



Strategic and Sustainability Plan

Summer 2008

"The organization itself has gotten stronger and become more effective in advocating for Colorado's Public Health."

CPHA Member, Spring 2008

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Introduction

The following report captures the results of the process through which the Board of Directors and key stakeholders of the Colorado Public Health Association (CPHA) journeyed during a strategic and sustainability planning process during the spring and summer of 2008. CPHA received funding from the American Public Health Association to build the capacity of the nation's 53 state and regional public health associations (Affiliates) and the American Public Health Association/Affiliate grassroots policy network and improve our nation's ability to respond to new and emerging public health threats. JVA Consulting, LLC (JVA) facilitated the planning process with technical assistance support from Steve Bornstein, who provided pro bono assistance through his role with APHA.

The report contains the visioning, strategy work and planning process, summarizes information gathered during the stakeholder and member survey/interview process, and recommends sustainability strategies based on the board's ideas and input gathered over three meetings focused on this topic. JVA analyzed the board's input and ideas alongside sector best practices and successful or promising practices of similar agencies (identified by CPHA board members).

Attendance

The board of directors held three meetings focused on the future of CPHA. A full-day retreat was held April 25, 2008, and two two-hour meetings—on May 16 and June 20, 2008—focused on specific aspects of the sustainability plan.

The following **Board members** participated in at least one of these three meetings:

Rita Beam; Marilyn Bosenbecker; Stephen Holloway, president; Tracey Maruyama, president-elect; Chris Nevin-Woods; Koral O'Brien, Don Parsons; Lena Peschanskaia; Belinda Prawdzik; Carolyn Reimann; Joni Reynolds; Cassidy Smith; Lisa Van Bramer

Guests: Sharon Stevenson, Public Health Alliance of Colorado (Alliance)

JVA team: Caryn Capriccioso, Patrick Chau

Mission

CPHA works together to ensure healthy people and healthy places in Colorado by:

- Bringing together persons interested in protecting and promoting public health in Colorado
- Creating a forum for the exchange of ideas on health and environmental issues
- Enhancing the health consciousness of the public by being a leader and advocate for public health functions

- Promoting professional growth of the Association's members

Vision

The Board of Directors developed a five-year vision for CPHA.

CPHA is the leader in public health advocacy and education in efforts to raise awareness of the role of public health in Colorado.

Current Reality

Stakeholder input

To help analyze the current reality of CPHA, the board contracted with JVA to complete a member/stakeholder survey and interviews with significant stakeholders to the organization. Board members were very interested in how the organization was perceived, members' and others' satisfaction with the work of CPHA, and ideas about how to improve programs and services.

"Knowing what our members want from us is key to us figuring out what we want to do."

Former CPHA Board President, 2008

A total of 120 people (members and nonmembers) completed the electronic survey and five in-depth phone interviews, ranging in length from 25 minutes to 75 minutes, were conducted with stakeholders identified by the CPHA Board of Directors. A summary of key findings is provided below (see Attachment 2 for the full survey report).

- Stakeholders have a good, basic understanding of CPHA's mission.
- Most believe that CPHA is doing a good job of meeting its mission, especially in the areas of education and policy.
- Stakeholders are generally happy with their membership in CPHA; they feel that communication is consistent and that the price is right.
- Ideas for improving CPHA's work include:
 - Continuing to work closely with the Alliance
 - Becoming the "go-to" place for interns and volunteers
 - Continuing the conference convener role throughout the year with ongoing gatherings and education sessions
 - Increasing public health workforce membership
 - Focusing membership efforts on employers
- Sustainability was an area of concern. Ideas for improving sustainability include:
 - Getting more people in leadership roles so they feel more committed to CPHA
 - Involving more people from Colorado Department of Public Health and Environment (CDPHE)
 - Helping the Alliance strengthen smaller public health groups

- Making it easier for people to become members
- Creating a way for people to be involved for longer periods of time

Of those who completed the electronic survey, 53.3 percent were members and 30 percent were former members. Fifty percent had been involved with CPHA for four or more years; 40 percent identified themselves as a local public health professional, with 20 percent identifying as a state public health professional.

Respondents were also members of:

- Public Health Nurses Association of Colorado, 17.8%
- Colorado Association of Local Public Health Officials, 14.3%
- Colorado Society for Public Health Education, 12.6%
- Colorado Environmental Health Association, 8.1%

The top reasons people join public health-related organizations included:

- Belief in the organization's mission
- Meeting other people with similar interests
- A simple way to support public health
- Desire to support CPHA's legislative activities

Survey respondents felt informed about opportunities available to them through CPHA (83 percent felt at least somewhat informed).

Major strengths identified in the survey included CPHA's conference, its policy and legislative work, and networking opportunities. Weaknesses included ongoing education programs, its national role and the membership package.

