Winter Park Health Foundation

Making the Case for Foundation Collaboration and Support — A Case Study by the National Association of Chronic Disease Directors

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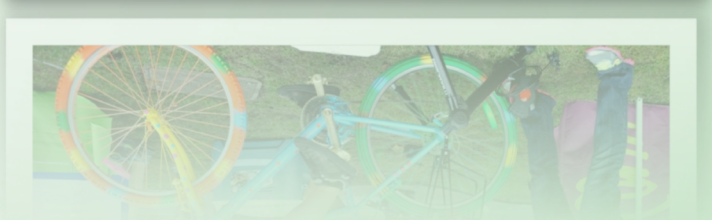

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The National Association of Chronic Disease Directors (NACDD) is excited to share the ***Winter Park Health Foundation—Making the Case for Foundation Collaboration and Support*** case study. This document details the Winter Park Health Foundation's (WPHF) efforts to implement sustainable health strategies using community leadership approaches derived from the Action Communities for Health, Innovation, and EnVironmental changE (ACHIEVE)--Healthy Communities model. It highlights successes, challenges, and provides ample consideration for how health foundations or community foundations, can accelerate the Healthy Communities model within local settings so healthy choices become the easy choices where people live, learn, work, worship, receive care, and play. It is our hope that other foundations reading this information will feel motivated and empowered to fund local communities so this highly important work can continue throughout the country.

Why Healthy Communities Are Important

Healthier communities yield healthier states and ultimately a healthier country, where healthier people can enjoy an optimal quality of life. Public health experienced a paradigm shift in the last decade, moving away from traditional individual public health programs to focus on jurisdictional, community, and population health approaches striving to make needed changes in policies, systems and environments (PSE).[1] The newer focus allows public health practitioners and researchers nationwide to work to impact a greater number of people than what can

be reached through individual health behavior change programs alone.

Background on ACHIEVE

Through a national partnership with the Centers for Disease Control and Prevention (CDC), the National Association of County and City Health Officials (NACCHO), NACDD, National Recreation and Park Association (NRPA), Society of Public Health Education (SOPHE), and Y of the USA (Y-USA) implemented ACHIEVE in 149 communities within 44 states and one US territory.[1,2] The purpose of ACHIEVE was to bring together local community leaders and stakeholders to develop focused coalitions, conduct community health assessments, and establish a comprehensive plan of action to address local needs around chronic disease prevention.[1, 2, 3] Such improvement strategies involved an intense community-driven process that yielded sustainable PSE changes that increased access to physical activity, healthy eating, and tobacco-free environments.[1] These changes spanned multiple community settings, such as local governments, worksites, schools, park and recreation areas, health care centers, and other community organizations.[1]

ACHIEVE, along with six additional CDC Healthy Communities Programs, operated on a multisectoral facilitated community leadership approach, where coalition teams assisted community members in making *healthy choices the easy choices* in nearly every community setting. This means that local leadership teams are actively working to change the community places and organizations that touch people's lives every day—

community-at-large, schools, work sites, health care centers, parks and recreation facilities, and other community settings—through the creation of sustainable changes that enhance healthful living and address the major chronic disease risk factors of tobacco use, physical inactivity, and unhealthy eating.[2] Currently, 331 communities and 52 state and territorial health departments have been funded.[1,2] Since 2003, CDC has made a concerted investment in chronic disease prevention at the local level, resulting in impressive outcomes nationwide.[2]

Background on WPHF

The WPHF is a private, not-for-profit organization located in Orange County, Florida that serves the three Metro-Orlando communities of Winter Park, Maitland, and Eatonville.[4] Founded in 1951 as a public charity to build and operate a community hospital, the WPHF became a private foundation in 1994 and to this day maintains more than $100 million in assets, an expert staff of 11 team members, and a vested board of trustees.[5] With a reputation as a long-trusted leader on health issues, the foundation is the catalyst for information gathering, research, and collaboration to improve the health of Central Florida residents.[4] This leadership is demonstrated by the foundation's support of community health programs, research, and education that encourage healthy lifestyles, improve systems of care, and reduce health

disparities for children and youth, older adults, and the community-at-large.[5] All of these efforts are driven by the desire to achieve one long-range goal of active people and healthy families living in happy communities within a *Healthy Central Florida*.

