000 awarded per community per year</i>	48 <i>(Mentor communities not counted twice)</i>	\$3,365,000 (Total amount invested by NACDD into communities)
Total Estimated Funds Leveraged by NACDD ACHIEVE Communities to Sustain Local Efforts (Table 2 above) = \$65,976,154			
NACDD Calculated ROI: $\frac{\$65,976,154}{\$3,365,000} = \mathbf{19.61 \text{ ROI}}$			

Types of Funding Leveraged

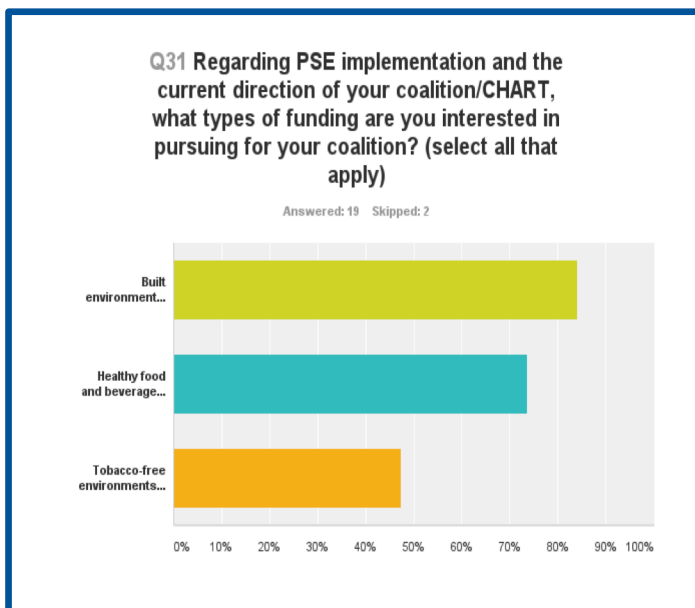
NACDD was interested in knowing about the **types of Healthy Communities strategies** the continuation funding supported i.e. PSE, CCL, health disparities, health impact assessments (HIA), or other implementation strategies:

- Nearly **90%** and **37%** of responses indicated that the ongoing funding would support or sustain current and future PSE and CCL strategies, respectively;
- **32%** of respondents indicated an ongoing focus on health disparities;
- **11%** of responses indicated a future focus on HIAs; and
- Almost **16%** of respondents selected “other” and elaborated that new funds would support project staffing and trainings.

Potential Funding Interests

NACDD additionally surveyed communities about **future funding interests** and the types of funds that were important to them as they planned for ongoing sustainability of Healthy Community efforts. This data prepares NACDD for the types of funding that could be beneficial for the association, as well as for its network of local community affiliates.

When asked about **pursuing funding for PSE-specific strategies**, **84%** of respondents indicated an interest to fund more **built environment interventions**, such as Smart Growth, Active