"The advocacy work is better now than ever before."
CPHA Member, 2008

When asked about the biggest issues facing the public's health, respondents' top picks were access to personal health services and health insurance, obesity, physical activity and nutrition, and prevention and mitigation of chronic disease.

"There has been a successful attempt to have the conference be 'the' public health conference of the year and if that could be continued throughout the rest of the year...that would be powerful."
CPHA Member, Spring 2008

In terms of threats to the system, respondents picked system capacity and infrastructure to respond to public health challenges, professional education and workforce development, and system capacity to monitor, assess and respond to emerging public health threats.

Respondents were asked to identify areas where CPHA could make the biggest impact on the above issues. The top three choices were:

- Increased legislative and policy activity
- Public awareness-raising campaigns in the media
- Increased educational offerings and workforce development

SWOT Analysis

The Board of Directors analyzed the strengths, weaknesses, opportunities and threats identified by key stakeholders and members and further discussed the various internal and external forces that influence CPHA's success. The board utilized both pieces of its current reality to identify opportunities for future growth and sustainability.

Best Practices/Models

Given the board's interest in enhancing its programs and fundraising to support its mission, the board identified several affiliates and model programs that might bring information to bear on CPHA's project. Consultation with APHA's Steve Bornstein offered that little has been done in the area of best-practice research among APHA affiliates. In fact, Steve says: "I have proposed to APHA to let me gather best practices and I'm waiting to hear from them."

In terms of individual donor fundraising, it appears that fundraising events and dinners are the primary focus; Steve also confirmed this. In short, it appears that affiliates do not follow standard nonprofit best practices when it comes to fundraising, relying instead on significant earned income streams and grant funding.

CPHA has the opportunity to be a standout organization in terms of individual donor and corporate sponsor fundraising among APHA affiliates. Of those affiliates discussed by CPHA's board, only those with supporting foundations (Michigan, Kansas, Midwest) appear to have begun to address individual donations as a meaningful revenue stream.

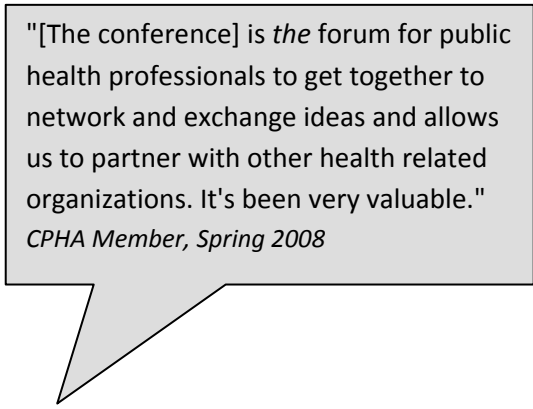
Program Areas of Focus

Using its three- to five-year vision and understanding of its current reality, the CPHA board decided to focus its efforts on enhancing two areas of its current work (educational offerings/workforce development and policy/legislation) and to add one issue area (public awareness raising). These areas were selected after careful consideration of the top five ideas suggested by those responding to the survey and correlate with the top three identified by survey respondents when asked how they believe CPHA can make the biggest impact.

The board explored the definition of each issue area, CPHA's past and current role in each area, determined how it could take a more active role in the area to help CPHA achieve its vision and discussed what resources would be needed to make this change

happen. A description of each issue area is provided below and notes from the workgroup discussions are provided in Attachment 4.

Educational offerings and workforce development: CPHA is consistently rated high for its conference. Given that education is a primary focus of CPHA's mission and the board continues to see the potential for significant sector impact through education, the board will build on its successes in education. Some ideas include: ongoing education (lunch and learn-type sessions), regional conferences and more frequent, smaller scale learning opportunities.



"[The conference] is *the* forum for public health professionals to get together to network and exchange ideas and allows us to partner with other health related organizations. It's been very valuable."
CPHA Member, Spring 2008

Policy and legislation: CPHA has been very successful in the policy arena, especially given the efforts of its lobbyist. The board would like to continue to make policy and advocacy work a priority for the organization and work on sharing the successes and challenges with the CPHA Membership.

Public awareness raising: An ongoing struggle for public health is awareness of the general public of the services that are provided on a daily basis. Some board members described public health as the "invisible" service that people only become aware of when there is a crisis situation (i.e., the recent Alamosa water situation). The board wants to be a leader in changing the public perception, even knowledge/understanding of the role that public health plays in our communities.

Sustainability of CPHA

CPHA exhibits a number of the top practices of highly effective nonprofits. The key to sustainability will be to continue to build on those areas where it is doing well and focus efforts on areas where it is not as strong. The board discussed the myths of successful nonprofits and assessed itself against the top practices as defined by Heather McLeod Grant and Leslie R. Crutchfield in *Creating High-Impact Nonprofits*, Stanford Social Innovation Review 2007.