Previous Community Health Efforts

In 1999, the WPHF conducted the first community health assessment for its service area and administered thereafter several cycles of request-for-proposals (RFP) for community grantees to conduct related health interventions. Not satisfied with the collective impact of these efforts, the foundation's board and staff refocused and began seeking out best practices as a method for reconvening future community health efforts. Already regarded as the area's neutral convener and catalyst, and now newly inspired by the reading of *Prescription for a Healthy Nation*, the WPHF sought to create long-term sustainable support for the community's health with the two-pronged vision of ensuring the community environments were supportive of healthy decision-making by its residents, and increasing awareness and thought processes related to healthy eating and active living in all community sectors.[5, 6]

The foundation's new approach of researching community needs, identifying best practices, developing partnerships, committing to the implementation of best

practice multisectoral interventions, and evaluating and spreading successful models became the new focus all future efforts would need to embrace.[5] The WPHF, using this new philosophy, adopted the CDC's coordinated school health model and collaborated with local schools to make sustainable health changes so that students would have better access to healthy foods and physical activity as a routine part of the school day. These school-focused interventions not only benefitted students and teachers alike, but it also strengthened partnerships with local school systems and facilitated dialogue to branch into other community sectors.

> ***"Our work is dedicated to making a positive difference in peoples' lives by creating the healthiest community in the United States."***
>
> ***(Deb Watson, Vice President WPHF)***

Becoming a Healthy Community Hub in Central Florida

ACHIEVE

The foundation's quest to become a Healthy Community Hub in Central Florida and to provide its three communities of Winter Park, Maitland, and Eatonville with a viable method to create true health change was manifested through participation in ACHIEVE. After learning of the national ACHIEVE RFP from NACDD to fund local communities in 2009, the WPHF approached NACDD and the CDC with a proposal for the foundation to fund its own implementation of ACHIEVE in the three target communities in exchange for expertise, technical

assistance, and training on ACHIEVE model concepts and processes.

WPHF staff members attended the first of two national ACHIEVE trainings in early 2010, which was intended for local community coordinators (herein referred to as "coaches") to receive academic lectures and hands-on trainings on CDC Healthy Communities concepts, the ACHIEVE five-phased model, and implementation successes and lessons learned from previous community grantees. Following this initial training, the WPHF decided to allocate approximately $75,000 to focus on Winter Park with plans to spread funding to support efforts for Maitland and Eatonville in the years following. Relationships and momentum were already in place with Winter Park, and this community demonstrated a level of readiness not exhibited yet by Maitland or Eatonville. WPHF coaches engaged and convened key leaders and stakeholders of Winter Park to formulate its first Community Health Action Response Team (CHART), with team members representing each of the five community sectors of community-at-large, schools, worksites, health care, and community institutions and organizations. Later that same summer, the CHART and the WPHF coaches attended the second national ACHIEVE training, where CHART team members were oriented to the ACHIEVE Healthy Community process and the project's requirements.

Not unlike other funded ACHIEVE grantees, the Winter Park CHART team conducted the required community health assessment using the Community Health Assessment aNd Group Evaluation (CHANGE) tool. By fall of 2010, this new

coalition developed and launched its Community Action Plan (CAP) based upon the required and supplemental assessments conducted, and began mobilizing themselves for action to create sustainable PSE changes so that healthier choices would become the easier choices in all community settings.

One year later in November 2011, CHART leadership teams from Maitland and Eatonville were convened and similarly trained to work toward establishment of sustainable PSE changes to increase access to physical activity and healthy eating, and reduce or prevent tobacco use for residents.

