National Network
of Public Health Institutes

A Modular Guide To Developing & Thriving as a Public Health Institute

A Modular Guide for Developing and Thriving as a Public Health Institute

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On behalf of the National Network for Public Health Institutes (NNPHI), we are delighted to present this updated, living *Modular Guide to Developing and Thriving as a Public Health Institute* throughout the country. We invite you to peruse its contents and share your expertise with our growing national community.

Founded in 2001, the NNPHI is an active network comprised of 38 member public health institutes (PHIs), affiliate members, and five emerging institutes in 30 states spanning all ten Department of Health and Human Services regions. NNPHI and its members are nongovernmental organizations that implement public health policy and program initiatives throughout all 50 states. NNPHI is also determining the feasibility of establishing a Tribal Public Health Institute with potential to work with the 566 federally recognized Tribes in 35 states.

PHIs are nonprofits that work with multi-sector partners with a shared interest in creating conditions that lead to improved health. These partners include—but are not limited to—government, community organizations, health care systems, academia, media, philanthropy, and businesses. Together, PHIs and their partners leverage strengths and assets to improve the places where people live, work, worship, and play. PHIs address current and emerging health issues by providing expertise in areas such as fiscal/administrative management; population-based health programs; health policy; training and technical assistance; research and evaluation; health systems transformations; health information services; health equity; and health communications.

We believe our NNPHI model offers significant value, and that PHIs will become even more vital contributors to our nation's evolving public health systems. We need strong public agencies at state/territorial, tribal, and local levels, and we should continue to support their work. The U.S. also needs a strong private, humanitarian sector to complement public sector action. Working together, we can enhance the network, and expand our reach to ensure that the entire U.S. population is served by institutes—either directly, or through strategic partnerships. Collectively, our current institute members are actively implementing hundreds of millions of dollars programs aimed at improving the public's health. In our catalyst role as a national organization, in the past six years, NNPHI has distributed nearly $11M in grants and contracts to our members. Equally important will be our increasing reach across sectors and disciplines that produce health, influencing, experimenting, and adopting models that transcend disease-based frameworks and create the conditions in which all people can be healthy.

We extend our congratulations to our expert contractors and staff who contributed to this living *Guide.* Thank you again for your dedication to protecting and improving the public's health and well-being, and for your interest in NNPHI. Please let us know how we might be helpful to your PHI's endeavors.

Sincerely yours in health,

Vincent Lafronza, EdD
President and CEO
NNPHI

Richard Cohen
NNPHI Board President and
President and CEO, Public
Health Management
Corporation

March 31, 2014

Dear Reader:

First published in 2005, The *Guide for Developing Public Health Institutes* was designed and has served as a critical resource for emerging public health institutes (PHIs) during their developmental phase as a PHI in their state or region. Since then, the *Guide* has been broadly disseminated and utilized by emerging groups, several of which have since become full PHIs and have joined the National Network of Public Health Institutes (NNPHI).

The revision of the *Guide*: ***A Modular Guide for Launching and Thriving as a Public Health Institute***, is designed to incorporate the latest knowledge of PHI development and support a broader cross-section of PHI developmental needs. Support for the revision of *the Guide* was provided by a grant from the Robert Wood Johnson Foundation. Since 2005, NNPHI has provided technical assistance to several cohorts of emerging institute grantees, coordinating learning communities and connectivity between established members; convening interest groups; and documenting numerous tools, resources, case studies, and stories of PHI development. To incorporate these lessons learned, the original table of contents for the *Guide* has been reviewed and updated with new sections, such as PHI Readiness, Entrepreneurial Leadership, Strategies for Developing New Business, Assuring Appropriate IT Infrastructure, Risk Assessment, The Web, The Cloud, and Managing Social Media, among others. The original version of the *Guide* was designed as a hard copy version that could be downloaded in a full PDF format from the NNPHI website. The Modular *Guide* is designed to support ongoing updates and new additions of content through an interactive online publication software optimized for tablet and phone use as well.

The revision of the *Guide* is designed to support the development of PHIs—from pre-emerging groups just beginning to explore the PHI concept for their state/region, to the well-established PHIs that have been operating for 50+ years and are interested in learning from the experiences of their peers to support continued growth. Each module is designed with case studies, tools, and resources to support the practical application of the concepts. The entire *Guide* has been a collaborative effort of authors from leadership and staff of NNPHI members who have dedicated their time to sharing their wisdom and experiences of developing and thriving as a PHI. NNPHI thanks each of these authors for their excellent contributions. NNPHI especially thanks Joe Hafey, President Emeritus, and Donna Sofaer, both formerly with the Public Health Institute in Oakland, California, for serving as lead consultants on the revision of the *Guide*. NNPHI staff are available to provide consultation and technical assistance support on each of the sections.

Regards,
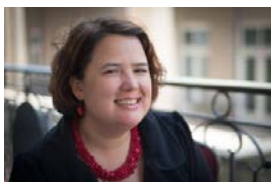
Erin Marziale, MPH
Associate Director for Member Services
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Introduction

Public health institutes (PHIs) provide important leadership and catalyst roles for population health improvement through innovative partnerships. The PHI model is a growing movement, as states have recognized the value of PHIs serving as strategic conveners and providing nimble, efficient administrative and operational support for population health initiatives.[1] This increase is evidenced by the growth of the National Network of Public Health Institutes' (NNPHI) membership, which started with 19 members in 19 states in 2001 and today surpasses 30 members in 30 states plus the District of Columbia. PHI capacity extends to all ten Health and Human Services Regions, and many of PHIs have nationally recognized projects and programs that span multiple states and regions across the country.[2] For over 10 years, NNPHI has facilitated cohorts of emerging institute grantees to support the growth of PHIs in as many states as possible; currently, there at least eight states actively exploring the PHI concept to support their population health needs.

While a few PHIs formed over 50 years ago, many emerged from the national initiative "Turning Point: Collaborating for a New Century in Public Health," funded by the Robert Wood Johnson Foundation and W.K. Kellogg Foundation. The Turning Point program sought to transform the nation's public health system through the strategic formation of public-private collaborations intended to address the root causes of disease and obstacles to population health and well-being. Several PHIs served as homes for the Turning Point work or were borne out of Turning Point multi-sector collaborations on the state level. PHIs in many states are the living legacy Turning Point, providing a strategic space for public-private-nongovernmental partners to collaborate on public health initiatives.

According to the 2012 NNPHI member survey, almost 30% of respondents had annual expenditures of over $5,000,000 in the most recent fiscal year, with combined budgets of over half a billion dollars. PHIs bring in hundreds of thousands to many millions of dollars in additional resources for their states, providing new resources and partnerships for current and emerging health initiatives.[3] The current PHI workforce is estimated at over 3,000 full-time employees, with hundreds of part-time and contractual workers as well. Collectively, PHIs in 2012 hired over 800 employees on behalf of other organizations, with over 500 of those workers placed at state and local health departments. PHIs actively partner with academia, health care organizations, private business, state and local health departments, community-based organizations, media, and many other sectors which participate on institute boards and collaborate on local, state, and national initiatives.

PHIs and their partners have advanced several innovations in the public health field. Several PHIs were actively involved in supporting collaboration and rapid dissemination of bioterrorism/emergency preparedness efforts post 9-11. PHIs have supported broad recovery efforts from natural disasters, such as the role the Louisiana Public Health Institute played in providing public health and primary care infrastructure for the greater New Orleans area post-Hurricane Katrina. PHIs have also led the early exploration and adoption of voluntary accreditation for state and local health departments and have created some of the best known and most highly utilized technical assistance resources for performance

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[1] Helping Public Health Institutes Become a Key Player in the "New" Public Health. RWJF Grant Results Progress Report. October 1, 2010. Available at: http://www.nnphi.org/uploads/media_items/helping-public-health-institutes-become-a-key-player-in-the-new-public-health-strengthening-the-nation-s-public-health-institutes.original.pdf

[2] To learn more, visit: http://nnphi.org/uploads/media_items/nnphi-ppt-v10.original.pdf

[3] Partnering for the Public's Health: The Role of Public Health Institutes as Fiscal Agents and Intermediaries. NNPHI. November, 9. 2009. Available at: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf

management and quality improvement.[4] Further, PHIs have led the way in implementing policy and environmental change related to tobacco prevention and cessation. They have pioneered healthy eating and active living interventions and directly supported the development and documentation of evidence-based strategies for addressing the obesity epidemic. PHIs have also led initiatives in their states to support legislative education, providing comprehensive training on population health to help legislators be more effective decision-makers. PHIs have been pioneers in building capacity to conduct Health Impact Assessments (HIAs) and have become national technical assistance providers to support states in conducing HIAs. Through these innovations and others, PHIs are creating the conditions for health in communities and actively advancing the state of practice through forming new partnerships and leveraging resources.

NNPHI is the nation's membership organization for PHIs. NNPHI was founded to provide a space for sharing and learning among these unique organizations. Through strong relationships with the Robert Wood Johnson Foundation, Centers for Disease Control and Prevention, and other national funders, NNPHI has established a broad portfolio of programs and services, including:

- Accreditation and Performance Improvement
- Community Health Improvement
- Evidence-Based Public Health
- Health Equity
- Health in All Policies
- Leadership and Workforce Development
- Research and Evaluation

Each of these programs and services is conducted in close partnership with NNPHI members. The NNPHI annual budget has grown over 300 percent in the last seven years, with a total operating budget of $9.6 million currently. Nearly $11 million has been contracted over the past seven years with members. NNPHI provides extensive member support, including communication about resources/field updates; creation of opportunities for member collaboration; and provision of technical assistance for current and emerging PHIs, project leadership, and funding opportunities.

This *Guide* is one of several tools to support the ongoing growth and development of PHIs. NNPHI is actively working to support PHI capacity for every state in the nation and develop a distributed capacity model in which neighborhood, state, and national partners can tap capacity and expertise from PHIs to accomplish population health goals. This *Guide* seeks inspire pre-emerging and emerging groups to continue working toward establishing a PHI for their state or region. It also aims to inspire established institutes to foster continued innovation, become experts at scaling strategies that work, and grow their human and organizational capacities to better serve the health of the nation.

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[4] Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook. Michigan Public Health Institute, 2013. Available at: https://www.mphiaccredandqi.org/qi-guidebook/

Special Acknowledgments

NNPHI Thanks the Following Authors

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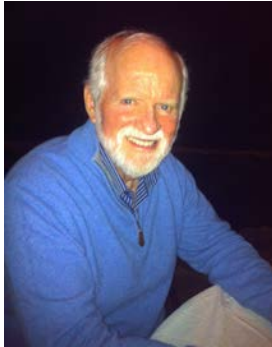
Joe Hafey is the president emeritus of the Public Health Institute (California), where he served as president for over 30 years. While there, he helped develop the organization's programs in community development and leadership. Mr. Hafey co-founded the first Healthy Cities and Communities program in the country; initiated the Public Health Trust, the first national community benefits program; and contributed to a host of other new and innovative public health programs. He was active in helping to found the National Network of Public Health Institutes (NNPHI). He continues to provide consulting services to the National Academy for Public Health Leadership and NNPHI's Emerging Institutes Mentorship Program.

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Daniel Cocran is a certified public accountant with over 14 years of accounting and finance experience, approximately 12 of which have been spent working in a nonprofit environment. He has served as the chief financial officer of the Louisiana Public Health Institute (LPHI) and the National Network of Public Health Institute since September 2011. Prior to the assumption of this role, Mr. Cocran served as the finance and compliance manager for LPHI from October 2007 through September 2011. In this capacity, he was responsible for key financial management functions of the Primary Care Access and Stabilization Grant (PCASG)—a $100 million initiative of the United States Department of Health and Human Services, the Louisiana Department of Health and Hospitals, and LPHI—to stabilize and expand primary health care services in the Greater New Orleans Region. Prior to joining LPHI, Mr. Cocran served as controller for a nonprofit organization and auditor for a public accounting firm.

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Katie Dabdoub helps coordinate and support all activities related to the National Network of Public Health Institutes' (NNPHI) Member Services portfolio, including educational opportunities for members, member communication, funding opportunities for members, interest groups, and other activities related to membership benefits. She plays a core role in the planning and coordination of the NNPHI Annual Conference. Ms. Dabdoub also supports NNPHI's technical assistance program for emerging and established institutes, as well as programs/projects between NNPHI members and national funders. Prior to joining NNPHI in 2010, Ms. Dabdoub worked at the Louisiana Public Health Institute as an intern for Healthy NOLA Neighborhoods. Ms. Dabdoub also served as both the policy/advocacy and youth initiative intern for the Louisiana Campaign for Tobacco-Free Living, a program of the Louisiana Public Health Institute, from 2008- 2010. Ms. Dabdoub holds an MPA, with an emphasis in nonprofit leadership, from the University of New Orleans and a BS in community health sciences, health promotion, from the University of Southern Mississippi.

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Joe Kimbrell, Chief Executive Officer, Louisiana Public Health Institute, is a former deputy for the Louisiana Office of Public Health. His contributions at the state and national level include the areas of leadership and workforce development, school health, community capacity enhancement, and population health systems and policy change. He has an MA in history from Notre Dame Seminary in New Orleans, Louisiana and MSW from the Tulane University School of Social Work.

Erin Marziale, MPH, Associate Director, Member Services, National Network of Public Health Institutes

Erin Marziale, Associate Director, Member Services, National Network of Public Health Institutes (NNPHI), provides direction and support for a portfolio of services to NNPHI members, including educational opportunities like the NNPHI Annual Conference, communications and funding opportunities, and the management of projects between NNPHI members and national funders such as the Centers for Disease Control and Prevention and the Robert Wood Johnson Foundation. She develops and provides tailored technical assistance to pre-emerging, emerging, and established public health institutes through one-on-one coaching, group learning activities, and connectivity to relationship-based mentoring from institute leaders. Before joining NNPHI, Mrs. Marziale was team lead at the Louisiana Public Health Institute for the 2006 Louisiana Health and Population Survey, a rapid population estimate in selected hurricane-effected parishes of Louisiana. She is a returned Peace Corps

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Jason Melancon is the Communications Director for the Louisiana Public Health Institute (LPHI). In his daily role, he leads a team of seven health communications and marketing professionals and manages LPHI's communications strategies while overseeing the development of social marketing campaigns for LPHI programs and external partner organizations. Mr. Melancon holds a BA in sociology from Loyola University in New Orleans and has more than fourteen years of experience managing and coordinating multi-media campaigns, special events and public relations efforts. Mr. Melancon joined LPHI in 2004 as Public Relations Manager and has served as Communications Director since October of 2007.

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Karen Minyard has directed the Georgia Health Policy Center (GHPC) at Georgia State University's Andrew Young School of Policy Studies since 2001. She connects the research, policy, and programmatic work of the center across issue areas, including: community and public health, end of life care, child health, health philanthropy, public and private health coverage, and the uninsured. Prior to assuming her current role, she directed the networks for rural health program at the GHPC. She has experience with the state Medicaid program both with the design of a reformed Medicaid program and external evaluation of the primary care case management program. She also has 13 years of experience in nursing and hospital administration. She received a bachelor's degree in nursing from the University of Virginia, a master's degree in nursing from the Medical College of Georgia, and a doctoral degree in business administration with a major in strategic management and minor in health care financing from Georgia State University.

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Diana Pascual, MA, former Vice President of Human Resources, Public Health Institute (California)

Diana Pascual is the former Vice President of Human Resources at Public Health Institute (California). Since the publication of the Guide, Diana has moved on to other opportunities as a general HR consultant.

Mary Pittman, DrPH, Chief Executive Officer, Public Health Institute (California)

Mary Pittman assumed the reins at Public Health Institute (CA) in 2008, becoming the organization's second president and CEO since its founding in 1964. Her primary focus has been guiding the development of a strategic plan that builds on existing PHI program strengths to achieve greater impact on public policy and practice in public health. Pittman's overarching goal is for PHI to become known for leadership in creating healthier communities. Pittman has deep, varied and multi-sectoral experience in local public health, research, education and hospitals. Before joining PHI, Pittman headed the Health Research and Educational Trust, a Chicago-based affiliate of the American Hospital Association, from 1993 to 2007. Previously, she was president and CEO of the California Association of Public Hospitals and a director of the San Francisco Department of Public Health. Pittman has authored numerous peer-reviewed articles in scientific journals and two books. She has served on the PHI board of directors since 1996. Pittman also serves on numerous boards and committees, including the World Health Organization's Health Worker Migration Global Policy Advisory Council and the National Patient Safety Foundation's board of governors.

Tom Shewchuk, former Chief Information Officer, Michigan Public Health Institute

Tom Shewchuk is the former Chief Information Officer at the Michigan Public Health Institute. Since the publication of the *Guide*, Mr. Shewchuk has moved on to other opportunities

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James Simpson is responsible for a wide variety of legal and regulatory matters at Public Health Institute (CA). He advises the president and CEO and the other members of the management team on major transactions, relationships with other institutions, policy development and new business initiatives. He also serves as PHI's compliance officer and assistant secretary of the corporation. "Our legal department takes its cue from the public health approach: The best problem is one that doesn't happen," Simpson said. "The best solution is simple and quick." He has more than 20 years of experience advising nonprofit organizations. A member of the State Bar of California, Simpson received his law degree from the University of California at Berkeley and his master's degree in public health from the University of California at Los Angeles.

Aaron Zubler, JD, MSc, Senior Contracts and Operations Manager, National Network of Public Health Institutes

Aaron Zubler, Senior Contracts and Operations Manager, National Network of Public Health Institutes (NNPHI), is responsible for all aspects of NNPHI's contracting processes, from the procurement of contractors to the drafting, execution, implementation, and closeout of contracts. Additionally, Mr. Zubler assists in the review and monitoring of program budgets and helps ensure that NNPHI remains compliant with the requirements of its funding sources. Before joining NNPHI, he served as a project manager for the City of New Orleans, managing the implementation of multiple federal Community Development Block Grant funded projects targeted to aid in the city's rebuilding efforts after Hurricane Katrina. Mr. Zubler also served as a city planner for the New Orleans City Planning Commission, gaining a professional competency in administering zoning and land use regulations impacting the city's built environment. Mr. Zubler has a JD from Tulane University's School of Law, an MSc in international development from Tulane University's Payson Center, and a BA in philosophy from Indiana University.

MODULE 1

The Public Health Institute Model,
NNPHI, and Examples

1.0: The Public Health Institute Model, NNPHI, and Examples

Erin Marziale, MPH, Associate Director, Member Services, National Network of Public Health Institutes

Module 1 of the *Guide* provides a history and overview of the public health institute (PHI) model and the role of the National Network of Public Health Institutes (NNPHI) as the national membership organization that supports PHI growth and development. This module includes the current definition of a PHI, examples of PHIs across the nation, and the mission and examples of activities at NNPHI.

To navigate this Module, follow the links below:
- 1.1: What is a Public Health Institute?
- 1.2: Selected Leadership Biographies
- 1.3: Organizational Milestones and Key Decision Points
- 1.4: The National Network of Public Health Institutes

1.1: What is a Public Health Institute?

Erin Marziale, MPH, Associate Director, Member Services,
National Network of Public Health Institutes

Public health institutes (PHIs) are nonprofit organizations that work with a diverse range of multi-sector and multi-disciplinary partners that have a shared interest in creating conditions that lead to improved health. These partners include—but are not limited to—governmental agencies; community organizations; health care systems; academia; the private sector; transportation; and housing and community development. Using the principles and skills of collaborative leadership, PHIs and their partners work to leverage their strengths and assets to improve the places where people live, work, and play.

PHIs maintain a portfolio of competencies that are applied to current and emerging public health issues, including: population-based health program delivery; health policy; health equity; training and technical assistance; research and evaluation; health informatics; health communications; social marketing; fiscal/administrative management; and collaborative leadership. While this list of competencies is not exhaustive, all PHIs demonstrate work in two or more competency areas.

It is often helpful to visit the individual websites of the public health institutes to learn more about their individual organizational and programmatic capacity. NNPHI maintains a map with links to the individual PHI websites.

1.1(a): Organizational Models of PHIs

1.1(a1): 501(c)(3) Independent Nonprofit

A majority of PHIs are independent 501(c)(3) nonprofit organizations. Independent 501(c)(3) PHIs, or "stand-alone" PHIs, have received official 501(c)(3) status from the Internal Revenue Service (IRS) and have a tax-exempt designation for their organization. They also have formal bylaws and/or articles of incorporation. These PHIs create and maintain a board comprised of multi-sector leaders from across the state or region that the PHI serves

Staff from Health Resources in Action

(to learn more about governance, visit *5.2, Governance: Board Duties, Roles, and Responsibilities*). Stand-alone PHIs have broad missions that support population health.

A Modular Guide to Developing and Thriving as a Public Health Institute   Module 1

1.1(a2): University-Based

Some PHIs are housed within a university or other academic setting. As a requirement for membership with NNPHI, PHIs housed within a university are independent in their leadership, vision, and strategic direction from the over-arching university leadership and mission. They demonstrate independence through their mission, strategic goals, and activities. For example, the Georgia Health Policy Center's mission is to "improve health status at the community level." The mission of Georgia State University Andrew Young School of Policy Studies, the home of the Georgia Health Policy Center, is to "educate students who are highly qualified and sought after as policy analysts, program evaluators and designers of administrative systems." Many university-based PHIs maintain a separate advisory committee or group that provides strategic direction apart from the board of the university. Some of these PHIs have staff members that are also faculty at their university home and provide support for academic pursuits, such as research, teaching assignments, and other activities. These academic activities, however, are balanced with a portfolio of services, programs, and projects that are rooted in community service and public health practice.

1.1(a3): Administrative Home

Other PHIs are housed within another nonprofit. PHIs that have an "administrative home" are often receiving strictly back-office and administrative support from another organization. They may directly share the mission of the larger nonprofit. It may also be the case that they have a mission to broadly support population health that may be separate from their administrative home. They have an independent board or advisory committee that sets their strategic direction, vision, and mission. The board or advisory committee may have a formal seat or role with the board of the larger nonprofit and vice-versa.

Benefits of being housed in a larger nonprofit include the stability and support that a larger nonprofit can offer related to financial management, human resources, information technology, communications, and other services that can be difficult to resource as a small, stand-alone nonprofit. For example, the Community Health Institute in New Hampshire was established by JSI Research and Training Institute (JSI) and continues to have access to the full resources of JSI.

1.1(a4): Incubation

Some PHIs are incubated within another organization and become independent once they have reached a level of funding, administrative, and organizational stability. Recently, this model has been more common, given the challenges of starting a 501(c)(3) organization in the current economic environment. Several funders are also recommending that smaller nonprofits consider merging with larger ones to improve stability and efficiency of services. It may take years before a PHI reaches a level of sustainability that allows it to become fully independent (the average is 3-5 years). For example, the Institute for Public Health Innovation (IPHI), which serves the District of Columbia, Maryland, and Virginia, has been incubated by CommonHealth ACTION, a "national, nonprofit, public health organization located in Washington, DC, [which] serves as a catalyst and intermediary for the development of community generated solutions." CommonHealth ACTION served as an incubator, providing administrative, human resources, office space and other services, for IPHI, which is now an independent 501(c)(3) with a separate brand and identity from CommonHealth ACTION.

1.1(b): Geographic Reach

Most PHIs specify in their vision or mission the specific, defined geography they serve, such as the Illinois Public Health Institute (IPHI), which "works through partnerships to promote prevention and improve public health systems that maximize health and quality of life for **the people of Illinois**." Many PHIs direct and manage projects and programs beyond their defined geographic reach. For example, IPHI supports technical assistance on achieving accreditation and conducting Community Health Assessments and Community Health Improvement Plans nationally, with groups and organizations across the country.

The current network of NNPHI members spans all 50 states and all 10 HHS regions. Some members work primarily on the city or regional level, some work on the state level, and many manage national projects, multi-

NNPHI promotes a model of distributed capacity in which the expertise of members is tapped to support the needs of other states/regions.

state projects, and even international programs. Interested groups and all PHIs should think about their "primary" geographic reach, but the qualifications for membership with NNPHI do not limit organizations to work in their primary geographic reach. NNPHI actively encourages members working in a state with another PHI to engage the existing PHI as a partner in the work. NNPHI also promotes a model of distributed capacity in which the expertise of members is tapped to support the needs of other states/regions.

1.1(c): Funding

Most PHIs are funded by an assortment of grants and contracts with a diverse group of partners and funders. There is a large and growing list of national funders and federal agencies that fund projects, programs, and core organizational support for PHIs (examples include The California Endowment, Centers for Disease Control and Prevention, Health Resources and Services Administration, Kaiser Family Foundation, Kresge Foundation, The Pew Charitable Trusts, Patient Centered Outcomes Research Institute, Robert Wood Johnson Foundation, W.K. Kellogg Foundation and many others). The 2012 NNPHI member survey indicated that NNPHI members are acquiring more funding from federal agencies and national foundations; in 2010, the primary funder was state government.

PHIs typically bring more resources and new projects and programs into their state and region; some members have brought tens of millions of dollars of new investment in population health initiatives into their state. [1] Most PHIs operate entrepreneurially, forming new relationships and envisioning the future public health needs in order to create new project and program opportunities. PHIs are usually started with one or two projects and programs that help to grow the organization over time. Typically, PHIs develop their infrastructure through strategic use of programmatic funding. For more information on funding, please read 4.0, *Funding*.

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[1] Partnering for the Public's Health: The Role of Public Health Institutes as Fiscal Agents and Intermediaries. NNPHI. November, 9. 2009. Available at: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf

1.1(d): Foundational Operating Values

PHIs operate with several underlying principles or values that guide their work and relationships. Many PHIs describe their work as "strategically opportunistic" and strike a balance between developing new business opportunities while achieving their mission. Each PHI develops a unique set of values by which the organization operates, based on their particular context. For example, Public Health Institute in California states, that "[h]ealth is a fundamental human right. Just societies ensure equitable health outcomes for everyone." The Oregon Public Health Institute lists partnerships, leadership, integrity, and excellence as their values.

There are several common themes that cut across all of the PHIs; a discussion of four themes is shared below.

Many PHIs describe their work as "strategically opportunistic" and strike a balance between developing new business opportunities while achieving their mission.

1.1(d1): Entrepreneurial Leadership

Module 2.0, *Readiness, Entrepreneurial Leadership, and Choosing Business Strategies*, describes the social entrepreneurism skills and behaviors of leadership and staff within PHIs. Entrepreneurial leadership is a core value and critical component to the success of the PHI model. Several PHI CEOs and executive directors were interviewed to learn more about their strategies and approaches to social entrepreneurism (see 2.3, *Focus on Executives: Findings from Interviews of PHI Presidents/CEOs*). The importance of entrepreneurial leadership cannot be understated; the PHI model adds value to the public health system through its flexible, nimble organizational structure and a willingness to pursue new, different, and challenging areas of opportunity.

1.1(d2): Multi-Sector Approach

Partnerships are a critical strategy and mechanism for implementing the population health goals of PHIs. The Institute of Medicine (IOM) report, "The Future of the Public's Health in the 21st Century," strongly emphasizes that government alone cannot assure the conditions for community health. It discusses the importance of governmental public health working with multiple partners from the public and private sectors as an inter-sectorial public health system.[2] The IOM, Robert Wood Johnson Foundation, the National Prevention Strategy have all recently emphasized the need for public-private partnerships to address the social determinants of health. PHIs collaborate with a wide array of government agencies, including housing, transportation, and education, as

Government alone cannot assure the conditions for community health.

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[2] The Future of the Public's Health in the 21st Century. Institute of Medicine. November, 2002. Available at: http://www.iom.edu/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx

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well as academia, health care, hospital systems, businesses (such as health insurance companies), community-based organizations, foundations, and many others. PHIs at their core are strategic conveners and often serve as a "neutral" space for partners to come together and develop shared goals and strategies. A critical component to PHI development is the identification and meaningful engagement of new partners. Module 3.0, *Leveraging Partnerships and Alliances*, describes the approaches for PHIs in forming and using partnerships and alliances.

1.1(d3): Health in All Policies and the Social Determinants of Health

Over the past decade, national groups have increasingly recognized the impact of the social determinants of health (SDOH), such as neighborhood conditions, institutional power, and social inequalities. Accumulating evidence shows that simply directing enhanced medical services or other interventions at the symptom level will not address poor health outcomes and racial/ethnic disparities.[3] For instance, the vast majority of health care spending—as much as 95% by some estimates—is directed toward medical care and biomedical research. However, there is strong evidence that SDOH are responsible for over 70% of avoidable mortality.

PHIs work at the intersection of sectors like housing, transportation, and education to address the "upstream" social determinants of health. PHIs are part of a "new public health" that emphasizes accountability, evidence-based standards, engagement in the political process, inclusion of multi-sector partners, and performance improvement.[4] Often described as "health in all policies," the work engages non-traditional partners in the development and implementation of programs, projects, and policies that carefully consider the factors outside of medical care and traditional public health that influence population health.

1.1(d4): Health Equity

NNPHI and its members share a commitment to promoting health equity, defined as "the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."[5] This shared commitment to health equity is often evident in PHIs' organizational mission, vision, values, services and programs.

The National Institute of Health (NIH) defines health disparities as "differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions that exist among specific populations in the United States."[6] PHIs help identify these differences and engage strategic partners and community members to address them through targeted health equity programs and initiatives that address factors associated with health disparities, including: poverty, racial and ethnic groups, gender inequality, sexual orientation, socioeconomic status, and geography. The disparities addressed by PHIs vary based on the populations that they serve.

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[3] Hofricthter, Richard (Ed.) (2003). *Health and Social Justice: Politics, Ideology and Inequity in the Distribution of Disease, A Public Health Reader.* Jossey-Bass Wiley & Sons: San Francisco, CA. Ch. 1, The Politics of Health Inequities: Contested Terrain.

[4] Robert Wood Johnson Foundation. (2010). "Helping Public Health Institutes Become a Key Player in the "New" Public Health." Retrieved from http://www.nnphi.org/uploads/media_items/helping-public-health-institutes-become-a-key-player-in-the-new-public-health-strengthening-the-nation-s-public-health-institutes.original.pdf

[5] *See* http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34

[6] *See* http://report.nih.gov/biennialreport/ViewSection.aspx?sid=26&cid=4

PHIs work with community partners to focus on improving the health of communities using a more holistic approach to health, rather than focusing on one aspect of a population. Many PHIs are on the forefront of collaborating with partners in the Place Matters approach,[7] which puts a focus on improving the health of participating communities by addressing social conditions that lead to health disparities.

Resources

Websites

- **Institute of Medicine:** The Future of the Public's Health in the 21st Century: http://www.iom.edu/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx
- **Michigan Public Health Institute:** Public Health Institutes: The Michigan Experience: https://www.mphi.org/wp-content/uploads/2013/11/Public_Health_Institutes_Michigan_Experience.pdf
- **Robert Wood Johnson Foundation:** Helping Public Health Institutes Become a Key Player in the "New" Public Health: http://www.nnphi.org/uploads/media_items/helping-public-health-institutes-become-a-key-player-in-the-new-public-health-strengthening-the-nation-s-public-health-institutes.original.pdf

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[7] *See* http://www.jointcenter.org/hpi/pages/place-matters

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1.2: Selected Leadership Biographies

Erin Marziale, MPH, Associate Director, Member Services,
National Network of Public Health Institutes

One of the key aspects of the public health institute (PHI) model is entrepreneurial leadership. A leader of a PHI should have an understanding of population health, build strong relationships, take risks, and reach out to new partners. Leading a PHI is not a part-time job, although many PHIs are started by an executive committed to a full-time position within another organization until enough funding is secured. The educational and professional experiences of the CEOs and executive directors of PHIs are diverse; there is no exact formula for the right mixture of education and background. The most important characteristics are high connectivity to a diverse group of leaders on the national, state, and local level; ability to take risks; relationships with partners and funders; and vision for supporting population health.

The following leader biographies reflect a sample of the diverse backgrounds and expertise of NNPHI member institutes—both large and small organizations. For more information, please refer to 2.3, *Focus on Executives: Findings from Interviews of PHI Presidents/CEOs*.

1. Liz Baxter, MPH, Executive Director, Oregon Public Health Institute
2. Renee Branch Canady, PhD, MPA, CEO, Michigan Public Health Institute
3. Richard Cohen, PhD, FACHE, President and CEO, Public Health Management Corporation
4. Ray Considine, MSW, President, Health Resources in Action
5. Karen Minyard, PhD, Director, Georgia Health Policy Center
6. Mary Pittman, DrPH, President and CEO, Public Health Institute
7. Michael Rhein, MPA, President and CEO, Institute for Public Health Innovation
8. Robert St. Peter, MD, President and CEO, Kansas Health Institute
9. Karen Timberlake, JD, Director, University of Wisconsin Population Health Institute

1.3: Organizational Milestones and Key Decision Points

Erin Marziale, MPH, Associate Director, Member Services,
National Network of Public Health Institutes

As public health institutes (PHIs) grow over time, there are several organizational milestones and key decision points that contribute to the growth or contraction of the organization. PHIs operate within a particular context, and as the context changes, so does the organizational composition. PHIs are diverse in their organizational structure, portfolio of work, and relationships that comprise their specific model. They are organic organizations that are developed within the context of their specific geographic, political, socio-economic, and resource realities. Each institute has a unique history guiding its evolution. Below are some development highlights and timelines of organizational milestones from NNPHI members that are designed to illuminate some of the organizational phases of PHI development.

1.3(a): PHI Development Timelines
1. Georgia Health Policy Center (click link)
2. Oregon Public Health Institute (clink link)
3. Louisiana Public Health Institute (See Appendix C)

Louisiana Public Health Institute Timeline
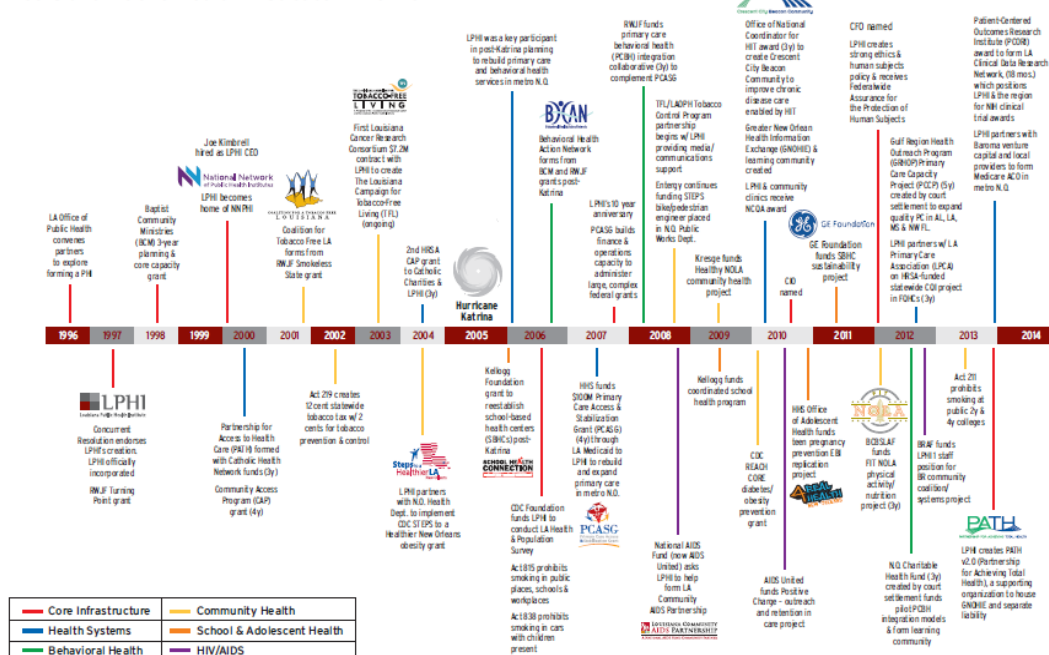
1.3(b): Highlights of Developmental History

1.3(b1): Louisiana Public Health Institute

In the aftermath of Hurricane Katrina, the public health infrastructure of New Orleans and the state of Louisiana was deeply compromised, leaving the most vulnerable of Louisiana citizens without connectivity to care. The Louisiana Public Health Institute (LPHI) served as added capacity for the public health system, providing staff, infrastructure, and other types of support to the health department and other health-related systems to design and manage the immediate and long-term recovery efforts. LPHI assisted the State Department of Health with communications for returning residents.

Additionally, LPHI became the home of the Louisiana Health and Demographic Survey, in collaboration with the Louisiana Department of Health and Hospitals, the Centers for Disease Control and Prevention, and the United States Census Bureau. The survey interviewed residents in 18 hurricane-affected parishes across southeast Louisiana and provided the health department with critical data about the health status and demographic information of those who were able to return. Due to LPHI's track record in providing rapid, high quality services and support, such as the survey in the aftermath of the storm, the United States Department of Health and Human Services awarded LPHI $100 million administer a grant program as the local partner of the Louisiana Department of Health and Hospitals (DHH) to support the rebuilding of the primary care system in the greater New Orleans area. The funds helped health care providers stabilize, improve, and expand their services through methods like opening satellite clinics, extending hours of operation, and hiring additional qualified medical staff. LPHI demonstrated the ability of a PHI to provide nimble, flexible support during a time of crisis.

1.3(b2): Public Health Institute (CA)

Staff from the Public Health Institute (CA): Pictured left to right, Donna Sofaer, Joe Hafey, Carmen Nevarez, Kevin Barnett, Mary Pittman.

In 1964, several retired senior State Health Department staff established the nonprofit California Public Health Foundation (CPHF) to handle small fiscal agent tasks. In 1988, the State Health Department decided to sole source contracts to CPHF to assist the state in operating several large new programs (e.g., AIDS, Cancer Registry, Hazardous Disease laboratory). This enabled rapid start-up while retaining the expectation that all programs would eventually be transitioned back to the state.

Dramatic growth ensued, and the CPHF board realized that they did not have management staff or infrastructure. The board approached the Western Consortium for Public Health—a similar nonprofit created by the Schools of Public Health at the University of California at Berkeley, Los

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Angeles, and the University of Hawaii—for help. The Consortium offered seasoned leadership, operational infrastructure, and some excess capacity, which led these organizations to enter into a written management agreement. Under this joint management, both organizations grew significantly, until 1999 when the Consortium board made a difficult decision to dissolve the organization and refocus on other university priorities. The Consortium's grants, contracts, and most of its staff were subsequently transferred to CPHF, which underwent reorganization, including a change of name as the Public Health Institute.

A newly expanded national Public Health Institute board of directors and broadened mission led to significant growth. Key turning points in the organization's development included the decision to undertake National Institute of Health research (non-clinical trials), the emergence of three major health conversion foundations in California, and opportunities for a growing line of global business with USAID.

Case Example: Institute for Population Health
In October 2012 the Institute for Population Health (IPH) became the entity through which residents of the City of Detroit receive all mandated and non-mandated public health services, including disease control, immunizations, maternal and child health programs, substance abuse prevention and treatment, and environmental health services. During IPH's first year, funding was provided through a direct contract with the Michigan Department of Community Health. This unprecedented funding arrangement was made possible because Detroit was in a financial crisis and under a consent agreement with the State.