Six Practices of High-Impact Nonprofits

Practice	CPHA Analysis*
1. Serve and advocate	<p>+ CPHA has long provided both service to its members and advocacy on behalf of public health. The board's desire to continue to focus on these two areas of impact is a sign of ongoing commitment to combining these efforts on behalf of its mission.</p> <p>– CPHA's role in its advocacy work may not be as well-known as it could be, leading to strides in systemic change but a lack of increase in membership or support as a result of these efforts.</p>
2. Make markets work	<p>+ CPHA receives a high percentage of its revenue from earned (market) sources and appears to be comfortable viewing business as a partner and ally.</p> <p>– CPHA's board has identified a significant untapped market for membership and sponsorship support; it has yet to determine how to best position itself with potential corporate sponsors.</p>
3. Inspire evangelists	<p>+ CPHA's membership is considered a base of support. According to the stakeholder survey, 85% agree or strongly agree that the mission influenced their reason to join public health groups.</p> <p>– Current members do not appear to be serving as evangelists for the organization, touting its mission or recruiting new members.</p>
4. Nurture nonprofit networks	<p>+ CPHA has been instrumental in developing and sustaining the Alliance, bringing together nonprofit partners rather than competing for funding,</p> <p>– According to the board, collaboration could be strengthened with CDPHE and environmental health groups, especially when it comes to memberships.</p>
5. Master art of adaptation	<p>+ CPHA's member survey is a first step in learning more about how it could improve and building a plan to address member concerns and needs; the organization is poised to become one that reacts and adapts to changing conditions.</p> <p>– Without a staff devoted to addressing changing needs and trends, the ability to react quickly to changes is slowed. The Alliance staff is helping to support efforts in this arena but is</p>

	limited in the time available to devote to specific member organizations.
6. Share leadership	<p>+ The board, through its committee structure, does a good job of sharing leadership. The president-elect/past-president structure leads to some level of consistency and transfer of knowledge. The issue is less one of playing well with others and more one of burnout of those in key board and committee positions.</p> <p>– A larger board structure and enhanced committee structure (including both board members and community members) would allow for a more equitable distribution of leadership duties.</p>

*Based on board discussion and JVA analysis

Funding Goals

CPHA's revenue sources include grant funding, memberships, conference fees, sponsorships and a limited number of individual donations. The board identified a desire for growth in all areas of funding, as well as examining the human resources necessary to sustain the organization.

Funding is divided into two categories below: earned and contributed. Earned income is pay you receive for work you perform or services you offer such as membership dues or corporate sponsorships. Contributed income includes all fundraising activities or those things typically viewed as donations.

Earned income

CPHA brings in a significant portion of its revenue through earned income sources. Conference attendance fees, interest income, memberships and fees/contracts are all considered earned income. Strong earned income programs are highly desirable as they are considered the most sustainable piece of the revenue pie. Over time, with appropriate tracking and analysis, a nonprofit can determine renewal rates on memberships, percentage increases in corporate sponsorships, etc.

CPHA's board identified a number of ways to **increase earned income funding through enhanced membership programs and corporate sponsorships**. Based on a philosophy of "more people, not more money per person," (May 16, 2008, board meeting) the board generated the following ideas (see Goal 1 implementation plan for recommended action steps):

- Increase the number of public sector, public health workforce members in CPHA by 25% by June 30, 2009 and 50% by June 30, 2010. Currently, approximately 400 out of a possible 3,500 people in this category are members.

- Actively recruit students in the health and public health disciplines by offering professional speakers to the Colorado School of Public Health and other pertinent graduate programs at Colorado's universities on an ongoing basis.
- Complete an organizational membership program by June 30, 2009 where all professional employees of an organization become members with all commensurate benefits (i.e., all members of Broomfield's public health division would have membership rights when the Broomfield Department of Health and Human Services joins CPHA); consider a price per employee-type membership plan.
- Complete a corporate membership program by June 30, 2009 where health insurance companies, pharmaceutical companies, foundations, hospitals, etc. can purchase memberships for the company and select employees.

"We can increase membership by having a presence at different venues where there will be public health staff. The easiest is to do recruitment in the state health department building...We could set up a table in the lobby, hold a brown bag lunch or something to get people informed.
CPHA Member, Spring2008

Contributed income

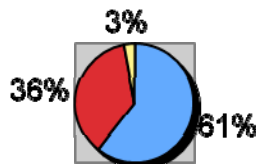
While CPHA is strong in its earned income funding, its contributed income picture is less positive. USA Giving's 2006 charitable giving study shows national averages for contributed income as follows:

- Grants: 12%
- Sponsorships: 4%
- Individual donations: 76%

Individual contributions are the most sustainable form of contributed income and should comprise the majority of most nonprofits' contributed income budget. Because the health field, and particularly public health, has traditionally relied heavily on grant funding, it is not surprising that CPHA's funding distribution is as follows:*

2008 Contributed Revenue Projections

■ Grants ■ Sponsorships ■ Individuals



Although heavy reliance on grant funding is typical, it doesn't make this model desirable and, in fact, CPHA has not traditionally had such a large proportion of its contributed income come from grant funding. Because of the APHA grant, the 2008 revenue projections skew the revenue projections by category considerably.