> ***"To become the healthiest community in the nation, it will require a paradigm shift in thinking. We must start considering health as an investment instead of a cost. We must consider health when we build a road, a building or a school. We must think of vulnerable pedestrians and cyclists."***
>
> ***(Jill Hamilton Buss,***
> ***Executive Director Healthy Central Florida)***

Healthy Central Florida

In order for the ACHIEVE efforts to remain community driven, to function fully within a strong infrastructure, and to enhance sustainability for present and future efforts, the WPHF and Florida Hospital (FH) collaborated to launch *Healthy Central Florida* (HCF) in a joint 50/50 partnership while expanding its ACHIEVE efforts to its two other communities. HCF is a "*community-based partnership established to transform WPHF communities into the healthiest in the nation*," with an aim to get people moving more, eating healthier, feeling better, and enjoying a more vibrant and energized life.[8] Through a two-pronged

approach of PSE change and social marketing, HCF seeks to increase awareness and chronic disease prevention efforts one community at a time, while spreading the ACHIEVE model to other communities in the Central Florida region in the coming years.[8] Chart 1 below details the HCF strategic goals:

Chart 1: HCF Strategic Goals[8]

Goal 1	Goal 2	Goal 3
Increase the number of Central Florida residents who improve their health and quality of life through healthy eating, active living, and tobacco cessation.	**Increase the number of community-level policies, environmental support systems, and related communication initiatives that are implemented to support healthy eating, active living, and tobacco cessation.**	**Increase the number of organizations and businesses that implement healthy eating, active living, and tobacco cessation policies, interventions, and programs.**

Healthy Communities Successes to Date

The following sections describe some of the successful strategies undertaken by the three WPHF communities to address chronic disease and create a healthier place to live. In addition to each community's accomplishments, demographic and assessment data, and ongoing ACHIEVE efforts are presented.

Winter Park

The City of Winter Park is located northwest and adjacent to Orlando, and is the largest of the three WPHF communities.[8, 10] Once founded as a resort town, the city prides itself on its brick roads, outward beauty, and local economy.[10] Many people who commute into and out of the Orlando area frequent the City of Winter Park.

Although baseline data for this community is somewhat favorable, pockets of poverty are present and the lack of access to fresh foods and physical activity opportunities can stand to be improved.

Chart 2: Winter Park Demographic Profile:[7, 8]

Population:	27,852
Ethnicity:	82% White/Non-Hispanic 8% Black 7% Hispanic/Latino
Median Household Income:	$52,261
Persons below Poverty Level:	12%
Land Area:	8.68 Square Miles

Chart 3: HCF Baseline Data for Winter Park:[8, 9]

Overweight/Obesity:	51.6% *64.2% Florida (FL); 69.2% United States (US)*
Heart Disease/Heart Attack:	8.3% *6.6% Orange County (OC); 6.6% East Central Florida (ECF); 6.3% US*
Stroke:	4.8% *2.4% OC; 2.5% ECF; 2.6% US*
High Blood Pressure:	31.2% *35.2% OC; 35.5% ECF; 34% US*
High Cholesterol	29.6% *37% OC; 36.8% ECF; 30.5% US*
Diabetes:	8.5% *12% ECF; 10.7% FL; 11.5% US*
Current Smoking:	11% *17.4% OC; 18.1% ECF; 19.2% US*
Any Physical Activity within Last Month:	86.7% *74.2% ECF; 76% FL; 76% US*
Recommended Daily Servings of Fruits and Vegetables:	4.6% *33% for Fruits US; 27% for Vegetables US*

Following the CHANGE assessment, coupled with HCF's additional health assessment efforts, Winter Park's community leadership team *Healthy Winter Park* sought to make the following improvements:[8]

- Increase access, awareness and use of outdoor recreational facilities.
- Enhance infrastructure that supports walking and bicycling by residents.
- Implement connectivity options for improved residential and patron access to the local SunRail transportation system.
- Increase the number of worksites in Winter Park that promote and support health.
- Increase access to healthy foods in public places.
- Increase the number of Winter Park public places and spaces with tobacco-free policies.

In the following months and years, this leadership team began its healthy community change process by building upon its assets. For starters, **new community walking groups** were formed to hold community-wide walks for residents who desired to be both active and social, utilizing sidewalk infrastructure already in place.[8] Nearly **40 local worksites** are becoming more health-conscious and are currently in various stages of orchestrating **new polices and environments** that support physical activity, healthy eating, and tobacco-free environments for employees.[7, 8] Local government officials passed a **smoke-free public parks resolution**, now enabling more than 11,100 residents each month to enjoy improved air quality while visiting local parks.[7, 8] Because of a **new Complete Streets resolution**, pedestrian friendliness, safety, and infrastructure is now a permanent focus for all of Winter Park's residents.[7, 8]