Detroit's Mayor and leadership team determined that it could no longer provide public health services effectively due to the funding crisis, leading to creative discussions regarding alternative delivery systems. While no other PHI had taken on the responsibility of providing all mandated public health services, partnerships between governmental public health and PHIs are evidence-based models for the provision of services to improve and protect the public's health.

Through a series of meetings with the state health department and city officials, IPH leadership demonstrated that it would provide a stable, sustainable model for public health services. In addition to reducing administrative costs, the IPH structure allows for an efficient, nimble organization to expeditiously handle grant funds and associated staffing.

The public health authority to enforce codes and ordinances and act in a public health emergency remains in Detroit through three positions that must be maintained and approved by the State of Michigan. Those three individuals also assure that the public health services provided by the IPH meet all applicable rules, regulations and guidelines.

As IPH entered its second year of operation, Detroit was no longer under the consent agreement that was used to allow for a direct funding relationship with the state health department. While the initial focus for IPH was the provision of core public health services, the organization has worked to foster innovation, leverage resources, build partnerships and diversify funding.

1.4: The National Network of Public Health Institutes

Erin Marziale, MPH, Associate Director, Member Services, National Network of Public Health Institutes

Founded in 2001, the National Network of Public Health Institutes (NNPHI) is an active network comprised of over 30 member public health institutes (PHIs) and emerging institutes in over 30 states spanning all ten Department of Health and Human Services regions. NNPHI and its member institutes implement public health policy and program initiatives throughout all 50 states. NNPHI was formed in 2001 to facilitate the development of and collaboration among PHIs to add essential capacity to the public health system throughout the United States.

NNPHI's mission is to support national public health system initiatives and strengthen PHIs to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes. NNPHI manages comprehensive membership services and national programs addressing topics including accreditation preparation, performance management and quality improvement, evidence-based public health, health equity, leadership and workforce development, health in all policies, and research and evaluation.

NNPHI's annual operating budget for the 2012-13 fiscal year exceeded $10 million, with funds from a diverse set of public and private funding sources. NNPHI has cooperative agreements with the Centers for Disease Control and Prevention and the Office of Minority Health (U.S. Department of Health and Human Services), as well as numerous grants with the Robert Wood Johnson Foundation, Bristol-Myers Squibb Foundation, and The Pew Charitable Trusts.

> *NNPHI's mission is to support national public health system initiatives and strengthen PHIs to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes.*

1.4(a): Distributed Capacity Network

NNPHI is further developing the concept of a "distributed capacity network," in which services and topical expertise from the individual PHIs are leveraged to serve and support other states and regions across the country. Each NNPHI member organization develops organizational capacity based on the needs of the communities and partners it serves. The network, comprised of the NNPHI office as well as member institutes, leverages the distributed capacities and the capabilities of staff and teams from peer institutes to enhance bandwidth, increase geographic perspective, and add expertise to projects, programs, and initiatives. NNPHI and its members use multiple strategies and approaches to leverage these capacities—in the form of in-kind partnerships, contractual arrangements, fee-for-service agreements, and mentorship, among other approaches.

Examples of Distributed Capacity Model

Institute A is supporting a community health assessment (CHA). Institute A is rich in expertise to support community engagement but needs support with data analysis. Institute A contacts NNPHI to identify data analysts in the network of institutes that could lend support to the CHA process that Institute A is conducting.

Institute B is hosting a statewide meeting on payment reform with numerous health care and academic providers. Institute B turns to NNPHI and peer institutes to identify experts on payment reform to speak at and/or facilitate the meeting of stakeholders.

1.4(a1): Distributive Capacity Project Examples

1. **Health Impact Assessments**: During the 2010 Emerging Institutes workshop at the NNPHI Annual Conference, several members identified an interest to grow their capacity in conducting Health Impact Assessments (HIAs). Several members and NNPHI staff created a concept paper that outlined the training and programmatic interests of the members, as well as their existing capacity and expertise that would be translatable to the HIA process. NNPHI was then invited by the Health Impact Project (a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts) to submit a proposal for developing HIA capacity among PHIs. The activities included hosting a training for 10 PHIs, funding two national HIA technical assistance centers, and funding two HIAs. The partnership between Health Impact Project and NNPHI has continued to grow; NNPHI now co-facilitates the National HIA Meeting and has funded a second round of HIAs among the PHIs in close collaboration with Health Impact Project. NNPHI staff and the staff of several PHIs work as a team to provide ongoing technical assistance, training, and opportunities for sharing among HIA practitioners.

2. **Community Health Assessment/Community Health Improvement Planning:** In 2011, NNPHI collaborated with the Illinois Public Health Institute to develop an Accreditation Business Plan to explore the capacity of PHIs to provide technical assistance, training, and other support for state and local agency participation in national voluntary accreditation. NNPHI members identified existing capacity of the network to provide services, as well as the needs for capacity-building among members. A strong area of potential was identified as Community Health Assessment/Community Health Improvement Planning (CHA/CHIP)—an accreditation prerequisite through the Public Health Accreditation Board and requirement for all nonprofit hospitals. PHIs are in an excellent position to serve as conveners to meet CHA/CHIP needs of health departments and hospitals. NNPHI provided training on CHA/CHIP for all PHIs at the 2013 NNPHI Annual Conference (in collaboration with the Illinois Public Health Institute and the Michigan Public Health Institute) and has formed a workgroup with PHI leaders to explore capacity-building interests of the members.

1.4(b): Technical Assistance

To support interested groups, as well as emerging and established PHIs, NNPHI provides technical assistance on a wide range of topics related to PHI capacity and organizational development. NNPHI facilitates several types of technical assistance for PHIs and other groups at all stages of development. NNPHI also documents technical assistance requests from its members, as well as the ongoing needs for capacity-building assistance for PHIs related to their organizational growth and development.

NNPHI staff visited with a consortium of community partners during a site visit with the Hawaii Public Health Institute.

Examples of NNPHI's technical assistance include:

1.4(b1): Mentorship

NNPHI provides mentorship support for emerging and established institutes in which organizations are matched with a CEO/executive director in the network for up to two years. Activities that mentors provide include one-on-one monthly technical assistance calls, assessments of organizational development, and site visits. NNPHI uses the *Keys to Success*, a framework developed by the Georgia Health Policy Center and NNPHI staff

Representatives of the 2012-2014 Cohort of Emerging Institutes: Pictured left to right, Erin Marziale, NNPHI; Georgia Heise, Kentucky; Jessica Yamauchi, Hawaii; Cynthia Lamberth, Kentucky; Katie Dabdoub, NNPHI; Heidi Klein, Vermont; Clifford Chang, Hawaii

in 2009, to support technical assistance to PHIs. The *Keys to Success* framework was developed through an in-depth study of PHIs and their capacity to provide technical assistance for organizational development in 2008. Funded by the Centers for Disease Control and Prevention, the PHI study resulted in the development of the *Keys to Success*, as well as a PHI Assessment Tool that evaluates PHI organizational development through 28 indicators. Both of these tools are helpful resources for all PHIs and interested groups to frame strategic thinking/planning discussions. NNPHI has several resources to help organizations use these tools. Visit 2.1(b), *Public Health Institute Assessment Tool*, for more information on these tools.

1.4(b2): Peer Learning Opportunities

NNPHI supports group webinars, teleconferences, and workshops at the NNPHI Annual Conference that provide education and training on topics related to sustainability. NNPHI facilitates group calls in which emerging and established institutes share challenges and successes with their peers and provide support to each other.

1.4(b3): Sample Documents

The eCatalog on the NNPHI website contains several resources related to developing PHIs. Several sample documents, including legislation, policies and procedures, position descriptions, organizational charts, and many others are available on the eCatalog and by contacting NNPHI.

1.4(c): National Visibility

As the nation's sole membership organization dedicated to serving and advancing public health institutes, NNPHI provides visibility for its members with other national partner organizations. NNPHI works closely with other organizations dedicated to supporting population health, such as the American Public Health Association, the Association of State and Territorial Health Officials, the National Association of City and County Health Officials, the Trust for America's Health and many others. NNPHI provides national visibility of the work of its member institutes, by participating in conversations about current and emerging trends in public health and by fostering connectivity between national initiatives. In areas such as public health performance improvement and health impact assessment, NNPHI has served as a conduit for its members to receive national recognition for their work and connectivity to new funding and partnerships. As a result of NNPHI's efforts to promote the work of its members, several national partners now recognize public health institutes as eligible applicants for funding opportunities and consistently reach out to NNPHI to contract with members for their expertise and services.

Resources

Websites
- **Georgia Health Policy Center and National Network of Public Health Institutes:** Keys to Success: http://www.nnphi.org/uploads/media_items/keys-to-success-report-capacity.original.pdf
- **Georgia Health Policy Center and National Network of Public Health Institutes:** Public Health Institute Assessment Tool: http://www.nnphi.org/uploads/media_items/phi-assessment-tool.original.pdf
- **National Network of Public Health Institutes:** Community Health Assessment and Improvement Planning: The Unique Contribution of Public Health Institutes: http://nnphi.org/CMSuploads/CommunityHealthAssessmentandImprovementPlanning-TheUniqueContributionOfPublicHealthInstitutes.pdf
- **National Network of Public Health Institutes:** Partnering for the Public's Health: The Role of Public Health Institutes as Fiscal Agents and Intermediaries: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf

MODULE 2

Readiness, Entrepreneurial Leadership
and Choosing Business Strategies

2.0: Readiness, Entrepreneurial Leadership, and Choosing Business Strategies

Erin Marziale, MPH, Associate Director, Member Services,
National Network of Public Health Institutes

Module 2 of the *Guide* provides an overview of, as well as tools and tips for, assessing organizational readiness, building a culture of social entrepreneurship and choosing business strategies. Section 2.1, *Public Health Institute Readiness*, walks through the five core elements of successful public health institutes (PHIs) and provides tools to assess readiness for those core elements. Section 2.2, *Entrepreneurial Leadership*, provides a description of the characteristics, skills, and behaviors of social entrepreneurism—one of the most important keys to success for PHI development. It also includes tips on mentorship and creating an organizational culture of social entrepreneurship. To complement 2.2, 2.3, *Focus on Executives: Findings from Interviews of PHI Presidents/CEOs*, provides insights into the types of behaviors and skills that have made PHI leaders successful. Finally, 2.4, *Strategies for Developing New Business*, provides an excellent set of business strategies in two major categories: (1) core competencies (e.g., technical assistance, evaluation) and (2) assisting other organizations (e.g., fiscal agency, hiring staff). This is a resource that PHIs at all levels of development will find useful when considering new lines of business to pursue.

To navigate this Module, follow the links below:

- 2.1: Public Health Institute Readiness
- 2.2: Entrepreneurial Leadership
- 2.3: Focus on Executives: Findings from Interviews of PHI Presidents/CEOs
- 2.4: Strategies for Developing New Business

2.1: Public Health Institute Readiness

Karen Minyard, PhD, Director and Associate Research Professor, Georgia Health Policy Center

2.1(a): Core Elements of Success

For individuals contemplating a public health institute (PHI) start-up and those embarking on the strategic assessment of an existing PHI, consider the five core elements of successful PHIs:[1]

1. Shared Vision
2. Key Partner Involvement
3. Entrepreneurial Leadership
4. Diversified Core and Programmatic Funding
5. Organizational and Programmatic Capacity

While experience has shown that these elements are related to the success of PHIs, the entrepreneurial nature of PHI work requires risk-taking. It is important to assess readiness, but sometimes a leader must step out and "just do it." Being 100% ready is not always realistic.

2.1(a1): Shared Vision

In the process of developing a public health institute, it is critical to hold strategic visioning sessions in which leaders, committed to the PHI concept, work together to define a common vision. NNPHI and leaders of established PHIs have provided consultation and facilitation for strategic visioning sessions over the past 10 years of providing technical assistance. Some PHIs, such as the South Carolina Institute of Medicine and Public Health, held listening sessions across their states to develop a shared vision and set of early activities for the PHI. These listening sessions supported an advisory committee in the development of a strategic plan and mission and vision statements.

> **Establishing a clear role for the PHI within a state can help staff remain focused on the PHI's mission… One institute has developed an elevator speech that staff members use to communicate their mission and role within the state.**

Other PHIs have held work sessions or inaugural board meetings with leaders and stakeholders—from multiple sectors such as government, academia, community-based organizations, hospitals, health care systems, and others—to design a shared vision. Some tools that PHIs have used in this process

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[1] This section was adapted and updated from the Public Health Institute Capacity Assessment Report, prepared for the National Network of Public Health Institutes. Branscomb J, Minyard K, Phillips M A, Wong N. From the Georgia Health Policy Center, July, 2008.

include SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis, mind map exercises, and other facilitation techniques to support an open brainstorming process. Examples of questions to ask stakeholders include:

1. What have been some of the public health system successes in the state?
2. What have been some of the public health system challenges? What are some of the needs or gaps in the state?
3. When thinking about the concept of a PHI, what are some of the roles and capacities that are particularly compelling for the state? If not a PHI, are there other entities/initiatives that could address the challenges?

Note that the shared vision of collaborators may shift over time and a strategic visioning process should be occasionally repeated to identify new priorities and opportunities for collaboration.

> **A defining characteristic of PHIs is that they act as strategic conveners for multiple public and private partners within a state, across states, or within a municipality.**

Established PHIs indicate that working with staff toward a common vision, mission, and strategic plan is critical to advancing institutes. The concept of a shared vision also extends to key public and private partners with which the institute will work. One of the challenges identified in this area, however, is maintaining a focus on the PHI's mission. Most PHIs are funded through soft money and, thus, are constantly engaged in seeking additional funding. This ongoing challenge can be distracting for institutes that want to remain mission-focused but also need to obtain grants and contracts to survive.

Representatives of the 2012-2014 Cohort of Emerging Institutes: Left to right, Erin Marziale, NNPHI; Georgia Heise, Kentucky; Jessica Yamauchi, Hawaii; Cynthia Lamberth, Kentucky; Katie Dabdoub, NNPHI; Heidi Klein, Vermont; Clifford Chang, Hawaii

To overcome this challenge, some PHI leaders have suggested that strategic positioning and communications are critical. Establishing a clear role or niche for the PHI within the state can help staff remain focused on the PHI's mission and help key external partners understand its value. This does not eliminate the ongoing need for entrepreneurially seeking funding. One institute, for example, has developed an elevator speech that staff members use to communicate their mission and role within the state.

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2.1(a2): Key Partner Involvement

A defining characteristic of PHIs is that they act as strategic conveners for multiple public and private partners within a municipality, throughout a state, or across multiple states. To successfully serve this function, it is critical that key leaders who can influence health and resource allocation partner with institutes. Important key partners are in both the public and private sectors and span local, state, and national levels. For additional context, see 3.0, *Leveraging Partnerships and Alliances*.

Partners might include governmental agencies, business leaders, providers, foundations, universities, insurance companies, public health organizations, and nonprofit organizations. Consideration of key partners is valuable when building a PHI's governance structure. When developing their boards, PHIs should also consider the need to continuously attract resources to support the organization's ongoing core and programmatic functions. Many PHI boards include strong support from public health partners, but do not have strong resource-attracting members. Selecting board members who can provide wise insight, act as advocates for the institute (especially in challenging times), and offer connections/influence to build organizational resources adds significantly to the PHI's strength.

Another issue related to key partners is the continuous management of relationships when leadership changes in key partner entities, such as turnover in executive-level government. Often PHIs acknowledge the need to continually communicate their role to governmental public health partners with each new administration change. One institute, in particular, strategically positioned itself to be a partner on the search committee for the new state public health director. Other institutes suggest that being visible and making meaningful contributions to community boards, engaging in statewide initiatives, and sharing credit with partners serves to establish the organization's reputation and maintain partnerships with key leaders.

2.1(a3): Entrepreneurial Leadership

Successful institutes identify being strategically opportunistic as a major contributor to their sustainability. Part of being strategically opportunistic is having institute leadership and staff members who are entrepreneurial in spirit. Entrepreneurial leaders are described as individuals who implement "new combinations" (e.g., new programs or services, new ways of doing things, and new ways of organizing). Generally, in the nonprofit arena, entrepreneurial leaders are believers, searchers, and conservers. They pursue ideas and causes, have acclaim of peers and a good self-identity, and preserve cherished institutions. Entrepreneurial leaders are problem-solvers and team-builders and are known for their persuasion, persistence, creativity, and energy. They are self-reliant individuals who require opportunities and room to operate. Entrepreneurial leadership is seen as a key component in individual PHI success and in the public health institute network. To learn more, see 2.2, *Entrepreneurial Leadership*, below.

2.1(a4): Diversified Core and Programmatic Funding

Regardless of size or operating budget, financial issues are a concern for PHIs. Very few institutes have an adequate amount of core funding, with most relying on grants and contracts as their primary sources of income. Grants and contracts tend to range only from a few months to a few years. Furthermore, cash flow can be a challenge. Some PHIs seek bridge loans from financial institutions or use reserve funds if available. PHIs have implemented several successful, innovative funding models for accomplishing their mission and overcoming these challenges.

Some of these funding models are described in detail in 4.0, *Funding*. Many PHIs have developed strategies to leverage funds from projects and programs to strategically build organizational capacity and develop reserves through indirect costs. A number of PHIs have spent years building a diverse portfolio of services and capacities to ensure sustainability.

There are several models for building core and programmatic funding as well as creating the necessary organizational infrastructure to be successful. Some PHIs have secured core operating dollars which allows them latitude to remain mission-focused and play a consistent role as a contributor within their respective states/municipalities. Some PHIs achieve stability through partnership with a larger organization that provides space and shared administrative support. This model can be seen with the public health institutes that are housed in universities and the New Hampshire Community Health Institute, which is housed in a larger organization, John Snow Inc. (JSI). A balance of core and unrestricted funding and program support is ideal. Core funding can satisfy indirect costs and allow PHIs the degrees of freedom necessary to provide mission-focused programs.

PHI Funding Source Examples

- •Administrative Home or University In-Kind Contributions
- •Competitive Grants
- •Bona Fide Agent Arrangements
- •Contracts

- •Cooperative Agreements
- •Fee for Service Sales
- •Foundation Awards and Partnerships
- •Governmental Budget Line Items
- •Governmental MOUs

- •MOBIS and Other Federal Contracting Vehicles
- •Sole Source Arrangements
- •Task Orders Under IDIQ Contracts

2.1(a5): Organizational and Programmatic Capacity

Finally, the basic tenets of almost any successful organization, in addition to visionary leadership, include sound business operations, human resources, office space, professional development, diverse investments, and strategic and sustainability plans. Many PHIs start very small with core capacity in sound business operations (managing grants and contracts), communications and program management. Many of these core capacities can be contracted at first and then brought in house once the PHI has established a stronger operational budget. It is very important that these capacities, however small in the beginning, be high quality, efficient and effective. PHIs must first demonstrate their "value-add" through delivering a high quality product or program with partners before they begin to have greater success and the ability to build additional organizational and programmatic capacity.

The importance of excellent staffing cannot be understated. Many PHIs have described the importance of contracting or hiring the right expertise or the right entrepreneurial leaders from the very beginning to support organizational and programmatic growth. A sound mix of staffing can go a long way towards building a healthy organization with the capacity to be flexible, responsive and innovative. As shared in the monograph *Good to Great and the Social Sectors* "[y]ou start by focusing on the First Who principle—do whatever you can to get the right people on the bus, the wrong people off the bus, and the right people into the right seats… the fact remains: greatness flows first and foremost from having the right people in key seats, not the other way around."[2]

Other capacity factors that institutes identify as particularly important include:

- Nonprofit Management: Innovations in nonprofit management are developing every day. PHIs should continuously learn about new models and apply them to organizational development activities. Resources include:
  - Alliance for Nonprofit Management:
    https://www.allianceonline.org/about-alliance
  - Foundation Center:
    http://foundationcenter.org/gainknowledge/nonprofitlinks/
  - National Council of Nonprofits:
    http://www.councilofnonprofits.org/resources
- Building Data and IT Infrastructure: Many PHIs have developed successful services and capacities through their ability to design and manage data and IT infrastructure. With growing emphasis on analyzing "Big Data" and understanding technological solutions for population health improvement, building strong internal data and IT capacity can often lead to external contracts and other partnership arrangements.
- Policy and Research: There is a growing recognition of the importance of considering health in all decision making and that policy is a powerful tool to support health. Many PHIs have built capacity related to the education of policymakers and analysis of policy. There is a growing demand for these skills; many state and local health departments have partnered with their public health institute specifically for these skills.
- Health Communications and Translating Findings: Having strong communications capacity, including social media expertise, is critical to PHI development. This capacity supports both internal communications needs, such as branding and sharing the work of the institute as well as supporting external partners with communications campaigns.

These organizational capacities allow PHIs to provide programs and services and add value within their respective states/municipalities. PHIs not only need to attract external funding, they need to deliver high quality products in order to maintain funded relationships.

There are several organizational and programmatic development milestones between emerging/provisional PHIs and fully established PHIs. PHIs must demonstrate organizational and programmatic capacity in several ways to become a full PHI member of NNPHI. Applicants must demonstrate clean audits, full time staffing and programmatic competencies in several areas as

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[2] Good to Great and the Social Sectors: A Monograph to Accompany Good to Great. Boulder, Colorado: J. Collins, 2005.

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well as demonstrated partnerships with multiple sectors. There are several technical assistance resources available for emerging institutes and provisional members to support their organizational development. It is critical that full public health institute members of NNPHI have strong organizational and programmatic capacity in order to fully participate in collaborative work with partners and funders such as CDC and RWJF.

2.1(b): Public Health Institute Assessment Tool

The NNPHI Board and staff and the Georgia Health Policy Center, based on conversations together from January to March 2007, developed a PHI assessment tool. The tool reflects the five core elements of successful PHIs, discussed above in 2.1(a), *Shared Vision*, and strengths and areas for growth through 28 indicators of organizational sustainability. It is intended as a guide to support goal-setting for organizational development. While the tool was designed to assess emerging institutes initially and mark progress over time, established PHIs can use it as part of strategic assessment.

Assessment Tool Focus Areas

1. Clear Vision, Intent, and Leadership (e.g., having strategic plan in place, full-time leadership)

2. Communication and Campaigning

3. Infrastructure to Support Mission (e.g., effective internal communication, contracting, human resources, legal and information technology processes, and at least one project with statewide public health strategic impact)

4. Seeking External Help with Administrative Programmatic Development (e.g., participating in NNPHI's learning community and being able to accurately self-assess assistance needs)

5. Sustainability Based on Demonstrated Value (e.g., diverse funding is a benchmark for sustainability)

Resources

Websites

- **Alliance for Nonprofit Management:** About: https://www.allianceonline.org/about-alliance
- **Foundation Center:** Nonprofit Management: http://foundationcenter.org/gainknowledge/nonprofitlinks/
- **National Council of Nonprofits:** Resources: http://www.councilofnonprofits.org/resources
- **National Network of Public Health Institutes and Georgia Health Policy Center:** Public Health Institute Assessment Tool: http://nnphi.org/uploads/media_items/phi-assessment-tool-1.original.pdf

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2.2: Entrepreneurial Leadership

Karen Minyard, PhD, Director and Associate Research Professor,
Georgia Health Policy Center

This module provides description of the characteristics, skills and behaviors of social entrepreneurism, one of the most important keys to success for public health institute development. For almost ten years, NNPHI has observed the entrepreneurial behavior of PHI leaders and staff. Through these observations, it is been clear that strong entrepreneurial leadership, or the lack of it, has been a critical component to the success or failure of public health institutes. This module is designed to describe social entrepreneurism and provide guidance, stories and tips on how to build it from the CEO/executive leader throughout the organization. To support this discussion, NNPHI conducted interviews with several CEOs of public health institutes to learn more about their behaviors. Module 2.2 is divided into the following subsections:

> **A social entrepreneur is an individual, group, network, organization, or alliance of organizations that seeks sustainable, large-scale change through pattern-breaking ideas in what governments, nonprofits, and businesses do to address significant social problems.**

- 2.2(a): Entrepreneurial overview
- 2.2(b): Tips for Individuals and Organizations to Build Entrepreneurial Capacity

2.2(a): Entrepreneurial Overview

Public health institutes (PHIs) are by their very existence entrepreneurial. Most PHIs form alliances that use new ideas and partnerships to address public health problems. "A social entrepreneur is an individual, group, network, organization, or alliance of organizations that seeks sustainable, large-scale change through pattern-breaking ideas in what governments, nonprofits, and businesses do to address significant social problems."[3]

Because of the innovative and complex nature of their work and relationships, PHI leaders and their teams must be entrepreneurial. The entire organization should strive to learn, practice and grow entrepreneurial skills.

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[3] Light PC. Searching for Social Entrepreneurs: Who Might They BE, Where They Might Be Found, What They Do. *Research on social Entrepreneurship: Understanding and Contributing to an Emerging Field*. 2006. Volume 1, Number 3: p 30.

Researchers have identified seven basic assumptions about social entrepreneurs:[4]

1. Can be individuals, groups, or teams
2. Seek sustainable, large scale change
3. Use pattern-breaking ideas, including using old concepts in new ways
4. Establish new and better ways to create value
5. The quantity of social entrepreneurship in an organization can vary greatly from time to time or from program to program
6. The intensity of social entrepreneurship can ebb and flow
7. Entrepreneurs sometimes fail

Creating funding opportunities, leveraging resources, and building partnerships are common characteristics between the interviews with PHI leaders and the entrepreneurship literature. PHI leaders are encouraged to support the entrepreneurial capacity of all staff in the organization. The figure below illustrates tips for building a culture of social entrepreneurism.

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Case Example: Georgia Health Policy Center

Georgia Health Policy Center (GHPC) had an interest in Health Impact Assessments (HIAs) but no resources to support the work. When an opportunity to engage in a rapid HIA arose, GHPC decided to use internal resources to fund the effort. The Centers for Disease Control and Prevention (CDC) also needed help training others about HIAs due to time and travel restrictions. GHPC staff—again, with internal resources—shadowed CDC to learn about the training, filling in for training needs. GHPC's work led to other requests for doing and teaching about HIAs. GHPC identified three core areas of HIA work: (1) performing HIAs; (2) training others about how to HIAs; and (3) providing technical assistance to those who want to build capacity but need help with their first HIA. GHPC also became active in national meetings focusing on HIAs. As a result, their entrepreneurial efforts, GHPC was subsequently designated as one of two regional HIA Resource Centers. Even though the resources around HIA work were not adequate to cover the costs of performing the activities, GHPC again used internal resources to hire HIA experienced staff. This results in more requests for performing HIAs, HIA training, and HIA technical assistance. Now the GHPC has a new line of business close to reaching a break-even point. Learn more in 1.0, The Public Health Institute Model, NNPHI, and Examples.

2.2(b): Tips for Individuals and Organizations to Build Entrepreneurial Capacity
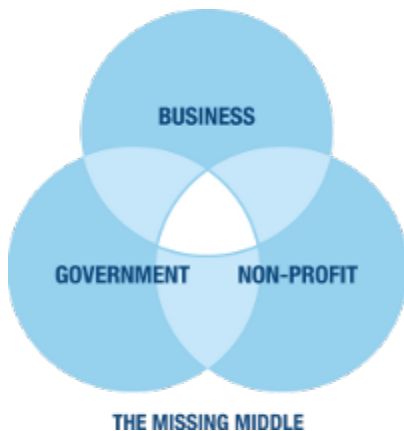
Like the GHPC in the above case example, PHIs often position themselves in the middle space—between other nonprofits, government, and business—and explore new ways to sustainably solve difficult problems. The Social Enterprise Alliance describes this position as the missing link between the traditional worlds of government, nonprofits, and business. With an entrepreneurial approach, leaders can solve problems more efficiently than government, more sustainably and creatively than the nonprofit sector, and more generously than business.

The Social Enterprise Alliance serves more than 900 members representing social enterprises, service providers, investors, corporations, public servants, academics, and researchers. The Alliance seeks to build the entrepreneurial capacity of leaders.

Ashoka, a nonprofit that supports leading entrepreneurs by investing in them and connecting them to others, has developed proxies for measuring effectiveness in social entrepreneurship. PHI leaders can use the following benchmarks to assess their entrepreneurial effectiveness:

1. Are you still working toward your original vision?
2. Have others replicated your original idea?

3. Have you had impact on public policy?
4. What position does your institution currently hold in the field?
5. Has your work been complemented by in-depth case studies that emphasize the level of systemic change and the extent of its spread?[5]

PHI leaders can build entrepreneurial capacity and culture over time. Even if individuals do not feel particularly entrepreneurial, or if they have had entrepreneurial success and want more, there are steps everyone can take to become more entrepreneurial. In some cases, it is a matter of focus and courage.

Tips for Building Entrepreneurial Capacity

Become knowledgeable about entrepreneurism by reading the references provided in this section and others.

Include staff and partners in building entrepreneurial capacity and a culture of entrepreneurship.

Explore web sites with examples of entrepreneurial success (e.g., http://www.pbs.org/opb/thenewheroes/). **Watch Ashoka's story** (https://www.ashoka.org/video/story-ashoka).

Understand that individuals can practice entrepreneurship on specific projects and build to larger efforts over time.

Identify an entrepreneurial opportunity and develop a plan for how to approach it.

Talk to other entrepreneurs, hear about their approaches, and test plans with them.

Don't be afraid to fail. Entrepreneurs sometimes fail.

Use developing social entrepreneurism measures to evaluate the success of entrepreneurial efforts.

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[5] Leviner, et al, Understanding the impact of social entrepreneurs, Ashoka's answer to the challenge of measuring effectiveness. *Research on social Entrepreneurship: Understanding and contributing to an Emerging Field*. 2006. Volume 1, Number 3: pp 97-98.

Developing Entrepreneurial Skills throughout the Organization
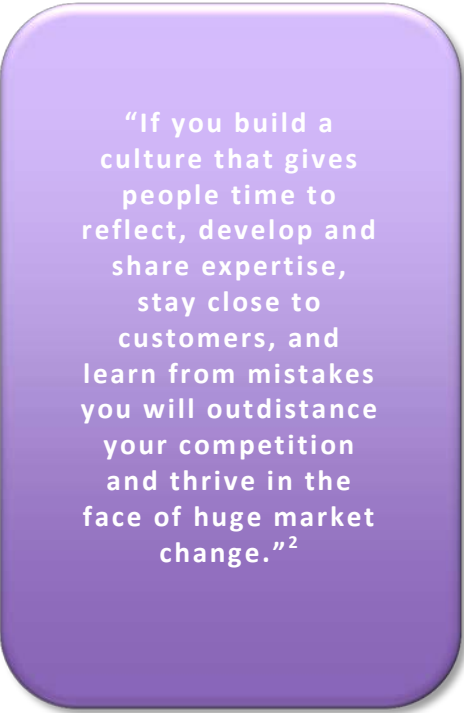
PHIs should be intentional about continuously learning and improving leadership skills throughout the organization. Executive leadership has a responsibility to set the tone and frame for promulgating this culture. However, all individuals within a PHI have a responsibility to foster their own professional development and continue learning and growing their skills for social entrepreneurship. Many public health institutes make professional development a priority by setting aside funds and resources to attend trainings, conferences and other educational opportunities. PHIs also foster teams of staff to work on a new entrepreneurial venture so that the whole team learns from the process.

There are six keys to success in building a learning organization:

> *"If you build a culture that gives people time to reflect, develop and share expertise, stay close to customers, and learn from mistakes you will outdistance your competition and thrive in the face of huge market change."[2]*

1. Involving staff in assessment and decision making about entrepreneurial activities;
2. Debriefing with staff before, during, and after an entrepreneurial endeavor;
3. Mentoring staff by sharing detailed thoughts and motivations (expose staff to the details of entrepreneurial thoughts and actions;
4. Allowing staff to participate in conferences for entrepreneurs (exposing them to other entrepreneurs)
5. Pointing out entrepreneurial conversations and actions;
6. Rewarding entrepreneurial activities (even if they do not succeed); and measure entrepreneurial activities as part of performance reviews.

These strategies are also testament to the need for a program to build ladders to executive leadership within an organization. It is important to have some depth on the management bench, and expect senior administrative and programmatic leaders to grow capabilities geared toward eventual succession plans and talent retention. This helps to prevent chaotic leadership voids.

Leadership in the nonprofit sector faces challenges as many senior executives retire and fewer middle managers are ready for the step into more demanding, complex layers of authority and responsibility. Development as a learning organization with a strong commitment to mentoring will enable PHIs to absorb the transitional time and simultaneously manage the changing landscape in nonprofits that elect a more entrepreneurial approach.

Mentoring

Development of a mentoring program for early or mid-career professionals that includes leadership learning is a great way to develop young program talent and create a learning culture at a public health institute. Many organizational needs can be satisfied when a meaningful mentoring program is in place, including the on-going

Emerging Institutes Grantees from 2009-2011: States included Florida, Rhode Island, South Carolina, Tennessee, Virginia, and Washington, DC. Mentors and NNPHI staff are also pictured.

development of entrepreneurial skills. These programs are designed to grow or extend careers by improving technical, leadership, and social entrepreneurship skills needed in the workplace. They should be designed to support every level of an organization.

- **Entry-Level**: Mentoring for this group of typically younger employees or student volunteers takes a commitment of time from an organization. The purpose is to enhance the practical understanding of a person with limited exposure to the workplace and often to the profession. This involves engaging them in meaningful work, inviting them to meetings where the work of an organization can be observed (especially entrepreneurial ventures), and where the mentee is invited to participate as appropriate. A good mentoring program with a good match between mentor/mentee can elevate the opportunities for the young person. It can prepare others to consider future employment or to enhance partnership opportunities in the future.
- **Mid-Career Level**: Mid-career people can take advantage of a mentoring period if they are advancing their career, changing career development strategies, or considering a career change. These can be from brief periods to periods of many months. Often they are part of a professional development series and include cross-disciplinary learning on topics such as supervision, workplace morale, partnership development, or strategic transitions.
- **Senior Career Level**: Leaders ready to make a move to a more responsible position often need mentoring in topics such as program planning, partner development, policy development, and senior management decision-making.
- **Encore Level**: Encore careers are open to post retirees, and present an opportunity for an individual to work in an organization in need of his/her skills, but perhaps in a different sector/industry. Mentoring can enhance this person's value to the organization and is typically conducted as an intensive orientation.

Mentoring programs can often have an important impact in helping an organization meet diversity goals across a range of characteristics. They should not be seen as a low cost workforce, but as an opportunity to encourage employees of the future in the field, grow careers that strengthen sustainability and resilience within the organization, encourage stronger partnerships, and take best advantage of encore resources.

Resources

Journals

- Light PC. Searching for Social Entrepreneurs: Who Might They BE, Where They Might Be Found, What They Do. *Research on social Entrepreneurship: Understanding and Contributing to an Emerging Field*. 2006. Volume 1, Number 3: pp 30-31, pp 97-98.

Websites

- **Ashoka:** About Us: https://www.ashoka.org/about
- **Ashoka:** Video Story of Ashoka: https://www.ashoka.org/video/story-ashoka
- **Public Broadcasting Service (PBS):** The New Heroes: http://www.pbs.org/opb/thenewheroes/
- **Social Enterprise Alliance:** The Case for Social Enterprise Alliance: https://www.se-alliance.org/why

2.3: Focus on Executives: Findings from Interviews of PHI Presidents/CEOs

Joe Hafey, President Emeritus and Founder, Public Health Institute (CA)

The above sections in 2.2, *Entrepreneurial Leadership*, discuss the importance of building a culture of social entrepreneurship throughout the organization. The importance of having an entrepreneurial leader as the executive/CEO of a public health institute cannot be understated. In order to better understand the executive skills and behaviors in social entrepreneurism, NNPHI conducted a series of structured interviews with Presidents/CEOs of some of the large public health institutes in January of 2013. The results of these interviews are summarized below and give insights into the types of behaviors and skills all leaders of PHIs should embrace and practice. The biographies of the interviewed leaders are below in Interviewee Biographies: Public Health Institute Presidents and CEOs.

> *Social entrepreneurism is reinforced at all levels of the PHI. It is communicated at the interview and hiring stages . . . embraced by staff and board . . . and is a key component of the internal reward systems and the public communications.*

The Presidents/CEOs interviewed have years of experience at their PHI, as well as in other senior leadership positions. These leaders identified the following six characteristics, behaviors, and skills as the keys to their success:

1. Creating a Culture of Social Entrepreneurism
2. Identifying and Creating Funding Opportunities
3. Building and Leveraging Relationships and Partnerships
4. Promoting a Multi-Sector Approach
5. Leveraging Resources and Successes
6. Optimism and Opportunism

2.3(a1): Creating a Culture of Social Entrepreneurism and Mentorship

The Presidents/CEOs talked about an energy in their PHIs that reflects the excitement about new ideas and plans. This culture of social entrepreneurism is infectious and pervasive throughout the organization. It is reinforced at all levels of the organization. It is communicated at the interview and hiring stages. It is embraced by staff and board, with expectations developed for both. It is a key component of the internal reward systems and the public communications. Business skills are vital to the governance, management, and programs in PHIs.

The staff resources for business development vary significantly from PHI to PHI. In some, the entire staff shares the responsibility of bringing in new funding. In others, there is dedicated

development staff that provides a range of services, from monitoring opportunities, proposal writing and review, research, grant submission, and assistance to PIs and PDs.

Financial resources to support development vary significantly. At some PHIs, there is little discretionary funding for proposal support, while at others there are hundreds of thousands of dollars that support program staff time, consultants, outside proposal writers, and partnership convening.

The culture of saying "yes" is promoted by PHI leaders, especially when the staff may be uncomfortable with new directions. The Presidents/CEOs are the main communicators of this positive environment, and must sometimes intervene to bring these staff on board or create exceptions to policy that can make innovation happen.

Several PHI leaders reported having internal systems and processes to evaluate new program or funding opportunities. There are strategy teams and matrices for analyzing clients and products and various strategies for decision-making. Other leaders reported doing this more instinctively. All Presidents/CEOs interviewed have built strong management systems that are essential to carry out this kind of work.

Most of the leaders pay close attention to the finances of their PHIs, understand non-profit management, and are active in the monitoring and oversight. Issues such as indirect costs, fees on contracts, use of profits, and negotiation with funders are major areas of activity for them.

2.3(a2): Identifying and Creating Funding Opportunities

If there is an area where PHI executives have significant foresight, it is in identifying and creating funding opportunities. Thinking about business opportunities and resource development are full-time passions for these leaders. They are constantly "spinning out scenarios about alternative futures" and the possibilities those scenarios create. In addition to constantly thinking about funding they are committed to spending the time to make it happen. They spend on average approximately 30-50% of their professional time on development.

The CEOs' focus on innovation, growth and sustainability motivates them to find the next funding stream and position themselves to be first in line. Their drive for innovation is still an integral part of who they are because they believe in their social mission.