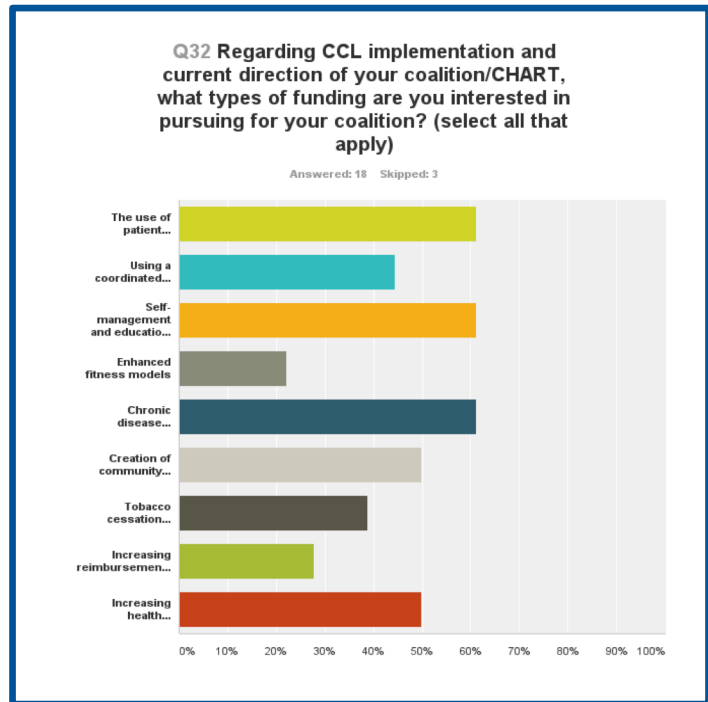


Community Environments, trail development, and joint/land use agreements. Not far behind at **79%** was an interest to continue related work with **improving food and beverage access and opportunity**, including farmer’s market, farm-to initiatives, corner store initiatives, local farmer distribution agreements, pricing and placement strategies, and new grocery store

development. Roughly **half of all respondents** indicated an interest to continue work with **tobacco-free environments** consisting of smoke-free public spaces and places, tobacco-free public

housing, pricing and placement strategies, and inclusion of electronic cigarettes into policy development.

Regarding **CCL strategies**, **61%** of survey respondents indicated an interest to use **patient navigators and community health workers** to improve access to care and preventive services for people living with one or more chronic conditions; implement **self-management and education programs** specific to diabetes, hypertension, or cardiovascular disease; and improve **chronic disease screening opportunities** within the community.

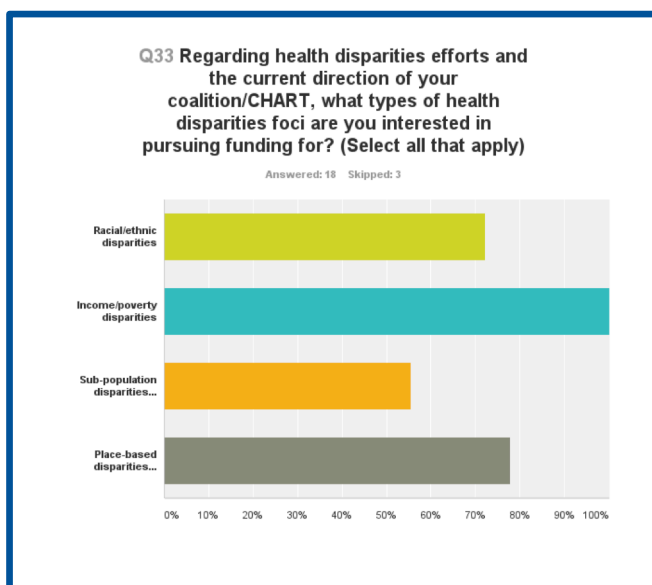


Another **50%** of responses showed interest in the development of **community chronic disease resource directories and databases**; **44%** embraced the implementation of the **chronic care**

model with available funds; **39%** indicated a focus on **tobacco cessation programs, education, and pharmacologic therapy**; **28%** selected **insurance and reimbursement improvements**; and **22%** designated interest in **enhanced fitness models**.

All survey respondents indicated a future and continued focus on **health disparity strategies**, with an **overwhelming 100%** of

respondents claiming the continued focus on **income and poverty disparities** within their



communities. **Nearly 78% and 72%** of responses indicated a focus on **place-based disparities** in terms of location, neighborhood, census tract, or zip code; and **racial and ethnic disparities**, respectively. **Over half** of the respondents (**55%**) expressed a future funding interest in **sub-population disparities**, such as working with LGBTQ populations, veterans, healthy aging, youth-specific, or disabled individuals and interests.

Respondents were asked about their interest in pursuing funding related to the implementation of **health impact assessments** (HIA):

- **81%** of respondents did not provide any answer to this question;
- **14.3% (3 respondents)** stated that they were “**unsure**” of HIAs; and
- **Only one respondent (4.8%)** expressed an interest in **receiving funding, mentor support, and training to implement HIAs** locally.