Healthy Winter Park Moving Forward…

The *Healthy Winter Park* team's focus on, and enthusiasm for, creating a healthier, more vibrant community continues. The leadership team works closely with the WPHF, HCF, and other local stakeholders to ensure the momentum is ongoing. New ACHIEVE efforts in Winter Park involve ongoing work to **enhance the walking and bicycling infrastructure**, including marked and sponsored walking paths; finding long-term solutions to **bringing nutritious, affordable, and healthy food options** to identified pockets of food insecurity; and working to **expand smoke-free policies to include patio dining** at local restaurants.[8]

Maitland

Although Maitland is considerably smaller than Winter Park in population, it is the most affluent of the three communities and holds the highest median income.[8, 11] In recent years, affluent individuals and families have relocated to the area.[11] Local arts, theatres, and picturesque parks are the town's most noted attractions.[11]

In spite of the baseline assessment data being somewhat favorable when compared to regional, state, and national statistics, the need for improved connectivity, access to transportation, and smoke-free PSE changes is evident.

Chart 4: Maitland Demographic Profile:[7, 8]

Population:	15,751
Ethnicity:	74% White/Non-Hispanic 11% Black 3% Hispanic/Latino
Median Household Income:	$77,673
Persons below Poverty Level:	7%
Land Area:	5.27 Square Miles

Chart 5: HCF Baseline Data for Maitland:[8,9]

Overweight/Obesity:
50.8% *64.2% Florida (FL); 69.2% United States (US)*
Heart Disease/Heart Attack:
4.9% *6.6% Orange County (OC); 6.6% East Central Florida (ECF); 6.3% US*
Stroke:
1.8% *2.4% OC; 2.5% ECF; 2.6% US*
High Blood Pressure:
29.8% *35.2% OC; 35.5% ECF; 34% US*
High Cholesterol
23.5% *37% OC; 36.8% ECF; 30.5% US*
Diabetes:
8.9% *12% ECF; 10.7% FL; 11.5% US*
Current Smoking:
16.6% *17.4% OC; 18.1% ECF; 19.2% US*
Any Physical Activity within Last Month:
85.5% *74.2% ECF; 76% FL; 76% US*
Recommended Daily Servings of Fruits and Vegetables:
4.4% *33% for Fruits US; 27% for Vegetables US*

One year after *Healthy Winter Park* began, *Healthy Maitland* was formed through support from WPHF and FH, and used the ACHIEVE model under the guidance of HCF coaching leadership.

Healthy Maitland was well positioned as an understudy to the ACHIEVE process by capitalizing on successes and lessons learned from the previous year's efforts by *Healthy Winter Park*, the WPHF, and HCF. The leadership team identified the following strategies for is focus:[8]

- Increase access, awareness and use of outdoor recreational facilities.
- Enhance infrastructure that supports walking and bicycling by residents.
- Implement connectivity options for improved residential and patron access to Maitland's SunRail station.
- Increase the number of worksites in Maitland that promote and support health.
- Increase access to smoke-free outdoor public places.

At work less than a year, the *Healthy Maitland* team and community partners have much to be excited about. For starters, the Maitland Walk and Roll program has been largely successful with

increasing student access and participation of walking and biking to local schools.[8] The success and recognition received for improving safer routes to school have put a roadmap in place for how HCF plans to sustain and expand these efforts within the other two communities.[8] The **implementation of new infrastructure** has improved **pedestrian connectivity** from Maitland to Winter Park, allowing residents to access both towns using non-motorized transportation methods.[8] Public parks are now **100% smoke-free**, thanks to a **new resolution** enacted by the local city council.[7, 8]

Healthy Maitland Moving Forward…

The future healthy community efforts of Maitland are both awe-inspiring and forthcoming. *Healthy Maitland*, with leadership from HCF and in partnership with local and municipal governments, plans to implement **additional pedestrian connectivity to other contiguous communities** so that recreation and SunRail transportation options will exist throughout the region.[8] The leadership team plans to continue advocating for **additional non-smoking policies** that will apply to public places, restaurant patios, and places where children walk, bike, and play.[7, 8] Business leaders and dense office complexes will be targeted for **implementation of healthy policies and environments** for local employees, and local municipal leaders will be encouraged to examine **healthy design principles** for all local development and redevelopment projects.[7, 8]