In addition to *recognizing* the new opportunities as they emerge, experienced CEOs are also skilled at *creating* new opportunities. They enjoy the discovery of a new niche or product, making the case for it, and then selling it to funders, as opposed to responding to published requests for proposals. They are often prescient about what may be ahead and seek out demonstration projects to position themselves for new opportunities. "We do it first, we do it better, or we bring it to scale," said one president. For more information, visit module 4.0, *Funding*.

2.3(a3): Building and Leveraging Relationships and Partnerships

All of the interviewed Presidents/CEOs agreed that their professional networks, including those of their staff and board, are key ingredients in their successful social entrepreneurism. They are masters of building networks and nurturing them. They are committed to continuing to expand

them. They pursue their networking within their own professional field, as well as with non-traditional partners, and competitors.

Being trusted by colleagues and partners is important to them and they work hard to build and maintain trust. They frequently engage in mental stakeholder analysis, especially as they venture into new program areas and lines of business. This mental analysis informs ideas for expanding their networks.

They see funders as partners and pursue funding with partnership in mind. They realize that the good will they have built will bring funders back with new opportunities. In addition to the professional relationship they build with funders, they often develop a personal rapport that helps grow the collaborative relationship.

2.3(a4): Promoting a Multi-Sector Approach

The big tent includes both the depth and breadth of services, as well as comfort with moving beyond public health into other sectors.

Some PHIs have decided to focus on a few key areas and build more specialized expertise. Others offer a broad range of core competencies and management services to other organizations. Section 2.4, *Strategies for Developing New Business*, illustrates this breadth of services.

While most Presidents/CEOs start with a public health focus, they embrace a broader definition of health and have expanded their funding into other areas (social services, education, housing, land use planning, public safety, health care financing, and policy). They are broad systems thinkers and are comfortable describing why a focus on social determinants of health is important to the health of the public. The adoption of this perspective allows them to pursue their social mission by building multi-sector funding approaches.

> **PHI leaders see funders as partners and pursue funding with partnership in mind.**

2.3(a5): Leveraging Resources and Successes

In the interviews, these entrepreneurial leaders stated that they instinctively know what products they have that can be leveraged into other markets, repackaged, or brought to scale. They are skilled at thinking about new audiences, new uses, and potential for expansion. They use seed money well. They are successful connectors between programs within the organization and lead brainstorming on how these connections can lead to new opportunities. They push their programs to be more entrepreneurial.

They are constantly promoting their products and people and offer to introduce program staff to funders. They provide excellent testimonials on the impact of their programs. They are good at sharing the stories of how their PHI leverages work they have done and how fledgling ideas turned in to large, well-funded initiatives. Importantly, they also know when to stop if their strategies do not work.

2.3(a6): Optimism and Opportunism

Each interviewed CEO has been successful in growing his or her organization. They have all worked over the years to build their organizations' portfolios. They are confident and optimistic about securing new resources. "Every no is a maybe and every maybe is a yes," said one PHI president. In order to attract new resources – financial as well as human – Presidents/CEOs work to build public perception of the PHIs as creative places that are open, flexible, non-bureaucratic, and deliver quality programs.

While all engage in some form of formal strategic planning, they all realize that being strategically opportunistic has been a key to their successes. They are open to new ideas and linking with non-traditional fields and partners. Funders often approach them because they respond positively to new ideas. In order to attract new resources – financial as well as human – Presidents/CEOs work to build public perception of the PHIs as creative places that are open, flexible, non-bureaucratic, and deliver quality programs.

Many of the CEOs interviewed are risk-takers and skilled at doing risk assessment. There have been occasions where they have lost money on programs, pulled the plug on unsuccessful ventures, and managed the occasional unhappiness of clients. Still, their leadership allows the PHI to survive such challenges and learn from these lessons.

As leaders, the CEOs celebrate the organization's successes and give credit to others when credit is due. They maintain a focus on both the social goals and the entrepreneurial achievements.

Interviewee Biographies:
Public Health Institute Presidents and CEOs

Richard Cohen, PhD, FACHE
President and Chief Executive Officer
Public Health Management Corporation
rjc@phmc.org

Recognized nationally as an authority in the public health management arena, Richard J. Cohen, PhD, FACHE, is president and chief executive officer of Public Health Management Corporation (PHMC), a Philadelphia-based nonprofit public health institute. In this role, Dr. Cohen leads close to 2000 employees, over 350 public health programs and approximately fourteen affiliate organizations. During his 30-year tenure, the organization has expanded more than 100-fold and continues to grow, with a current operating budget of approximately $300M million. Dr. Cohen has devoted his professional life to the public health needs of Philadelphia and the surrounding region, while playing a critical role at a national level as well.

Dr. Cohen is widely sought for his depth of experience in public health delivery and management, and also for his insight into underlying issues and trends. This is evidenced by his more than thirty publications and conference presentations that get to the heart of addressing public health dilemmas, with insight into the marketing of human services, developing leadership, establishing public/private partnerships, assessing long- verses short-term costs, understanding hospital utilization patterns, and many other critical topics. This knowledge is born not simply of theory, but of a life in the thick of urban public health, experiencing obstacles firsthand and creating innovative solutions to overcome them.

Cohen holds a PhD in Social Sciences - Psychiatry from the Medical College of Pennsylvania, an MA in Clinical Psychology from Temple University and a BA in Psychology from the University of Maine.

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Joe Kimbrell, MA, LCSW, is the chief executive officer of the Louisiana Public Health Institute. He is a former deputy for the Louisiana Office of Public Health. His contributions at the state and national level include the areas of leadership and workforce development, school health, community capacity enhancement, and population health systems and policy change. He has an MA in history from Notre Dame Seminary in New Orleans, Louisiana and MSW from the Tulane University School of Social Work.

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Vincent Lafronza, President and Chief Executive Officer of the National Network of Public Health Institutes (NNPHI), provides leadership and direction on all NNPHI initiatives, and develops collaborative efforts with NNPHI's numerous public health institutes and partners throughout the nation. Dedicated to the vision of improving the public's health through innovation, NNPHI is the national membership network committed to helping public health institutes promote and sustain improved health and wellness for all. Beginning his career in health and human services in 1985, Dr. Lafronza has held health policy and programming positions in government, nonprofit, and university sectors to advance population health at multiple levels of intervention, including community, state, federal, national, and tribal spheres of influence. Prior to his current NNPHI appointment, Dr. Lafronza convened a winning team of colleagues to establish two nonprofit organizations, CommonHealth ACTION and the Institute for Public Health Innovation (IPHI), a public health institute serving the Washington, DC, Maryland, and Virginia region. Previous appointments included a ten-year appointment with the National Association of County and City Health Officials (NACCHO) where he served as the program director for the Turning Point National Program Office and senior advisor to NACCHO programs, executing program portfolios in excess of $14 million. Before joining NACCHO, Dr. Lafronza held an appointment with the Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry in Atlanta, Georgia that involved providing technical assistance to U.S. communities affected by hazardous waste. Dr. Lafronza's background in the fields of gerontology, behavioral health, community environmental health intervention, and public health systems development in communities, states, and American Indian/Alaska Native nations inform his perspectives and approaches.

Dr. Lafronza holds a doctorate of adult education, master of science, and certificate of gerontology. He also completed an Oak Ridge Institute for Science and Engineering Postgraduate Research Fellowship in Public Health, as well as two Salzburg Fellowships focused on the social and economic determinants of public health. He is an active member of the American Public Health Association (APHA), and serves on the board of directors for Education, Training, and Research Associates (ETR).

Karen Minyard, PhD
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Karen Minyard, PhD, has directed the Georgia Health Policy Center (GHPC) at Georgia State University's Andrew Young School of Policy Studies since 2001. She connects the research, policy, and programmatic work of the center across issue areas, including: community and public health, end of life care, child health, health philanthropy, public and private health coverage, and the uninsured. Prior to assuming her current role, she directed the networks for rural health program at the GHPC. She has experience with the state Medicaid program both with the design of a reformed Medicaid program and external evaluation of the primary care

case management program. She also has 13 years of experience in nursing and hospital administration. She received a bachelor's degree in nursing from the University of Virginia, a master's degree in nursing from the Medical College of Georgia, and a doctoral degree in business administration with a major in strategic management and minor in health care financing from Georgia State University.

Mary Pittman, DrPH
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A nationally recognized leader in improving community health, addressing health inequities among vulnerable people and promoting quality of care, Pittman assumed the reins at PHI in 2008, becoming the organization's second president and CEO since its founding in 1964. Her primary focus has been guiding the development of a strategic plan that builds on existing PHI program strengths to achieve greater impact on public policy and practice in public health. "In a changing environment, strategic planning is an ongoing process, not an end product," she said. Pittman's overarching goal is for PHI to become known for leadership in creating healthier communities. To this end, PHI continues to work closely with the state on many programs, including the Supplemental Nutrition Assistance Program and the California Cancer Registry. What's more, she advocates that all PHI projects take the social determinants of health into account to better address health disparities and inequities. Under Pittman's leadership, PHI has emphasized the integration of new technologies, creating Dialogue4Health.com, the online platform for conferencing and social networking that aims to build communities of interest for health. Other top priorities are: increasing advocacy for public policy and health reform, addressing health workforce shortages and the impacts of climate change on public health, and recognition of PHI as a preferred place to work.

"I passionately believe that public health is an important component of health reform and has to have a stronger voice at the table," Pittman said. She strives for PHI's independent investigators to work together to achieve a synergy in which the sum of their contributions is greater than the whole. Pittman has deep, varied and multi-sectoral experience in local public health, research, education and hospitals. Before joining PHI, Pittman headed the Health Research and Educational Trust, a Chicago-based affiliate of the American Hospital Association, from 1993 to 2007. Previously, she was president and CEO of the California Association of Public Hospitals and a director of the San Francisco Department of Public Health. She has authored numerous peer-reviewed articles in scientific journals and two books. She has served on the PHI board of directors since 1996. Pittman also serves on the World Health Organization's Health Worker Migration Global Policy Advisory Council and the National Patient Safety Foundation's board of governors.

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Ellen Rautenberg, MHS is President and Chief Executive Officer of Public Health Solutions, a nonprofit public health organization that provides services in communities, conducts research/demonstration programs, offers technical assistance to government and nonprofit agencies, and carries out policy analysis, education, and advocacy. Before joining the organization, Ms. Rautenberg served as the executive director for Special Population Projects at the New York Academy of Medicine, as well as an independent consultant specializing in public health policy/program development and strategic planning.

Ms. Rautenberg has an extensive background in the planning and management of public health programs. Between 1981 and 1990, she worked for the NYC Department of Health both as Assistant Commissioner for Planning, Evaluation and Grants and as Assistant Commissioner for AIDS Program Services. Prior to that, Ms. Rautenberg ran the Community and Family Health Center in Baltimore, developed the perinatal health plan for Central Maryland, and was a family planning counselor in Washington, D.C. She has a master's degree from the Johns Hopkins (Bloomberg) School of Public Health and a B.A. from the University of Pennsylvania.

Ms. Rautenberg is a member of the Public Health and Health Planning Council of NYS, as well as a member of the Boards of the Human Services Council of NYC, Guttmacher Institute, and the Family Planning Councils of America. She is a member of the New York Health Benefit Exchange Regional Advisory Committee, the immediate past Board Chair and Board Member of NNPHI, and former Board Chair of the National Family Planning and Reproductive Health Association (NFPRHA).

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Jeffrey Taylor, PhD, led the Michigan Public Health Institute (MPHI) from 1994- January 2014. He received his bachelor's and master's degrees from the University of Washington in Seattle, and earned his doctorate at Michigan State University. Dr. Taylor is a Michigan Association of Health Plans Foundation board member and participates on advisory committees for the General Preventive Medicine Residency Program (University of Michigan) and the Area Health Education Center (Wayne State University). He has served on a Robert Wood Johnson Foundation panel at the National Academy of Sciences-Institute of Medicine, which made recommendations for establishing a national accreditation program for state and local governmental health agencies. He has also served on additional national panels, one focused on expanding and communicating the role of hospitals in public health, and a second focused on establishing governance structures for accrediting state and local health agencies. He is also past president and a founding board member of the National Network of Public Health Institutes (NNPHI).

A Modular Guide to Developing and Thriving as a Public Health Institute   Module 2

2.4:
Strategies for Developing New Business

Joe Hafey, President Emeritus and Founder, Public Health Institute (CA)

Public health institutes (PHIs) are engaged in over 30 different business strategies in dozens of programmatic areas (e.g., tobacco, obesity, health services research). These business strategies fall into two major categories: (1) core competencies (e.g., technical assistance, evaluation) and (2) assisting other organizations (e.g., fiscal agency, hiring staff). Funders could thus be interested in a PHI's programmatic expertise, its credentials in its delivery modes, or its ability to facilitate the work of other organizations. This section focuses on PHI business strategies, not programmatic areas.

Some PHIs focus on a limited group of strategies, while others offer a broader array of services. Each has its own culture and history that has evolved as a result of the vision of its leadership, its networking, and the opportunities that have arisen.

A PHI's decision to adopt a new business strategy may result from careful planning or an unexpected opportunity. The evolution into new areas may be slow and can happen in a number of ways: hiring new staff with new capabilities; partnering with other, higher capacity organizations; attracting new Principal Investigators (PIs); engaging in mergers and acquisitions; submitting proposals that include staff that will be hired if the grant is awarded; and responding to funder requests.

> *PHIs' strategies fall into two major categories: core competencies and assisting other organizations.*

Most PHIs analyze the landscape before adopting a new strategy. They look at the resource investment, opportunity costs, impact on public perception and partnerships, quality control, and potential reaction of competitors.

A common way to grow is to adapt a strategy to a new programmatic area. Expertise in tobacco technical assistance can shift to obesity. New programmatic opportunities continue to emerge in the field of public health, as evidenced by PHI leadership in emergency preparedness, obesity, accreditation, health information systems, and health care reform.

By visiting PHI websites, one can get a picture of the diverse sets of strategies adopted by different institutes. While there are some similarities in programmatic areas and delivery approaches, there are enough differences to showcase the breadth and depth of the opportunities open to both emerging and established PHIs. The sharing between PHIs, fostered by NNPHI, is one of the most stimulating parts of the work. New ideas, repackaging, different audiences, new partnerships, and new funding sources all come out of this sharing. The strategies shared below

are intended to stimulate PHIs to expand their thinking about possible opportunities. Most of the strategies provide case examples of PHI work, with links to their websites.

1. Building and Strengthening Core Competencies
2. Assisting Other Agencies

2.4(a): Building and Strengthening Core Competencies

Many PHIs have started with a single core program and/or delivery approach, subsequently expanding into other areas. Relationships with multiple stakeholders—including state, local, and tribal health departments; hospitals; researchers; universities; national public health organizations; funders; policymakers; and boards of health—have been vital to their growth and remain key partnerships for most PHIs.

PHIs have built core programs and competencies by recruiting and retaining key staff. Through expanding their expertise in these programmatic areas, they have created new business opportunities. For example, being successful in an area like tobacco control has made it easier to move into a related area, like obesity. See 2.3(a1), *Creating a Culture of Social Entrepreneurism and Mentorship* for more ideas and the thinking on how to grow an organization. As PHIs have become more successful, they have expanded other core competencies through the following strategies:

1. Provide Technical Assistance
2. Offer Consulting Services
3. Sell Products and Publications
4. Evaluate Programs
5. Conduct Survey Research
6. Design Data Systems and Develop Market Software
7. Manage Federally Qualified Research Programs
8. Advocate and Lobby
9. Conduct Policy Analysis and Education of Policymakers
10. Build Core Operating Support
11. Conduct Ongoing Fundraising Campaigns
12. Recruit Principal Investigators and Project Directors with Grants
13. Seek Mergers, Affiliations, and Acquisitions
14. Participate in Joint Institute Initiatives
15. Host Partnerships and Coalitions
16. Sponsor Trainings and Conferences
17. Deliver Prevention and Medical Care Services
18. Expand Geographic and Sector Boundaries
19. Manage Legal Settlements

2.4(a1): Provide Technical Assistance

Technical assistance (TA) is a core function for many PHIs. TA may be a part of a larger grant program or funded exclusively as TA. Some PHIs provide it on a fee-for-service basis.

PHIs are committed to building the capacity of community-based organizations, so TA may include program-related topics and/or management issues. Capacity building may focus on building new partnerships, strengthening infrastructure, or leadership development. For further description of PHIs' various models of TA, visit the Illinois Public Health Institute's Consultation Services webpage; Health Resources in Action's Training and Technical Assistance webpage; and the North Carolina Institute for Public Health's webpage highlighting their Training and Technical Assistance capacities.

Case Example: Georgia Health Policy Center

The Georgia Health Policy Center (GHPC) has 15 years of experience supporting community health system change. GHPC's technical assistance approach centers on helping communities develop a strategic approach to program implementation, developing the capacity of communities utilizing technical and adaptive approaches, and focusing on long-term sustainability.

Since 2002, GHPC has provided technical assistance for the Health Resources and Services Administration (HRSA) Office of Rural Health Policy's (ORHP) grantees, including Network Development, Network Planning, Outreach, and Delta States. As GHPC's familiarity with the programs and relationships with the grantees have deepened, it has continuously refined its approach to support both the grantees and ORHP in accomplishing their long-term goals. Based on GHPC's extensive experience with ORHP grantees, it has tailored its technical assistance program to support and promote sustainable rural health system change using a systematic but flexible approach that enables it to help one community at a time based on their unique needs.

The content of the technical assistance program is unified by a Sustainability Framework$^{©}$ developed by GHPC to describe those attributes which have been associated, in its experience and in the literature, with long-term viability of community-based health initiatives. The Community Health Systems Development (CHSD) team provides capacity building in each to the factors of the Sustainability Framework: strategic vision, collaboration, leadership, relevance and practicality, evaluation and return on investment, communication, efficiency and effectiveness, and organizational capacity. The materials for guiding grantees through sustainability include an introductory guide; formative assessment tool for positioning for sustainability; and step-by-step sustainability planning workbook provided on a USB flash drive.

Through its work with ORHP grantees, GHPC has come to understand that sustainability does not necessarily mean that activities or programs continue in the same form as originally conceived, funded, or implemented. Programs evolve over time to adjust to the changing levels of support and needs of the community. GHPC also recognizes that focusing solely on the continuation of programs and services may understate a program's full range of impacts, including changes in the way that agencies work together to serve community members; changes in knowledge, attitudes, and practices of community members and providers; cultural shifts and practice changes; increased capacity in local systems as a result of training or the purchasing of equipment; and policy changes.

Case Example: Louisiana Public Health Institute

PHIs are well-positioned to bridge the traditional gap between public health and clinical practice by helping clinicians adopt electronic health records (EHRs), the transition to which involves an analysis of the needs and requirements of a clinical practice, the designing of a training program for clinic-based stakeholders, and support of those stakeholders in their adoption of a new system. The adoption of an EHR system that includes these attributes in the procurement and implementation steps will reduce and manage the barriers cited by clinicians, including vendor selection, disruption to their practice, and inadequate training. PHIs can draw on their experience in public health practice to offer vendor-agnostic selection assistance based on assessed needs and requirements, the design of comprehensive training programs around clinical workflows, and in the direct interactive support of clinically minded stakeholders in their "go-live."

The 2009 Health Information and Technology for Economic and Clinical Health Act (HITECH) promotes the adoption and Meaningful Use of health information technology. Under HITECH, the Medicare and Medicaid EHR incentive programs provide financial incentives for providers and hospitals that adopt and use EHR meaningfully.

The Louisiana Public Health Institute (LPHI) was awarded the role of implementation partner to provide technical assistance to local clinicians to adopt and meaningfully use their EHR systems within the meaning of HITECH. This competency originated and was strategically built by LPHI leadership post-Hurricane Katrina by hiring/developing the relevant staff required to design and implement EHRs, first in Federally Qualified Health Centers and later in school-based health center environments. As an implementation partner, LPHI assessed the needs and requirements of the participating clinics and partners, provided them vendor-agnostic recommendations in their vendor selection process, developed training programs to help them receive their Meaningful Use incentive payments, and supported them throughout their "go-live" to reduce any disruptions to their schedules. Through the process, LPHI helped improve clinical quality, public health indicators, and systematic change intersecting public health and clinical practice.

2.4(a2): Offer Consulting Services

From administrative management to health information services, PHI staff have a range of expertise that can be offered to other organizations in need of training or support. Consulting services may be provided at an hourly rate or fixed price contract. These services may be tied to a PHI project, especially a training program. Consulting "profits" can be retained by the staff person or PHI to cover future development or bridge other costs. Occasionally, PHI staff may also consult on their own without the revenue running through the PHI.

Case Example: Illinois Public Health Institute

For many years, the Illinois Public Health Institute (IPHI) has supported local health departments (LHDs) and their community health partners in conducting comprehensive Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) through their Center for Community Capacity Development. IPHI uses a variety of tools and approaches, with a particular focus on assisting LHDs to implement that National

Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) model. IPHI has adapted their experiences in working with LHDs to provide support to a number of hospitals to produce their Community Health Needs Assessments (CHNAs). IPHI has also provided consultation to local collaboratives working to align efforts yet still meet their individual needs and requirements for community needs assessment and improvement plans.

IPHI provides consultation on organizational strategic planning, quality improvement and accreditation readiness. One key feature of IPHI's work is a capacity-building approach to consultation and technical assistance services, with the goal of providing organizations and groups with the supports they need while enhancing their ability to implement the work in the future with less support. Roles IPHI plays in its work with health departments and hospitals include:

- *Consultations with leadership to select or develop needs assessment or strategic planning models;*
- *Coaching committee chairs to lead effective meetings and processes;*
- *Facilitating linkages among community stakeholders;*
- *Acquiring, analyzing, and presenting data;*
- *Assembling and interpreting qualitative and quantitative findings;*
- *Reviewing and identifying community benefit and evidence-based public health interventions;*
- *Facilitating collaborative groups;*
- *Creating a prioritized plan with action steps;*
- *Providing in-person and web-based training on specific topic areas with case studies and examples; and*
- *Leading learning collaboratives.*

2.4(a3): Sell Products and Publications

PHIs have developed curricula, publications, toolkits, training programs, software, and other products for a fee. Often, this is just cost, but some additional funds can also be generated. The level of marketing of these products varies significantly. These products can lead to new partnerships and additional grant funding. Nineteen PHIs responding to the 2012 NNPHI member survey affirmed that their organization receives fees-for-services. The following is the list services for which the 19 member responders said that they receive fees.

NNPHI Member Survey: For what services does your PHI receive fees?

Consulting Services
Conference Fees
GIS Mapping and Information Systems
Lease of Office Space
Media and Communications
Research and Evalation (e.g., Health Impact Assessments, program evaluation)
Technical Assistance (e.g., to health departments, hospitals, national organizations)

Case Example: Michigan Public Health Institute

From 1997-2009, the [Michigan Public Health Institute](#) (MPHI) provided continuing education (CE) opportunities through accredited entities for public health workers in the state of Michigan. CE efforts were focused on nursing, social work, registered dietitians, and lactation consultants.

In 2010, MPHI developed its Continuing Education Provider Unit (CEPU) to further broaden the reach across the state and nation to more disciplines. The CEPU meets professionals' needs for CE opportunities to fill knowledge gaps and maintain licensure. These education and training opportunities have contributed to the professional development of the public health workforce and their capacity to deliver the ten essential public health services. MPHI has delivered courses through numerous modalities, including face-to-face, videoconferences, webcasts, webinars, and online courses.

Staff members work collaboratively with clients to develop curriculum and implement learning activities that are based on identified gaps in knowledge, skills, and practice, and/or on meeting federal and statewide mandates.

Lessons Learned and Building Competencies:

- *PHIs providing CE opportunities must stay abreast of current trends and requirements in professional continuing education, and lead staff must conduct ongoing reviews of policies, procedures, and protocol from accredited entities. PHIs must also educate their funders, partners, and clients on CE needs, as they conduct the iterative process of building curriculum for educational opportunities to benefit public health professionals.*
- *Activities may include participation on conference/training planning committees, training advisory councils, focus groups, and designing training assessment tools. Clear lines of communication between the content experts and the PHI are vital to creating a comprehensive educational activity that addresses learning gaps and skill sets. Post-learning activities and comprehensive assessment of outcomes are also necessary to ensure competencies are met, practiced, and evaluated.*

Quality and Pricing is Everything:

- *As many public health entities are seeking national accreditation, the demand for specialized licensure and credentialing is increasing. It is imperative that PHIs not sacrifice quality in the delivery of CE administrative services. In addition, creation of an "a la carte" pricing structure may be beneficial, as PHIs may conduct business with entities that choose to handle components of CE management independently. Pricing and options must be nimble to cover a PHI's consultation time and administrative, operational, and CE application costs, while staying within budget and being competitive.*

Don't be Afraid of "Green" Technology:

- *PHIs should regularly research and investigate opportunities that will automate processes and reduce costs while allowing the PHI to stay in compliance with*

accrediting entities. The automated services should provide added value to both the PHI and the client, and their maintenance, hosting, and delivery should be factored into the PHI's pricing structure.

2.4(a4): Evaluate Programs

Collectively, the evidence-based work of NNPHI and its members - many of which have PhD-level evaluation personnel on staff - contributes to program development, continuous quality improvement, and increased efficiency, effectiveness, and accountability. Many PHI staff have evaluation skills and respond to requests for proposals to conduct evaluation. Some PHIs have organized this function and promote evaluation skill to funders and programs outside the institute. In many communities, there is a shortage of evaluation capability, creating an opportunity for institutes to expand their work.

Case Example: Center for Mississippi Health Policy

The Center for Mississippi Health Policy oversees a five-year project funded by the Robert Wood Johnson Foundation and the Bower Foundation to evaluate the impact of the 2007 Mississippi Healthy Students Act on childhood obesity in the state. The project is a collaborative effort with the University of Southern Mississippi, Mississippi State University, and the University of Mississippi. The evaluation is comprehensive, involving multiple studies examining student obesity and fitness levels, the school nutrition environment, and the attitudes and opinions of state and local policymakers, school officials, and parents.

The Center serves as the fiscal intermediary for the grants, coordinates reporting to the funding foundations, and manages communications for the project. The research teams from the universities produce detailed reports outlining the results of each of the studies. The Center synthesizes the data annually, publishing a report that summarizes and translates the findings with emphasis on the policy context. Copies of the report are distributed to members of the state legislature, staff of the governor's office and key state agencies, and advocacy organizations. A press release announcing key findings of the evaluation is also distributed to media, and project findings are presented at meetings of school officials and health care organizations.

The Center convenes an annual meeting of interested stakeholders during which the principal investigators from each of the universities present their results. In addition to supplying a venue for the dissemination of the research, this meeting provides a forum for a discussion of childhood obesity and school health issues in Mississippi among key stakeholders. Attendees include representatives from the state agencies for health, education, and Medicaid, as well as schools, universities, advocacy organizations, the state legislature, governor's office, and health care providers.

The Center for Mississippi Health Policy serves an important role in this project as an independent organization whose mission is to provide policymakers with sound, objective research to inform policy decisions. Collaboration among researchers from multiple universities is not common and would not likely occur in this arena but for the involvement of the Center.

Funders appreciate project proposals that offer collaboration among multiple organizations and the ability to leverage their contributions to attract grants from other funders. PHIs can serve a central role in designing projects that coordinate the efforts of other organizations that might otherwise be competing with one another and attract funding for the collaborative project.

2.4(a5): Conduct Survey Research

Survey research is growing in public health and related fields. In addition to the well-known Behavioral Risk Factor Surveillance Survey that is conducted on a state basis, there are many other surveys that government and foundations commission, such as the National Health Interview Survey (NHIS), Youth Risk Behavior Surveillance System (YRBSS), National Vital Statistics System (NVSS), and the National Survey on Drug Use and Health.

PHIs conduct use online assessments (via programs like Qualtrics), key informant interviews via phone, and hold focus groups to obtain the data needed. Costs at some of PHIs are considerably below some of the national survey research firms. Some PHIs have developed evaluation methods and skills that compliment program evaluation and result in technically sound surveys and analysis.

Case Example: Public Health Management Corporation

Public Health Management Corporation's (PHMC) Center for Data Innovation includes a Community Health Data Base (CHDB) and annual Household Health Survey, placing PHMC at the forefront of assessing community needs at the neighborhood and population level. The Center for Data Innovation's mission is to drive data-led community impact and offer cutting-edge quantitative and qualitative research, multi-model initiatives, enhanced core methodologies, and innovative online tools for its members. In partnership with PHMC's Research and Evaluation Group, it is a full-service research firm serving both the corporate and nonprofit sectors.

The Household Health Survey collects information on more than 13,000 residents living in Southeastern Pennsylvania. It is one of the longest-running community health surveys in the country, as well as one of the largest regional surveys of its kind, utilized by over 400 agencies and used by policymakers and providers to benchmark health trends and track the health of the public.

The Center recently completed community health needs assessments awarded by the Delaware Valley Health Council for 28 nonprofit hospitals in southeastern Pennsylvania region. During this process, the Center staff collaborated with hospital representatives to identify their service areas and special populations. This evaluation resulted in significant cost savings for the hospitals and provided them with comprehensive, local, population-based data, which was not otherwise available. In 2014, the Center is geared to again conduct assessments for agencies and hospitals to understand the impact of their efforts under the ACA. These assessments will shed light on how the Health Insurance Marketplace has affected previously uninsured populations to acquire health insurance, health access (primary and behavioral) and prescription services.

2.4(a6): Design Data Systems and Develop Market Software

Several PHIs have developed major capability in the information services arena, hiring highly technical staff and becoming competitive in the field. PHIs have designed state data systems, managed those systems on an ongoing basis, and developed software. PHIs also provide consulting services and technical assistance to other organizations. The Affordable Care Act has created new opportunities to work with the health care system.

Case Example: University of Wisconsin Population Health Institute

The [University of Wisconsin Population Health Institute](#) (UWPHI) has been ranking the health of Wisconsin's counties since 2003 based on a broad model of population health. When the Tennessee Institute of Public Health and Kansas Health Institute learned of these efforts and asked UWPHI for advice, UWPHI approached NNPHI about conducting a workshop on rankings and report cards prior to the 2007 NNPHI Annual Conference. Robert Wood Johnson Foundation (RWJF) staff in attendance at the workshop learned of UWPHI's efforts in creating user-friendly assessments of population health at the community-level. Discussions between UWPHI and RWJF over the next year led to UWPHI submitting a proposal to RWJF to begin ranking the health of counties in all 50 states.

The project began in January 2009, and in February 2010, RWJF and UWPHI released the first County Health Rankings for each state at www.countyhealthrankings.org. UWPHI worked closely with RWJF to ensure that state departments of health were prepared for the release and communications consultants helped develop appropriate messaging. The result was beyond anyone's expectations, with widespread media coverage and broad engagement across the nation. The first steps were generally convenings of stakeholders beyond traditional public health, including business, media, health care, and other government agencies.

RWJF sought to expand these efforts beyond data collection and publication by providing financial and other support for broad-based community health improvement activities. RWJF approached UWPHI about leading a companion project, later named the County Health Roadmaps, with a number of components designed to provide financial support, technical training and assistance, coordination with national partners with a local presence, and recognition of multi-stakeholder partnerships and other key criteria to improve community health, with a particular emphasis on social and economic factors—the factors that have the greatest influence on health.

The County Health Rankings and Roadmaps program, which began as a population health assessment project, has transformed into a national community health improvement program with multiple components. Managing this program has required flexibility and nimbleness, increases in staff capacity and skills, travel across the nation, and managing multiple project components. UWPHI works closely with RWJF as this program continues to transform and evolve toward building a healthier nation, county by county.

2.4(a7): Manage Federally Qualified Research Programs

Managing federally qualified research programs requires infrastructure a serious infrastructure commitment, including human subjects review. A few PHIs have built major capacity to manage federally funded research. Some PHIs have negotiated a separate indirect cost rate to service these projects.

Case Example: Health Resources in Action

For over fifty years, [Health Resources in Action](#) (HRiA) has been a leader in developing programs that advance public health and medical research. In 2012, HRiA received a Centers for Medicare and Medicaid Services (CMS) Health Care Innovation Award to demonstrate whether using Community Health Workers to deliver home-based environmental assessments and education services to high-risk patients with asthma can address the Affordable Care Act's three-part aim: Improved Quality of Care, Better Health Outcomes, and Lower Health Care Costs. To deliver care, a unique partnership was developed between HRiA and eight subcontracted health care institutions across New England. In addition, seven Medicaid payers have joined this project to provide patient-level data and examine return on investment (ROI) on their own patient populations. Should health improvements and/or ROI be demonstrated, then these payers will consider developing new provider reimbursement policies and mechanisms to sustain the intervention beyond the grant cycle. CMS is supporting a robust evaluation to examine both ROI and health care quality improvements based on the results of this intervention. Lessons learned include:

- *The need to plan for, and demonstrate, the administrative and fiscal capacity to handle the numerous and complicated federal requirements:*
  - *A fiscal staff equipped with accounting software that enables compliance with the cost principles outlined in OMB Circular A-122Nonprofits receiving $500,000 or more in federal dollars (direct or pass-through) must also file an OMB Circular A-133 audit.*
  - *In order to bill indirect costs at a percentage rate, the grant recipient must apply to its primary federal funding agency for a Federal Indirect Cost Rate.*
  - *In the staffing plan, include an administrative coordinator who understands budgeting and contracting. Access to IT staff knowledgeable about HIPPA and securing data is essential.*
- *Engaging in direct service research with the health care sector requires specialized staff competencies in research and evaluation, including:*
  - *Knowledge about managing administrative claims data*
  - *Strong background in constructing and analyzing health care and public health indicators*
  - *Familiarity with economic constructs such as cost effectiveness and ROI calculations*
- *When handling patient data, there are numerous data security and legal regulations that will need to be adhered to, even if the intervention is subcontracted out to other entities*

2.4(a8): Advocate and Lobby

Advocacy and lobbying cannot be supported through either direct or indirect government funding. State and federal agencies require separate reporting on these activities under IRS 501(c)(3) or related state regulations.

Private funders have increasingly recognized the importance of policy change to improve the public's health, offering financial support to PHIs and other organizations.

Some PHIs engage in policy work and education, as well as advocacy and lobbying. Others may choose one or more strategies based upon funding. Since this is a delicate political area for funders, the resources they make available are often offered for education and/or core support.

PHIs engaged in advocacy and lobbying work must be careful to maintain a politically neutral role. There are divergent opinions among PHI leadership about these competing roles. Nonprofits should consider filing the one-page IRS form to elect the 501(h) test - not only because it provides generous limits on how much they can spend on lobbying, but also because it provides very clear and helpful definitions of what activities related to legislation do not constitute lobbying. Visit the Center for Lobbying in the Public Interest to learn more about the IRS rules, including the provisions declaring that many expenditures that have some relationship to public policy and legislative issues are not treated as lobbying and so are permitted without limit. Another valuable resource for PHIs is the Independent Sector's Legal Compliance and Public Disclose section.

Public health institutes should also consider how their administrative structures can support their convening goals. For example, the Arkansas Center for Health Improvement (ACHI) has structured itself as an independent entity with separate administrative and policy-decision bodies, positioning itself to serve as an unbiased convener. ACHI brings together diverse groups of stakeholders to accomplish a common goal in an evidence-based manner while providing for the transparent consideration of varied interests and positions.

Case Example: Arkansas Center for Health Improvement
In 1998, 46 state attorneys general settled a lawsuit over states' smoking-related health care costs with five major tobacco corporations. Arkansas received its first portion of the master settlement agreement (MSA) dollars, totaling $62 million, with additional funds expected in years following. The areas to which the funds would be directed depended on the legislature. The first attempts to direct the money toward health-related programs were not successful. To garner support, the Arkansas Center for Health Improvement (ACHI) commissioned a white paper on the effects of tobacco in the state, which was then presented to Governor Mike Huckabee. As a result, a broad educational, behavioral, and research platform was advanced to address the burden of tobacco use by incorporating investments in expanded health care coverage, professional and public education, targeted research, and successful disease prevention and health promotion strategies. From this development process a single proposal emerged, balanced with short- and long-term health improvement components. The Coalition for a Healthy Arkansas Today (CHART) was formed to

advance the plan. CHART conducted 24 town hall meetings across the state to inform community leaders and members of the Arkansas General Assembly.

In 2000, after a legislative special session failed to reach a resolution, Governor Mike Huckabee announced his intention to take the CHART proposal "to the people" in the November election through a voter-initiated referendum. During the next three months, over 120,000 signatures supporting the ballot initiative were collected; half were generated by paid canvassers and half by grassroots organizations. In July 2000, the secretary of state placed the proposal on the November ballot. CHART mobilized grassroots organizations and information campaigns. Radio and local newspaper advertisements were the principal media outlets available for disseminating information.

In November 2000, with majority support in 73 of the state's 75 counties, the CHART plan, called the Tobacco Settlement Proceeds Act of 2000, passed with the largest majority in any statewide race that year. Recommendations include:

1. *Build strong support using a data-driven process that examines statistics and needs across a broad spectrum of interested stakeholders and focuses on the health and economic impact of the issue.*
2. *Advance solutions that are linked to scientifically supported programs. CHART used CDC recommendations/best practices for tobacco prevention and control.*
3. *Ensure that leadership has knowledge of existing legislation containing strategic components that may interact with legislative goals.*
4. *Build support from within the legislative, executive and judicial branches of state government.*
5. *Advance principles to guide spending decision.*

2.4(a9): Conduct Policy Analysis and Education of Policymakers

Policy analysis is a key program focus of several PHIs and is engaged in at varying scales by many others. Much of the work is directed at state legislators, other elected officials, and key policymakers. Some PHIs receive dedicated funding to do this work. This strategy does not usually include recommending a course of action or supporting a specific piece of legislation. NNPHI member the National Health Policy Forum (NHPF)—the mission of which is to cultivate a learning community among key senior staff in Congress, its support agencies, and the executive branch of the federal government in order to improve the policymaking process on the nation's critical health issues—offers a range of online resources to organizations seeking to conduct policy analysis and education of policymakers. The Health Policy Institute of Ohio—which provides state policymakers with the independent information and analysis they need to create informed health policy—also has a resources webpage featuring a range of policy publications, as well as tool and guides, for nonprofits.

2.4(a10): Build Core Operating Support

Some PHIs have received commitments of ongoing operating funds. These funds cover some of the basic operating costs, with many providing resources for program investment, program bridging, or indirect costs

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Case Example: Kansas Health Institute

The [Kansas Health Institute](#) (KHI) is an independent, nonpartisan and nonprofit health policy and research organization that informs policymakers about important issues affecting the health of Kansans. KHI was created in 1995 by the Kansas Health Foundation (KHF), a philanthropy based in Wichita, KS, which made the commitment based on its conclusion that health policy decisions often were based on fragmented, anecdotal and sometimes biased information. While the concept of an endowment was originally considered, KHF made a long-term commitment to KHI to provide unrestricted core operating funds.

There is an expectation that there will always be a need for an organization like KHI in the state, and the funding commitment has always been considered perpetual. This promise has persisted through a change in foundation leadership and complete turnover of its board membership.