To conclude the questions on future funding interests, respondents were asked to list any **other areas not listed on the survey** for which they would have a need or an interest to receive funding. Table 4 below outlines the eight individual responses received:

Table 4: “Other” Funding Needs and/or Interests as Specified by Communities

Name of Community	“Other” Funding Needs and/or Interests
Williamson County, Texas	Administrative, including day-to-day operations, personnel, office equipment, website development
Multnomah County, Oregon	We would consider additional funding that relates to our prioritized strategies.
Whatcom County, Washington	1. Health in all policies; 2. Collaborative leadership; and 3. Community organizing for health
Allentown, Pennsylvania	Funding for before, during, and after-school program staff to provide physical activity
Northeast, Connecticut	Anything that does not take up an extraordinary amount of time for reporting. CTG reporting was so intense and random that it literally took time away from implementation. Remember that most grant work is being performed by small agencies with minimal staff that are juggling competing priorities.
Stark County, Ohio	We are looking for administrative funding to support organizational infrastructure. Without a sustainable funding source, organizations cannot designate staff as a volunteer to lead community groups. Everyone is stretched too thin. We are looking for 3-5 year funding sources that will allow for some personnel costs to work on strategies.

Randolph County, Indiana	We would like funding for Y building additions so that the geriatric population could be better served. A space where workout machines are designed for the elderly and a space where equipment is for children and teenagers. A safe space to promote interaction between all groups. A pool is desperately needed at the Y to increase physical activity of individuals across the lifespan. The pool would include a heated therapy pool to promote wellness of individuals who are challenged by disabilities.
Valley City, North Dakota	ALSO programming is NOT part of PSE. Without programming, we would not have the PUBLICITY needed to get the attention of various groups to make PSE change. PROGRAMMING funds continue to be needed.

***Please note:** The answers presented in the right column of Table 4 are verbatim to the answers received for this survey question.

NACDD as Funder and Technical Assistance Lead

NACDD maintains the ongoing pursuit of opportunities and mechanisms that support its Healthy Communities priorities, in addition to those that will foster the ability to fund and provide TA to these and new communities. Survey respondents supported this notion, as **94.4%** reported indicated they were either “**likely**” or “**very likely**” to apply for funding opportunities again in the future where NACDD was the funding agency and lead provider of project TA based upon their experiences with NACDD ACHIEVE. When asked about the benefits of NACDD providing funding to local communities, **78%** of respondents felt NACDD’s **subject**

matter expertise, training, and TA were of benefit to community coordinators, and an **equal percentage** reported that NACDD engages **relationship building, sharing, and mentoring** effectively among local grantees. **Seventy-two**

percent of respondents felt the **resources provided** to communities were applicable and timely, as well as found the **multi-level partnership** that NACDD facilitated among local communities, NACDD, and state health departments to be highly beneficial. **Over 60%** of responses indicated NACDD’s ability to provide **superb process management** from beginning-to-end of funding projects.

“NACDD is easy to work with, has reasonable reporting requirements, and are national team-builders!”
(Linda Colangelo, Northeast, CT)

Only two respondents (9.5%) provided reasons to consider for not partnering with NACDD again on locally funded community prevention initiatives. These considerations are outlined in Table 5 below:

Table 5: Considerations for Not Partnering with NACDD on Locally Funded Community Initiatives

NACDD Community	Considerations Given for Not Partnering with NACDD
Stark County, Ohio	<p>It is difficult to change structure and guidance for current funding sources.</p> <p>Without sustained funding to continue the CHANGE tool to assess community readiness, our group of participants were not trained and informed on the process and therefore have used other tools (currently the Roadmaps to Health site and resources for community change).</p> <p>It seems like we have to learn new models with every support system we get. They are all good but can be hard to sustain without funding because of the administrative time involved.</p>
Randolph County, Indiana	<p>Some of the reporting requirements were complicated and did not appear to add to the overall goals and objectives of the grant’s outcomes.</p> <p>These high standards did, however, contribute to grant personnel development.</p>

***Please note:** The answers presented in the right column of Table 5 are verbatim to the answers received for this survey question.

Final Thoughts, Recommendations, Conclusions

The overwhelming majority of funds leveraged by NACDD ACHIEVE communities in the last two years since the project’s end has or will go towards the support of ongoing PSE interventions, followed distantly with a focus on CCL and health disparate strategies. When asked about the future funding interests, community respondents provided options within the overarching categories of PSE, CCL, health disparity, HIA and “other” (as elaborated within the individual responses outlined in Table 4 above). Based on the responses and percentages of answers, recommendations for ongoing NACDD Healthy Community funding acquisition are outlined in Table 6 below. **Responses that were selected by at least 50% of the respondents are included in the recommendations**

for moving NACDD Healthy Communities forward; responses that were selected below the 50% response rate were not included in the suggested recommendations, but should not be discounted if a funding opportunity arises that would be a good fit for NACDDs active community coalitions.