Eatonville

Located just six miles north of Orlando is the Town of Eatonville, a town with time-honored and proud traditions.[12] Eatonville holds the distinction of being the oldest African American incorporated town in the US following the Emancipation Proclamation.[8, 12]

Of the three WPHF communities, Eatonville is the smallest in population and land size, has the lowest median income, the largest minority population, and the highest poverty rate. Baseline data for this community indicates rates of overweight/obesity, high blood pressure, diabetes, and current cigarette smoking are disproportionately higher than in Winter Park, Maitland and the nation. Aside from working to increase awareness, education and PSE strategies in Eatonville, it became equally important that WPHF, HCF and the Eatonville residents build relationships and trust in efforts to reduce cultural barriers and work collaboratively.

Chart 6: Eatonville Demographic Profile:[7, 8]

Population:	2,159
Ethnicity:	90% Black 6% Hispanic/Latino 3% White/Non-Hispanic
Median Household Income:	$27,344
Persons below Poverty Level:	27.7%
Land Area:	.98 Square Miles

Chart 7: HCF Baseline Data for Eatonville:[8,9]

Overweight/Obesity:
64.8% *64.2% Florida (FL); 69.2% United States (US)*
Heart Disease/Heart Attack:
7.1% *6.6% Orange County (OC); 6.6% East Central Florida (ECF); 6.3% US*
Stroke:
1.6% *2.4% OC; 2.5% ECF; 2.6% US*
High Blood Pressure:
45.7% *35.2% OC; 35.5% ECF; 34% US*
High Cholesterol

24.2% *37% OC; 36.8% ECF; 30.5% US*
Diabetes:
24.2% *12% ECF; 10.7% FL; 11.5% US*
Current Smoking:
34.7% *17.4% OC; 18.1% ECF; 19.2% US*
Any Physical Activity within Last Month:
77% *74.2% ECF; 76% FL; 76% US*
Recommended Daily Servings of Fruits and Vegetables:
3.9% *33% for Fruits US; 27% for Vegetables US*

Healthy Eatonville was supported through funding from WPHF and FH at the same time as *Healthy Maitland*, and both leadership teams received training together under the leadership of HCF and other local and national experts. From the onset, inter-community collaboration occurred and cultural differences were embraced beneath the umbrella of healthy community change, regardless of race/ethnicity or socioeconomic status. Once the *Healthy Eatonville* leadership team was vested in the process, the following strategies were identified as focus areas:[8]

- Increase access, awareness and use of outdoor recreational facilities.
- Enhance infrastructure that supports walking and bicycling by residents.
- Increase access to the SunRail by developing options for connectivity to the train stations in Maitland and Winter Park.
- Increase access to education and information regarding diabetes, pre-diabetes, or the risks of diabetes.
- Increase access to smoke-free outdoor public places.
- Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas/Eatonville.
- Incorporate the principles of healthy community design into the town's planning documents.

Healthy Eatonville, residents, and community members of Eatonville have embraced the healthy community change process, allowing the successes

experienced to date to be truly community-driven. One initial success was its partnership supporting the Eatonville Mayor's **Walk and Talk walking group** that meets regularly each week for residents to engage in brisk walks with the Mayor, where many conversations about healthy changes among Eatonville community members and decision makers take place.[8] In efforts to build community momentum through achievement of smaller goals, *Healthy Eatonville,* in collaboration with HCF, **added bike racks** throughout the town and **refurbished the weight room** at the local gym.[8] The town's elected officials **adopted a smoke-free parks resolution**, and even **mandated that the annual Zora! Festival event be smoke-free**, allowing all 2,100 residents to have improved outdoor air quality while utilizing public recreation facilities and engaging in the most celebrated community event for the year.[8]

> ***"The people of Eatonville suffer disproportionately from diabetes, hypertension, and other chronic conditions that impact their health and the well-being of the community. The reasons for that are not clear. What is clear is that there is an urgent need to address these issues."***
>
> ***(Jill Hamilton Bus, Executive Director Healthy Central Florida)***