Initially, KHI was discouraged from seeking additional external funding so that it remained strategically focused on Kansas-specific issues. However, as the organization and the relationship with KHF have matured, this has become less of a concern, and now KHI generates about one-third of its revenue from external sources.

Staff from Kansas Health Institute

KHF has implemented a strategy of building infrastructure in the state through free-standing institutions. KHI is a separate legal entity from KHF, based in Topeka, KS and governed by its own board of directors. In 2007, KHF created and committed to a similar ongoing funding structure for the Kansas Leadership Center (KLC), the mission of which is to build civic leadership in the state. KLC now shares a building and conference center in Wichita with KHF. The three organizations have distinct but related missions and work together on select initiatives that draw upon their unique strengths.

The core funding model creates a number of advantages for KHI. Most importantly, it allows the organization to remain mission-focused without the need to pursue additional revenue. In a state the size of Kansas, with limited sources of potential project funding, core funding provides stability for best-in-class staffing that avoids the ebb and flow of staffing levels that often accompanies grant-specific funds. Core funding also creates a sense of organizational permanence and promotes the development of long-term relationships with key stakeholders. Finally, core funding allows KHI to be innovative

with initiatives, such as the KHI News Service and the Kansas Legislative Health Academy.

Case Example: Institute of Medicine and Public Health
The [South Carolina Institute of Medicine and Public Health](#) (IMPH) is an independent entity serving as a convener around the important health issues in South Carolina. IMPH also serves as a resource for evidence-based information to inform health policy decisions. IMPH achieves its mission to collectively inform policy to improve health and health care by convening academic, governmental, organizational and community-based stakeholders around issues important to the health and well-being of all South Carolinians.

Securing diverse sources of core operating support was and continues to be critical to advancing the neutral work of the Institute. IMPH emerged in 2011 from the work and accomplishments of the South Carolina Public Health Institute (SCPHI), which began in 2007 under a collaborative partnership between the University of South Carolina's Arnold School of Public Health and the SC Department of Health and Environmental Control. That academic/governmental partnership was further supported by funding from the Robert Wood Johnson Foundation (RWJF) to provide support for the initial strategic planning and formation of the Public Health Institute through their Fostering Emerging Institutes Program. From 2007 through 2011, SCPHI developed further momentum as a result of a core infrastructure investment by The Duke Endowment (TDE). During that period, SCPHI also received core funding from the University of South Carolina's Office of Research.

In 2011, TDE provided additional infrastructure funding to further develop the organizational capacity and mission of SCPHI by linking the work of the Public Health Institute with the vision to establish an Institute of Medicine in South Carolina. As IMPH, the initial investments and continued support from TDE have provided leverage to obtain additional core support from a variety of other philanthropic, academic, and corporate institutions. Lessons learned include:

1. ***Develop a Clear Message****. Leadership and staff must be prepared and able to deliver clear, concise messages about the mission and work of the PHI.*
2. ***Develop Relationships****. In many ways, philanthropic support is based on relationships. Taking the time to network with decision-makers allows the opportunities for them to get to know the staff and organization. At IMPH, leadership and staff facilitated this through including stakeholders in its strategic planning process and initiating research with broad interest and appeal.*
3. ***Leverage Current Funding****. Demonstrating return on investment from current core support can show how additional funding would augment and increase those successes.*

2.4(a11): Conduct Ongoing Fundraising Campaigns

Many PHIs provide opportunities for the public to make donations to the organization or specific programs. Some offer the opportunity on their websites, while others have a range of fundraising strategies, including annual mail campaigns, major donor development, fundraising events, and deferred giving. See more in *4.2(f), Types of Revenue* and *4.2(g), Traditional Fundraising: Core Support, Individual Donors, Events, and Sponsorships*.

2.4(a12): Recruit Principal Investigators and Project Directors with Grants

There are many qualified professionals who operate independently and want to find a home to house their projects. Others may move from one part of the country to a PHI's home base and desire to transfer the contract. Others, such as university faculty, retire but may want to continue their projects but at another institution.

If a PHI has a strong management infrastructure, reputation for quality, progressive salary and benefit program, and an atmosphere of autonomy, the recruitment will be easier. Some institutes spend considerable time attracting new principal investigators (PIs) and project directors (PDs). PHIs should also commit to providing staff with professional development opportunities, in order to develop their skills as PIs and/or PDs.

It is important to establish a review process to determine if an individual is qualified to be a PI or PD, and committed to serving the PHI's programmatic and institutional needs. One caution is that some researchers and program directors may lack experience developing funding proposals and may only want to join a PHI team for help in fundraising or to receive administrative services.

2.4(a13): Seek Mergers, Affiliations, and Acquisitions

Through mergers, affiliations, and acquisitions, organizations can increase their administrative and other capacities, and, ultimately, their community impact. PHIs like the Public Health Management Corporation, highlighted in the Case Example below, advise that support of both the senior leadership and board members of both parties is key to the success of these strategic partnerships.

There are many examples of PHIs bringing other organizations under their umbrella. The mergers or acquisitions may emerge out of the fiscal agent role, funder recommendation, word-of-mouth testimonials, or PHI-initiated discussions about possible joint activities.

The relationships vary from an organization fully merging as a PHI program/department, to an organization managed as a subsidiary, to an affiliated organization. The actual governance and the public face of the relationship are often negotiated and may evolve.

Case Example: Public Health Management Corporation

Few nonprofits merge or affiliate with other nonprofits. This is in stark contrast to the private sector, where part of business growth and development is mergers and acquisitions. Since 1989, Public Health Management Corporation (PHMC) has strategically used its infrastructure and size to partner with mission-aligned nonprofit colleagues through its affiliation model. The focus on these affiliations has been to drive

down costs and enable the affiliate organizations to drive down their operational costs to better compete.

PHMC currently has 11 affiliates, with a consolidated annual operating budget of $300 million, including a foundation with close to $40 million in assets. Through its 300+ direct services programs; 11 affiliate partner organizations; and various partnerships with government, foundations, businesses and community-based organizations, the work of PHMC impacts every household in the Philadelphia region. The combined annual impact of PHMC and its affiliates on the Philadelphia community's economic vitality is estimated to be in the range of $1 billion. Of every dollar received, on average 92¢, or a total of $161 million, go toward program services.

Richard Cohen, President and CEO, Public Health Management Corporation

In 2013, PHMC formed the [Delaware Public Health Institute](#) (DPHI) after a two-year process of working with the University of Delaware, College of Health Sciences (CHS); the University of Delaware's Nurse-Managed Health Center; and the State of Delaware, Division of Public Health. PHMC, Pennsylvania's only PHI, helped develop DPHI with CHS in recognition of the fact that many health needs and services cross state lines between Delaware and southeastern Pennsylvania. The partnership between PHMC and CHS is a first of its kind model for PHIs' development.

The PHMC Affiliation Model:
- *Affiliations are strategically different from mergers. In a merger, one of the organizations usually loses its identify and ceases to exist. Some or all staff and board leadership are absorbed into one of the organizations or the newly merged corporate entity. Affiliations are different; staff and board leadership usually remain intact following some economies of scale and back-office consolidation.*
- *PHMC believes in the missions of the organizations with which it partners and wants them to keep their identities and leadership as they affiliate.*

Why Should Nonprofit Organizations Affiliate?
- *Affiliation is not for every nonprofit organization and its leadership. Support of both the senior leadership and board members of both parties is key to the success of these strategic partnerships. PHMC has built its model around*

attracting agencies that are mission-aligned and with services that can be wrapped around existing consumers within the PHMC family.

- *Through affiliation both organizations can have a broader community impact.*
- *In PHMC's case, the affiliate organization's leadership is usually looking to grow and scale.*

2.4(a14): Participate in Joint Institute Initiatives

Through NNPHI's leadership, there have been increasing opportunities to participate in multi-institute projects around central themes like community benefits and accreditation. These projects are centrally managed by NNPHI, with grants to various PHIs. PHIs may also provide the intellectual leadership. Joint institute initiatives are supported by funders like the Centers for Disease Control and Prevention, via a cooperative agreement, and foundations like the Robert Wood Johnson Foundation.

2.4(a15): Host Partnerships and Coalitions

PHIs often act as strategic brokers and conveners. This role is often supported by funders (government and foundations) that want to create new coalitions and partnerships. Funding is often provided by an initial funder, with contributions from other organizations. The PHI may only be the initial organizer, but often provides the coordination role on an ongoing basis. Sometimes PHIs play a role in raising funds to sustain the convening.

Case Example: Illinois Public Health Institute
With funding from a CDC/NNPHI/ASTHO initiative to promote use of the Guide to Community Preventive Services (Community Guide), the [Illinois Public Health Institute](#) (IPHI), Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) convened The Enhanced PE Task Force in 2011 to develop a strategic plan for furthering the use of enhanced school-based physical education (enhanced PE) in Illinois schools. Facilitated by IPHI, the group initially operated in a voluntary fashion to produce the strategic plan. In the fall of 2012, the group was formalized, expanded, and charged by the Illinois legislature to revise Illinois' PE and health learning standards and move the PE improvement goals of the strategic plan forward. The Task Force issued its final report in August 2013, and the ISBE is moving forward with adopting the new learning standards. IPHI, working with the staff at the ISBE and IDPH, supported meetings of the full Task Force and committees, providing logistics, notices, and minutes; conducted policy research; wrote research briefs and fact sheets; secured experts to present information to the group; facilitated meetings and development of consensus; assisted in writing proposed policies; drafted the final report; and helped the group develop and execute a communications plan directed at local school stakeholders like superintendents, principals, teachers, parents, and students. View the initial [strategic plan](#) and the [final report](#).

Be ready to navigate and build consensus across diverse agendas and priorities. Each partner and stakeholder at the table brings both their personal views and preferences, and the imperatives and priorities of the institutional interests or constituents they represent. PHIs should assume that all participants are committed to the task in their own way and, despite differences, operating in good faith. Building trust, bridging

differences and finding consensus requires facilitating open and honest acknowledgement of the priorities and concerns of all groups represented.

Think about sustainability at the front end. *In this case example, the partnership was time-limited and task-focused, but the policy and practice issue would need ongoing promotion. Because the issue was already an advocacy priority for both individual advocacy groups and the obesity prevention advocacy coalition led by IPHI, the recommendations of the Task Force have transitioned to a blueprint for advocacy with advocates now able to leverage the new relationships and cross-institutional consensus that was built around the final recommendations. In addition, look for opportunities to leverage the priorities, decisions, and recommendations of the partnership for new funding requests and new initiatives.*

Manage staffing and leverage staff competencies. *Projects do not always support new staff, so PHIs will need to be flexible in re-structuring the work of existing staff; identifying and leveraging the competencies of multiple staff; using consultants for specific purposes; leveraging and deploying the expertise of the partnership members themselves; and using interns. Important staff competencies for hosting partnerships and coalitions include agenda planning and facilitation; written and oral communications and messaging skills; data research for and communication to non-experts; and ability to meet hard timelines and deadlines. Of particular importance is the ability to build trust and synthesize multiple points of view to achieve consensus.*

2.4(a16): Sponsor Trainings and Conferences

Trainings and conferences are widespread throughout the PHI world. They may be funded through grants, joint sponsor contributions, fee-based, or a combination of all three. They can focus on building the skills of individuals, strengthening organizations and communities, or creating a forum for stakeholder discussions of major policy initiatives. They may deal with one or more program areas (e.g., obesity, tobacco) or skills (e.g., leadership, needs assessments).

Some PHIs provide logistics services for conferences that are being held by other organizations. This may include selecting the sights, recommending content and speakers, handling registration, providing publicity, and related services.

Case Example: Health Policy Institute of Ohio
In May 2013, the [Health Policy Institute of Ohio](#) hosted a one-day conference, "Health Innovations 2013: Finding Solutions in Unlikely Places," in Columbus, Ohio. The conference focused on how looking outside of health and health care settings can foster the type of integrative thinking and collaboration that leads to innovative solutions. The meeting showcased innovative and promising approaches to health-related issues that have been adopted from other industries - approaches that have the potential to reduce health costs, improve outcomes or increase access. Participants learned about the relevant state or federal policy implications of these approaches. Lessons learned include:

- *Hosting a pre-conference dinner with speakers, institute staff, and institute board members is a useful way to "break the ice" among participants and allows for informal sharing of expertise among speakers.*
- *It is helpful to ask the keynote speaker to review others' presentations ahead of time (if available) to allow he/she to coordinate the theme for the day.*
- *Explicitly ask the keynote speaker or other designee to speak at the end of the conference to reflect on the day's learnings and tie it all together.*
- *Allow plenty of time for audience participation.*
- *Build in time for networking, preferably over lunch, as attendees appreciate the opportunity to meet others. We've tried post-conference cocktail hours, but most attendees choose not to stay.*
- *Before inviting speakers, try to find video of them speaking and/or get a recommendation from someone who has heard the individual speak at a previous event.*
- *As a health policy or public health institute, attendees greatly appreciate healthy meal options.*
- *Provide attendees with an opportunity to evaluate the program.*
- *Charge for the event; even a nominal fee will reduce no-show rates.*
- *Send a reminder of the event a few days beforehand.*

2.4(a17): Deliver Prevention and Medical Care Services

Some PHIs are involved in delivering direct medical care and social services to local residents under contract with their local governments and other health providers. These contracts include a broad array of services, such as primary care, counseling, clinical prevention services and health education.

Many of these contracts are long-term and have helped PHIs leverage these programs to attract other kinds of money in public health and prevention. The stability, also, has encouraged exploration of other lines of business.

Case Example: Public Health Solutions

For over forty years, [Public Health Solutions](#) (PHS) has been providing direct health care and supportive services to vulnerable, high-need individuals and families in New York City. Due to a fiscal crisis, the NYC Department of Health transferred its Maternal Infant Care (MIC) Centers to PHS' management in the 1970s. PHS currently operates two of these Centers and provides high-quality reproductive healthcare to over 4,500 women annually.

Three of PHS' MIC centers became Federally Qualified Health Centers (FQHCs). Patients of those Centers would continue to have access to high-quality health care, while PHS could focus its attention on sustaining high-quality reproductive health and family planning services. PHS made an investment in quality improvement initiatives at the remaining Centers, using clinical data to improve quality and efficiency. Provider-level clinical report cards have been utilized to share performance metrics, identify necessary systems changes, and help providers improve their clinical care.

PHS continues to seek opportunities to grow and thrive in the health reform era. It has been engaged in a long-term planning process with the City University of New York to locate an enhanced health services center on its Kingsborough Community College Campus to provide reproductive health and family planning services to students, faculty, and staff.

Additionally, PHS is pursuing Patient Centered Specialty Practice (PCSP) recognition from the National Committee for Quality Assurance (NCQA) through a collaborative sponsored by the National Family Planning and Reproductive Health Association. The PCSP, the specialty practice equivalent of NCQA's primary care Patient Centered Medical Home designation, is a team-based model of continuous and coordinated care to maximize health outcomes.

PHS has also leveraged its clinical and public health expertise to launch several innovative public health initiatives. In partnership with the NYC Department of Health and Mental Hygiene, PHS has convened the NYC Intrauterine Device (IUD) Task Force. This city-wide effort to increase the availability and uptake of IUDs brings together over 40 women's health experts to address barriers to patient access, increase provider training, identify and address policy issues, and create a framework for measuring the prevalence of IUD usage. PHS also recently received funding to implement a Family Planning Capacity Building Project at four FQHCs in NYC to improve their provision of high-quality family planning services. PHS will use each center's electronic health records through a quality improvement framework to address counseling, staff training, organizational policy, and reimbursement issues.

2.4(a18): Expand Geographic and Sector Boundaries

Most PHIs start with serving a specific geographic area, like a state or metropolitan area, but can expand over time into serving other areas. Some PHIs provide services in neighboring counties/states, manage/otherwise support national programs, or engage in work overseas.

Historically, most of the PHIs had a business portfolio comprised exclusively of public health programs. With the growing recognition of the importance of social determinants of health and the need for more inter-sectoral work, many institutes are attracting funding in education, land use, housing and literacy, and other sectors.

NNPHI supports a variety of practice models, whereby PHIs work primarily in a particular state or region, and, increasingly, by sharing expertise in wider areas based on specific and unique competencies. Moreover, increasingly, PHIs are developing very specialized expertise. As the network evolves, NNPHI is refining a distributed capacity network that leverages the unique competencies of emerging expertise hubs.

2.4(a19): Manage Legal Settlements

Several PHIs have been retained to manage the distribution of funds from both legal and regulatory settlements from government and private law firms. Their roles include recommending how the settlement monies should be used, designing programs, developing requests for proposals, re-granting, awarding funds, monitoring the grants, and evaluating the programs. A PHI's reputation to manage these kinds of funds is critical.

These settlements may be directed by state attorneys general, district attorneys, and/or judges handling class action lawsuits. Prosecutors and defendants may also be involved in the process.

Since this type of funding is episodic, PHIs are challenged to maintain staffing to identify potential settlements and manage the funds. However, once a PHI receives settlement funding, it can leverage those dollars to attract other funds and sustain programs.

Case Example: Louisiana Public Health Institute

The Louisiana Public Health Institute (LPHI) is currently administering two separate multi-million dollar legal settlement agreement funds resulting from class action lawsuits. In both cases, a steering committee comprised of both plaintiffs and defendants recommended to the respective courts that LPHI administer the settlement agreement funds on behalf of the court. LPHI did not seek to administer these public health trust funds, but rather was approached by the steering committees because of its history of health systems development in the Greater New Orleans region over the last decade and reputation of integrity and accountability. Particularly appealing to the steering committees was LPHI's ability to rapidly ramp up and administer a large federal grant to rebuild and expand primary care and behavioral health services after Hurricane Katrina in Greater New Orleans.

In the first settlement agreement, the steering committee asked LPHI to design an approach for re-granting the funds and to recommend potential public health focus areas that the settlement funds could help address. The court order authorizing LPHI to administer the funds centered on improving primary care access in the Greater New Orleans region, but was broad enough for LPHI to recommend focusing specifically on behavioral health in primary care settings. Once the steering committee approved this topic area, LPHI convened a meeting of local stakeholders to provide input to further refine the topic and re-granting approach. LPHI then developed an RFP to fund innovative projects to integrate primary care, behavioral health, and referrals to social services with an additional goal of building local capacity and sustainable systems change.

In the second settlement agreement, the Deepwater Horizon medical settlement steering committee worked with LPHI to design a program to build primary care capacity in 17 counties and parishes in Alabama, Northwest Florida, Louisiana, and Mississippi. This program proposal became a part of the actual court settlement and is a companion to three related projects which are part of the Gulf Region Health Outreach Program.

Building local capacity by leveraging existing community assets and activities with a goal of sustainable system change and legacy benefits is core to both programs. Technical assistance and learning collaboratives are also integral components of each. Key to successful implementation both settlement agreement funds is the inclusion of steering committees and stakeholders in the design and implementation of the programs.

2.4(b) Assisting Other Agencies

PHIs have developed reputations as efficient, flexible, and less bureaucratic agencies, creating a niche for themselves in assisting other organizations, including government, foundations, universities, and other nonprofits. Providing the following services has helped stimulate more programs in PHIs' core competencies, provided investment money to strengthen PHI infrastructure, and created better PHI financial sustainability:

1. Act as a Fiscal Agent
2. Incubate New Organizations
3. Hire Staff
4. Operate as a Program Office for Foundations
5. Provide Back Office Services for a Fee
6. Deliver Core Government Programs
7. Manage Other Nonprofits
8. Sell IRB Services

2.4(b1): Act as a Fiscal Agent

PHIs often serve as a fiscal agent as well as an administrative home for the management of grants and contracts on behalf of, or in collaboration with, state and local public health partners. There are many types of fiscal agency, with substantial literature describing the various kinds and pros and cons. Sometimes fiscal agency involves merely passing money through the institute's books. More often, an organization approaches the PHI to have them act as a fiscal agent for multiple sources of funds. Often, the relationship becomes a long-term one.

It is important for PHIs to negotiate, at the front end, the conditions of leaving, use of excess revenues, intellectually property, staff performance evaluation, compensation, and representation of the relationship to the public.

2.4(b2): Incubate New Organizations

Both foundations and emerging organizations have approached PHIs to incubate programs or organizations. PHI's may be asked to build the infrastructure for the new program/organization, hire staff, implement the programmatic work, and, eventually, incorporate the new entity. The length of the incubation may be definite or left open-ended. Some programs never leave the PHI.

The cost for incubation, in addition to the normal overhead, is negotiated in advance because of the extra work necessary to start up and create the other organization.

For more information about Incubation, please refer to 5.1, *Legal Basis: The Origin Point for Public Health Institutes*.

Case Example: Public Health Management Corporation
Communities have come to recognize the importance of PHIs to build public health capacity, foster partnerships and leverage resources to meet public health goals. Public Health Management Corporation (PHMC) is establishing the Delaware Public Health Institute, in partnership with The University of Delaware's College of Health

Sciences (CHS), to improve public health in Delaware.

CHS' mission is to expand the research enterprise within the college to improve the health and well-being of Delawareans and strengthen interdisciplinary faculty and student outreach activities and partnerships in the local, national, and global communities.

PHMC can help achieve this mission by drawing on its history of serving the Greater Philadelphia region as a convener, facilitator, developer, researcher, intermediary, manager, advocate, and innovator in the field of public health, as well as its network of 2,000 employees, 350 programs, and 11 subsidiaries. One of the initiatives in which to engage the new PHI would be to expand PHMC's Community Health Database (CHDB) into Delaware. The CHDB, which is conducted through PHMC's Center of Data Innovation, is an annual Household Health Survey that assesses community needs at the population and neighborhood level. Utilized by over 400 agencies, the survey gives a comprehensive snapshot of the health of the region. PHMC will also take a lead in Delaware's county health rankings, which will have a positive impact on improving education and data collection in Delaware. Another initiative includes expanding the Nurse-Managed Health Center located at the University of Delaware. Through the PHMC health network that consists of five nurse-managed federally qualified health centers, PHMC can provide expertise and information sharing on best practices. National Nursing Centers Consortium (NNCC), a PHMC affiliate, can partner on advocacy and policy issues to promote nurse-managed primary care across the country.

By creating a partnership across state lines, the Delaware Public Health Institute will benefit from expertise from CHS and PHMC by getting increased visibility, access to additional sources of funding, and increased partnerships.

2.4(b3): Hire Staff

PHIs often work strategically to support connections between various health systems and population health goals through workforce recruiting and development from a systems-level perspective. Governments and, sometimes, other organizations like foundations, are increasingly contracting out core staff positions and seeking PHIs with capacity to recruit, employ, and support these staff on a timely basis.

The government or organization and PHI may negotiate decisions about hiring, supervision, evaluating performance, termination, salary, and fringe benefits. The staff may be housed in the funding organization and supervised by the funding agency, while, other times, the PHI is expected to house and supervise the employee. The benefits of hiring staff on the behalf of governments or other organizations include the ability to staff up quickly, hire more qualified individuals and pay higher salaries. Some of the difficulties of this arrangement include performance reviews of staff, intellectual property ownership, termination and benefits.

For more information about hiring staff, please refer to module 5.7, *Human Resources*.

2.4(b4): Operate as a Program Office for Foundations

Some foundations like the Robert Wood Johnson Foundation engage external organizations to manage some of their initiatives. Foundations retain PHIs to manage initiatives because of their programmatic expertise, capacity to oversee a large re-granting process, and ability to get the requisite amount of funds out the door. PHIs can also save foundations money through absorbing some of a project's administrative costs.

Case Example: North Carolina Institute for Public Health

Over the past decade, the North Carolina Institute for Public Health (NCIPH), part of the Gillings School of Global Public Health at UNC-Chapel Hill, has hosted three national healthy community initiatives supported by the Robert Wood Johnson Foundation (RWJF): Active Living by Design (ALbD), Healthy Eating by Design (HEbD) and Healthy Kids, Healthy Communities (HKHC). Together, these three programs contributed to the development of a new body of knowledge related to active living, healthy eating, and the impact of policies, systems, and environmental change strategies on individual behavior and population health. They also deepened the capacity of organizations, leaders and residents to work across disciplines toward the achievement of healthier communities. Lessons Learned and Competencies Needed:

- *Be prepared to engage in deep collaboration with the funder. PHIs should be prepared to meet regularly with their funder (remotely and face-to-face); provide regular progress reports; embrace feedback regarding strategy, implementation and communication; serve as a spokesperson at conferences, on advisory committees, and in other field-building activities; be transparent about challenges; and engage in ongoing evaluation of lessons learned, promising practices and results.*
- *Hire wisely, and invest in staff. National program staff must possess a unique combination of attributes, including deep subject matter expertise; strong coaching and consultation skills; and the ability to select, manage and monitor grants. The ability to work effectively across disciplines is a must, as are strong communication skills.*
- *Be flexible in program operations. Overseeing a national program requires the ability to navigate the policies and practices of one's host institution as well as those of multiple grantees, mission partners and funders.*
- *Grow sustainably. The exposure gained from leading a successful national program has the potential to attract other organizations with an interest in engaging in similar work. NCIPH secured additional grants and contracts to support other initiatives. While this created new opportunities to leverage past experience and build the field, it is important to be strategic about expansion in order to minimize staff burnout, avoid mission drift or build an infrastructure that cannot be sustained over time.*

2.4(b5): Provide Back Office Services for a Fee

Several PHIs offer a menu of back office services to other organizations, including human resources, accounting, payroll, grants management, and human subjects review. These arrangements may be provided to an incubated organization leaving the PHI or a new

organization that wants to be independent without undertaking additional administrative responsibilities. Occasionally, these new organizations may become more formally part of the PHI. See 2.4(a), *Building and Strengthening Core Competencies*, to learn more.

2.4(b6): Deliver Core Government Programs

Occasionally, governmental organizations contract out a mandated and permanent government program. Reasons may include an urgency to get the program functioning, lack of expertise to do it, or lower cost. Sometimes, the intent is to bring the program back into the state after it is staffed and functioning, while some programs can go on indefinitely.

Case Example: Institute for Population Health
In October 2012 the Institute for Population Health (IPH) became the entity through which residents of the City of Detroit receive all mandated and non-mandated public health services, including disease control, immunizations, maternal and child health programs, substance abuse prevention and treatment, and environmental health services. During IPH's first year, funding was provided through a direct contract with the Michigan Department of Community Health. This unprecedented funding arrangement was made possible because Detroit was in a financial crisis and under a consent agreement with the State.

Detroit's Mayor and leadership team determined that it could no longer provide public health services effectively due to the funding crisis, leading to creative discussions regarding alternative delivery systems. While no other PHI had taken on the responsibility of providing all mandated public health services, partnerships between governmental public health and PHIs are evidence-based models for the provision of services to improve and protect the public's health.

Through a series of meetings with the state health department and city officials, IPH leadership demonstrated that it would provide a stable, sustainable model for public health services. In addition to reducing administrative costs, the IPH structure allows for an efficient, nimble organization to expeditiously handle grant funds and associated staffing.

The public health authority to enforce codes and ordinances and act in a public health emergency remains in Detroit through three positions that must be maintained and approved by the State of Michigan. Those three individuals also assure that the public health services provided by the IPH meet all applicable rules, regulations and guidelines.

As IPH entered its second year of operation, Detroit was no longer under the consent agreement that was used to allow for a direct funding relationship with the state health department. While the initial focus for IPH was the provision of core public health services, the organization has worked to foster innovation, leverage resources, build partnerships and diversify funding.

2.4(b7): Manage Other Nonprofits

PHIs provide a number of services for other nonprofits, including the overall management of the organization. Services include the employment of the executive director and all or some of the normal administrative services. As a separately incorporated nonprofit, the other organization retains its own board and the ability to provide direction and oversight. The contract between the organizations usually specifies the areas of retained authority.

2.4(b8): Sell IRB Services

For those PHIs that manage federally supported research, there is a requirement to conduct human subject reviews by an Institutional Review Board (IRB). Organizations may choose to buy these services from another organization for a fee.

Resources

Websites

- **Center for Lobbying in the Public Interest:** Important Lobbying Exclusions Under the 1976 Law: http://www.clpi.org/images/pdf/Exclusions%20from%20Lobbying%20Color.qxp.pdf
- **Center for Lobbying in the Public Interest:** IRS Rules: http://www.clpi.org/the-law/irs-rules
- **Health Policy Institute of Ohio:** Policy Resources: http://www.healthpolicyohio.org/resources/
- **Independent Sector:** Legal Compliance and Public Disclosure Resources for Nonprofits: http://www.independentsector.org/governance_ethics_resource_center#sthash.mt8kV99C.dpbs
- **National Health Policy Forum:** Policy and Evaluation Resources: http://www.nhpf.org/resources

MODULE 3

Leveraging Partnerships and Alliances

3.0:
Leveraging Partnerships and Alliances

Joe Kimbrell, MA, MSW, Chief Executive Officer, Louisiana Public Health Institute

Forming strategic partnerships and alliances is essential to the success and sustainability of all public health institutes (PHIs). Through partnerships, PHIs can increase their administrative, financial, and other capacities; their visibility to other stakeholders in traditional as well as non-traditional health sectors; and, ultimately, their impact on the public's health. Institutes should always be looking for new partners and forming new alliances that advance their mission. Currently, the success of most public health initiatives depends upon the collective impact of multi-sector partners that have mission alignment or synergy. PHIs must build an organizational culture of continuously looking for new alignments and potential partnerships.

NNPHI staff visited with a consortium of community partners during a site visit with the Hawaii Public Health Institute.

Strategic partnership development starts with the formation of the board and never ends. Developing new relationships is ongoing and will change with the growth of the organization. PHI leaders need a regular mechanism to assess and make accessible their myriad of networks, partners, individual connections, and funder relationships. The board, executives, and key staff need working knowledge of these alliances and resources to continually scan the environment for potentially new strategic partners. Partnership development is a part of the job performance expectations for all PHI staff, not just those involved in program design and implementation.

As a PHI matures and develops new competencies, the number and diversity of the partnerships and alliances expands significantly. The types of alliances are also influenced by changes in the external environment as new unforeseen opportunities present themselves. One's vision of the possible has to keep changing and evolving. The emerging field of Health in All Policies; the Institute of Medicine (IOM) study, Integrating Primary Care and Public Health; implementation of the Affordable Care Act (ACA); and the work of the Federal Reserve regarding public health's alignment with community development all call for developing new partnerships and alignments. Developing new partnerships and alignments means that PHIs always have to be expanding their vision, educating themselves, and participating in the transformational work going on in their environment. PHI staff need to be participants at as many tables as possible.

In developing new initiatives, always begin by asking:

1. Who else is doing this?
2. How can the PHI or partner leverage mutual interest?

3. How can the PHI share the resources being applied for or developed?
4. What is the value proposition?

Alliances and partnerships are formed by doing real work together and sharing the resources. Leveraging what exists, adding value, and seeking inclusion are keys to forming new partnerships and alliances.

3.0(a): Facilitating Partnerships through PHI Board and Governance

Forming strategic partnerships and alliances begins with the initial formation of the PHI board and governance structure. The board should be as broad-based and multi-sectorial as possible to include organizations and individuals that understand the value of a PHI; are aligned with PHI values and program interests; and can bring additional perspective to the board. Boards do not need to be large but should reflect the types of alliances that the PHI intends to foster. In forming a PHI, include the potential board members in the development phase in order to ensure that they are a part of the strategic thinking about the vision/mission, articles of incorporation, and bylaws. Learn more in 2.1, *Readiness*.

It is critical to have board members with vision and connections. Members with multiple hats and perspectives are particularly helpful. They often bring clout, connections, legitimacy, and program expertise to the board. A board that has complementary strengths and connections is ideal. As a PHI's portfolio evolves, it will need to identify new board members representing different sectors.

> **Boards do not need to be large but should reflect the types of alliances that the PHI intends to foster.**

A governing board is responsible for the overall directions of the organization, reviewing and approving the annual budgets, and hiring and reviewing the performance of the CEO. Generally, they are not involved in the PHI's day-to-day operations. For additional context, see *5.2, Governance: Board Duties, Roles, and Responsibilities*.

To navigate this Module, follow the link below:
* 3.1: Key Types of Partnerships and Alliances

3.1:

Key Types of Partnerships and Alliances

Joe Kimbrell, MA, MSW, Chief Executive Officer, Louisiana Public Health Institute

3.1(a): Business Partnerships with Governments

Government agencies contract with PHIs to:

Design, implement, and evaluate programs and support health policy	Convene partnerships
Hire staff on the government's behalf	Act as fiscal intermediaries

Strong relationships with government agencies are critical for a PHI's development and evolution. Institutes should include the governmental public health agencies at the state and/or local levels as a part of their formation and strongly consider designated positions for individuals representing those agencies on their governing bodies. PHIs often have special relationships with governmental public health agencies—relationships that should be clearly recognized in PHIs' bylaws. From a Health in All Policies perspective, it is equally important that a PHI's interface with government extend not just to the public health entity, but—depending on the PHI's mission and programmatic emphasis—also to alliances such as education, transportation, housing, planning, economic development, environmental protection, and occupational health agencies.

Governmental public health agencies frequently contract with PHIs to hire staff on their behalf; act as fiscal intermediaries to receive outside funding or subcontract with other organizations; convene partnerships; and design, implement, and evaluate programs. Additionally, PHIs can at times advocate for policy or systems change when governmental agencies cannot. Advocating for policy change—such as current examples like tobacco taxation or Medicaid expansion—can frequently put one at odds with a particular administration. PHIs can find themselves trying to maintain relationships with government and preserve their government contracts while, at the same, time advocating for policies with which they may disagree.

PHIs are encouraged to develop relationships with staff in government agencies at all levels and encourage program staff within their institutes to do the same. Because of frequent changes in leadership of many government agencies, developing trusting relationships with government career staff is essential.

PHIs are here to be a resource for—not a

Mary Pittman, DrPH, President and CEO of Public Health Institute (CA); Dr. Mark Horton, former State Public Health Officer, California Department of Public Health; Joe Kimbrell, MA, MSW, President and CEO, Louisiana Public Health Institute; Dr. Karen DeSalvo, former Commissioner, City of New Orleans Health Department

replacement of—core functions of government. Navigating relationships with government and, particularly the public health entities, can be challenging. Leadership changes are common and how open government officials and line staff are to working with PHIs can change significantly from administration to administration. PHIs should be aware that they may be seen as competitors for agency resources. Take the long view and stay in the game without over-reacting, recognizing that challenges will arise at times.

Relationships with federal agencies are also critical. There is openness on the part of most career staff in federal agencies to work with effective organizations that bring meaningful partnerships together to focus on specific initiatives. Federal agencies have many dedicated, competent individuals with much to offer by way of advice and sharing their perspective. Friends in government agencies can help PHIs navigate what can be overwhelming bureaucracies; anticipate funding opportunities; serve as intermediaries; support hiring staff on government's behalf; and convening.

Case Example: Louisiana Public Health Institute
Beginning in 2011, public health departments pursuing voluntary accreditation through the Public Health Accreditation Board (PHAB) must conduct and disseminate a comprehensive community health assessment (CHA) leading to the development of a community health improvement plan (CHIP). Additionally, the Patient Protection and Affordable Care Act requires nonprofit hospitals to conduct community health needs assessments (CHNAs) every three years to inform their community benefit plans. The Louisiana Public Health Institute (LPHI) has taken advantage of these two opportunities to build upon and expand its existing assessment expertise in community collaborative processes and data collection, analysis, aggregation, and translation.

LPHI has collaborated with local and state health departments along the Gulf Coast, nonprofit hospital systems, and other community stakeholders and partners to conduct CHAs that inform CHIPs. LPHI's approaches this work is by building local and state capacity to continue these CHA/CHIP activities in the future and, where needed, lead the process and/or provide assessment services.

As part of this work, LPHI conducted a facilitated discussion to inform the approach to and coordination of CHA/CHIP efforts by a state health department pursuing accreditation. LPHI helped convene the state health officer, public health district health officer and administrator, other state key state health department staff, and the Federally Qualified Health Center that coordinates the efforts to design and implement the state's plan for that district's CHA/CHIP. LPHI is continuing to provide technical assistance to the public health district manager and staff on evidence-based models for designing CHA/CHIPs, such as the National Association for County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) process.

> *Foundations, PHIs, and government all working together towards a common goal is a powerful combination that can accelerate change and promote adoption of innovative public health policies and interventions.*

3.1(b): Relationships with Foundations

Building ongoing relationships with local, state, regional, and national foundations is critical to many PHIs' funding and sustainability. Creative philanthropic funders, flexible PHI nonprofit implementers, and government all working together towards a common goal is often a powerful combination that can accelerate change and promote the development and adoption of innovative public health policies and interventions.

Foundations tend to give resources to organizations with leadership that they know and trust to deliver. In some senses, they frequently fund "individuals." Therefore, developing relationships with foundations—local and national—is essential to a successful PHI's development. Foundations generally like the concept of PHIs and are looking for partners to carry out their missions.

Relationship development is not always a matter of PHIs responding to requests for proposals, but often a matter of developing an innovative idea and sharing and discussing it with a project officer of the foundation. Other times, foundation project officers will work with PHIs to develop a project in an area of focus for the foundation. Know that it is possible for institutes to work with foundations to develop an innovative project.

PHIs also have the opportunity to apply jointly as a collaborative to address the interest of a particular foundation—a strategy that has been successful in the past.

Case Example: Louisiana Public Health Institute

An example of applying jointly as a collaborative to address the interest of a particular foundation is that of the two-and-a-half-year partnership between Baptist Communities Ministries (BCM), Louisiana Public Health Institute (LPHI), and the New Orleans Health Department to facilitate an overarching transformation of the Department into a 21st-century organization capable of improving population health through data-driven decision making and policy development.

LPHI—a long-term BCM grant recipient and partner—was a natural choice for the initiative, having long established its range of capacities, professionalism, and commitment to improving the health and wellbeing of Louisianans. LPHI has received a range of BCM grants over the years, including: a three-year, $466,000 grant to assessing the impact of the Affordable Care Act on Louisiana ($466,000, three-year grant); assessing and aligning St. Tammany Parish behavioral health services ($173,000, 1.5-year grant); and improving maternal and child health through interpregnancy care for high-risk mothers ($500,000, two-year grant). By developing a long-term relationship with a local foundation, and demonstrating its ability to help BCM fulfill its mission of growing and sustaining healthy communities in the five-parish Greater New Orleans area, LPHI has become an ongoing and trusted BCM grantee and partner.

3.1(c): Relationships with Colleges and Universities

PHIs should also strongly consider including representatives of academia in their governance structure/board. In addition to governance, PHIs often have multiple relationships with their academic partners, including financial, programmatic, and in evaluation. Some PHIs are housed within a university and have the opportunity to utilize the resources and connections of their university home as well as partner with other academic institutions in their region.