Table 6: Recommendations for NACDD Healthy Community Funding Acquisition

PSE Focused Funding Opportunities	CCL Focused Funding Opportunities	Health Disparity Focused Funding Opportunities
<u>Built Environment (84%)</u> <ul style="list-style-type: none"> Smart Growth Active Community Environments Trail development Joint/land use agreements 	<u>Use of patient navigators and community health workers to improve access to care and preventive services for people living with one or more chronic conditions (61%)</u>	<u>Income/poverty health disparity foci (100%)</u>
<u>Improving Food and Beverage Access and Opportunity (79%)</u> <ul style="list-style-type: none"> Farmer’s market development (including mobile markets) Farm-to-Fork; Farm-to-School; Farm-to-Restaurant initiatives Corner store initiatives Local farmer distribution agreements Pricing/placement strategies New grocery store development 	<u>Implementation of self-management education programs (61%)</u> <ul style="list-style-type: none"> Diabetes Hypertension Cardiovascular disease 	<u>Place-based health disparity foci (78%)</u> <ul style="list-style-type: none"> Neighborhood Census tract Zip code GIS mapping
<u>Tobacco-Free Environments (50%)</u> <ul style="list-style-type: none"> Tobacco-free/smoke-free public places and spaces Tobacco-free/smoke-free public housing Pricing and placement strategies Incorporation of e-cigarette language into existing and new tobacco policy language 	<u>Improve chronic disease screening opportunities within the community setting (61%)</u>	<u>Racial/ethnic health disparity foci (72%)</u>
	<u>Development of community chronic disease prevention and treatment resource directories and/or databases (50%)</u>	<u>Sub-population health disparity foci (55%)</u> <ul style="list-style-type: none"> Veteran’s LGBTQ Healthy aging specific Youth specific

		• Disabled
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Other recommendations that should be taken into consideration when looking to expand

NACDD’s Healthy Community efforts include the following:

- Develop or purchase a **streamlined software system for capturing PSE change data** so that communities and NACDD can have a one-stop-shop for gathering PSE changes, community sectors, chronic disease focus area, and estimated reach (suggested by Williamson County, Texas).
- Consider how **healthcare transformation can provide new opportunities** for local community prevention initiatives (suggested by Multnomah County, Oregon).
- Focus on **population-level strategies** that can be applied and/or implemented in the local community setting (suggested by Multnomah County, Oregon).
- Expand the focus to match **CDC Healthy Community Design** work so that partnerships and strategic directions can be expanded (suggested by Whatcom County, Washington).
- Assist communities with getting involved in **rails-to-trails strategies** (suggested by Randolph County, Indiana).
- **Provide support, expertise, and/or guidance to communities in CDC/federal applications** in efforts to assist communities with the cumbersome federal application process (suggested by Spartanburg County, South Carolina).
- **Make necessary allowances for smaller communities** who don’t have the capacity or experience to carry out **comprehensive community assessments** (suggested by Wrangell, Alaska).

The **near 20:1 ROI** and collective leveraging of **\$65,976,154** in continuation funds clearly demonstrates the ability of NACDD’s communities to sustain these funding initiatives, while also making very evident NACDD’s caliber of fiscal and project management, training, and TA processes. Equally impressive is that almost **95%** of community survey respondents indicated the **desire to work with NACDD again on similar projects**. In preparation for moving forward, this funding report clearly illustrates NACDD’s ability to produce sustainable and fiscally responsible results by exercising its nationwide Healthy Communities reach. To maximize potential funding acquisition, both public and private funding opportunities should be explored.

Resources

1. National Association of Chronic Disease Directors, 2014. NACDD ACHIEVE Outcomes and Funding Survey. Found at: https://www.surveymonkey.com/summary/6Gcg86plb6zVJ6WY57-sevQfmgSFX9FPWW3V4Ej7UT7s_3D.