Perhaps even more impactful for the future health of Eatonville was the **additional research measures** that Healthy Eatonville undertook in conjunction with HCF, WPHF, Florida Hospital, the American Diabetes Association, and the local YMCA **to develop a long-term strategy for intervention, prevention, and education** for the chronic conditions that are disproportionately affecting these

community members.[8] This group is now planning a longitudinal study to be implemented in the near future. Due to the extreme health disparities uncovered in the research, most significantly, a 24.2% rate of diabetes among Eatonville residents, WPHF and Florida Hospital, with leadership from HCF and the Healthy Eatonville Team, have been planning a diabetes and wellness center for the community. The "Healthy Eatonville Place" will be a community-based health and wellness initiative that combines research and education. It will focus on prevention and offer education, support groups and information and resources for Eatonville residents with a special emphasis on diabetes and other chronic diseases. The center is set to open in the first quarter of 2014.

Healthy Eatonville Moving Forward…

Ongoing ACHIEVE efforts are marked by **increasing access to fresh produce and healthy foods** within Eatonville by exploring such options as **mobile farmers markets, evening farmers markets, community gardens, and the addition of produce** to local corner/convenience stores.[8] The implementation of **additional smoke-free outdoor policies** are being sought for public and private spaces, as well as **development of a targeted youth initiative** that will address youth smoking and other unhealthy high-risk behaviors that lead to the formation of chronic conditions.[8]

Comparison of ACHIEVE Funding and Implementation Processes

While WPHF's implementation of ACHIEVE similarly followed the intended five-phased model approach of Commitment, Assessment, Prioritization and Planning, Implementation, and Evaluation phases, the progression of funds and community processes by WPHF funded communities differed through each phase of the model from ACHIEVE communities who received CDC funds from one of the ACHIEVE national partner organizations. Since the WPHF used their own funds, there were few restrictions and greater flexibility to navigate through each of the ACHIEVE phases. Chart 8 compares and discusses these two unique implementation processes in depth below:

Chart 8: Comparison of ACHIEVE Funding and Implementation Processes

Funding Process and ACHIEVE Model Phase	WPHF Implementation and Funding Process	Implementation and Funding Process by Government Funds
Initial Funding Process:	WPHF sought and was given CDC approval in 2009 to participate in the ACHIEVE model with local communities utilizing WPHF funds and CDC and NACDD technical assistance, tools, and resources.	CDC identified national partner organizations to join the ACHIEVE national partnership. • NACDD and Y-USA joined the ACHIEVE national partnership in 2008 • NACCHO, NRPA, and SOPHE joined the ACHIEVE national partnership in 2009. • NACCHO, NACDD, NRPA, and Y-USA each funded ACHIEVE communities with CDC funds • SOPHE performed translation and dissemination activities for the national ACHIEVE partnership and all funded communities.
	WPHF allocated grant funds	Local communities from

	to begin with a focus on the Winter Park community in 2010, and followed up with doing the same for Maitland and Eatonville in 2011. *(Exact funding amounts were not shared with NACDD).*	across the country applied to become an ACHIEVE community through an annual ACHIEVE RFP beginning in 2008, and occurring each year through 2012.
	WPHF served as the fiscal agent ("bank") for each community.	Local ACHIEVE community grantees were selected and awarded funding ranging from $25,000-$88,000.
	Funds were/are expended as needed during the ACHIEVE process instead of being awarded to each community grantee.	Their respective funding national partner awarded funds to local communities during the first year of a three-year project period.
ACHIEVE Phase 1: Commitment	WPHF staffs served as coaches to initiate ACHIEVE efforts.	Local community grantees established one lead and one partner coach to assume leadership roles for ACHIEVE.
	WPHF coaches attended 2010 Coaches Meeting to learn about national ACHIEVE movement and project requirements for communities funded with CDC funds.	Newly awarded community coaches attended a Coaches Meeting national meeting upon receipt of ACHIEVE funding to learn about the national ACHIEVE movement and project requirements.
	WPHF established CHART team in Winter Park following Coaches Meeting.	Following the Coaches Meeting, community coaches developed CHART team or worked with existing coalition to serve as ACHIEVE CHART moving forward.
	Up to ten people representing WPHF coaches and Winter Park CHART members attended the 2010 Action Institute, where community leaders were trained further on the	Up to ten people representing newly funded community coaches and selected CHART team members attended Action Institute, where community leaders were trained further on the