PHIs frequently contract with academic institutions for their faculty's specialized expertise. A PHI does not necessarily need to have all of the expertise internally to design, implement, and evaluate an initiative. Academic faculty can also serve on expert panels and as external evaluators that can expose program design and evaluation to the benefits of academic rigor. Additionally, PHIs that serve as field placement sites for masters and doctorial students benefit from an excellent staff recruitment tool. Engaging academic representatives in PHI governance, hiring of academic faculty, and providing practice-based learning for students all serve to build multiple positive relationships with academic partners.

Case Example: Louisiana Public Health Institute
The Louisiana Public Health Institute (LPHI) engages an average of 15-20 MPH and MSW students as interns at any given time. Interns work on a wide range of programs and initiatives. LPHI serves as a field placement site for the Tulane School of Social Work—where many of the students are in a dual degree MSW/MPH program—as well as a field placement site for MPH students from Tulane, Louisiana State University, and other institutions. LPHI hires both masters and doctoral students to supplement full-time staff. In addition to exposing students to a broad range of public health initiatives and professional development opportunities, LPHI frequently hires student interns after the opportunity to learn about their qualifications and competencies.

3.1(d): Engaging the Private Sector

PHIs are in a unique position to bridge sectors and broaden the base beyond government and academia to include leaders and organizations in other spheres of influence that are also committed to improving population health. This public/private sector bridging can manifest in a variety of ways. Private sector businesses and corporations sometimes provide funding or in-kind resources to sponsor public health initiatives or conferences/meetings in return for publically recognizing their sponsorship. Other times, where a mission or audience congruence and mutually beneficial prospects exist, PHIs can seize the opportunity to initiate innovative public/private partnerships.

Another strategy to engage the private sector in an ongoing way is to include businesses and corporations in the PHI governance structure. Many PHIs struggle with engaging the private sector. A natural place to start could thus be with the health sector—e.g., through efforts involving health plans, payers, insurers, hospitals, and/or primary care—followed by branching out to the non-traditional sectors such as housing, banking, or community development interests.

Case Example: North Carolina Institute for Public Health
The North Carolina Institute for Public Health (NCIPH) has served as a neutral convener between hospitals and health departments to advance focused health improvement initiatives of mutual interest. NCIPH's work demonstrates the capacity of PHIs to help communities move from assessment to action through effective partnerships and implementation of proven strategies.

As a national leader in public health quality improvement and accreditation, NCIPH is facilitating efforts of the North Carolina Public Health and Hospital Steering Committee to engage local public health leaders, hospital executives, and other stakeholders to carry out collaborative

community health assessment and community health improvement plans. Members of the steering committee include representatives from the North Carolina Association of Local Health Directors, North Carolina Center for Public Health Quality, North Carolina Hospital Association, North Carolina Division of Public Health, North Carolina Association of Community Health Centers, and other community partners.

NCIPH conducted a statewide community benefit roundtable in March 2010 as part of a CDC-funded initiative to explore strategies to improve community health through community benefit investments. NCIPH hosted a second meeting in June 2011 for hospital/health system stakeholders, local health directors, funders, and other community partners to identify ways to improve the community health assessment and improvement process and clarify how nonprofit hospitals and public health agencies would collaborate throughout the full cycle of community health improvement.

As a result of its convening efforts, NCIPH is leading a learning collaborative to drive innovative model community partnerships. These collaborations use data- and evidence-based approaches to develop systems and strategies that improve health outcomes. Through this collaborative, NCIPH is assisting five local teams in conducting unified community health assessment and improvement plans. Teams consist of public health, hospitals, the United Way, and other community partners. Two teams—one single-county and one multi-jurisdictional—are currently completing their assessments. The three other teams are working on action planning and implementation. The long-term goal is to spread the elements of these community system models to all North Carolina communities by December 2015.

PHIs are well-suited to serve as conveners of collaboratives, providing some level of security and consistency to community participation and ensuring that all community voices are represented.

NCIPH plans to create a best practice resource for communities, including a toolkit with templates for community health assessment and improvement plans. NCIPH will also designate mentors from local public health agencies and hospitals to help all North Carolina communities build effective partnerships and implement evidence-based policies and programs.

3.1(e): Relationships with the Media

As an institute evolves, developing communications expertise and being media savvy is critical to serve both the PHI's programmatic communication needs and social marketing messaging for target audiences like policymakers, the community, members of the public and health departments. Communications services may include marketing campaigns, branding, print and web design, and social media. Developing relationships with media partners to leverage their expertise and capacity is important to achieve the goals of the program or public health information initiative. Media partners can support publicity about public health issues, social marketing and report dissemination of program findings. It is

not essential for PHIs to have all of this expertise internally; however the institute's management must be able to work with media and advertising agencies, public relations firms, and web developers.

One example of recent media engagement which PHIs can apply to their strategies is the National Association of Hispanic Journalists' partnering with Kaiser Permanente to host an interactive health and wellness pavilion at the Excellence in Journalism national conference. Over 1,500 journalists attended the fall 2013 conference, at which Kaiser Permanente, a recognized health and wellness leader and advocate, helped to raise awareness to the need for better health and wellness education in multicultural communities in order to address severe health disparities faced by these communities. The goal was to raise awareness of achievable best practices among journalists who are often key influencers in these communities. The Association of Black Journalists has hosted a media institute on health reporting to support excellence in reporting on health issues. Several public health institutes have built partnerships with media to support excellence in health reporting such as the Kansas Health Institute's news service. The Public Health Institute in Oakland, California, is the programmatic home of the Berkley Media Studies Group, which conducts research to learn how media characterize health issues and provides media advocacy training and consultation.

3.1(f): Relationships with Community Organizations

As stated in 3.0, *Leveraging Partnerships and Alliances*, PHIs, when developing new initiatives, should consider asking:

1. Who else is doing this?
2. How can the PHI partner or leverage mutual interest?
3. How can the PHI share the resources being applied for or developed?
4. What is the value proposition?

PHIs should determine what organizations, if any, in the state, community, or neighborhood are involved in this work and which organizations would be strategic partners in the development and implementation of a proposal. Most public health initiatives require some level of community collaboration and stakeholder buy-in. PHIs are well-suited to serve as conveners of collaboratives, providing some level of security and consistency to community participation and ensuring that all community voices are represented. PHIs often serve in the unique role of bringing together academia, government, and community for policy and program design and implementation.

PHIs, to be effective, must be open to partnering with a diverse group of traditional and non-traditional partners in the private, nonprofit, and government sectors. City and regional planning organizations; agencies in transportation, housing, agriculture, and community development; and chambers of commerce all play critical roles in improving the health of communities. It is beneficial for PHIs to develop relationships with these sectors and become a partner in their activities. PHIs can position themselves to be at the tables of those sectors and organizations that can help achieve their mission.

Case Example: Public Health Management Corporation

Of the three [Public Health Management Corporation](#) (PHMC) strategies to address [Street Smarts County-Specific Safety Focus Areas](#) (SFAs), expanding community partnership remains a critical element. This entails expanding beyond long-term partners that bring much needed expertise, competencies, and experiences in conducting broad-based Highway Safety programs. These partners include national, state and local police departments, local government agencies, district justices, schools, hospitals, educators, community groups and local businesses.

PHMC's community partnership expansion aims to: (1) link long-term national and countywide partners with newly identified grassroots community partners and organizations, (2) target community-based organizations and sites with authority to make programmatic decisions on behalf of their consumers, (3) allow for real-time targeted events based on recent crash data, (4) engage CBOs that have the capacity to serve multiple audiences, and (5) leverage resources.

In order to sustain efforts, PHMC recognizes the importance of identifying community partners that have similar missions and willingness to leverage resources to expand the scope of PHMC's efforts while meeting their mission. For instance, PHMC's Street Smarts team began identifying insurers, other funders with injury prevention priorities, and academic researchers with an interest in highway safety to develop joint initiatives and research activities based on community need and alignment of the SFAs. While implementing efforts in a challenging economic environment, PHMC's engagement strategies to leverage resources are an important element in sustainability, scalability, and dissemination.

PHMC's most important lessons learned about how to strategically expand its community partnerships consisted of learning earlier on that in order to increase the impact of the program, it needed to go beyond simply coordinating efforts with other usual stakeholders. It needed involvement at all levels—including grassroots engagement and outreach—in order to have local impact, keep the initiative relevant and fresh while building community capacity to sustain efforts, and run successful targeted media campaigns. These two strategies of grassroots community engagement and outreach and identifying partners to leverage resources has set the stage for PHMC's Streets Smarts program to continue to raise public awareness, build community capacity, expand its reach, and now begin contributing to the scientific body of preventive health. To learn more, visit [PHMC's Programs and Affiliates](#) webpage.

Sponsorships are another way of making friends before an organization needs them. Many current and potential partners are looking for sponsors for their conferences and annual meetings. PHIs should say yes when asked to be a sponsor if the budget allows. It is great advertising and demonstrates broad-based interest in the well- being of the community. Be strategic about these investments.

The Federal Reserve's interest in fostering relationship between population health and community investments to create healthier neighborhoods is creating opportunities for PHIs to be engaged in these cross-sector convenings. There is a growing awareness that unless organizations focus energy and resources on the most vulnerable communities, it will be difficult to make a difference in community's health status and quality of life.

Advocacy, community-based, and professional organizations are other types of organizations with which PHIs should consider building strong relationships. State or local chapters of national organizations (e.g., the American Cancer Society) or community-based advocacy organizations are potentially powerful

collaborative allies in advocating or supporting policy and system changes, reaching constituencies, and/or providing various types of additional capacity. Depending on the public health issue, support or opposition from sector membership or professional associations (e.g., state hospital associations) is often the key ingredient to the success or failure of public health program or policy initiatives.

These approaches are not only the right thing to do in order to leverage collective impact and improve community health—they are also essential for business development. In LPHI's experience, organizations are more open to new partnership that ever before. PHIs should realize that their partners and competitors are one and the same. Find common ground and find something to do together. Real work that shares resources is the best way to develop long-term relationships.

Resources

Websites

- **Berkeley Media Studies Group:** About: http://www.bmsg.org/about
- **Federal Reserve Bank of San Francisco:** Healthy Communities Initiative: http://www.frbsf.org/community-development/initiatives/healthy-communities/
- **Health Resources in Action:** Leveraging Multi-Sector Investments: New Opportunities to Improve the Health and Vitality of Communities: http://hria.org/resources/reports/community-development/leveraging-multi-sector-investments-new-opportunities-to-improve-the-health-and-vitality-of-communities.html
- **Kansas Health Institute:** About the KHI News Service: http://www.khi.org/news/2012/feb/27/about-khi-news-service/
- **National Association of Black Journalists:** NABJ Media Institute on Health: Covering Undeserved Communities in the Bay Area: http://c.ymcdn.com/sites/www.nabj.org/resource/resmgr/mi-health/nabj13_mihealth_ca_program.pdf
- **National Network of Public Health Institutes:** Partnering for the Public's Health: The Roles of Public Health Institutes as Fiscal Agents and Intermediaries: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf
- **Prevention Institute:** Collaboration Multiplier: http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html

MODULE 4
Funding

4.0: Funding

Donna Sofaer, Consultant, New Business Development

Historical sources of funding for public health institutes (PHIs) include federal, state, and local (city and county) government; foundation grants and contracts; and fees for services. While these sources are likely to continue to provide the preponderance of funding for institutes in the near future, the landscape for sustainable funding is changing. Several concepts have emerged in literature, business schools, and nonprofit management trainings that are driving more domestic and global funding decisions:

> *Philanthropists and government leaders have accepted the idea that challenges like poverty, crime, education, public health, and employment are too big for governments and foundations to solve alone.*

- Philanthropists and government leaders have accepted the idea that challenges like poverty, crime, education, public health, and employment are too big for governments and foundations to solve alone.
- Most nonprofits have neither the skills nor size efficiently to take successful strategies to scale (i.e., impacting millions of people).
- The rapid communication now possible through technology warrant accelerated scale-up and real time evaluation.
- Institutional, commercial, individual, venture, and emerging investors—including the newly wealthy, socially conscious investor or creative public/private investing partnerships—can fuel the combined efforts of the governments, nonprofits, and social entrepreneurs to realize opportunities to achieve sustainable impact.

Some of these ideas look more familiar in the commercial, for-profit context and include raising funds from social equity investors, social enterprise loans and bonds, microfinance strategies, and profits from larger-scale sale of goods and services dedicated for use by the social enterprise activities. Others take advantage of newer legislative and regulatory changes including Community Benefit funds. New bases for legal organization are emerging after successful pilots. Examples include Benefit corporations (B Corps) that are now or will soon be legislated in 20 states. B Corp certifications—offered to C corps to harden commitments to social and environmental gains—are also available and may be preferable in some cases. For-profit enterprises dedicated to social good, with a double or triple bottom line, will, when successful, be more sustainable than sole reliance on soft money.

To navigate this Module, follow the links below:
- 4.1: Emerging Funding Strategies
- 4.2: Traditional Funding Approaches
- 4.3: Positioning for Business Opportunities

4.1:
Emerging Funding Strategies
Donna Sofaer, Consultant, New Business Development

There is a lot of interest in new and emerging funding strategies that are attractive to social entrepreneurs in both the for-profit and nonprofit arenas. Many of these have been the subject of recent public discussions/conferences or are in early or pilot stage testing, but have not yet been fully evaluated for success or success at scale. Others have been used for a decade or more, with success in the traditional for-profit sector, but have not yet become commonplace in the nonprofit sector. Still others depend on a hybrid business model, with principles and practices of for- profit and nonprofit blended for optimum efficiency, timeliness, and impact.

PHIs and other nonprofits will want to watch these opportunities, understand what they need to do to be prepared to take advantage of them, and train staff to prepare their organization to participate.

> *"It's going to take far more money than all the philanthropies and governments have at their disposal to make a significant impact on improving the lives of all the poor and vulnerable people in the world. Impact Investing could unlock substantial for-profit investment capital to complement philanthropy in addressing pressing social challenges."*
> *- Rockefeller Foundation*

4.1(a): New or Emerging Funding Mechanisms
See the following examples of new or emerging funding mechanisms and resources:

1. **Social Investment Funds or Social Impact Investing**: Investors seek to generate both financial return and social or economic value. To learn more, visit the Rockefeller Foundation's publications and current work pages.

2. **Social Impact Bonds (also called Pay for Success Contracts):** Working in partnership, impact Investors finance nonprofit or for profit implementing organizations to solve state/regional/local governmental problems. If they are successful, government pays for the services, and investors get paid back and can earn a return. Programs using this strategy are being piloted or are underway in Colorado/Denver, Illinois, New York, Michigan, South Carolina, and California. These strategies are rolling out more rapidly than expected.

Access a good descriptive guide for state and local governments and their philanthropic and nonprofit partners that want to consider these options, courtesy of the Harvard Kennedy School Social Impact Bond Technical Assistance Lab.

3. **Social Innovation Fund (SIF):** Conducted by the federal Corporation for National and Community Service, this public-private partnership Social Innovation Fund uses $1 of federal money that is matched with $1-$3 of private funding to accelerate or expand the reach of successful nonprofit programs in job development, education, and health care access.

- *SIF awarded $137M in its first three competitions.*
- *This funding yielded $350M in private and other non- federal commitments.*
- *SIF selected 20 grant-making intermediaries in 2010-2012.*
- *Intermediaries have so far selected 197 promising nonprofits working in 34 states and the District of Columbia.*
- *Selected nonprofits have already reached over 174,000 additional individuals, and will continue to increase their impact.*

4. **Microfinance:** Microfinance opportunities generally give small loans to individuals or slightly larger loans to or for businesses. Often business management advice is given as well, mostly in the mode of start-up organizing and business financial planning. Loans are required to be repaid. The microfinance movement was started in Bangladesh, is now available in many developed and undeveloped countries, including the US. Younger investors and social venture funds appreciate a process where they may have an opportunity to select which candidates get funded.

One example of microfinancing, Catholic Healthcare West (CHW), is a 40-hospital health system headquartered in San Francisco that manages a $90 million community investment program and a $4 million a year grants program. The program provides low interest loans to communities to build health clinics, affordable housing, and other projects in underserved areas where funding is hard to get; and grants to organizations that meet the health priorities of CHW's service area.

4.1(b): New Organizational Structures
There are several exciting new organizational structures about which PHIs should know:

Benefit Corporations
As of August 2013, 19 states in the US have passed legislation authorizing creation of benefit corporations. More have legislative authority underway. Benefit corporations are a new corporate structure that requires companies to look beyond the interests of financial interests of shareholders and

consider the effect of business decisions on employees, the environment, and the surrounding community. Benefit corporations are subject to all legal requirements of any other for-profit enterprise, with three key differences:

1. Benefit corporations create a "safe harbor" for boards of directors who take interests other than profit into account when making decisions on the corporation's behalf.
2. Benefit corporations are required to declare and demonstrate their commitment to an independent, third-party standard.
3. Benefit corporations can be held accountable for abandoning their commitment to their stated public-benefit purposes.

Often confused, a certified benefit corporation is a regular C type corporation that reviews its practices and policies to align with the principles of a benefit corporation, especially when and where benefit corporations are not in place.

> *Benefit Corporations are a new class of corporation that:*
> 1. *Creates a material positive impact on society and the environment*
> 2. *Expands fiduciary duty to require consideration of non-financial interests when making decisions*
> 3. *Reports on its overall social and environmental performance using recognized third-party standards*

Multiplier Effects

Some have suggested that rather than an ever-increasing number of new nonprofit efforts, perhaps what we need is an alternative focus that provides a boost to those that already have stable footing. One blog notes that the idea already exists in the for-profit business world. Elastic Inc., a company featured in the Co-Exist article, "Changing How We Sell Things, To Make Companies More Successful," is one of many companies that has found market opportunities through this principle. The company provides a holistic option for other companies to outsource a portion of their sales function when their growth plateaus. Essentially, Elastic Inc. thrives off of filling in the gaps in existing companies.

A similar orientation is needed in the social enterprise space where a portion of new social enterprises should focus less on competing along similar offerings and more on boosting the success of existing social enterprises. Riders for Health is one of the few social enterprises that has adopted this perspective. The company provides logistics and transportation solutions to organizations focused on improving health care in Africa. Instead of simply creating incremental change by entering as another health care organization, Riders for Health has a multiplying effect that creates widespread impact by the simple addition of its service. Riders for Health's story is just one example of the potential social impact this refocused orientation can create.

4.1(c): Learning for the Future

Many of the for-profit sector's skills and concepts are only minimally familiar to people in the nonprofit world. New skills, including manufacturing/service elements, profit mixes, pricing strategies, marketing/product placement, and distribution plans, need to be added to take advantage of some of these strategies. It may change the types and qualifications of people hired in the future. It may change professional development strategies to accommodate these new features.

The Standford Social Innovation Review published an informative article on the status of impact evaluations. Additionally, the American Evaluation Association is featuring several sessions on impact evaluations at its fall 2013 annual meeting.

To access the full list of recommended reading, social media, and conferences pertinent to emerging strategies for PHIs, see Chapter 4.2's Resources section.

4.1(d): Types of Revenue

Understand the distinctions between revenue streams and consider tracking them separately. Emerging types of revenue include:

1. Unrestricted Funds
2. Collaborative Funding Ventures
3. Product Sales
4. Royalties
5. Social Investment Strategies

4.1(d1): Unrestricted Funds

Unrestricted funds are those funds held by an organization that are not subject to restrictions on spending for one particular project. Revenues in these funds are most often from fundraising campaigns, selected profits, and/or fees.

4.1(d2): Collaborative Funding Ventures

Revenues for some complex projects can come from multiple funders with a common or similar goal. Organizations can have either a cross-cutting role or a more specific role. Sub-awardees and/or PHIs can bring resources to a project that may be eligible for matching or leveraging by the primary funder. PHIs should be aware of all possible sources of revenues for conducting a project and ask funders about their views on collaborating funder strategies at various stages of a project

4.1(d3): Product Sales

Some projects design training manuals, software, or package a fixed set of services as a product delivered in person, through electronic media, or via webinars. These products may be exclusively/nonexclusively owned by the organization according to the terms and conditions of the grants/contracts that funded their development. If the organization owns them, or is otherwise allowed to sell them, the revenues these sales generate may be discretionary or may need to be used to further the purposes of the specific program. To learn more, see 2.4, *Strategies for Developing New Business*.

4.1(d4): Royalties

Some intellectual property—for example, a script, media presentation, or film/scene treatment—can be sold on a royalty basis. This produces revenues each time it is used.

4.1(d5): Social Investment Strategies

Funds in the form of loans, project-related investments, or capital investments in nonprofit organizations or benefit corporations are growing in popularity. Some foundations have established strategic investment funds for this purpose. This model is market-driven and more similar to a commercial business or for-profit organization than to most nonprofits, but PHIs should consider determining the risks/advantages of these new strategies, especially with projects that are ready to go to scale.

Resources

Conferences

- **Social Capital Markets Conference (SOCAP):** http://socap13.socialcapitalmarkets.net
- **Social Impact Exchange:** http://www.scalingconference2013.org/content/sponsors

Websites

- **Center for Advancement of Social Entrepreneurship (CASE):** Scaling Social Impact: http://www.caseatduke.org/knowledge/scalingsocialimpact/index.html
- **Center for High Impact Philanthropy, UPENN:** Homepage: http://www.impact.upenn.edu
- **Harvard Business School:** Social Enterprise: http://www.hbs.edu/socialenterprise/
- **Harvard Business Review:** The Rise of Social Entrepreneurship in B-Schools in Three Charts: http://blogs.hbr.org/cs/2013/02/the_rise_of_social_entrepreneu.html
- **Harvard Kennedy School Social Impact Bond Technical Assistance Lab:** Landing Page: http://hks-siblab.org
- **Harvard Kennedy School Social Impact Bond Technical Assistance Lab:** Social Impact Bonds: A Guide for State and Local Governments: http://hkssiblab.files.wordpress.com/2013/07/social-impact-bonds-a-guide-for-state-and-local-governments.pdf
- **Mike Bloomberg Blog:** NYC Announces Nation's First Social Impact Bond Program: http://www.mikebloomberg.com/index.cfm?objectid=E791E137-C29C-7CA2-F5C2142354A09332
- **Nonprofit Finance Fund:** Pay For Success/Social Impact Bond Initiative: http://nonprofitfinancefund.org/pay-for-success
- **Rockefeller Foundation:** Accelerating Impact: Achievements, Challenges and What's Next in Building the Impact Investing Industry: http://www.rockefellerfoundation.org/blog/accelerating-impact-achievements
- **Rockefeller Foundation:** Impact Investing: http://www.rockefellerfoundation.org/our-work/current-work/impact-investing

- **Rockefeller Foundation:** State and Local Governments Receive Assistance to Launch Social Impact Bond Projects Across the Country: http://www.rockefellerfoundation.org/news/press-releases/state-local-governments-receive
- **Scaling Social Impact:** A Literature Toolkit for Funders: http://www.caseatduke.org/documents/Articles-Research/Scaling_Social_Impact-A_Literature_Toolkit_for_Funders(Final).pdf
- **Social Finance, Inc:** Homepage: www.socialfinanceUS.org
- **Stanford Social Innovation Review:** Seven Deadly Sins of Impact Evaluation: http://www.ssireview.org/blog/entry/seven_deadly_sins_of_impact_evaluation

4.2:
Traditional Funding Approaches

Donna Sofaer, Consultant, New Business Development

A PHI's funding requirements vary depending on organizational maturity, purpose/vision, and by capacity or appetite for growth. Few PHIs have truly adequate core support available, but, according to a 2012 NNPHI survey, nearly half have discretionary assets and/or reserves for short-term needs.

Most PHIs begin small—with only one or two projects to finance funded by a few hundred thousand dollars per year. Over time, an institute may evolve into a much larger organization. Many more are somewhere in between. The table below, from NNPHI's 2012 member survey, shows total expenditures from PHIs' most recent fiscal years. Of the 31 NNPHI members that responded, 36% reported that their PHI's total expenditures were less than $1M, 42% reported total expenditures between $1M and $20M, and 19% reported total expenditures above $20M.

	Less than $200,000	$200,000-$499,999	$500,000-$999,999	$1,000,000-$2,499,999	$2,500,000-$4,999,999	$5,000,000-$20,000,000	More than $20,000,000
%	12.9	12.9	9.7	19.4	12.9	9.7	19.4
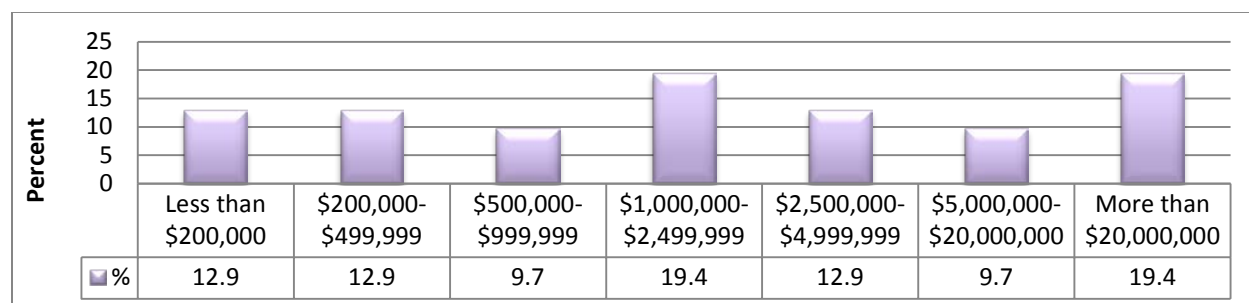
Most emerging institutes rely on leadership, staff, and volunteers to develop the initial financial support. Limited cash funds may be donated by board/steering committee members or friends of the organization and used for items such as postage and meeting expenses until an initial grant or contract is received. In other instances, smaller planning grants—typically with short turn-around periods—can be sought from foundations.

4.2(a): Readiness

PHIs are encouraged to consider several readiness issues. For additional context, see 2.1, *PHI Readiness*.

Business Planning Issues
Financial resources are required for:

1. Direct program costs
2. Related indirect (or general and administrative) costs
3. Costs that are not reimbursable by most government and many philanthropy funders, such as:

- Fundraising
- Lobbying
- Cash flow financing
- Bridge funding
- Costs in excess of maximum reimbursable thresholds
- Public relations for the organization
- Building reserves

Emerging institutes will not incur all of these costs in the beginning. However, it is common to incur some initially, such as fundraising costs.

Most non-reimbursable costs are covered by donations, profits, fees, or other unrestricted revenues. Some of these non-reimbursable costs can be covered by core support grants now provided by a few select foundations. The Foundation Center is a good resource for understanding which foundations provide core support and which do not. Access simple tools for nonprofit business development at the Foundation Center and verynice labs websites.

Type of Project: Research or Non-Research
It is important to determine at the start if the project is research- or non-research-oriented. If it is a research project, there are special rules if human subjects are involved. The term "research" has specific meaning under federal regulations, and is also often used by others in a more casual manner, making the distinction hard to understand in some cases. If there is any uncertainty, the project will need to be reviewed by an institutional review board (IRB) very early in the process. Independent IRBs can be retained for this purpose if a PHI is not affiliated with a university or other organization with its own IRB.

Organizations doing federally funded research will be required to have written and enforced policies on protection of human subjects in research formally in place that comply with the federal policies and are organization-wide. To learn more, see the Basic HHS Policy for Protection of Human Research Subjects. State or local funders conducting program implementation, process and outcome evaluations, community demonstration or pilot programs, surveillance or survey work, or secondary data analyses are typically not research projects. Non-federal funders will want the same IRB review as federal funders. IRB reviews protect organizations, research participants, and funders.

Grants: Complying with Federal Rules and Regulations
At some point, many PHIs decide to apply for and accept federal government funding, which requires developing and promulgating written organizational policies and procedures that assure compliance with numerous and complex federal rules and regulations. There are separate sets of rules and regulations for federal grants, cooperative agreements, and contracts.

1. A **grant** is a mechanism whereby a funding agency specifies a desired outcome (the "what") and an interested party responds with a proposal describing design, implementation, and evaluation plans (the "how").
2. A **cooperative agreement** is a type of grant in which a funder continues to be involved with a grantee in the design and evaluation for the duration of the grant.
3. A **contract**, on the other hand, is a procurement mechanism in which a funding agency specifies both the "what" and the "how," and a contractor supplies that good or service.

IMPORTANT: The federal government issued streamlined and consolidated set of uniform administrative guidelines including cost principles and audit requirements in December 2013: https://www.federalregister.gov/articles/2013/12/26/2013-30465/uniform-administrative-requirements-cost-principles-and-audit-requirements-for-federal-awards. These guidelines replace earlier circulars.

There is also a [good comparison](#) between earlier between earlier cost principles and the recently consolidated rules. USAID also maintains an entirely [separate set of policies and cost principles](#) that will be harmonized to the extent appropriate with changes included above.

Many national organizations train individuals and organizations on how to become competent in complying with these systems. Examples include:

- The Grantsmanship Center: http://www.tgci.com/cfg.shtml
- Management Concepts: http://www.managementconcepts.com
- Federal Fund Management: http://federalfundmanagement.com

Contracts: Complying with Federal Rules and Regulations

Contracts are different from grants in the rules that they must follow. They can be awarded by governments, universities, for-profit corporations, and, less often, philanthropic foundations. Contracts are acquisition-type mechanisms. They vary significantly from solicitation to solicitation, and are subject to the procurement requirements of the originating funder.

Before bidding on a contract, PHIs should understand and comply with or prepare to comply with the array of terms and conditions. There are a number of compliance obligations that will be enforced at the time of bidding, at the start of or during the term of the contract, and at the time the contract is closed. Experienced contractors often develop systems for tracking organizational compliance with state/federal regulations so that review of terms and conditions at the time of bidding is more efficient. The federal government also issues several types of blanket contracts. Two of the most common are:

1. **Indefinite Delivery/Indefinite Quantity** (IDIQ) **Contracts**: Special types of blanket contracts are popular in the federal government. Bidders become prime contractors who offer preapproved reasonable costs and are able to manage and use a simplified procurement process to select from a fixed number of lower-tier subcontractors in response to successive Task Orders issued by the originating agency. Bidding on these opportunities as a prime is a costly, time-consuming process, and requires a strong business development (bid and proposal or pre-award grants management) function. Subsequent to the bid, if selected, Task Orders may not flow in a predictable manner, so actual revenue from these mechanisms is harder to forecast. As a Network, NNPHI is currently exploring the IDIQ mechanism with members and other national partners. NNPHI hosted a webinar with a consultant that explained the mechanism and application process. Members can contact NNPHI for information from this webinar.

2. **Federal Supply Schedules**: For specified sets of goods/services. These are another contracting mechanism using simplified procurement that can be developed into a strong option if a PHI provides the goods or services, and there are adequate mission-related customers. Initial application determines cost reasonability, and labor rates or other prices are fixed annually. Federal, state, or local government agencies can buy from these. [Learn more](#).

Contracts are typically designed so that the contractor bears the risk of not being able to deliver the stated products or services. Some federal contracts allow an additional fee to be added to offset the cost of taking this risk. However, in contracting, if an organization does not deliver as per the contract, it may not be paid, and may have to repay the government or other funder for any elements that have been previously paid.

Contracts can have different cash financing issues from those typical in a grant, especially when the payment provision is based on deliverables that may be months down the road.

All federal contractors must be registered in the federal System for Award Management (SAM), [1] which handles Central Contractor Registration (CCR), Online Representations and Certifications Application (ORCA), Federal Agency Registration (FedReg), and the Excluded Parties List System (EPLS). The information previously maintained separately in CCR, FedReg and ORCA now is contained within the Entity Management area in SAM. Legacy EPLS information resides in the Performance Information area of SAM.

Complying with State and Local Rules and Regulations
State and local government funders also issue an array of grants and contracts. Each state has a web-based tool within its government website that announces funding opportunities. This is often also true for county governments, especially if they are larger counties. In some instances, compliance regulations at the state level can be more detailed and complex than is the case at the federal level.

No matter the mechanism, PHIs are strongly encouraged always to review in advance:

1. Proposed grant or contract terms/conditions to assure that compliance is possible
2. Eligibility requirements and cost-sharing requirements, if any
3. Budgetary restrictions, if any, including restrictions on indirect costs
4. Scoring/evaluation criteria to determine organizational capability of submitting a quality and competitive proposal
5. In some instances, a legal review

> *Experienced contractors often develop systems for tracking organizational compliance with state/federal regulations so that review of terms and conditions at the time of bidding is more efficient.*

4.2(b): Develop a Brief Written Concept of the Project
It is frequently useful to develop a concept paper with a brief budget and timeline and based on a combination of internal program competencies and the mission. Write a clear, concise three-page concept paper that succinctly describes:

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[1] *See* http://www.governmentcontractorregistration.org/register-now.html.

1. Need/Background
2. Program Description
3. Methods, Approaches, and/or Innovations
4. Research or Evaluation Plan
5. Organizational/Leadership Capabilities
6. Plan for protection of human subjects in research

Obtain reviews of early drafts of this document by individuals both within and outside of the organization. Once these comments are assessed, the concept paper will be easier to read and will make a more compelling case for obtaining support. This document may be used for developing partnerships and briefing foundation program officers/other funders. It may also form the basis for a more formal letter of intent or a proposal. Putting ideas down on paper in a systematic way requires a team to think through issues that may not have been apparent otherwise.

> *Concept papers should not be cloned. Funders look for a team's unique vision, passion for their concept, and the unique organizational capabilities and leadership they bring to the project.*

Concept papers should not be cloned. Funders look for a team's unique vision, passion for their concept, and the unique organizational capabilities and leadership they bring to the project.

In addition, develop a high-level budget and timeline. Categories of expense for high-level budgets include:

- Salaries
- Communications
- Benefits
- Consultants
- Subcontractors
- Travel
- Equipment
- Office Supplies
- Indirect Costs
- Total Request

The timeline can be by month, quarter, or other appropriate periods.

Use actual or researched estimates for some or all of these items so that the budget is both reasonable and realistic. However, this line item budget is typically not given to funders at the concept stage. At the concept stage, funders typically only want to know a total requested. If it is given to funders or partners, make sure it represents accurate estimates or is marked as a preliminary draft.

A Note on Indirect Costs
When budgeting for indirect costs, remember that these are the pro-rated portion of those costs that are organization-wide—e.g., executive, legal, accounting, or HR—and thus difficult to attribute to any single project. Indirect cost rates for nonprofits are commonly in the range of 12-26% applied to a base of direct costs minus material subcontracts (consultants and vendors can be included in the base). University-based PHIs likely need to work with their Sponsored Projects Office to determine the budget elements including applicable indirect cost rates. Universities often include university facilities costs,

which drive up their rates, but can also offer an off-campus rate to internal organizational units paying for their own space.

Approximately half of the 31 PHIs that responded to the 2013 survey do not have a federally negotiated indirect cost agreement. Institutes without a federally negotiated rate should develop a rate that is based on actual eligible costs reflected in financial statements and that uses an easy-to-justify and consistent methodology equitably applied across all grants. Details of the cost elements and the calculation methodology should be readily available to include with proposals. See a sample of indirect cost calculations. This concept process is as useful for experienced PHIs as it is for emerging institutes. Larger organizations are typically recruiting or elevating new project leaders, and the benefits of developing the concept pieces accrue to any stage organization. The next step is to identify a likely funder.

4.2(c): Foundations: Identifying Best Prospects

Foundation grants are often an ideal funding vehicle when an organization is just emerging, but just as likely to be a significant source of funding for a mature institute. Foundations tend to like new partners, new community initiatives, and fresh perspectives—yet, in reality, they often rely on proven nonprofit partners to get their work done. To learn more, see 3.1(b), *Relationships with Foundations*.

A new organization might survey board members to identify foundations with which they may already be connected. An ideal tool for identifying and reviewing foundations is the economical, online version of the Foundation Center database. For a low monthly fee, the large database can be searched to:

1. Identify local and national foundations that share the PHI's mission
2. Review other grants foundations have made recently
3. Learn about foundations' current board and staff members
4. Easily access foundations' websites

The list of prospects should be narrowed down to three to five foundations that are the most closely matched to the PHI's mission and type of work. If new to this foundation, arrange a phone call to a program officer to gauge interest in the institute's work. Although most foundations make provisions for applicants to send their ideas ahead for preliminary review, typically by way of a letter of intent, some do not. Alternatively, if a community foundation or other nonprofit is hosting a "meet the funders" event nearby, it may be useful to attend. These events provide an opportunity to meet representatives from local foundations and sometimes offer an occasion to present a brief concept presentation.

Building and nurturing relationships with foundation program officers is critical to evaluating funding prospects and to having an organization visible as a viable resource for them. The wise grant-seeker will always understand that foundations have internal goals, timelines, and reporting processes; the extent to which a PHI sees its work as helping that foundation program officer report appropriately to the foundation board, the more it is likely to be refunded by them.

Seasoned institutes likely dedicate some resources so that their organization can remain aware of what is going on in the foundations that are of interest to them. In many cases, they will already have

relationships with these foundations, but new foundations are always emerging and all periodically reestablish upcoming priorities. All institutes need accurate, up to date, business intelligence on these foundations and the people that influence their decisions.

> *A foundation's own website contains information that is likely to be more current than what is found in the Foundation Center database. It is important to review each foundation's web site thoroughly. This information will provide a good idea about whether a foundation would be a good match as a funding partner. Be sure to scan the board of directors, staff, and jobs pages, as foundations often telescope their new priorities by staffing up or hiring folks that have new skillsets ahead of soliciting applicants or issuing RFPs.*

Once best prospects are identified, follow the guidelines posted on each foundation's Web site to make an initial approach. Most of these guidelines are very straightforward. The concept paper can be adapted, as appropriate, to make a case to each funder, based on:

1. Fit with funders intentions
2. A thoughtful (and scalable) approach to implementing the proposed work
3. An organization's capabilities, including experience of the board, staff, and partners
4. A plan for evaluating the work's impact-internal or external
5. An estimate of the time and total budget needed

Scalability is important because the foundation may be interested in some or all of the proposed work, but may have less money to offer than initially sought. In this case, a modular approach to the work plan can be discussed, or an additional funding partner can be explored.

It is likely that more than one funder will be approached simultaneously. A cover letter should inform the foundations about grant-seeking plans and how issues will be resolved in the event that more than one willing funder is identified. In some instances, the funders will each take a "segment" of the funding. Sometimes, it is possible to scale up a proposal.

4.2(d): Federal Opportunities: Grants and Contract Opportunity Announcements

All federal grant opportunities are advertised daily. Contract opportunities are also advertised daily. These sites also contain links to subcontracting opportunities and grants or contracts management policies and procedures. Agency websites typically provide some additional context around these opportunities. The federal government has continued to streamline these advertisements over the past few years to make more of these opportunities available to more potential applicants including small organizations. The federal grant application process can take nine months to a year. CDC opportunities may take somewhat less time. Once a PHI is a grant recipient, there may be some opportunities to supplement or

add on to its grant. These CDC opportunities are generally announced in May or June, and are completed by the end of the federal fiscal year (September 30).