Moving forward, CPHA will benefit most from grants that are tied to specific programs, while focusing its efforts on building its individual donor and sponsorship programs. Specific policies and procedures should be adopted to govern contributed income solicitation and acceptance, especially given the health-focused nature of CPHA's work (see attachments for sample templates and policies).

Individuals and corporate funders: The board identified a number of ways to **enhance contributed income by focusing on individual donations and corporate sponsorships** (see Goal 2 implementation plan for recommended action steps):

- Unveil an individual donor campaign at the 2009 fall conference; ideas include an announcement before the keynote speech, donation bins at each conference session or a board member fundraising contest.
- Educate membership about the value of CPHA's services to the public health community and the cost of such services by June 30, 2009.
- Explore online fundraising opportunities; campaigns around a certain issue, seasonal asks, "in memory" or "in honor" giving opportunities, list-sharing by June 30, 2010.
- Work with a corporate sponsor specialist to position CPHA's value for annual sponsorship by June 30, 2010; while conference sponsorship is important, annual sponsorships could be appealing to certain businesses.
- Ensure policies are in place and procedures are in order to allow for efficient, effective fundraising by December 31, 2008.

Grant funding: CPHA should continue to **actively pursue grant funding on behalf of its programs and services**. Private foundation grants, as well as local, state and federal grants, are options for CPHA. The following objectives will help to create a robust and intentional grants program that allows CPHA to pursue funding rather than create programs to meet funding priorities (see Goal 3 implementation plan for recommended action steps):

- Create a list of programs and services that are desirable to funders; develop grant proposal templates for each by December 31, 2008.
- Identify funding sources for each program and service identified above by December 31, 2008.
- Develop a grantwriting calendar to track funding deadlines and reporting deadlines by December 31, 2008.

- Assign one person to oversee CPHA's grant program, including submitting proposals, securing PR for grants received and reporting on grant funded projects by December 31, 2008.

Human Resource Goals

CPHA faces a significant challenge in its human resource capacity. Its board members are stretched by commitments to their public health jobs and/or other commitments. Its staffing is limited to that which is available to CPHA as a member organization of the Alliance and its contract lobbyist. Additional capacity is not readily available, yet the board discussed ideas for how to **enhance the role of the Board of Directors and add to CPHA's paid human resources** to achieve its vision (see Goal 4 implementation plan for recommended action steps):

- Expand private and nonprofit sector representation on the Board of Directors to include strategically selected "friends of public health" (attorneys, accountants, public relations professionals) from outside the governmental public health sector by September 30, 2009.
- Create at least two focused opportunities per year for member volunteers to get involved in short term projects on behalf of CPHA related to policy, education, or public awareness raising (i.e. not everyone is able to make the commitment to board service).
- Hire contract staff to increase fundraising activities by July 1, 2009 and explore using the Alliance staff to support these activities.

"The [Board] turnover creates a lack of institutional memory which may make it impossible to take advantage of the changes on the horizon."
Former CPHA Member, Spring 2008

Implementation Plan

Strategic Direction

An implementation plan with the contents of this strategic plan, aligned with the APHA Capacity Building grant activities, the business plan activities and the sustainability plan activities will be developed at the November 2008 Board Retreat. Action steps, responsible parties and timelines will be included and are fluid, flexible and will require consistent, regular monitoring by the Board of Directors to achieve success.

Goal

Build Capacity of CPHA

- APHA grant
- our "Program Areas of Focus")
- increase funding

Strategies

1. Enhance two current programs:
 - a. educational offerings
 - b. policy/legislation
2. Add one new program area (public awareness raising)
3. Strengthen and expand funding sources

The Implementation Plan will be in table form and will include Goal, Strategies, Rational, S.M.A.R.T Objectives and activities with person(s) responsible, timeline, budget and outcomes.

Recommendations and Next Steps

JVA recommends the following steps to making this plan a living document that will successfully guide the organization during the next several years:

1. Review the report to ensure accuracy and that it can be realistically accomplished.
2. Approve the plan at the next board meeting.
3. Identify and recruit the individuals needed to move forward on the plan.
4. Make sure everyone with assignments receives a copy of the plan and understands accountability expectations.
5. Review the action plan at every board meeting, reporting on assignments and completions to date.