	ACHIEVE process and project requirements.	ACHIEVE process and project requirements.
	In 2011, WPHF/FH conducted community trainings with local and national experts for Maitland and Eatonville CHART teams, similarly training community members on the ACHIEVE process and WPHF project requirements.	Newly funded communities attended just one Coaches Meeting and Action Institute throughout the three-year project period. These meetings occurred during the first year.
ACHIEVE Phase 2: Assessment	Winter Park conducted CHANGE Assessment in 2010 during the first year of funding following the Action Institute.	Local CHART teams conducted initial CHANGE Assessment during the first year of funding following the Action Institute.
	HCF in partnership with the University of Central Florida (UCF) conducted a community health assessment of Winter Park, Maitland, and Eatonville using a modified BRFSS survey approach.	Local CHART teams re-assessed the community each of the next two years using CHANGE.
	Winter Park did not conduct a CHANGE reassessment. Maitland and Eatonville conducted CHANGE assessments.	Local CHART teams were permitted to conduct additional community assessments in addition to CHANGE, but not in lieu of CHANGE.
ACHIEVE Phase 3: Prioritization and Planning	By November of 2010, Winter Park CHART developed its Community Action Plan (CAP), with collaboration and leadership from WPHF coaches.	Following implementation of the CHANGE Assessment by newly funded communities, local CHART teams identified community health assets and needs for five community sectors.
	Following community leadership training of Maitland and Eatonville CHART teams in 2011, and	Newly funded communities prioritized community goals and objectives and developed a CAP.

	utilizing HCF community assessment results, CAPs were developed for Maitland and Eatonville.	
	Regarding the CAPs of the three WPHF and HCF communities, some PSE goals and objectives were identical to one another and some were community-specific.	Previously funded communities updated the CAP each year based upon CHANGE Re-assessment results.
	CAPS have been reviewed and modified periodically as opportunities present themselves.	All CAPs were submitted to the national funding partner for approval.
	The infrastructure of the HCF organization served as a sustainability measure put in place by WPHF and Florida Hospital to ensure ongoing implementation of these funding efforts in the three target communities and potentially in other communities within Central Florida in future years.	Sustainability planning was incorporated by some national partner organizations during this phase with grantee communities. NACDD communities received extensive training on sustainability planning and latter cohort communities were required to complete sustainability plans in addition to the CAP.
ACHIEVE Phase 4: Implementation	Implementation of CAP strategies began once the CAP was developed for each community.	Newly funded communities began implementing CAP strategies during the first funding year.
		The implementation phase for ACHIEVE grantees began during the first funding year once the CAP was developed and subsequently approved by the funding national partner. Implementation continued throughout the duration of the project period and beyond.

ACHIEVE Phase 5: Evaluation and Progress Review	HCF is contracting with UCF, the Prevention Research Consultants (PRC), and other independent evaluators to evaluate various components of these ACHIEVE efforts.	All ACHIEVE grantees participated in semi-annual progress reports.
	WPHF and HCF indicated that community grantee process and outcome evaluation measures need to be improved.	Each national partner developed additional evaluation measures with respective community grantees and implemented these accordingly.
	The UCF evaluation efforts will focus on health status measures and community-level process and outcome measures. Intermediate impact data for accomplished PSE changes, focus area, and estimated reach has been maintained and is currently being evaluated by an independent evaluator.	Each national partner maintained various levels of intermediate and long-term impact outcome data for its community grantees, included but not limited to number of PSE changes, focus area for PSE changes, community sector data, and estimated reach for those affected by each PSE change.

Lessons Learned

By not being restricted to the similar time constraints or budget restrictions as CDC funded ACHIEVE communities, the WPHF and HCF avoided many of the local level challenges and barriers that those communities experienced as they navigated through the five phases. Despite the funding mechanism and structure, certain barriers and challenges are inevitable.

In addition, one disadvantage of not being intertwined with CDC funded ACHIEVE communities was having immediate access to all of the tools and resources for each phase of the model.

Particularly lacking was the evaluation measures and data for the first-year process of ACHIEVE implementation, as well as data collection for intermediate PSE impact outcomes. They instead are using an independent evaluator who is tracking and measuring process outcomes as well as community level data.