There can be hundreds of opportunities posted every day on these sites. Since it is important to pay special attention to detail and eligibility requirements, reviewing all opportunities can be burdensome. There are only approximately 10-15 federal agencies that are likely to fund PHI work, so it is more efficient to search by the opportunity than the agency. Commercial vendors can provide scans of these sites on a fee basis, but PHIs should also devote some time regularly to their own scans of opportunities, such as those listed on the Trust for America's Health funding opportunities page. PHIs are encouraged to search beyond Health and Human Services agencies, and seek programs that address determinants of health, such as those in the Environmental Protection Agency, USDA, and the Department of Education.

4.2(e): State and Local Government and University Opportunities

Most state and local governments have a system similar to the federal government's for equitably advertising contracting opportunities. Requests for proposals/applications typically contain eligibility requirements and standard contract provisions that will be in the grant or contract when it is awarded. A web search for "state government bidding opportunities" provides a good example of the options.

Cities, counties, and universities also offer numerous opportunities for grants/contracting; local agencies use their websites to post these opportunities.

Importance of Understanding Evaluation Criteria for Contract Bids and Grant Proposals
Contract and grant application guidelines will typically specify the criteria used for evaluating proposals. Agencies have some choices based on their needs. Some proposals are evaluated on cost. Others may be evaluated on best value (a combination of cost and technical merit or agency capability). Keep this information at hand as staff write the proposal; the team should emphasize all items that are scored.

NNPHI can be an invaluable resource for newer institutes, along with professional organizations such as:

1. Society for Research Administrators: www.srainternational.org/sra03/index.cfm
2. National Council of University Research Administrators: www.ncura.edu/content/
3. American Independent Research Institutes: www.airi.org

4.2(f): Types of Revenue

Understand the distinctions between revenue streams and consider tracking them separately:

1. Direct Program Cost Recovery
2. Donor-Based Fundraising
3. Indirect Costs Recovery
4. Prizes/Honors
5. Revenue on Fee-for-Service Engagements
6. Restricted/Unrestricted Core Support
7. Sponsorships
8. Unrestricted Funds

4.2(f1): Direct Program Cost Recovery
Most PHIs seek revenues from grants, contracts, and/or fees to support direct and indirect costs.

Typical distinctions between funding mechanisms:

Grant
Funder is not sure of how to best meet its goals and seeks mission-aligned grantee(s) to design, implement, and report on a program to meet funder's goals. Designs can be subject to funder approval. Payment typically on cost-reimbursement basis but could be deliverables-based.

Cooperative Agreement
Special type of grant where funder has substantial involvement in design and performance of program. Designs and intermediate performance measures are subject to funder approval. Payment typically on cost-reimbursement basis but could be deliverables-based.

Contract
Funder knows how it wants to meet its goals and seeks mission-aligned contractor to deliver program as specified. Payment typically based on approved deliverables of goods or services but could also be based on provision of approved staff time and materials.

4.2(f2): Donor-Based Fundraising

Fundraising campaign revenue may have restrictions on spending. Some donors indicate that they want their donation spent on a certain purpose within the overall charitable mission of the organization. While no legal requirement to do so exists, it is prudent to be able to demonstrate to donors that their money was spent as specified. See 2.4(a11), *Conduct Ongoing Fundraising Campaigns*, to learn more.

4.2(f3): Indirect Costs Recovery

Most project-based revenue streams include both direct and indirect costs. Direct costs are those associated with a specific program or project. Indirect costs are those that cannot easily be determined to benefit any single project. Organizations that have or intend to have government funding should be aware that they will need to negotiate both a base set of direct costs and an associated rate of indirect costs allocable to that base that will then be used for all programs/projects in their organization. Federal cost principles will be used to determine if direct and indirect costs are appropriate, allowable, and allocable. Annual financial audits may test for the consistent and appropriate application of these principles under federal rules. Organizations without a federally negotiated indirect cost agreement should analyze their direct and indirect costs, account for them accurately, and develop a consistent and equitable method for allocation.

> *Organizations that have or intend to have government funding should be aware that they will need to negotiate both a base set of direct costs and an associated rate of indirect costs allocable to that base that will then be used for all programs/projects in their organization.*

4.2(f4): Prizes/Honors

Organizations and/or their staff can be awarded prizes that sometimes come with monetary remuneration. This revenue can be held by the organization or accrue to the individual, depending on the terms and conditions of the prize and the organizational policy.

4.2(f5): Revenue on Fee-for-Service Engagements

Budgets for fee-for-service agreements are often dependent on achievement of milestones or deliverables. If the time estimate is well thought-out and the cost of providing the good or service is less than what was estimated, the PHI keeps the profit, which is then re-directed into the organization. Learn more in 2.4(a2), *Offer Consulting Services*.

4.2(f6): Restricted/Unrestricted Core Support

Unrestricted funds—including profits, unrestricted donations, unrestricted reserve funds, and core support grants—may be used for core support costs not included in indirect costs. Core support costs are those elements of cost that support the overall organization, but are not the direct or indirect costs of a program or project. Examples of core support costs include organizational development costs, such as reorganizing a PHI's legal framework or board composition; developing donor-based fundraising plans; and doing special studies on lease/buy arrangements or public relations. Funders sometimes restrict the way funds can be used to cover these costs.

4.2(f7): Sponsorships

Conferences and other PHI meetings/events can be sponsored by other organizations. Typically, PHIs offer a program of sponsorship level in exchange for corporate/brand visibility before a specified type of audience. These revenues are often designed to help cover the cost of the event, but there are no restrictions on spending them other than to satisfy the exchange offered.

4.2(f8): Unrestricted Funds

Unrestricted funds are those funds held by an organization that are not subject to restrictions on spending for one particular project. Revenues in these funds are most often from fundraising campaigns, selected profits, and/or fees.

4.2(g): Traditional Fundraising: Core Support, Individual Donors, Events, and Sponsorships

Core Support

Since federal and many state governments typically do not cover the full cost of doing business, a combination of core support and unrestricted reserves is necessary for fully recovering costs and achieving financial stability. Foundations are more amenable to considering core support grants today than in the past. Some foundations offer core support to local nonprofits, others to those serving a larger audience. Others can be found by doing a web search (e.g., "foundation core support grant"). Examples include:

1. The Hutton Foundation:
   http://www.huttonfoundation.org/funding_core_support.html
2. The Weingart Foundation: http://www.weingartfnd.org/grant-guidelines
3. The California Wellness Foundation: http://www.tcwf.org

Individual Donors

Many organizations with 501(c)3 status accept donations from individual donors. Many PHIs have had donors help them launch their organizations. Beyond this, it is important to understand that raising funds from individual donors is a time- and labor-intensive process that comes with obligations to comply with additional state and federal regulations. For example, all solicitations must be registered in the state, and sometimes in the city, county, or other jurisdiction. Failure to do so is penalized with fines and sometimes other sanctions. State attorneys general typically oversee this process and guidelines can be found on their websites.

While an emerging institute may not quickly develop a pool of money from individual donors adequate to support significant programmatic efforts, it may still be possible to use this approach in a limited fashion, especially if:

- The board/steering committee and leadership have cultivated a ready list of known individuals willing to support the organization
- The organization has volunteers that can organize and conduct much of the mailing, event planning, event staffing, cleanup, etc.

A more mature PHI may have a longer and more productive list of likely donors that comes from years of doing business and/or managing unique programs. If a PHI has a broad and well-understood constituency, or has identified donors with a significant capacity to give, access to volunteers, and adequate unrestricted resources to dedicate to fundraising, it may be possible to build a donor-based program. Several PHIs have experimented with these fundraising campaigns with limited success. Periodic higher profile events, with corporate sponsorships, have been the most successful model.

Fundraising Events and Sponsorships

Without paying close attention to the budget, fundraising events can actually lose money if they fail to raise adequate sponsorships or sell enough tickets to cover their costs. Fundraising campaigns have to have their own funding separate from programs and from indirect cost pools, as reimbursement for them are not allowable costs. Some foundations that support core activities will make grants specifically to help PHIs develop a fundraising program.

Technology is changing the face of fundraising, and innovative uses of social media tools are increasingly interesting as an experiment in raising donor-based funds. Many PHIs make donations possible on websites, and many internet-based strategies for giving to a charity while shopping online are now available. The IRS treats these opportunities to donate as a solicitation and therefore they are subject to the same rules and regulations as any other fundraising efforts.[2]

Resources

Websites
- **Association of Independent Research Institutes:** Homepage: http://www.airi.org/
- **California Wellness Foundation:** Homepage: http://www.calwellness.org/

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[2] *See* http://www.irs.gov/irm/part4/irm_04-076-051.html.

- **FedBiz Access:** System for Award Management Registration: http://www.governmentcontractorregistration.org/register-now.html
- **The Foundation Center:** A Guide to Nonprofit Business Development: http://www.issuelab.org/resource/guide_to_nonprofit_business_development
- **The Foundation Center:** Homepage: http://www.foundationcenter.org/
- **FedBizOpps.Gov:** Homepage: https://www.fbo.gov/
- **Federal Fund Management Advisor:** Homepage: http://federalfundmanagement.com/
- **Grants.gov:** Homepage: http://www.grants.gov/web/grants/home.html
- **GSA Federal Acquisition Service:** Schedule List: http://www.gsaelibrary.gsa.gov/ElibMain/scheduleList.do
- **The Grantsmanship Center:** Competing for Federal Grants: http://www.tgci.com/cfg.shtml
- **Hutton Parker Foundation:** Homepage: http://www.huttonfoundation.org/funding_core_support.html
- **Management Concepts:** Training Courses Landing Page: http://www.managementconcepts.com/
- **National Association of Attorneys General:** Current Attorneys General: http://www.naag.org/current-attorneys-general.php
- **National Council of University Research Administrators:** Homepage: http://www.ncura.edu/content/
- **Regulations.gov:** Cost Principles Text Comparison: http://www.regulations.gov/#!documentDetail;D=OMB-2013-0001-_0006
- **Society of Research Adminsitrators:** Homepage: http://www.srainternational.org/sra03/index.cfm
- **United States Department of Health and Human Services:** Code of Federal Regulations: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.102
- **US AID:** Acquisition and Assistance: http://www.usaid.gov/who-we-are/agency-policy/series-300
- **Verynice Labs:** Guide to Nonprofit Business Development: http://verynicenonprofits.wordpress.com/2013/06/26/phase-1/
- **Weingart Foundation:** Homepage: http://www.weingartfnd.org/grant-guidelines
- **The White House Office of Management and Budget:** Circular A-110: http://www.whitehouse.gov/omb/circulars_a110

4.3:
Positioning for Business Opportunities
Donna Sofaer, Consultant, New Business Development

PHIs should constantly position themselves for new business opportunities.

4.3(a): Strategic and Operational Flexibility

In a rapidly changing landscape, PHIs will have increased opportunity for funding if they remain consistent with their mission and yet stay open to new business models and program planning ideas that take advantage of staff or organizational capabilities and opportunities to collaborate, expand, deepen, repackage, or innovate. Make sure the operations teams are on board with this approach and include them in the team's thinking from the outset.

A reasonable list of foundations, state agencies, or federal funding partners should be kept up-to-date about the work and aspirations of an organization. This can happen through social media, websites, newsletters, and relationship building. Regularly dedicate leadership time to debriefing and assessing the PHI's positioning for new business opportunities so that each key team member has an understanding of how to attract and capture opportunities. Be transparent and methodically entrepreneurial about assessing opportunities.

4.3(b): Program Evaluation/Impact Statements

PHIs should capture relevant data from all funded projects such that they can talk about the impact of their work in a meaningful way. Increasingly, funders want to know a PHI's capacity for measuring and making an impact on the target population. Make sure the program evaluation strategies include these metrics and that they are captured in a manner that makes the data usable across sectors.

As an example, outcomes measure the number of people/organizations attending a community health education training. Impact would be measured by the health improvement or health cost reduction in the community beneficiaries.

Health economists, evaluation teams at foundations, university business schools, and public health programs are types of partners that can help establish frameworks for returns on investment in health. The W. K. Kellogg Foundation and Rockefeller Foundation have some more detailed information posted at their websites.

4.3(c): Annual Evaluation/Recalibration

PHIs make annual reports to their board of directors, which is an opportunity to evaluate strategies for meeting short- or long-term organizational goals. Board members or committees can make their contacts and in some cases skill levels available to organizations to accelerate their learning. Recalibration is possible and in some years, advisable in many. Technology advances and the pressure to innovate favor flexible strategies.

Resources

Websites

- **Association of Independent Research Institutes:** Homepage: www.airi.org
- **Council on Foundations:** Homepage: www.cof.org
- **Foundation Center:** Homepage: www.foundationcenter.org
- **The Grantsmanship Center:** Homepage: www.tgci.org
- **Internal Revenue Service:** Fundraising Rules: http://www.irs.gov/irm/part4/irm_04-076-051.html
- **National Network of Fiscal Sponsors:** Homepage: www.fiscalsponsors.org
- **Office of the Federal Register:** Reform of Federal Policies Relating to Grants and Cooperative Agreements; Cost Principles and Administrative Requirements (Including Single Audit Act): https://www.federalregister.gov/articles/2013/02/01/2013-02113/reform-of-federal-policies-relating-to-grants-and-cooperative-agreements-cost-principles-and
- **Society of Research Administrators:** Homepage: www.srainternational.org
- **The Study Center:** Homepage: www.studycenter.org
- **United States Department of Labor:** Federal Rules on Indirect Cost Bases and Rates: http://www.dol.gov/oasam/programs/boc/costdeterminationguide/cdg.pdf

MODULE 5

Organizational Development and
Operational Capacity

5.0: Organizational Development and Operational Capacity

Erin Marziale, MPH, Associate Director, Member Services,
National Network of Public Health Institutes

Module 5 is a comprehensive overview of many of the aspects of developing and managing a robust public health institute (PHI). Of all the Modules in the *Guide*, Module 5 has the greatest diversity of authors, case examples, and tips and tools from large and small PHIs across the country. It is intentionally diverse to give readers the opportunity to learn about many different options for PHI development while understanding the best practices for reaching greater sustainability and impact. This Module was also designed to allow the reader to easily access the right content for the most relevance in their PHI development. Topics covered in Module 5 include: Legal Basis (including bylaws, articles of incorporation and legislation); Governance (an important resource for the board of PHIs); Financial and Accounting Practices; Human Resources; IT Infrastructure and Data Security; Intellectual Property; and Communications. NNPHI is seeking additional content for Module 5; if you or your PHI would be interested in contributing, please send an email to phiguide@nnphi.org.

To navigate this Module, follow the links below:

- 5.1: Legal Basis: The Origin Point for Public Health Institutes
- 5.2: Governance: Board Duties, Roles, and Responsibilities
- 5.3: Grant and Contract Management
- 5.4: Assuring Appropriate IT Infrastructure
- 5.5: Financial Accounting and Audits
- 5.6: Insurances
- 5.7: Human Resources
- 5.8: Quality Assurance
- 5.9: Intellectual Property
- 5.10: Data Security
- 5.11: Risk Assessment
- 5.12: Compliance Issues and Environments
- 5.13: Communications

5.1: Legal Basis: The Origin Point for Public Health Institutes

Aaron Zubler, JD, MSc, Senior Contracts and Operations Manager, and Katie Dabdoub, MPA, Associate Manager, Member Services,
National Network of Public Health Institutes

As nonprofit corporate entities, all public health institutes (PHIs) have their basis for existence in a legal mechanism (the "legal basis"), the specifics of which will vary depending on the particular facts and circumstances surrounding the organization. The legal basis should be thought of as a way to put an emerging PHI on solid legal footing, which may include both establishing its legal structure and authority and—through legal mechanisms—dedicating a source of revenue to the newly created organization to ensure its fiscal solvency. At root, the legal basis provides the foundation upon which the structure of the organization may be built and is typically decided by the founding board members, stakeholders, and leaders of the PHI.

The following examples, none of which are mutually exclusive, are common mechanisms in establishing the legal basis for a PHI:

- Incorporation and registration as a nonprofit corporate body under state law
- Establishment as a subsidiary of an existing organization
- Legislative action from a state or local government that codifies the organization's existence or potential to exist under state law and/or creates a dedicated funding stream for the PHI (also known as "authorizing legislation")
- A memorandum of agreement or understanding, typically non-binding, in which private organizations agree to support the development of a new PHI

Regardless of the legal basis chosen, the positive and negative aspects of the chosen mechanism should be carefully considered. The legal basis of a PHI has major effects on governance, leadership, reporting relationships, operations, and funding. Before deciding on the legal basis for a PHI, thorough research should be undertaken regarding all forms of business models available to a particular organization.

5.1(a): Incorporating a Nonprofit Organization

The majority of PHIs and emerging PHIs choose to incorporate as nonprofits because of several key advantages, including:

- Protection from personal liability for the organization's activities through such legal mechanisms as insurance, immunity, and indemnification
- Availability of information concerning operations
- Formation of a corporate identity because more people are familiar with corporations. This is particularly important if there are multiple founding partners.

Filing Articles of Incorporation

A nonprofit may become a corporation by preparing and filing articles of incorporation, the primary legal document of a corporation, with its operating rules exemplified in the organization's bylaws.

Such documentation is typically required by state law to be filed publically and clearly articulate the nonprofit purposes of the corporation in addition to describing its most basic legal structure. There are many online resources available to assist with the incorporation process, to learn more, visit CompassPoint's website and see creating bylaws 5.1(b), below.

State laws determine whether or not an organization is considered a nonprofit. Although a PHI can operate in more than one jurisdiction, an organization can only be created or formed under the laws of only one jurisdiction.[1] Typically, the incorporator for an organization must file for nonprofit corporate status within the state that the organization's headquarters or principal offices are based. The requirements for articles of incorporation are different from state to state and are usually found in a specific state law. The best place to find the requirements and appropriate forms is to check the Secretary of State's website. The IRS website and USA.gov have a listing of registration requirements for charities by state. Access the complete list of articles of incorporation resources at the end of 5.1. For an example, download Michigan Public Health Institute's articles of incorporation.

5.1(b): Creating Bylaws

Bylaws are organizational documents that contain an organization's rules of operation. The bylaws of an organization function as an internal set of rules and procedures adopted by the board of directors or governing body that specify the governance structure and operations of the organization.

Regardless of whether a PHI decides to become a corporation, trust, unincorporated association, or other type of organization, it should have organizational documents that provide the framework for its governance and management.[2] The type of organizational document and the appropriate content for the organizational document is often defined by state law. PHIs should check the IRS website listing of registration requirements for charities by state.

Well-written bylaws can improve the operations of a board and the relationship between the board, the CEO, and the upper management of an organization.

Bylaws may contain any provision for the management and conduct of the organization as long as the provisions do not conflict with state or federal law or the corporation's articles of incorporation. Well-written bylaws can improve the operations of a board and the relationship between the board, the CEO, and the upper management of an organization. Bylaws should be high-level or enough to avoid addressing issues of the specific day-to-day activities of the organization while still providing the contours or framework for the organization's operations. Importantly, by-laws should be clear and comprehensive enough to resolve controversies around the creation and composition of an organization's board or governing body.

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[1] Hopkins, B. R. (2009) Starting and Managing a Nonprofit Organization: A Legal Guide 5th Edition. Hoboken, NJ: John Wiley & Sons, Inc.
[2] Hopkins, B. R. (2009) Starting and Managing a Nonprofit Organization: A Legal Guide 5th Edition. Pg. 106. Hoboken, NJ: John Wiley & Sons, Inc.

Nonprofit bylaws are typically governed by state law. Interested parties should check their state's Secretary of State's website for information about drafting bylaws and other regulations. Since bylaws may serve to protect (or make vulnerable) an organization in legal matters, it is advisable to have an attorney with appropriate experience review the bylaws, as with all legal matters. Access the complete list of bylaws resources at the end of this chapter. For an example, download Michigan Public Health Institute's bylaws.

5.1(c): Qualifying for Federal 501(c)(3) Status

To be considered a tax-exempt nonprofit, commonly known as a 501(c)(3), a nonprofit must seek tax-exempt recognition from the IRS. To be a tax-exempt 501(c)(3), an organization must be organized and operated exclusively for exempt purposes set forth in section 501(c)(3), and none of its earnings may inure to any private shareholder or individual. The key requirements are available on the IRS website, Exemption Requirements-Section 501(c)(3) Organizations.

Nonprofit vs. Tax-exempt Status

Nonprofit corporations and tax-exempt organizations are not necessarily the same. A nonprofit corporation may not be tax exempt and a nonprofit organization and/or tax-exempt organization may not be considered charitable. Nonprofit status is decided by state law and the organization may be eligible for tax benefits under state laws in which it is incorporated. Although most federal tax-exempt organizations are nonprofits, organizing as a nonprofit at the state level does not automatically grant the organization exemption from federal income tax. A nonprofit must qualify as tax exempt by meeting all the requirements set forth in the Internal Revenue Code. Download the IRS's Frequently Asked Questions About Applying for Exemption.

Advantages of Filing for 501(c)(3) Status
Exemption from federal income tax (but not from filing annual returns of the organization's income and expenses with the IRS)
Eligibility to receive tax-deductible charitable contributions. Individual and corporate donors are more likely to support organizations with 501(c)(3) status because their donations can be tax deductible
Eligibility to apply for grants directly from foundations and other institutions that issue grants only to permitted beneficiaries
Organizational and programmatic independence
An IRS determination of 501(c)(3) status is recognized and accepted for other purposes. For example: state officials may grant exemption from state income, sales, and property taxes; and the U.S. Postal Service offers reduced postal rates to certain organizations

Application for Recognition of Exemption Process

Most PHIs decide to apply to become a charitable tax-exempt organization under section 501(c)(3) of the Internal Revenue Code for formal IRS recognition of the organization's status. To be recognized as exempt from federal income taxation under section 501(c)(3) of the Internal Revenue Code (IRC), an organization must apply for recognition of exemption to the IRS using Form 1023. The IRS reviews applications and notifies applicants when the application is approved. To apply for exemption, an organization should obtain and submit the relevant forms from the IRS.

Differences between public charities and private foundations

Private foundations differ from public charities by the following characteristics:[3]

1. The financial support comes from one source (i.e.: an individual, family or company)
2. Its annual expenditures are funded out of earnings from investments assets, rather than form an ongoing flow of contributions
3. Its primary activity is the making of grants to other organizations for charitable purposes or to individuals, rather than operates its own programs

Other types of similar entities include private operating foundations, which are a hybrid of private foundation and public charity entities that conducts its own programs but has most of the other features of a private foundation.

To avoid private charity or foundation status, an organization must demonstrate public involvement, public financial support, or an operating relationship with a public (or certain other) organization. For more information visit the IRS website section, Life Cycle of Public Charity/Private Foundation. Access the complete list of resources about applying for 501(c)(3) and tax-exempt status at the end of this chapter.

5.1(d): Authorizing Legislation and Resolutions

In certain instances, PHIs may be founded by or receive a dedicated revenue source through state or local authorizing legislation. The specifics of such legislation will vary based on the facts and circumstances – and political realities – of the state or municipality in which the organization is founded. However, generally, the legislative act may describe the way in which the nonprofit PHI relates to a state or local health department or other governmental entity and/or provide for a dedicated source of revenue. The appropriation of funds or dedicated sources of funds are not always included in the PHI's authorizing legislation. In some instances this may allow a PHI to function in a direct administrative capacity for a state or local government or have a sole-source relationship with a public entity.

While very few PHIs have been formed on the basis of such authorizing legislation, this method of forming the legal basis of a PHI can help settle and clarify the mission, purposes, partners, and structure of a PHI—particularly with regard to how it relates to state or local governments.

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[3] Hopkins, B. R. (2009) Starting and Managing a Nonprofit Organization: A Legal Guide 5th Edition. Hoboken, NJ: John Wiley & Sons, Inc.

Resolutions

An alternative to authorizing legislation is for an established or emerging PHI to be recognized as a resource for the state through a resolution. Well-established and successful NNPHI members have been recognized through resolutions passed by state legislatures. For example, in 1997, when Louisiana Public Health Institute (LPHI) was officially incorporated, a Louisiana Concurrent Resolution endorsed LPHI's creation by giving Legislative approval to the mission and goals of LPHI.

Emerging PHIs: When to Seek Authorizing Legislation (*G. Elaine Beane, PhD*)

Stakeholders interested in developing a PHI must decide early in the process whether or not to pursue authorizing legislation, because the legislation plays a major role in determining the type of institute that will be formed. If authorizing legislation is sought, the major characteristics of the PHI must be planned early. This will prevent disruptions later in the development process, as the legislative processes necessary for the passage of authorizing legislation also may remove the locus of control of the PHI from its founders and administrators and place it with political actors.

New or Emerging PHIs: Potential benefits of authorizing legislation:

The possibility to establish a dedicated revenue source for an institute through state or local funding

Allow the institute to withstand legislative inquiries

Allow the institute to be appointed as an agent for the state in particular programs or projects

Allow the institute to enter into contracts with state or local governments to perform activities consistent with its mission without requiring specific line-item appropriations

Allow for a sole-source master contract through which the state can decide at the beginning of every year how many projects are going to go to the institute

Allow for hiring flexibility (e.g., PHIs may not be restrained by state hiring freezes, etc)

Function as a placeholder for future appropriations, even without an initial appropriation

Provide a link between the legislature and the PHI as legislators change

The Process for Passing Legislation

By definition, the process for passing state or local legislation in support of a PHI is dependent on the particular facts and circumstances of the state or municipality in which the PHI is located. PHIs interested in seeking legislative support for their work should seek the guidance of experts within their state.

Case Example: Michigan Public Health Institute
An amendment to the public health code of the State of Michigan authorized the state public health agency to establish a nonprofit corporation in partnership with public universities in the state. To keep the legislation general, a very broad mission was crafted to encompass public health research, evaluation, and demonstration. Policy and planning mandates were added, as well as a clause that provides for "any other project considered appropriate by the board of directors." For more information visit Michigan Public Health Institute's (MPHI's) website and view MPHI's authorizing legislation.

5.1(e): Fiscal Sponsors, Incubators, Subsidiary or Sub-Unit Status

Fiscal Sponsors
Many emerging institutes (EIs) seek out an existing 501(c)(3) to serve as a fiscal sponsor. EIs that are not legally tax-exempt or, in most cases, yet incorporated, may seek a fiscal sponsor to provide them with an existing 501(c)(3) vehicle to apply for funding on behalf of the EI, house the EI project (incubator), and/or fiscally manage the EI. Typically, the fiscal sponsor has a similar mission. Legally, the fiscal sponsor (parent entity) "owns" the EI project, but programmatic management is delegated to the EI group. When entering into a fiscal sponsorship agreement with another entity, an EI may want to consider including an exist clause in the fiscal agreement. An exit clause allows the stakeholders to eventually move the EI to another 501(c)(3) nonprofit in the future–either another qualified fiscal sponsor or a new entity (spin off to become a separate 501(c)(3) tax-exempt nonprofit). Most EIs enter into the fiscal sponsorship arrangement with the intent of one day becoming financially able to spin off as a separate 501(c)(3). If the EI does not end up spinning off, stakeholders will not have to go through all of the steps and burdens of a formal dissolution. Learn more in 2.4(b1), *Act as a Fiscal Agent*.

Incubators
Several PHIs have started out being co-located, housed, or incubated within another organization. An existing nonprofit organization can incubate an emerging institute as a way to nurture and facilitate the development of the emerging institute (EI) through the provision of resources, services, and seed funding. The use of an incubator improves the chances that a new organization will be able to remain sustainable over time, and also provides strong opportunities to build relationships with other organizations in the sector.

Incubators are not just for emerging institutes, a few established PHIs that are independent 501(c)(3) nonprofits are incubated within another organization, but the relationship with the fiscal sponsor is in the form of a "supporting organization". For more information about supporting organizations, visit the IRS website, Section 509 (a)(3) Supporting Organizations.

Additionally, as a business strategy, existing robust PHIs act as a fiscal agent and incubator for new organizations and in some cases, emerging public health institutes. Visit module 2.4(b1), *Act as a Fiscal Agent* and 2.4(b2), *Incubate New Organizations* for details.

Advantages of the Incubation Model

- Advice for starting, managing a nonprofit from the parent organization

- Sharing pooled resources, services, equipment

- Parent organization may offer seed money

- Networking opportunities with the parent organization's partners

- Management assistance, including administrative and programmatic services, evaluation expertise, communications capacity, etc.

- With incubator models, the EI is usually governed by the parent organization's board of directors and adhere to the policies and procedures of that organization

Challenges with the Fiscal Sponsors and Incubator Model (*G. Elaine Beane, PhD*)
As with many decisions institutes need to make, there are disadvantages to the fiscal sponsor and incubator model to consider. Since the parent organization has legal responsibility for the public health institute (PHI), the PHI must abide by the parent organization's rules of operation (bylaws), comply the parent organization's grant terms, and request (such as fee for services). Challenges could arise if the PHI decides to spin off to become a separate independent 501(c)(3) nonprofit. A PHI should consider and prepare for the possible funding implications as well as the organizational and cultural impact of separation from the parent entity. Staffing challenges could arise due to staff being attached to both the PHI and the parent organization, so the PHI would need to consider a long term staffing plan for the PHI and options for temporarily sharing staff with the parent organization. The separation will likely impact the organization's cultural due to the PHI now having its own governance structure and rules of operation. Financially, the PHI should consider all the expenses and prepare for the upfront costs for maintaining the organizations infrastructure (office space, staff salary and benefits, insurances, and other costs associated with being a 501(c)(3) nonprofit). The PHI's executive leaders and board of directors can maximize successes by managing risks, which in turn permits leadership and staff to focus on bringing in new business by leveraging the organization's infrastructure of finance, IT, human resources, and office systems. See 5.11, *Risk Assessment/Management*, for more details.

Subsidiary or Sub-Unit Status (*G. Elaine Beane, PhD*)
Some public health institutes (PHIs) are considered subsidiaries or sub-units of other organizations or entities. Nonprofits (foundations, agencies, universities, or any combination thereof) and (in rare cases) for-profit entities may set up nonprofit public health institutes (PHIs) by creating a subsidiary. Usually, the decision to establish a subsidiary to a parent organization is to address unrelated business income, activities, and separation of liabilities. In doing so, the parent entity might be able to achieve objectives that are difficult to pursue within the framework of its normal activities, mission, or legal status. There is a wide range of structural possibilities. The majority of the PHIs that are considered subsidiaries and sub-units have been generated by universities.

Subsidiaries and sub-units tend to be much less uniform than 501(c)(3) corporations, which are required to have articles of incorporation, bylaws, and boards of directors that must also comply with a substantial body of federal statutes and must file certain tax reports (e.g., Form 990). The laws or regulations that govern a subsidiary or sub-unit are the same ones that govern the parent entity. Subsidiaries and sub-units have a wide range of boards, advisory committees, and administrative structures.

Subsidiaries and sub-units may be set up in a wide variety of legal formats, each with varying legal and reporting requirements. Additionally, subsidiaries and sub-units would need to be aware of the compliance responsibilities of the parent entity. When forming a subsidiary or sub-unit, it is a good idea to seek legal counsel that is expert in relevant federal and state statues.

Access the complete list of resources about fiscal sponsors, incubators, subsidiaries, and sub-units at the end of this chapter.

Resources

Websites: Articles of Incorporation Resources

- **About.com Nonprofit Charitable Orgs:** Before You Incorporate as a Nonprofit – Pros & Cons: http://nonprofit.about.com/od/nonprofitbasics/bb/corppros.htm
- **Answers.USA.gov:** Starting and Incorporating a Nonprofit Organization: http://answers.usa.gov/system/templates/selfservice/USAGov/#portal/1012/article/4166/Starting%20and%20Incorporating%20a%20Nonprofit%20Organization
- **Answers.USA.gov:** State Secretaries of State: http://answers.usa.gov/system/templates/selfservice/USAGov/#portal/1012/article/4199/State Secretaries of State
- **CompassPoint Nonprofit Services:** Board Café: http://www.compasspoint.org/board-cafe/laws-brief
- **CompassPoint Nonprofit Services:** Research & Publications: Board Café Archives: http://www.compasspoint.org/board-cafe/laws-brief
- **Foundation Center:** Nonprofit Incubators: How Can They Help Your Organization?: http://newyorkblog.foundationcenter.org/2012/08/nonprofit-incubators-how-can-they-help-your-organization-.html
- **The Free Dictionary by Farlex:** Nonprofit Corporation: http://legal-dictionary.thefreedictionary.com/nonprofit+corporation
- **Internal Revenue Service:** Charitable Solicitation - Initial State Registration: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Charitable-Solicitation-Initial-State-Registration
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Charity---Required-Provisions-for-Organizing-Documents
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.uslegalforms.com/corporatecenter/incorporation-packages.htm
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.icnl.org/research/journal/vol4iss2_3/art_3.htm
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.nolo.com/legal-encyclopedia/five-reasons-incorporate-nonprofit-association-30266.html
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Exemption June 24, 2011: http://www.irs.gov/pub/irs-tege/exemptionapplication_faqs_062411.pdf
- **Internal Revenue Service:** Life cycle of a public charity - sample organizing documents - Draft A - charter: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Sample-Organizing-Documents-Draft-A-Charter
- **Internal Revenue Service:** State Government Websites with Useful Links for Tax-Exempt Organizations: http://www.irs.gov/Charities-&-Non-Profits/State-Links
- **Internal Revenue Service:** State Nonprofit Incorporation Forms and Information: http://www.irs.gov/Charities-&-Non-Profits/State-Nonprofit-Incorporation-Forms-and-Information

- **Merriam-Webster Dictionary:** Indemnity: http://www.merriam-webster.com/dictionary/indemnity?show=0&t=1377711099
- **National Association of Secretary of State:** Homepage: http://www.nass.org/NPA/us/UnitedStates.htm
- **Office of Minnesota Attorney General:** Nonprofit Organization Resources: http://www.ag.state.mn.us/Charities/Forms/NonProfitResources.pdf
- **USA.gov:** State Filing for Nonprofits: http://www.usa.gov/Business/Nonprofit-State.shtml

Websites: Bylaws

- **Blue Avocado:** Bylaws Checklist: http://www.blueavocado.org/content/bylaws-checklist
- **CompassPoint Nonprofit Services:** Board Café, By-Laws in Brief: http://www.compasspoint.org/board-cafe/laws-brief
- **Foundation Group:** Nonprofit Bylaws - The Dos and Don'ts of Bylaws**: http://www.501c3.org/blog/nonprofit-bylaws-the-dos-and-donts/
- **Free Management Library:** How to Start a Nonprofit Organization - Guidelines and Resources for Entrepreneurs: Bylaws: http://managementhelp.org/boards/documents/bylaws.htm
- **Grant Space:** What are nonprofit bylaws? Where can I find Samples?: http://www.grantspace.org/Tools/Knowledge-Base/Nonprofit-Management/Establishment/Nonprofit-bylaws
- **Hurwit & Associates, Nonprofit Law Resource Library:** Nonprofit Governance, Boards & Bylaws, Sample Nonprofit Bylaw Provision: Indemnification: http://www.hurwitassociates.com/l_bylaw_indemnification2.php
- **Internal Revenue Service:** Exempt Organization-Bylaws: http://www.irs.gov/Charities-&-Non-Profits/Other-Non-Profits/Exempt-Organization-Bylaws
- **The Law Project**: Bylaws Factsheet: http://www.thelawproject.org/wp-content/uploads/2011/06/Bylaws-Fact-Sheet.pdf
- **USA.gov:** State Filing for Nonprofits: http://www.usa.gov/Business/Nonprofit-State.shtml

Websites: Applying for 501(c)(3) and Tax-Exempt Status

- **Internal Revenue Service:** Application for Recognition of Exemption: Form 1023: http://www.irs.gov/pub/irs-pdf/f1023.pdf
- **Internal Revenue Service:** Application for Recognition of Exemption: Instructions for Form 1023: http://www.irs.gov/pub/irs-pdf/i1023.pdf
- **Internal Revenue Service:** Applying for Tax Exemption – An Overview: http://www.stayexempt.irs.gov/Mini-Courses/Applying_for_Tax_Exempt-An_Overview/applying-for-tax-exempt-organizations.aspx
- **Internal Revenue Service:** Compliance Guide for 501(c)(3) Public Charities: http://www.irs.gov/pub/irs-pdf/p4221pc.pdf
- **Internal Revenue Service:** Exemption Application Process: http://www.irs.gov/Charities-&-Non-Profits/Application-Process

- **Internal Revenue Service:** Exemption Requirements – Section 501(c)(3) Organizations: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Exemption-Requirements-Section-501(c)(3)-Organizations
- **Internal Revenue Service:** Form SS-4: http://www.irs.gov/pub/irs-pdf/fss4.pdf
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Tax Exemption: http://www.irs.gov/Charities-&-Non-Profits/Frequently-Asked-Questions-About-Applying-for-Tax-Exemption
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Tax Exemption, June 24, 2011: http://www.irs.gov/pub/irs-tege/exemptionapplication_faqs_062411.pdf
- **Internal Revenue Service:** Governance and Related Topics - 501(c)(3) Organizations: http://www.irs.gov/pub/irs-tege/governance_practices.pdf
- **Internal Revenue Service:** Lifecycle of a Public Charity/Private Foundation: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Private-Foundation
- **Internal Revenue Service:** Obtaining an Employer Identification Number for an Exempt Organization: http://www.irs.gov/Charities-&-Non-Profits/Obtaining-an-Employer-Identification-Number-for-an-Exempt-Organization
- **Internal Revenue Service:** Overview of Inurement/Private Benefit Issues in IRC 501 (c) (3), 1990 EO CPE Text: http://www.irs.gov/pub/irs-tege/eotopicc90.pdf
- **Internal Revenue Service:** Tax-Exempt Status for Your Organization: http://www.irs.gov/pub/irs-pdf/p557.pdf
- **Internal Revenue Service:** Types of Tax-Exempt Organizations: http://www.irs.gov/Charities-&-Non-Profits/Types-of-Tax-Exempt-Organizations-
- **Nonprofit Law Blog:** Private Benefit Rules – Part II: Private Inurement Doctrine: http://www.nonprofitlawblog.com/home/2012/10/private-benefit-rules-part-ii-private-inurement-doctrine.html
- **Panel on the Nonprofit Sector:** Principles for Good Governance and Ethical Practice: A guide for Charities and Foundations: http://www.nami.org/Content/NavigationMenu/NAMI_Center_for_Excellence/Tools_for_Excellence/PrinciplesforGoodGovernanceandEthicalPractice.pdf

Websites: Fiscal Sponsors, Incubators, Subsidiary or Sub-Unit Status

- **Association Law Blog:** Setting Up Subsidiaries for Nonprofits and Associations: http://www.associationlawblog.com/2011/08/setting-up-subsidiaries-for-nonprofits.html
- **Internal Revenue Service**: Section 509 (a)(3) Supporting Organizations: http://www.irs.gov/Charities-&-Non-Profits/Section-509(a)(3)-Supporting-Organizations
- **National Council of Nonprofits:** Fiscal Sponsors: http://www.councilofnonprofits.org/fiscal-sponsorship
- **National Network of Fiscal Sponsor:** Guidelines for Fiscal Sponsors Discussion Document: http://www.momentumconference.org/fileadmin/tc_pdfs/nnfs/Fiscal_Sponsor_Guidelines_Discussion_Document.pdf

- **Philanthropy Front and Center-New York:** Nonprofit Incubators: How Can They Help Your Organization?: http://newyorkblog.foundationcenter.org/2012/08/nonprofit-incubators-how-can-they-help-your-organization-.html

5.2: Governance: Board Duties, Roles, and Responsibilities

Mary Pittman, DrPH, President and CEO, Public Health Institute, and Donna Sofaer, Consultant, New Business Development

"Nonprofit board members have two basic responsibilities—support and governance—each requiring different skills and expertise. In the role of 'supporter,' board members raise money, bring contacts to the organization, and act as ambassadors to the community. Equally important, the 'governance' role involves protection of the public interest, being a fiduciary, selecting the executive director and assessing his/her performance, ensuring compliance with legal and tax requirements, and evaluating the organization's work."[1]

The governance functions of an independent corporation are the responsibility of a duly elected board of directors. If the public health institute (PHI) is part of a university or other nonprofit entity, governance is the responsibility of the university or nonprofit of which it is a part. However, in the latter case, there is often a dedicated advisory body that provides overall programmatic and strategic input to the executive director of the PHI. Of the 33 PHIs (84% of NNPHI's total members at the time) that responded to the 2012 NNPHI member survey, 77% were independent nonprofit entities, and the remaining 33% were affiliated with universities. Unlike a board of directors, advisory bodies have neither governance nor fiduciary control of the organization and are not liable for the operations of the organization.

5.2(a): Board Responsibilities

Board responsibilities include:[1]

1. Determine mission and purpose within a framework of enabling legislation, articles of incorporation, and bylaws. For more information, see 5.1, *Legal Basis: The Origin Point for Public Health Institutes*.
2. Select a chief executive
3. Support and evaluate the chief executive
4. Ensure effective organizational policies and planning
5. Monitor and strengthen programs and services
6. Ensure adequate financial resources
7. Protect assets and provide proper financial oversight
8. Build a competent board through recruitment, orientation, and assessment
9. Ensure legal and ethical integrity
10. Enhance the organization's public standing

Boards also help to inform the organization's values. Additionally, there are both federal and state laws governing the characteristics and operations of 501(c)(3) corporations. It is a good idea for founding members and executive directors to read at least summaries of the

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[1] Ten Basic Responsibilities of Nonprofit Boards Richard T. Ingram, Ten Basic Responsibilities of Nonprofit Boards, Second Edition

federal statutes and IRS accounting circulars for 501(c)(3)s. It is even more important to be acquainted with the relevant state laws enabling nonprofit corporations, since these vary by state.

A nonprofit's board is described in the organization's bylaws. The composition of the board of directors is determined by its articles of incorporation or its bylaws, or both. In a few cases, PHIs are enabled by state legislation which specifies the founding entities to be involved on the board. Each founding entity (e.g., universities, state agencies) may want or be required to have representatives on the board.

Governance bodies have legal obligations:

1. To the people of the state and nation (who have given up tax dollars to charter the PHI as a tax exempt nonprofit corporation)
2. To the governments, foundations, donors, and other funders who support the projects of the organization
3. To the organization and its employees

Prospective board members need to understand and fulfill these legal obligations. Board membership responsibilities should be fully explained to all candidates for membership and detailed again in the board orientation period.

Typically, when a new organization is first formed, there are fewer founding board members. As an organization and board grow, leadership may wish to consider revising and expanding the bylaws to reflect the evolving commitment, skills, networks, and ideas that support the goals of the organization and its executive leadership. A board of directors should be able to support success in the following three to five years; learn as they go forward; and position the organization to both create mission-related opportunities and take optimal advantage of traditional and entrepreneurial opportunities as they arise.

5.2(b): Board Composition

PHIs are characterized as having a multi-sector systems approach to improving population and individual health status and fostering innovations in health systems, health policies, and community prevention strategies. Some PHIs dedicate a certain number of board seats to particular institutions in the bylaws. The following insights and practices are recommended by PHIs, but note that they are continuously evolving.

Careful and deliberative selection of board/advisory members should assure strong contributions to the goals and ambitions of the organization. This can include members outside of public health, but strong in finance, technology, or other subspecialties. Partners, funders, and local and state public health officials and advocates should also be considered. Sectors represented on PHIs' boards include: state and local health departments; state and local government (other than health departments); health care organizations, such as hospitals, health systems, and/or clinics; local, state, and national foundations/philanthropic organizations; media representatives; academia; and community-based organizations.

Where innovation and entrepreneurial approaches are likely or desired, it is important to have a multidisciplinary board so that approaches from other sectors or disciplines can inform the discussions and decisions. For additional context, see *2.2, Entrepreneurial Leadership.* Diversity across most measures is a key asset of any board and assures the organization that their board represents the beneficiaries, customers, employees, and geographical spread of the programs. Members of a 501(c)(3) board need knowledge and experience with financial and legal issues relevant to nonprofit corporations.

Current examples of PHI boards of directors include:

- Michigan Public Health Institute:
  https://www.mphi.org/about/board-governance/
- Florida Public Health Institute:
  http://www.flphi.org/board-members
- Health Policy Institute of Ohio:
  http://www.healthpolicyohio.org/about/who-we-are/
- Colorado Foundation for Public Health and the Environment:
  http://www.cfphe.org/about-us/board-of-directors
- South Carolina Institute of Medicine and Public Health:
  http://imph.org/about/board-of-directors/

5.2(c): Board Size

The typical size of a board currently ranges between 3-10 for an emerging institute and 11-20 for an established institute; an odd number of board members may be helpful for voting purposes. The larger the board membership, the more complex the functioning of the board becomes and the more likely that an executive committee of the board will be needed to respond to management inquiries and/or decision-making.

> *PHIs that have become complex, or have a very diversified portfolio of programs might also have task forces, or advisory bodies providing additional input on program planning, scientific matters, communications/technology approaches, data development and utilization, etc. These types of groups may include staff, board members, outside colleagues, or representatives of other organizations.*

5.2(d): Board Terms

Board member terms are most commonly three years for an established institute. A new PHI might start out with a small board, all of the members of which have one- to two-year terms, with the express condition that in the second year the bylaws will be changed to establish

staggered terms (e.g., one-third of the board with two-year terms, one-third with three-year terms, and one-third with four-year terms) Many PHIs have staggered the terms of their board members so that there is not wholesale turnover at one time and institutional knowledge is preserved as new board members join. For board positions with the most responsibility, such as board chair, the PHI bylaws could require that the chair-elect serve for one year before starting his or her term, so that institutional knowledge of the PHI is gained before the role is occupied. If the bylaws stipulate that the chair is an ex officio position, such an apprenticeship may not be feasible.

5.2(e): Roles, Responsibilities, and Relationships

It is especially important that the board and CEO understand their roles and commit expectations to writing. These documents should be reviewed periodically as part of regular board meetings so that changes can be implemented as necessary. Agile organizations can prepare for a changing business environment more easily than one too deeply entrenched in business as usual. The Bridgespan Group's "Board Member Job Descriptions" webpage provide a good starting point for writing a board member job description and represent ways nonprofits can configure their descriptions when recruiting for new board members and board chairs. Each sample job description is intended to be a jumping off point, and likely will need to be tailored to meet the particular needs of the PHI.

Common expectations of all board members include:

1. Attend all board and committee meetings and functions, such as special events
2. Understand the organization's mission, policies, and programs
3. Serve on committees or task forces and offer to take on special assignments
4. Suggest possible nominees to the board who can make significant contributions to the work of the board and the organization
5. Comply with confidentiality and conflict of interest policies
6. Assist the board in carrying out its fiduciary responsibilities, such as reviewing the organization's annual financial statements
7. Serve as a spokesperson for the organization

In addition, many organizations have the expectation that 100% of board members donate to the organization annually. Some funders or donors want to see that the board is taking a personal role in fundraising before making a gift, grant, or donation. There should be separate duty statements for the role of board chair, vice chair, secretary, and treasurer. General members should also have a description of the duties.

Each PHI should develop a guidebook for its board/advisors. NNPHI has resources available for PHIs interested in developing or updating its board/advisors guidebook. Many organizations do this as part of the board orientation process. The guidebook should include a code of ethics and conflict of interest statement that the board should sign annually. The guidebook should also include duty of care, duty of obedience, and duty of loyalty guidelines that will define the roles, limits, and responsibilities for the PHI. Board member duties vary, depending on the stage of

evolution and organizational strategies, membership on subcommittees or taskforces, leadership capabilities of senior management, and work being undertaken.

5.2(f): Executive Leadership and Board Relations

The CEO/executive director, and/or others, as delegated, works with the chair of the board to develop meeting agendas and assure financial, administrative, and program reporting; and prepare materials necessary for anticipated decision-making.

Boards establish mission-based strategies, share a leadership role with the CEO to assure there are necessary resources for implementing the strategies, and delegate authority for carrying out the work of the organization to the CEO/management.

The board may be involved in key fundraising activities during the year, and/or may participate in activities designed to promote the work of the organization to partners, funders, media, and key stakeholders.

> **The CEO has an important role in nominating and renewing board memberships, especially related to assuring diversity and representation on the board.**

Boards of emerging institutes are more engaged in the development of the near term mission and vision for the organization. Boards of established organizations tend to review and revise/reauthorize these elements in longer, three- to five-year sequences.

Some CEOs are voting members of the board, as indicated in the bylaws. Other organizations have a non-voting membership reserved for the CEO. In the former model, the CEO has a slightly stronger voice in decisions; in the latter, the CEO is more limited in voice but devotes all energies towards implementing the directions determined solely by the board. Given the nature of PHI missions, CEOs with voting authority may be a more common model.

The CEO has an important role in nominating and renewing board memberships, especially related to assuring diversity and representation on the board. Surfacing good potential candidates for board consideration enables future business considerations to be included in the capabilities needed to move forward with strategic interests or new lines of business.

5.2(g): Changing/Updating Bylaws

The process for amending the bylaws is contained in the bylaws document itself. Bylaws typically remain current for three to five years, except in unusual circumstances. They should be regularly reviewed and amended when necessary to make sure they continue to meet the organization's needs with regard to:

- Changes in constituent demands
- Changes in corporation membership
- Changes in organization mission
- Changes in organization policy/compliance environments

- Responses to specific situations or risks
- Practices that need documenting
- Changes in social or legal environment.

It is important that changes to bylaws are timely filed according to procedures required in the state of incorporation.

5.2(h): Board Development

Organizations strive to have a balanced group of board members moving onto and off of the board each year. Staggered terms of service provide the assurance that some experienced board members are retained, even as the board experiences expected turnover.

In some instances, an organization begins to take on new challenges, new types of work, and new business models where the full board should be engaged and informed. In these instances, it is important to provide learning opportunities so that the board can grow capacities that support its work.

In addition to the guidebook mentioned in 5.2(e), *Roles, Responsibilities, and Relationships*, boards might consider educating or onboarding new members through a buddy system. This mentoring process often encourages diversity on the board and provides an opportunity for young talented people, or people that have specialized expertise/experience, to become more capable and effectively contributing board members.

When appropriate, all members should consider the need for formal/informal training, or attendance at relevant conferences to equip themselves for decision-making related to major organizational changes such as leadership transitions, or as part of acquisitions or mergers or other major changes in lines of business. The NNPHI Annual Conference is an excellent opportunity for PHI board members to network and learn about new lines of business. Both established and emerging institutes need to visit this issue annually, and build in funds needed to keep the board immediately relevant and yet also able to focus on the horizon.

Case Example: Arkansas Center for Health Improvement (ACHI)
The Administrative Committee provides performance review and establishes compensation for ACHI's Director, oversight of ACHI's financial performance, and approval of ACHI's annual budget. The Administrative Committee has formally delegated ACHI policy decisions to the ACHI Health Policy Board. Administrative Committee members are the chief administrators from each of ACHI's sponsoring organizations.

ACHI's Health Policy Board consists of 21 members from across the state who bring diverse perspectives and interests on health. This independent, self-perpetuating board identifies and establishes strategic priorities, provides direction and guidance, and serves as a forum for the exchange of ideas. The ACHI health policy board determines ACHI's involvement in and position on specific policy issues and has published its Health Policy Board Position Statements articulating the needs of Arkansas.

Resources

Websites

- **Boardsource:** Homepage: https://www.boardsource.org/eweb/
- **Bridgespan Group:** Board Member Job Descriptions: http://www.bridgespan.org/Publications-and-Tools/Hiring-Nonprofit-Leaders/Nonprofit-Job-Descriptions/Board-Member-Job-Descriptions.aspx#.UxT2rfldWX1
- **Bridgespan Group:** Homepage: http://www.bridgespan.org/Home.aspx
- **Forbes:** 5 Keys to Building a Learning Organization: http://www.forbes.com/sites/joshbersin/2012/01/18/5-keys-to-building-a-learning-organization/
- **Guidestar:** Board Roles and Responsibilities: http://www.guidestar.org/rxa/news/articles/2012/board-roles-and-responsibilities.aspx
- **Idealist.org:** Resources for Nonprofits: http://www.idealist.org/info/Nonprofits
- **Independent Sector:** Governance Resources: http://www.independentsector.org/accountability#sthash.VgbUDj8N.dpbs
- **National Council of Nonprofits:** Homepage: http://www.councilofnonprofits.org/
- **National Network of Public Health Institute:** NNPHI File Library Documents Available for Download: http://www.nnphi.org/library/default.asp
  - Board and Staff Responsibilities
  - Board Attendance Policy
  - Board Manual Contents Checklist
  - Board of Directors Board Resolution Certification
  - Board of Directors Self Evaluation
  - Composition of Boards
  - Some Legal Considerations for Board Members
  - Ten Basic Responsibilities for Nonprofit Boards
  - Typical Types of Board Committees
- **Nonprofit Alliance:** Board Chair and Board Member Best Practice Packet: http://www.nonprofitalliance.org/system/res/25/original/Board_Member_Packet.pdf
- **Panel on the Nonprofit Sector:** Reports and Recommendations: http://www.nonprofitpanel.org/Report/index.html
  - *Principles for Good Governance and Ethical Practice*: http://www.independentsector.org/uploads/Accountability_Documents/Principles_for_Good_Governance_and_Ethical_Practice.pdf
  - *The Principles Workbook: Steering Your Board Toward Good Governance and Ethical Practice*: http://www.nonprofitpanel.org/Report/principles/index.html

- *Strengthening Transparency, Governance, and Accountability of Charitable Organizations: A Final Report to Congress and the Nonprofit Sector*: http://www.nonprofitpanel.org/report/final/

5.3:
Grant and Contract Management

Jim Simpson, JD, MPH, General Council Public Health Institute (CA)

A public health institute (PHI) can be seen as a complex, evolving network of contractual relationships. For example, relations with employees are fundamentally contractual. Consultants and other service providers are independent contractors. The vendor who delivers office supplies, the landlord who leases office space to the PHI, and the health plan that provides benefits to employees and their families are all contractors. On the revenue side of operations, the funding agencies that support the PHI do so through contracts and grants.

> *Contracts and grants create stability and predictability, allowing risk-taking and institutional relationships on a basis other than personal connections.*

Contracts and grants create stability and predictability, allowing risk-taking and institutional relationships on a basis other than personal connections.

This chapter provides a basic overview of management responsibilities required of organizations that apply for and accept grants or contracts from government agencies or philanthropic foundations. These responsibilities often involve input from other functional units, including the pre-award team, finance team, and human resources team. More detailed information on these other operational functions is included in Module 4.0 *Funding*.

5.3(a): Efficient and Effective Management Practices

Efficient and effective management of grants and contracts requires initial and ongoing procedures and compliance activities. They begin with the grant application or contract bid process, when terms and conditions are offered or mandated by the funder. Terms need to be reviewed before submitting a proposal in order to determine eligibility and assess capability to implement the project or provide the services in the manner described—on time, and for the budget available. Post-award grant or contract management supports facilitation of initial hiring and launch activities related to establishing financial controls; budget monitoring; compliance monitoring; and submittal of progress reports, financial reports, and requests for adjustments.

Grants and contracts management require specialized skills and training. Successful PHI grant and contract managers should understand the essential elements of contractual relationships, contract and grant documents, and contract negotiation.

Over the last ten years, increasing numbers of individuals holding grants and contracts

management positions have become credentialed through formal training programs. There are at least three national organizations that provide training and certification of grant and contract management staff:

1. National Council of University Research Administrators (NCURA)
2. Society of Research Administrators (SRA)
3. Grant Professionals Association (GPA)

All of these organizations certify individuals as being proficient in some or all aspects of grant and contract management. Trainings are often online and at their annual meetings.

Responsibilities for managing grants or contracts should be shared between the administrative teams and the program leaders. Each institute may have different procedures for officially designating the responsible party. The project director or principal investigator is typically in charge of the program implementation, but should work closely with the grant management teams to facilitate a smooth grant management process. Bear in mind that awards are made to an organization, so ultimate authority—and liability—will rest with the PHI. Responsibilities should be spelled out in employment agreements or procedure manuals so that there is no ambiguity as to responsibilities.

5.3(b): Stages of Grant or Contract Management

Pre-Award
- Activities related to finding funding; assessing risk; writing the proposal (writing needs statements, developing work plans and scope including evaluation, developing budgets and timelines); institutional review (if required); preparing documents for submittal.

Negotiating Acceptance
- Award documents, including budgets need review by pre- and post- award grant managers in order to determine a list of negotiable items, if any.

Post-Award
- Activities include establishing an account, budget monitoring, budget changes, procurement and subcontracting, monitoring compliance requirements, participating in evaluation, submitting progress and other technical reports, submitting financial reports, participating in audit functions, and handling close-out procedures with the funder.

5.3(c): Developing and Maintaining Procedure Manuals

Emerging or early-stage PHIs likely have only a few awards to manage at any one time, and procedure manuals developed early on should be done with an eye to scalability. These

manuals will reflect the policies and procedures of the individual institute and accommodate the policies required by the funders and other relevant regulatory bodies.

Most organizations include at a minimum:

1. Finance and Accounting Policies and Procedures Manual
2. Grant and Contract Management Manual
3. Procurement Policies and Procedures
4. Personnel Policies and Procedures Manual
5. IT and Data Security Manual
6. Facilities and General Operations Manual

CompassPoint has a series of downloadable templates for starting this process.

Established PHIs likely have an established a portfolio of function-relevant procedure manuals that have been scaled up over time and are reviewed regularly. PHIs that are part of a university will use or adapt university procedures in creating a set of procedures unique to their needs and consistent with their agreements with the university.

5.3(d): Staffing and Tools

Emerging PHIs should identify and recruit for an individual that has more knowledge about managing grants and contracts than may initially be necessary so that systems can be defined and set up in a manner that will support growth. This will cost a bit more in the beginning, but will enable the PHI to take advantage of opportunities as they are developed.

In the not too distant past, nonprofits had to invent their own idiosyncratic systems to track grants and contracts. Today there are free tools available to most nonprofits through their nonprofit support network. Resources include:

- http://managementhelp.org/nonprofitfinances/basics.htm
- http://managementhelp.org/nonprofitfinances/index.htm#anchor3916157
- http://www.nprcenter.org/running-your-organization
- http://www.nprcenter.org/resource/resources-nonprofit-financial-management
- http://philantech.com

In addition, commercial software that provides end-to-end financial and grants tracking is available for purchase from a number of vendors. Even better, much of it is now cloud-based, which lessens the demand for a big IT infrastructure.

5.3(e): Distinguishing Grants from Contracts

As a matter of law, grants are considered contracts—i.e., binding, legally enforceable exchanges

of rights and obligations. However, the purpose of a grant is substantially different from the purpose of a contract. The federal government uses the term "financial assistance" to refer to transactions in which the government provides financial (or other) support for a program that *fulfills a public purpose*. The instrument prescribed for a federal assistance transaction is a **grant** (or cooperative agreement). The federal government uses the term "acquisition" to refer to transactions where the purpose is to acquire property or services for the direct benefit or use of the government. The appropriate instrument for an acquisition transaction is a "procurement contract." Other funding agencies may use different terminology, but the distinction between financial assistance and acquisition—and the corresponding distinction between grants and contracts—is universally recognized.

The relationship between a funding agency and a **procurement contractor** is intended to be an arm's-length business relationship. Procurement contract specifications are prescriptive and often very detailed. Although the cost reimbursement method may be used in "research and development" contracts, other payment methods—such as fixed fee, percentage of completion, or cost-plus-a-fee—are frequently used. The relationship between a funding agency and the **recipient of a grant** is different because it is a support relationship. It is likely to include elements of collaboration. A grant with a formal teamwork structure is called a cooperative agreement. The government uses the cost reimbursement method to fund grantees. Foundations and other private donors typically follow suit, although some general support grants do not require a detailed accounting.

PHIs should recognize that the risks and benefits of grants and contracts are different.

PHIs should recognize that the risks and benefits of grants and contracts are different. A traditional procurement contract with the opportunity for net gain also includes the risk of loss if the contractor is unable to deliver within the contract amount. The cost reimbursement method ensures that a grantee cannot profit from a grant relationship.

Emerging opportunities (as indicated in 4.1, *Emerging Funding Strategies*) are creating a new landscape where some nonprofits will take additional measured risk in exchange for the ability to retain some profit and increase their sustainability. Philanthropy is sometimes willing to cover some or all of the risk exposure.

5.3(f): Contracts

A contract is any transaction between two or more parties that:

1. Are legally capable of contracting
2. Have a lawful purpose
3. Exchange promises or other valuable consideration, and
4. Communicate mutual consent

When these four elements are present, a legally-enforceable contract exists.

The law recognizes substance over form in determining whether a contract exists. A header with the words "contract or "agreement" is not necessary for a document to be legally enforceable. If there is other evidence of mutual consent, a signature on a document may not be required. PHI managers should therefore consider whether documents with headings like those below are actually enforceable contracts:

- Memorandum of understanding
- Copyright assignment
- Consent to participate in a research study
- Teaming agreement
- Data disclosure form

Similarly, PHI managers should be aware that a contract may be comprised of multiple documents. Assent may be communicated in an email message, an online form, or some other nontraditional format. In fact, in most jurisdictions, an "electronic contract"—a document that exists entirely electronically—is considered a binding written contract.

5.3(f1): Identifying the Parties to a Contract

Adults of sound mind can enter into contracts with each other, and so can institutions. There must be at least two parties to a contract. For example, interagency agreements are useful to document the intentions of different agencies of the same government, but these agreements are not enforceable contracts. Contracts can have more than two parties—e.g., teaming agreements among a group of PHIs or other organizations partnering on a proposal.

5.3(f2): Authorized Signatories

Institutions like PHIs operate through agents, i.e., individuals who have been authorized by the institution to act on its behalf. Contracting authority is a delegable function. Delegation can take various forms, but it is better to avoid questions about authority to contract by specifying which agents of the institution have contracting authority. These documents should be updated annually, as some staff will be asked by partners or funders to submit evidence of their delegated authority. Staff should know who can sign contracts, and appropriate records of delegation should be maintained. Authority to contract should not be confused with internal approvals and sign-offs. Signature authority resolutions should be kept up to date.

Staff should know who can sign contracts.

5.3(f3): Unenforceable Contracts

The purpose of a contract must be lawful—i.e., not in conflict with a statute or in violation of public policy.

Sometimes enforceability has to do with the structure of a contract. A contract between two institutions to divide up a market or otherwise limit competition is unenforceable because it violates antitrust laws prohibiting restraint of trade. A teaming agreement in which two institutions join forces to submit a proposal that neither one could successfully achieve on their

own, however, is not unlawful. A question that sometimes comes up is whether a contract that turns out to be unfair or burdensome is enforceable. The general rule is that commercial contracts between institutions will be enforced even if one party is placed at a serious disadvantage. This is one reason of many reasons why contracts should be carefully reviewed before signing.

The general rule is that commercial contracts between institutions will be enforced even if one party is placed at a serious disadvantage.

5.3(f4): The Purpose of Contract Law

Contract law is designed to facilitate commercial exchanges by enforcing promises made in return for something of value. "Consideration" is the technical term for the quid pro quo that makes a promise enforceable. The nature of consideration depends on whether a contract is unilateral or bilateral. For example, the statement "if you submit a subcontract proposal to me by next Friday, I promise to include it in the funding proposal I'm submitting to the government" is a unilateral contract offer. The offeree accepts by submitting the subcontract proposal on time. In a bilateral contract, the promise of one party is consideration for the mirror-image promise of the other party; examples include "I promise to submit a subcontract proposal by the required deadline in return for your promise to include it in your proposal" and "I promise to include your subcontract proposal in return for your promise to submit it to me by the deadline."

Consideration need not have any particular market value. Nor must there be parity of value between the parties' consideration. "I promise to transfer my $1 million NIH grant to your organization in return for your promise to pay me $1.00" is an enforceable promise. Consideration is usually the payment of money or the provision of goods or services. However, it could also be the relinquishment of a right held by the promisor, such as "I promise not to sue you for wrongful termination in return for your promise to pay me $50,000."

5.3(f5): Written/Unwritten Contracts

Certain kinds of contracts must be in writing, including contracts that by their terms will not be performed within a year, or sales or leases of real property. Government contracting rules effectively require that government contracts and subcontracts also be in writing. The advantage of a written contract is that it provides objective evidence of the four essential contract elements described above. One of the great virtues of a written contract is that it can be made to supersede all of the draft documents and tentative agreements that are developed in the negotiation process, and allow the parties to be certain about to what exactly they have agreed.

5.3(f6): Mutual Assent

Every contract requires mutual assent: the agreement of both parties to enter into the contract. The existence of mutual assent is determined by the reasonable meaning of the parties' actions—not by their unexpressed intentions or expectations. Because of this, it is possible to enter into a contract unintentionally.

For the majority of contracts entered into by PHIs, mutual assent will be expressed by an "offer" communicated from one party to the other, and an "acceptance" communicated back. An offer must ordinarily make the terms of the proposed agreement reasonably certain. Minor or nonessential details can be left for later agreement. Bear in mind that it is not always obvious whether a communication is intended to be an offer. For example, most Requests for Proposals are a solicitation of offers rather than offers themselves.

5.3(f7): Essential Elements of a Contract Document

Most contract documents begin by documenting the four essential elements, referenced above in 5.3(f), *Contracts*, followed by discretionary elements and so-called boilerplate. In order to examine contract documents and understand the underlying transaction, it can be useful to ask the following kinds of questions:

- Who are the parties that will be legally bound if the transaction is consummated?
- Do the individuals negotiating the transaction have the authority to bind their principals?
- Is there evidence of legal assent, or a tentative meeting of the minds?
- What is the basic deal (the essential consideration)?
- What are the literal terms and what is the economic reality underlying the exchange?
- What are the risks for each party? Are they being addressed appropriately?
- What is the next best alternative to the transaction for the organization's side?
- Are there any conflicts with existing or pending deals?
- Are there any ancillary agreements or side deals?
- Are actions by third parties necessary for the transaction to be carried out?
- Are there any hidden surprises, time bombs, or missing links in the contract document?
- Are any terms and conditions unclear or ambiguous, deviations from customary business practice, patently unfair or inappropriate for this transaction?

5.3(f8): Defining Purchase Orders

Many PHIs procure equipment, supplies, and other goods by issuing purchase orders or using revolving credit devices such as credit card accounts. PHIs should be aware that most states have a Uniform Commercial Code (UCC) that governs transactions involving goods. In order to expedite routine business transactions, UCC statutes modify or waive some of the standard elements of a contract, such as the requirement that the parties agree in advance on all the terms. Nevertheless, these mechanisms lead to binding contracts, so anyone who can access them should be properly authorized.

5.3(f9): Contracting to and from Government Buyers

Although government contract law follows the same basic principles as private contract law, there are numerous modifications and special rules reflecting the unique position of the government as a sovereign entity. For example, private commercial transactions are predominantly structured by the parties on a case-by-case basis, while government contracts are almost entirely structured through laws, regulations, policy manuals, and so forth. Part of

the reason for this is that government agencies are big bureaucracies—regulations are the way they create operating policies and procedures. Another reason is that legislative bodies use the government's contracting authority to accomplish public policy objectives. Lastly, the government uses the law to frame its preferred contract terms and conditions. There can be intense negotiations over scope of work and budget in a government contract, but public policy requirements, discussed below, and "boilerplate" provisions are on a take it or leave it basis.

Noteworthy Principles of Government Contract Law

A contract made by a government official who lacks authority to do so is void.

A contract made by a government agency that lacks authority to contract for that purpose is void.

A contract made in excess of appropriations is void.

A government contract must provide valuable consideration to the government. In the acquisition context this means the delivery of goods and services.

If a government contract clause expresses a significant or deeply ingrained strand of public policy, it will be imputed to be part of the contract even if erroneously omitted.

The government is immune from liability for breach of contract unless it waives its immunity.

The government can require a contractor to resolve disputes in administrative forums.

The government can limit judicial review.

Breaching a government contract may be a crime.

5.3(f10): Public Policy Requirements

Government agencies have the authority to attach conditions to the receipt of public funds such as a grant or contract. Using the "conditional spending power," the government can extend its regulatory reach into areas where it might not otherwise have authority. For example, federal government contractors are obliged to follow equal employment opportunity and affirmative action rules promulgated by the executive branch. Grantees are required to comply with laws adopted by Congress to address employment discrimination. Public policy requirements may be significantly different depending on whether the transaction is considered to be a procurement contract or an award of financial assistance. The recipients of federal grants (over certain dollar thresholds) are required to have an independent "A-133" audit and to monitor the performance and compliance of sub-recipients.

5.3(f11): Explaining Incorporation by Reference

Traditionally, private contracts included all of the operative language in one continuous physical document. With the advent of electronic commerce, agreements increasingly reference extrinsic documents—e.g., pricing sheets or boilerplate terms and conditions available on a party's website. Government contracts routinely refer to laws, regulations, and policies of general applicability that are not attached to the contract document. These materials are incorporated into the contract by reference. For example, the "A-133" audit requirement described above is set forth in an Office of Management and Budget publication. OMB Circular is incorporated into federal grants, but the government refers the grantee to the OMB website instead of appending a copy to the Notice of Grant Award. The technique saves paper, but PHI staff who deal with government contracts have to be able to decipher the references, access the incorporated documents, and interpret the contract as a whole even though it lacks physical integrity.

5.3(f12): Subcontracting

A subcontract is a type of contract in which one party (the subcontractor) promises to perform a portion of the contractual obligations owed by the other party (the prime contractor) to a third party (the funding agency). Government procurements are often so large, complex, and risky that prospective bidders team up, with one acting as the prime contractor and the others as second or even third-tier subcontractors. A second-tier recipient of financial assistance (commonly referred to as a sub-recipient, sub-grantee, or sub-awardee) is legally a second-tier subcontractor, in a financial assistance relationship with the prime grantee.

5.3(f13): Selection Procedures are Required for Government Contracts

Government contracts are usually procured through competition, i.e., an open process in which competitors submit bids to furnish deliverables that meet predetermined specifications. Price is the predominant factor in competitive selection. Government grants are usually awarded on a "request for proposal" basis, in which the government states its objectives, and institutions are encouraged to propose new or experimental solutions. Government funding agencies allow contractors and grantees to use their own competitive selection procedure for vendors and sub-recipients, as long as they follow certain general guidelines.

5.3(f14): Contract Performance

A simple retail purchase contract is agreed upon and performed all at once. Most contracts, however, are "executory" (not fully performed) for some time after they are entered into. During this time, the parties have ongoing performance obligations ("covenants"). Some may be contingent on the other party's performance, or the occurrence of some event ("conditions"). Think, for example, of a contract in which a vendor covenants to perform a series of technical tasks, and a purchaser covenants to make partial payment whenever the vendor completes a task, with the vendor's obligation to perform the next task excused on the condition that the purchaser fails to pay for the previous task. Some contractual provisions, such as warranties and indemnities, impose long-term obligations that survive the expiration of the contract term.

Understanding Implied Covenants

Seldom are contracts drafted with every performance obligation spelled out completely. The concept of "implied covenants" fills in the gaps between what is expressed and what is reasonable for the parties to expect from each other. For example, it is implied that contracting parties will perform in accordance with "customary practice" and "usage of trade." The law in some states implies the existence of a covenant of "good faith and fair dealing," which includes honesty, diligence, and avoidance of acts that either make performance impossible or deprive the other party of the benefit of the contract. The law also implies a duty to perform with skill, care, reasonable expedience, and faithfulness, and a promise that work performed will be fit and proper for its intended use.

> *The concept of "implied covenants" fills in the gaps between what is expressed and what is reasonable for the parties to expect from each other.*

5.3(f15): Clarity and Ambiguity in Contract Documents

In an ideal world, contracts would be in simple, straightforward language with clear and incontrovertible meaning. In practice, contract wording is often unclear and ambiguous. The parties may have neglected to bargain to closure or chosen not to clarify issues that might kill the deal. Maybe they were just in a hurry. Many drafting ambiguities are not apparent until performance begins.

The intent of the parties controls the interpretation of contracts. Intent is determined objectively—on the basis of the intent expressed through the words used in the contract, rather than on the basis of testimony or other extrinsic evidence about the parties' subjective intentions. The wording of a contract is interpreted in its ordinary sense, but technical words are interpreted as usually understood by persons in the profession or business to which they relate.

Negotiating the Final Terms and Conditions of a Contract

PHIs should establish who within their organization is most capable of effective contract negotiations.

Negotiation is a life skill that everyone possesses to one degree or another, without any formal training. Contract negotiation is a special case, because there are distinctive methods and techniques that have been developed. A skillful contract negotiator does not have to be mercenary or manipulative. The most successful negotiators simply have an earnest style and reasonable candor in presenting their desired outcome. There are as many styles of negotiation as there are different personalities, but three approaches standout:

1. **Aggressive negotiators** treat negotiation as a win-lose proposition, focusing exclusively on advancing their position. They begin with low offers or extreme demands and make concessions grudgingly. They may be deceitful or not forthcoming with information. They make threats and ultimatums. They may act angry or contemptuous.

2. **Cooperative negotiators** treat negotiation as a win-win proposition, focusing on advancing the interests of both parties. They begin with realistic offers based on objective considerations. They share information freely and make concessions to build trust. They do their best to behave in a calm and reasonable manner.

3. **Competitive negotiators** try to get the most out of negotiation, focusing on maximizing their interests while acknowledging the other party's interests. They begin with strategic offers based on principled considerations. They exchange information and make concessions on an equal basis. They use logic and emotion to advocate for their side.

Bargaining on the basis of a position and bargaining on the basis of a set of interests are fundamentally different techniques. Of course, positional negotiators have interests, and interest-based negotiators take positions. The difference is that positional negotiators treat their positions as their ultimate goals, while interest-based negotiators consider a position to be a means to advance their goals. Positional negotiation makes good sense when in the market for commercial goods sold on the open market, like a car or a house. Positional negotiation can also be useful in the final stages of negotiation, where tit-for-tat concessions, splitting differences, and other shorthand techniques can help to close a deal. The downside is that positional negotiators may lack the flexibility needed for give-and-take exchanges, along with the ability to invent impasse-resolving options. Generally speaking, the most successful negotiators are competitive negotiators who rely primarily on interest-based negotiation methods.

5.3(f16): Should Contracts Undergo Legal Review?

It is not necessary for all contracts be reviewed by a lawyer. Most PHIs, however, will find it worthwhile to have outside counsel or someone on staff available to draft documents for major transactions, provide advice on contract interpretation, and assist in complex negotiations. It is preferable for a PHI to have someone available who is familiar with research grants and contracts, as well as general business transactions.

Resources

Websites

- **Code of Federal Regulations, Title II:** Uniform Federal Grants Management Regulations and Cost Principles: http://www.ecfr.gov
- **CompassPoint Nonprofit Services:** Homepage: http://www.compasspoint.org/downloads
- **Federal Acquisition Regulation (FAR):** Basic Clauses, Requirements for Federal Procurement Contracts: http://www.acquisition.gov/far/
- **Free Management Library:** Basic Overview of U.S. Nonprofit Financial Management: http://managementhelp.org/nonprofitfinances/basics.htm
- **Free Management Library:** Buy a Software Package to Automate Your Financial Management?: http://managementhelp.org/nonprofitfinances/index.htm#anchor3916 157
- **General Accounting Office Redbook of Appropriations Law:** Chapter

10, Federal Assistance: Grants and Cooperative Agreements: http://www.gao.gov/legal/redbook/redbook.html

- **Grant Professionals Association:** Homepage: http://grantprofessionals.org/
- **National Council of University Research Administrators:** National Conferences: http://www.ncura.edu/content/
- **Nonprofit Resource Center:** Resources for Nonprofit Financial Management: http://www.nprcenter.org/resource/resources-nonprofit-financial-management
- **Nonprofit Resource Center:** Running your organization: http://www.nprcenter.org/running-your-organization
- **Philantech:** Homepage: http://philantech.com/
- **Society for Risk Analysis:** Homepage: http://www.sra.org/

5.4: Assuring Appropriate IT Infrastructure

Chavez Payne, Associate Director, IT Infrastructure, Louisiana Public Health Institute (LPHI); Gaurav Nagrath, formerly with LPHI; Tom Schewchuck, formerly with Michigan Public Health Institute

Information technology (IT) infrastructure is defined as the policies, processes, people, hardware, software, networks, vendors, and customer interfaces required to collect, analyze, and deliver the information and communications required to make a public health institute (PHI) successful. Typical parts of an IT infrastructure include a PHI's phone system, internet provider, servers, backup hardware, disaster recovery plan, website, IT Department staff, and staff training.

Having a strong IT infrastructure is vital to maintaining daily PHI operations. PHIs should ensure that the right equipment, software, and applications are in place to manage their activities. The level of IT infrastructure needed will depend on the nature and size of the organization, among other factors. For a one-to-two-person venture, the requirements are very basic. However, as a PHI develops and staff size increases, advanced features and applications to maintain and organize operations will be needed.

> **Build for growth: start small and consider infrastructure that can grow as the PHI grows.**

Build for growth: start small and consider infrastructure that can grow as the PHI grows, without having to overhaul the infrastructure, as budget allows. Be realistic about the level of internal IT expertise the PHI possesses and engage a trusted vendor or IT consultant to help design, implement, support, and manage the infrastructure.

5.4(a): Questions to Answer in Order to Determine Technology Infrastructure Needs

There are a number of important questions that need to be answered in order to determine a PHI's technology infrastructure needs:

1. Define how the PHI infrastructure will help meet the organization's goals.
2. Find out what clients need from the PHI infrastructure.
3. Define what leadership and staff need the PHI infrastructure to achieve.
4. Decide with whom to consult when planning infrastructure requirements.
5. Seek any necessary advice from experts on the technical solutions that will help meet the PHI's needs.
6. Decide how much resources can be committed to developing infrastructure.
7. Assess different infrastructure options.
8. Decide on a suitable infrastructure that serves the PHI's needs and goals, as well as client/stakeholder needs.