WPHF Keys to Success

The WPHF is a highly trusted organization in Central Florida with a reputation of being a neutral convener of communities and organizations. The foundation's ongoing belief in empowering communities to make sustainable differences in multiple community sectors is evident by its endless work to fulfill its mission of "*helping to develop the healthiest communities in the nation*," its phenomenal board support, and its expert, competent, and highly qualified staff who are active throughout the region. Additionally, the WPHF believes in having a proactive approach to funding by investing in expert staff, by being nimble and flexible with dissemination of grants, and by embracing non-traditional funding strategies for improving community health.

Unintended Successes

By executing these keys to success while carrying out the ACHIEVE process in Winter Park, Maitland, and Eatonville, WPHF and later HCF has been able to spur meaningful and sustainable health changes within its service area. Aside from the impressive successes of forming the HCF organization, and the many individual and collective PSE strategies being accomplished by each of the three communities, the following unintended

successes have surfaced and will no doubt be catalysts for continued and new initiatives in the coming days:

- **Overall community partnership was strengthened** with the major Florida Hospital Adventist Health System.

- **The three mayors of Winter Park, Maitland, and Eatonville are now all working together** on community health improvement, development, and redevelopment initiatives when they otherwise could not have collaborated. Each mayor actively serves on his respective community team.

- **Cultural barriers are continuing to disintegrate among majority White and majority Black communities**, forming contiguous communities whose residents are coming together for broader community benefit and change.

- **These three communities are now discussing connectivity and infrastructure improvements** with local municipal government and planning leaders, another sign of new and increased inter-community collaboration.

- The **"Work Well Winter Park" Winter Park Chamber of Commerce program emerged** as a direct outcome of these healthy community efforts.

- **Bike Walk Central Florida, a 501c3 founded by WPHF funding, was formed** through a collective focus on built environment improvements, and is sure to augment related PSE infrastructure and connectivity efforts in the future.

- More than a million dollars has been pledged by WPHF and FH, along with other partners, to **open a diabetes and wellness center in Eatonville**. This is a direct result of the research and the work of the HCF leadership team in Eatonville. The Center will address the significant health disparities uncovered in HCF research through education, information and healthy living programming. It is set to open in the first quarter of 2014.

Advantages of Foundation Funding for Local Healthy Community Programming

The use of private and/or health foundation funding to perform Healthy Communities work brings several advantages to light that communities and health foundations would equally appreciate:

- Private and/or health foundation funds often come with **less stringent funding guidelines**.
- Private and/or health foundations generally have **increased flexibility with expenditures and reimbursements** by sub-grantees and grantees.
- Health foundations can choose to **operate as the fiscal agent for all grantees**, allowing them to serve as the "bank" for community grantees so that payments, purchases, expenses, and reimbursements are handled with more ease.
- Having more relaxed financial freedoms additionally allows health foundation staff to **provide increased and enhanced technical assistance** to community grantees.
- Community members, organizations, and patrons typically know health foundations as **neutral conveners** within the community setting, have a **sound working knowledge of population health and chronic disease prevention strategies**, are **well connected** within the local community sectors, and are a **trusted resource**.

Making the Case for Healthy Communities

Health foundations like the WPHF can unquestionably and undeniably be leaders in accelerating the use and spread of this ACHIEVE model (or other Healthy Communities

models) in communities so that the movement of creating healthier communities can continue in states throughout the country. The WPHF exercised expert staffing, sound ethics, and evidence and practice based community public health strategies. In times of question or needed training, the foundation sought out national organizations and experts for assistance in order to deliver the best training and preparation available to its community grantees. The foundation is a vested partner in the success that these communities will continue to experience and has no doubt made the case for being a reliable funding vehicle and technical assistance provider for Healthy Communities. This model is highly suitable for replication by other interested health foundations.

NACDD extends a special thank you to the WPHF, HCF, its three healthy communities, and all of is community partners for their hard work, dedication, and endless commitment to becoming the *healthiest communities in the nation*.

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For more information on the contents of this case study, please contact the Winter Park Health Foundation at (407)-644-2300 or the National Association of Chronic Disease Directors at (770)-458-7400.

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