9. Test the new infrastructure.
10. Plan and monitor implementation.
11. Keep staff informed of progress while planning, developing, and implementing the infrastructure.
12. Organize appropriate training for staff so they are able to work effectively with the new infrastructure.
13. Seek and evaluate feedback from relevant people about the business infrastructure and use it to inform future developments.

5.4(b): Common IT Infrastructure Components

Common IT infrastructure components include:

1. PC/Laptops/Printers
2. Printing/Faxing/Photocopying/Scanning
3. Servers
4. Internet Access/Internet Service Provider (ISP)
5. Software/Applications
6. Disaster Recovery Plan (DRP)
7. Data Backup
8. Storage
9. Security
10. Policies and Procedures
11. IT Staff
12. Vendors

5.4(b1): PC/Laptops/Printers

Traditionally, businesses have used desktop computers. However, over time, organizations have started to roll out laptops across their departments. For users who do not have to be on the move, a desktop computer with speed and high storage capacity would be appropriate. However, if staff need to be mobile, laptops may be preferable. Whichever device purchased should have a fast processor, high RAM (random access memory), and a large hard disk/storage capacity.

Avoid using personal computers for business purposes. PHI staff need a dedicated unit for work that should be unaffected by personal activities. Do not buy second-hand products for work tasks. PHIs should be able to operate with no surprises or last-minute system breakdowns. Whether staff are using desktops or laptops, make sure they has enough functional USB (universal serial bus) ports. Otherwise, it would be a wise to buy a multi-port USB hub to connect multiple USB devices to the computer. Always back up data. If possible, keep a copy outside the workplace to prevent loss due to theft or natural calamities.

> **Always back up data. If possible, keep a copy outside the workplace to prevent loss due to theft or natural calamities.**

5.4(b2): Printing/Faxing/Photocopying/Scanning

The two main types of printers available are laser and inkjet. Laser printers are popular among businesses for quick and mass printing, and are useful for companies that require printing mostly in text. However, they can be expensive. Inkjet printers are simpler, and affordable models are becoming available in the market. Both are available in color. It may be more

economical to purchase a multi-purpose printer that performs printing, scanning, copying, and faxing in one device. These devices can also be purchased separately.

Printers can be connected directly to a computer—desktops as well as laptops—via a USB cable or a network in order to be shared by all users on a network. Prices will vary based on capacity.

5.4(b3): Servers
Servers can be located on-premise, hosted by a vendor, or in the cloud. A dedicated area—such as a folder or drive—can be created on the server to store and manage company data, and it can be used as a shared resource for computers across the PHI. Employees working on different computers can share files, documents, and other forms of data with each other through the server, which makes the workflow more efficient and organized.

5.4(b4): Internet Access/Internet Service Provider (ISP)
Whether a PHI chooses wired or wireless internet depends on its needs, but it is better to have both connections. Most businesses use a wired connection as the primary source of internet, mainly through Ethernet cables. These cables are connected to routers and can be plugged into a computer's network port for internet access.

Before committing to a contract, read the ISP's terms of business, and, more importantly, if the ISP does allow business, ensure that they will be able to cope with the level of traffic estimated. Look out for extra costs, charges, fees, and hidden extras.

> **Before committing to a contract, read the ISP's terms of business, and, more importantly, if the ISP does allow business, ensure that they will be able to cope with the level of traffic estimated.**

There are an incredible range of different service options and prices available from a vast source of providers. Look carefully at the options and ask:

1. Does the ISP specialize in business hosting?
2. Can the ISP offer a good level of support for business users?
3. Do they have a Service Level Agreement (SLA) that clearly states their response time towards issues?
4. What is provided in the service bundle and does this meet business needs?
5. Does the ISP provide support for the type of software desired by the PHI? For example do they offer only Microsoft or Linux services?
6. Where the ISP servers are physically located? Is this a secure professional operation, or is it just in a back room somewhere?
7. Are there additional bandwidth and disk space charges?

It will pay in the long-term not to look at small differences in charges but to focus on the level of service offered by the ISP and how that will suit business needs.

5.4(b5): Software/Applications

The following software applications are essential to any business today. Typically, there are numerous software vendors offering similar products. It is important to do research and ensure that the software is well-aligned with the organization's needs. It is just as important that the vendor has a solid reputation, the ability to provide adequate technical assistance and support, and the potential to be in business for the long-term. When purchasing software, ask about special pricing for nonprofits. Significant discounts can be obtained. Important examples of software include:

1. **Nonprofit Accounting Software**

> Provides the tools to manage typical business processes—writing checks, paying employees, and budgeting—while also addressing the fund-centric nature of nonprofit accounting. Fund accounting functionalities let PHIs track records by a particular funding source, department, grant, or program. For the nonprofit, stewardship of funds and social impact are the key organizational goals. Nonprofit software is adapted to this shift in focus from increasing shareholder value to promoting optimal financial stewardship. When selecting an accounting system, consider a solution that will integrate into the human resource management software system.

2. **Human Resource Management Software (HRMS)**

> Nonprofit organizations need to attend to the same tasks as profit-seeking companies do when they turn to the challenges of establishing and maintaining a solid work force. HRMS software is needed to effectively assess personnel needs, recruit personnel, screen personnel, select and hire personnel, orient new employees to the organization, and make compensation decisions. When selecting HRMS consider a solution that will integrate into the accounting system.

3. **Email (On-Premises vs. Hosted)**

> HIPAA imposes strict requirements on protecting sensitive data like patient records. An **on-premise** system allows rigorous controls re: where data are archived, how data can be accessed, etc. Benefits of using **hosted email** include predictable cost of ownership (long-term contracts are normally established to use a third-party solution to host email for users, and IT staffs are not required to maintain servers and other infrastructure devoted to email management). Email systems such as Microsoft Exchange or IBM Lotus Notes are the most common and costly for a business. There are many free email services - such as Gmail, Yahoo Mail, Hotmail, and AOL - but email content is stored on their servers and not the PHI premise. Maintain strict security practices if considering moving sensitive data to the cloud.

4. **Productivity Applications / Software Suites**

An essential tool for any business is the productivity applications such as Microsoft Word, Excel, PowerPoint, Visio, MS-Project, etc…. Microsoft Office by far is the most popular software suite but alternatives such as Google Docs and WordPerfect Office are available. Microsoft Office can be implemented on-premise or in the cloud. Google Docs is a cloud-based service and like any cloud service stores data on the vendor servers. Maintain strict security practices if considering moving sensitive data to the cloud.

5. **Anti-Virus Software**

Not every type of cyber-attack can be prevented with antivirus software, but it can be a great asset when trying to prevent intrusion into a computer. Not every intrusion into a computer is meant to cause damage or steal valuable information, but all intrusions exploit vulnerability in the computer's operating system or other software. Even the most innocuous intrusion sends a signal to others that this computer has been infiltrated. Purchase a trusted and well known, subscription-based antivirusprogram; the producers of this type of software will be able to keep their subscribers' computers protected with real-time updates that scout out the latest threats.

6. **Website**

A website is a professional face for a company that clients can have freedom to browse 24 hours a day. A website can generate business, promote goodwill among customers and prospects, and deliver strong marketing messages. **To get started building a website, PHIs will need:** (1) registered domain name; (2) web-hosting service; (3) web authoring software or service to design the site. **The website should include:** (1) clear description of the organization ; (2) simple, sensible web address; (3) easily-navigated site map and design/style that is friendly to online readers; (4) easy-to-find contact information; (5) customer testimonials; (6) obvious call-to-action; (7) fresh, quality content; (8) secure hosting platform.

7. **Network Infrastructure**

A network infrastructure is an interconnected group of computer systems linked by the various parts, such as individual networked computers to routers, cables, wireless access points, switches, and network access methodologies. Infrastructures can be either **open** or **closed**, such as the open architecture of the **internet** or the closed architecture of a private **intranet**. They can operate over wired or wireless network connections, or a combination of both.

8. **On-Premise, Cloud Computing, Hosted, or Hybrid Applications**

Applications can be deployed in a number of different ways depending on the business needs. The Health Insurance Portability and Accountability Act (HIPAA) in imposes strict requirements on protecting sensitive data like patient records. If sensitive data are transmitted outside of on-premise network, steps should be taken to ensure that the sensitive data staff are transmitting are secure and can reside outside of the network securely. **The following options can be utilized exclusively or in combination :**

(1) On-Premise: Applications deployed the traditional way, on private servers in the PHI's datacenter and behing the organization's firewall.

(2) Cloud-Based: Outsourced to a third-party provider. Software-as-a-service (SaaS) applications, such as Microsoft Office 365/Exchange Online, are rented to users. The application is offered where users pay a monthly fee for Exchange mailboxes in Microsoft's multi-tenant hosted Exchange infrastructure. Users from different organizations are co-mingled on the Cloud's server and storage platforms as is typical for SaaS deployments.

(3) Hosted Application: Two forms: **Hosted Application (Public Cloud)** e.g., "Microsoft Exchange in the Cloud" running on a third party vendor's multi-tenant Exchange infrastructure.; **Hosted Application (Private Cloud)** runs email on dedicated hardware (non-multi-tenant) in a third party vendor's datacenter.

(4) Hybrid: Parts of the application are deployed on-premise and parts are in the Public Cloud. Requires more technical expertise but is best to support a mixture of on-premise and mobile or off-site employees. All users can exchange information with each other, regardless of which system is hosting their applications.

9. **Mobile Devices**

Mobile devices refer to a wide variety of handheld computing devices that allow people to access data by running various types of application software (apps). Devices include smart phones and tablets, and often are equipped with Wi-Fi, Bluetooth, and Global Positioning System (GPS) capabilities. Specialized operating systems (OSs) manage the devices. By allowing employees to utilize issued or personal mobile devices, businesses are able to cut costs, improve productivity, and improve client service. Before allowing new employees to use these mobile devices, implement acceptable use policies, conduct a thorough risk assessment, and understand the controls that need to be implemented.

10. Telephones

Business-class phone systems usually start out costing a few thousand dollars, and the price increases proportionally to the size of the system and number of desired features. There are several types of phone systems to choose from today:

(1) <u>Private Branch Exchange</u> (PBX) utilizes traditional phone lines

(2) <u>Voice Over Internet Protocol</u> (VOIP) phone systems can be integrated into a network to take advantage of advanced features, as well as existing network cabling

(3) <u>Hosted PBX solution or VOIP PBX, or an Internet-Based Business Phone System</u>, is an exceptional value, as hardware costs are reduced. It has robust features that many businesses desire and is very affordable because it limits the need for some of the equipment purchases and reduces the overhead of personnel and maintenance.

Features and Questions to Consider:

Auto Attendant; Conferencing; Automated Directories; Call Hold; Voice Mail; Redial; Speed Dial; Hold Music

Next, determine where the phones will be located. The sum total of incoming and outgoing calls at any given moment is the number of lines (or trunks) needed. Common configurations are 3, 8, 12, 16, 24 or 48 lines. Larger systems have expansion slots. Account for future growth (25% is not uncommon).

5.4(b6): Disaster Recovery Plan (DRP)

Disaster recovery plans (DRPs) are implemented to continue the use of technology capabilities with a minimal impact to organizational operations in the event of a disaster. View a [DRP example]. Some of the stages of a standard DRP include:

1. Understanding an organization's operations and identifying how all of its resources are interrelated.
2. Conducting a comprehensive assessment of an organization's vulnerabilities, including operating procedures, technology equipment inventory and physical location, data integrity protection, and contingency planning procedures.
3. Identifying how all functions of the organization would be impacted if a disaster occurred.
4. Creating a short-term recovery plan that includes key contact information and reporting procedures.
5. Developing a long-term recovery plan, including the requirements that are essential to resuming normal operations and prioritizing the sequence of services that are resumed.
6. Conducting ongoing tests and regularly revising the plan as the business evolves. In addition, an effective DRP employs the use of remote services to reduce the impact on business continuity, such as utilizing an offsite data center to back up data for use during an event.

5.4(b7): Data Backup

Businesses generate a tremendous amount of data and it is crucial these data are backed up in the case of hardware or other failure. Backup software and a data storage device—such as an external hard drive, tape drive, or storage appliance—are needed to store data. It is a good practice for all staff to store their files in a central location, such as the network. The network should then be backed up daily to avoid data loss.

5.4(b8): Storage

As a PHI grows, a surge in data storage can require an upgrade in storage capacity beyond server capabilities. An adequate data storage platform is essential for data archiving and retention. A storage area network (SAN), for example, is a high-speed dedicated network of storage devices that allows the sharing of data across the entire infrastructure. Data storage can be managed on-premise, in the cloud, or as a hybrid system.

5.4(b9): Security

Security is pervasive to all aspects of a business, not just IT systems. If HIPAA or public health information exists, either in electronic or paper form, measures must be taken to secure these data. Physical as well as IT systems protection must be considered, along with strong security policies and procedures. For more information, see 5.10, *Data Security*.

5.4(b10): Policies and Procedures

Policies and procedures are the strategic link between a PHI's vision and its day-to-day operations. The following is a list of policies and procedures PHIs, whether emerging or established, should consider developing and implementing. Many of these policies and procedures can be found at the information security organization SANS:

1. Audit Security Policy
2. Computer Security Policy
3. Desktop Security Policy
4. Email Security Policy
5. HIPAA Security Policy
6. Internet Security Policy
7. Mobile Security Policy
8. Network Security Policy
9. Physical Security Policy
10. Security Policy Whitepapers
11. Server Security Policy
12. Wireless Security Policy
13. Telecommuting Policy
14. Travel, Laptop, PDA, and Off-Site Meeting Policy

5.4(b11): IT Staff

It is important to have IT support for PHI staff, whether it is through employing a full-time IT professional or staff, hiring an IT consultant or vendor, or utilizing a hybrid approach. The organization needs to run smoothly, and any technical difficulties should be addressed

immediately. At the very least, when buying IT equipment, make sure that the provider's after-sales support is strong.

5.4(b12): Vendors
The infrastructure needed to support a business can be complicated. There are three models that can be considered when designing a new infrastructure from the ground up or modifying existing infrastructure:

1. Utilize internal technical staff
2. Utilize a vendor
3. A hybrid solution or combination of internal staff and a vendor

Be realistic about internal IT capabilities and engage the right resource(s) to design an infrastructure foundation that aligns tightly with the PHI's business needs and budget. If the budget does not allow for the use of IT, develop a strong manual process that can be seamlessly transitioned to an automated process in the future.

Resources

Websites
- **SANS Technology Institute:** Information Security Policy Templates**:**
  http://www.sans.org/security-resources/policies/

5.5: Financial Accounting and Audits

Chad Brown, formerly with Louisiana Public Health Institute, and Daniel Cocran, CPA, Chief Financial Officer, Louisiana Public Health Institute

All businesses, both for-profit and nonprofit, must keep track of dollars coming in and going out. Each type, however, has differing reasons for doing so. While the for-profit entity is typically engaged in business activities to maximize profits and returns to its owners/shareholders, nonprofits are primarily concerned with effectively utilizing their resources to fulfill their stated mission. The typical nonprofit is thus generally trying to break even or run small surpluses each year.

> *An active board treasurer can be a valuable resource during the start-up period and can help ensure a PHI's long-term financial security.*

The accounting functions of a nonprofit are critical due to the requirements to appropriately segregate and track program/grant expenditures and other financial activities related to multiple projects, often from multiple funders, across varying budget periods. Additionally, nonprofit budget and forecasting functions are equally important in that these organizations typically don't have significant reserves/resources to cover any cost overruns in their projects or cover gaps in funding organizational administrative costs. Given the differences in how financial information is utilized, nonprofit financial systems are set up differently than for-profit ones, and new PHIs—in spite of limited administrative resources—need to make sure that they have appropriate financial systems and personnel in place to address the complexities of nonprofit accounting.

5.5(a): The Importance of Accounting

Accounting includes recording, reconciling, and reporting financial transactions. The process of recording, summarizing, and analyzing financial activities enables leaders and managers of organizations to make informed judgments and decisions. This is a significant area of responsibility for almost any nonprofit. The leaders and managers of a new PHI should develop basic skills in nonprofit accounting procedures and financial management. It is important for a new PHI to obtain accounting expertise from an outside consultant or a partnering nonprofit organization, particularly if its staff are not strong in this area. It also may be advantageous to select a board member with significant accounting skills and experience to serve as treasurer and/or as the chair of the finance committee. An active board treasurer can be a valuable resource during the start-up period, and can help to ensure a PHI's long-term financial stability.

5.5(b): Accounting Terms and Definitions

1. Bookkeeping
2. Chart of Accounts
3. Fund Accounting
4. Cash Flow Statement

5.5(b1): Bookkeeping

Bookkeeping includes entering transactions into journals—either paper or electronic; making adjustments; and preparing reports. A bookkeeper is the person actually keeping or tending to the books. Conversely, an accountant sets up the bookkeeping system, monitors it, and interprets the results. The accounting process is less mechanical and more subjective than bookkeeping.

5.5(b2): Chart of Accounts

A chart of accounts is a listing of all the accounts in the general ledger; each account is accompanied by a reference number. The chart of accounts should take into account the business and reporting requirements of the organization. To set up a chart of accounts, various accounts need to be defined by the organization. Each account should have a number to identify it. It is worthwhile to put thought into assigning account numbers in a logical way that follows industry standards.

5.5(b3): Fund Accounting

Fund accounting facilitates expenditure control and stewardship reporting in the public sector. The concept of separate record keeping for separate funds is not difficult, but care must be taken that fund accounting-based financial reports are presented in a straightforward manner, since separate reporting on a large number of separate "funds" quickly becomes confusing. In fund accounting, it is standard practice to distinguish between a general fund and special purpose funds. The general fund normally provides the resources required to operate the agency on a day-by-day basis (overhead or indirect costs). The wages of administrators, costs of building maintenance, and general office expenses may be items that are chargeable to a general fund. By contrast, special funds are established to yield accountability for separately identifiable activities that make individual control procedures necessary or desirable.

5.5(b4): Cash Flow Statement

A cash flow statement is an important financial statement for a new organization. The overall purpose of managing cash flow is to make sure that enough cash is on hand to pay current bills. Businesses can manage cash flow by examining a cash flow statement and by developing cash flow projections. The cash flow statement includes a report of the total cash received, less the total cash spent, over a specified period. A new PHI may have cash flow problems unless it starts out with a large grant payment, an advance on a contract, or a reserve fund that can be used as a buffer. Often, nonprofits will establish a line of credit with a financial institution as a precautionary measure to ensure short-term cash needs can be met while waiting to receive payment from funders.

5.5(b5): Income Statements and Balance Sheets

A statement of activities and changes in net assets (income statement) provides a picture of how well a nonprofit is operating. The statement of financial position (balance sheet) depicts the overall financial status at a fixed point in time. Total assets, minus liabilities, determine overall net worth/net assets. These statements often are referenced when applying for funding.

5.5(b6): Budget

A budget is an itemized summary of estimated or intended expenditures for specific items over a given period. Budgets typically include the following major categories of expenditures: salaries and fringe benefits (examples of common fringe benefits include payroll taxes; health/dental insurance; employer contribution to retirement plan; unemployment tax; and phone/car/housing allowances), supplies, equipment, travel, and indirect costs.

5.5(b7): Budget Deviation Analysis

A budget deviation analysis regularly compares expected versus actual earnings and expenses. The budget deviation analysis will detect how well plans are being followed; assist in budgeting for the future; or display upcoming problems in spending (McNamara 2004).   This report may also be called a budget vs. actual report, and is particularly important in assessing progress on a project. Funded projects have a work plan or timeline linked to a budget, and if spending is behind schedule, it is likely that the project is behind schedule. A regular review of this type of report is valuable in helping to prevent cost over runs on projects.

Project Budget
Total sum of money allocated for the expenses related to a particular purpose or period of time. Most project budgets are developed according to the rules of the project funder. Federal and state agencies, and most large private foundations, have their own budget forms and reporting requirements. See Attachment A for an example.

Cost Reimbursement Budget
Type of budget that must be carefully estimated, since the grantee or contractor is reimbursed based on actual costs incurred. The grantee provides proof of each expense allowed under the grant, and the funding agency reimburses the documented amount up to the total amount budgeted. Often project budgets are quite similar to the cost reimbursement budget. See Attachment A for an example.

Deliverables-Based Budget
Type of budget that carries significant risk (or benefit) for the grantee or contractor, since an agreed-upon payment is made only upon delivery of a task or product. It is a good idea to first do a cost reimbursement budget (to get a clear idea of likely costs) before estimating a deliverables-based budget. Once an appropriate budget is decided upon, management can analyze the cost data to determine the appropriate fee for completion of each deliverable.

5.5(b8): Indirect and Direct Costs

In managing program finances, there are two major types of costs to consider: indirect costs and direct costs. Indirect costs, also known as administrative costs or "overhead," include costs that are incurred for common or joint program objectives. They cannot be identified readily and specifically with a particular sponsored project or activity. Direct costs are those that can be

identified specifically with a particular sponsored project or activity, or with directly-produced services for clients. Grants that are dedicated for certain programs or activities require the reporting of monies spent directly on those programs or activities, and those spent on overhead. Therefore, it is wise to track carefully how much money each program requires to operate, as well as how much revenue it generates. Nonprofits should regularly monitor administrative expenditures and forecast future administrative needs to ensure that these costs are sufficiently accounted for in program budgets.

Additionally, if an organization has sufficient federal funding, it is often advantageous to apply for an indirect cost rate with the appropriate federal operative division. The utilization of an indirect cost rate can provide an organization with a more predicable revenue stream for its administrative costs, thereby providing more assurances that the administrative functions of the organization can be appropriately funded. You can find the relevant resources and information regarding applying for an indirect cost rate at the US Department of Health & Human Services - Division of Cost Allocation website.

5.5(b9): Audit

An audit is a process for testing the accuracy and completeness of information presented in an organization's financial statements. This testing process enables an independent certified public accountant (CPA) to issue an opinion on how fairly the agency's financial statements represent its financial position, and whether they comply with generally accepted accounting principles (GAAP). GAAP is primarily determined by the Financial Accounting Standards Board (FASB). The audit is an important component of the nonprofit's business environment in that it provides a level of assurance from an independent party that the organization's financial statements are fairly presented in all material respects. Because of the need for transparency and independence, an organization's board members, staff, and staff's relatives cannot perform organization audits because their relationship with the organization compromises their independence. Additionally, funders will rely on the audit to provide assurances that the granted funds have been spent and administered appropriately by the recipient organization.

In order to test the financial information presented in the financial statements, the auditor will request information from individuals and institutions to confirm bank balances, contribution amounts, conditions and restrictions, contractual obligations, and monies owed to and by an organization. The auditor will review physical assets, journals and ledgers, and board minutes to ensure that activities with significant financial implications are adequately disclosed in the financial statements. The auditor will also select a sample of financial transactions to determine whether there is proper documentation and whether the transaction was posted correctly. The auditor will interview key personnel and read the procedures manual, if one exists, to determine whether the organization's internal accounting control system is adequate. The auditor usually spends several days at the organization's office, looking over records and checking for completeness. Auditors are not expected to guarantee that 100 percent of the transactions are recorded correctly; they are only required to express an opinion as to whether the financial statements, taken as a whole, give a fair representation of the organization's financial picture.

Typical Components of an Audit

A cover letter, signed by the auditor, stating that the financial statements have been audited under "auditing standards," the auditor's responsibilities, and general comments relating to internal controls and accounting procedures.

The financial statements include the statement of financial position (balance sheet), statement of activities and changes in net assets (income statement), and statement of cash flows. Health and social service organizations also have a statement of functional expenses. Many audits show comparative information between fiscal years.

Notes to the financial statements, as required by GAAP, generally include additional information related to might include information about functional expenses, a depreciation schedule, further information about contributions, volunteer services, and other significant information not obvious in the financial statements.

In addition to the materials included in the audit report, the auditor often prepares what is called a management letter, or report to the board of directors. This report cites areas in the organization's internal accounting control system where the auditor notes opportunities for enhancement.

Organizations expending $500,000 or more in federal funding a year are required to have a "single audit," the requirements of which are outlined in OMB A-133. The single/A-133 audit is a rigorous organization-wide audit that is completed to provide certain assurances to the federal government regarding an organization's ability to manage the funding and maintain compliance with the funding terms and conditions. Nonprofits that have federal grants/ contracts are often required to undergo the A-133. These audits are typically conducted in concert with an organization's independent annual audit by the same CPA firm. Audits are not intended to discover embezzlements or other illegal acts. A "clean" or unqualified opinion should thus not be interpreted as an assurance that such problems do not exist.

1. An unqualified opinion includes wording such as, "[in the opinion of the auditor] the accompanying financial statements present fairly the financial position of ABC Agency at the fiscal year ending June 30, and 20XX… in conformity with generally accepted accounting principles."
2. A qualified opinion is issued when the accountant believes that the financial statements are, in a limited way, not in accordance with generally accepted accounting principles. A qualified opinion might include wording such as, "[in the opinion of the auditor] except for the omission of X… the accompanying financial statements present fairly."

Benefits of Having an Audit

An audit will ensure that financial records are in accordance with generally accepted accounting principles.

If an organization is a 501(c)(3) nonprofit, an audit will help the organization retain its federal status. The bylaws of most 501(c)(3) corporations require an annual audit for this reason.

An audit will reassure funders that their grants have been spent appropriately and reported properly.

An audit may be a good planning and budgeting tool.

An audit may be a good public relations tool for what it says about an organization's financial integrity.

An organization's granting agency may require an audit, or may use the information in the audited financial statements when they evaluate the organization applying for funds.

The lack of an audit implies administrative laxity and unreliability.

5.5(b10): Audit Committee

In order to help provide accountability to its funders regarding the organization's financial health, every nonprofit should have an active audit committee. This committee will assist in assuring that the organization is consistent following policies and procedures regarding major business functions, as well as help oversee the engagement of an independent CPA firm to conduct the annual audit. Each audit committee should have clearly defined roles and responsibilities so that the function of the committee can be clearly carried out. In the absence of a separate audit committee, the organization's board can carry out these functions.

5.5(b11): Reporting Requirements and Forms

Many states have specific reporting requirements for nonprofits. The federal government has specific reporting requirements for 501(c)(3) nonprofit corporations and other categories of nonprofit organizations, such as institutions of higher education. You should consult with your accountant and your audit firm to be sure you are complying with all applicable state and federal laws and regulations.

Another important piece of an organization's annual financial responsibilities is the completion and filing of the 990. The 990 is the tax form required to be completed by most nonprofits and is to be submitted annually and is due on the 15th day of the 5th month following an organization's

fiscal year end. For example, for a nonprofit with a December 31st year end, the 990 would be due on May 15th. A three-month extension to the filing deadline can be requested by filing Form 8868. Given the recent increased level of IRS scrutiny into the activities of nonprofits, the 990 has become increasingly complex and burdensome for nonprofit staff to complete. An organization will often engage its independent CPA firm to complete and file the 990 on its behalf. Once filed, the 990 is available for public inspection. Guidestar.com is a popular 990 search site; funders, as well as other interested parties, can review the 990 information to help determine how well the organization is fulfilling its mission and how efficiently it is utilizing its resources in fulfillment of that mission.

5.5(c): Considering the Use of a CPA Firm and Accounting Software

Directors and managers may be able to complete the basic bookkeeping or financial activities. It may be wise, however, to enlist a CPA in reviewing and developing a bookkeeping system, generating financial statements and information, and conducting basic financial analyses. It is always helpful to have a trained, external eye review finances at least on a quarterly basis.

Accounting software can also be useful, especially for automating the bookkeeping process and assisting with generating financial reports. Standardized or made-to-order accounting software is available, depending on the needs (and finances) of the organization.

5.5(d): The Sarbanes-Oxley Act

The Sarbanes-Oxley Act (SOX), enacted in the wake of corporate scandals, sets new standards of accountability and board behavior. Although many of these standards apply only to publicly-traded corporations, nonprofits should stay abreast of such legalities. Congressional committees have been holding hearings on nonprofits and their regulation. There is particular concern about controls on executive compensation and accounting regulations to prevent reoccurrence of the nonprofit scandals of recent years. All nonprofits should pay close attention to any new federal regulations.

It is always helpful to have a trained, external eye review finances at least on a quarterly basis.

5.5(e): The Panel on the Nonprofit Sector: Implications for PHIs

There appears to be increasing government interest in nonprofit governance and financial accountability. The Independent Sector recently convened a "Panel on the Nonprofit Sector" at the encouragement of the US Senate Finance Committee. The panel is dedicated to ensuring that charities and foundations remain a vital and responsive force in America and around the globe. The panel's report is divided into three sections:

1. Introduction, with background on the panel and dimensions of the nonprofit sector
2. Principles to Guide Improving the Accountability and Governance of Charitable Organizations
3. Recommendations of the Panel on the Nonprofit Sector.

NNPHI encourages its members and emerging institutes to read this report, recommendations from which could become law.

5.5(f): Banking Considerations

PHIs, whatever resources may be at their disposal, should open a checking and savings accounts and develop a relationship with a bank. Many banks offer a non-interest bearing checking accounts with minimal or no fees. When a grant proposal is funded, it is important to have an account to receive the money.

Resources

Books and Journal Articles

- Angelica E and Hyman V, "Coping with Cutbacks: The Not-for-profit Guide to Success When Times Are Tight," Amherst H. Wilder Foundation, 1997.
- Garner C, "Accounting and Budgeting in Public and Not-for-profit Organizations," Jossey-Bass, 2004.
- Gross M, "Financial and Accounting Guide for Not-for-Profit Organizations," Wiley and Sons, 2004.
- McLauglin T. (2002), "Streetsmart Financial Basics for Non-profit Managers", Wiley and Sons, 2002.

Websites

- **Alliance for Nonprofit Management:** Homepage: http://www.allianceonline.org/
- **Attachment A:** Sample Project Budget: http://nnphi.org/uploads/media_items/financial-accounting-and-audits-attachment-a.original.pdf
- **CPAFinder.com:** Fund Accounting and Search Page: http://www.cpafinder.com/accounting/fund-accounting.html
- **Free Management Library:** All About Financial Management in Nonprofits: Managing Program Finances: http://managementhelp.org/nonprofitfinances/index.htm#anchor1732927
- **Free Management Library:** All About Financial Management in Nonprofits: Use Fiscal Sponsorship?: http://managementhelp.org/nonprofitfinances/index.htm#anchor1606174
- **Guide to the Sarbanes-Oxley Act:** Homepage: http://www.soxlaw.com/
- **Guidestar:** Homepage: http://www.guidestar.org/
- **Idealist:** Resources for Nonprofit Organizations: http://www.idealist.org/info/Nonprofits
- **Independent Sector:** Homepage: http://www.independentsector.org/#sthash.3WKprFzf.dpbs
- **Independent Sector:** Strengthening Transparency, Governance, Accountability of Charitable Organizations:

http://www.independentsector.org/uploads/Accountability_Documents/Panel_Final_Report.pdf

- **Internal Revenue Service:** Form 990: http://www.irs.gov/pub/irs-pdf/f990.pdf
- **National Center for Charitable Statistics:** Unified Chart of Accounts: http://nccs.urban.org/projects/ucoa.cfm
- **The Non-Profit Resource Center:** Homepage: http://www.1800net.com/nprc/index.html
- **Panel on the Nonprofit Sector:** Principles Workbook to Help Organizations Improve Governance: http://www.nonprofitpanel.org/
- **RAFFA Accounting Consulting Technology**: Handout: Audit Committee Roles and Responsibilities: http://www.cof.org/files/Documents/Education_Collaborations/Audit%20Conference%20Call%20Handouts/Audit_Committee_Roles_and_Responsibilities-HANDOUT_2A.pdf
- **United States Department of Health and Human Services' Program Support Center:** Financial Management: Division of Cost Allocation: https://rates.psc.gov/
- **United States Small Business Administration:** Programs and services to help you start, grow and succeed: http://archive.sba.gov/aboutsba/sbaprograms/onlinewbc/index.html
- **The White House:** Circular No. A-133: http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

5.6: Insurances

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Any organization, whether for-profit or nonprofit, needs to take responsibility for its business property, contents, and actions. Purchasing insurance coverage is extremely important for nonprofits because it is difficult to recoup losses if crime or other damage occurs. In addition, one lawsuit could cripple a nonprofit organization, since most nonprofits do not have the financial or personnel resources to defend against a legal claim. With appropriate insurance coverage in place, a nonprofit takes a proactive stand in protecting against the unexpected.

5.6(a): Types of Insurance

There are many types of insurance coverage, so PHIs need to know what they are buying, what exposures it covers and does not cover, and if coverage is appropriate for the organization. Below are a few of the most common types of coverage:

1. General Liability
2. Business Owner's Policies (BOPs)
3. Riders
4. Crime Policies
5. Directors' and Officers' Liability
6. Workers' Compensation Insurance
7. Other/Optional Insurances

> **With appropriate insurance coverage in place, a nonprofit organization takes a proactive stand in protecting against the unexpected.**

5.6(a1): General Liability

A general liability package policy protects organizations in the event that a client is injured on the business premises, or an employee injures someone or damages property at a client's location.

- Check with landlords on coverage requirements for business premises liability insurance.
- Often, general liability insurance is offered in a package with property coverage to protect against accidents on premises or at other locations where business might be conducted.

5.6(a2): Business Owner's Policies (BOPs)

There are also business owner's policies (BOPs), whereby property coverage and general liability coverage are combined.

- **Pros:** Adequate coverage can be obtained at rates lower than would be possible with two separate policies.
- **Cons:** A BOP is often seen as a narrow (one size fits all) approach to coverage which may not take into account all potential risks.

- If a BOP has limits that are lower than a public health institute's (PHI's) potential liabilities, an organization may consider umbrella liability insurance, which provides coverage for claims that exceed the amount of coverage.

5.6(a3): Riders
There are also riders that can be added to policies. A rider is added to an existing policy to provide additional or specialized coverage.

- Riders can be used to cover time specific projects and/or projects with activities new to the organization's scope of services which would not be covered under its existing policy.

5.6(a4): Crime Policies
Crime protection insurance is needed in addition to property insurance because crime-related losses typically are not covered by most property insurance policies. Liabilities covered by crime insurance include money and securities taken by robbery, theft, disappearance, and destruction; and losses caused by the dishonest acts of employees.

- Premiums depend on the amount and value of the contents of the PHI. Insurers can help assess this value.

5.6(a5): Directors' and Officers' Liability
This coverage protects directors and officers of the organization against charges of negligence in the performance of their duties. As representatives of a PHI, directors and officers can be held personally responsible for their individual actions as leaders of the organization.

- Coverage amounts should be decided by the board of directors and possibly legal counsel to determine the expense of the insurance versus the probability of legal action. Even then, the board may still choose to obtain coverage regardless of the probability as a measure of responsibility and prevention.
- When professional liability insurance is being negotiated, it is important to completely disclose the risk factors inherent in the programs and projects of the PHI. For example, any project that involves the provision or supervision of direct, public health care services carries substantial liability. If that liability is not disclosed when the policy is being negotiated, the PHI may be without insurance coverage in the event of an accident or error.

5.6(a6): Workers' Compensation Insurance
Workers' compensation insurance provides medical and disability coverage for employees in the event of work-related injuries or illnesses. A compensation policy protects the PHI in the event that an employee files suit claiming that negligence on the part of the PHI was the cause of the work-related illness or injury.

- Most states require workers' compensation insurance for all employees.
- Premiums are based on payroll and the type of work employees perform. For example, an employee stationed in an office doing clerical work may be insured for less cost than an employee who travels to serve clients.

5.6(a7): Other/Optional Insurances

There are other types of coverage that can be researched to meet specific needs of the organization if applicable. Other insurances may include, but are not limited to:

- Automobile (typically can be covered under General Liability)
- Cybersecurity/Cyber Liability Policies
- Employee Benefits Liability
- ERISA Fidelity

- Errors and Omissions Insurance
- Fidelity Bonds
- Malpractice
- Professional Liability

5.6(b): Key Insurance Considerations for Public Health Institutes

5.6(b1): Coverage and Limit Requirements of Funders and States

Many funders have requirements on types of coverage carried by the organization and/or minimum limits of liability. Some may require to be listed as additional insured or a loss payee under the policyholder.. The state in which the PHI operates may also have certain mandates. Visit www.generalliabilityinsurance.org   to get additional resources for by state.

5.6(b2): Option for Discounted Rates for Insurance Coverage

Some states have umbrella nonprofit associations that offer discounted rates upon membership. PHIs should investigate state nonprofit associations to see what advantages are offered. For example, in Louisiana, the Louisiana Association of Nonprofit Organizations (LANO) has member benefits that include discounted directors' and officers' insurance; health insurance; and retirement benefits plans. LANO is able to pool all of its members into one large group to obtain better rates. To find nonprofit associations by state, visit the National Council for Nonprofits' website.

5.6(b3): Necessary Business Insurance and Licenses

A state operating license is usually required for nonprofit corporations. An application needs to be filed with the secretary of state or appropriate state department. An occupational license may be required by the city or cities in which an organization has offices. Nonprofits are not required to pay occupational license tax because they do not collect revenues; however, an organization is required to obtain an occupational license certificate and publicly display it.

An annual review of insurance coverage with the board of directors, legal counsel, and/or a trusted independent insurance agent should be done.

- A **risk analysis** may be beneficial in determining the types of coverage needed as organizations grow in size and expand services and portfolios as the analysis will unveil the most probable risks, threats and potential liabilities of current operations.
- **Selecting an agent** is not always easy but a few guidelines to follow are:
    o Ask other established nonprofits across the state; ask board members for recommendations.
    o Use a Request for Proposals (RFP) process and interview several agents requesting past experience in nonprofit insurance coverage and references

Resources

Websites

- **Blue Avocado:** How is a Potato Like a Nonprofit? Editor Notes Issue #91: http://www.blueavocado.org/
- **Council Services *Plus*:** Homepage: http://www.councilservicesplus.com/
- **Free Management Library:** Business Insurance Information: http://managementhelp.org/businessinsurance/index.htm
- **General Liability Insurance:** Homepage: http://www.generalliabilityinsurance.org/
- **National Center for Charitable Statistics:** Nonprofit FAQs: http://nccsdataweb.urban.org/PubApps/nonprofitfaq.php
- **National Council for Nonprofits:** Find Your State Association: http://www.councilofnonprofits.org/find-your-state-association
- **Nonprofit Risk Management Center:** Homepage: http://www.nonprofitrisk.org/

5.7:
Human Resources

Updated by Diana Pascual, MA, formerly with Public Health Institute (CA)

The talent, passion, and vision of individuals are the heart of most organizations. Human resources (HR) encompass "the people that staff and operate an organization, as contrasted with the financial and material resources of an organization," as well as "the organizational function that deals with the people." HR consists not only of the human labor of the workforce, but also the physical and human abilities that produce the goods or services and support the impact of an organization.

For an organization to best manage its human assets, a PHI requires the expertise of an HR professional or a vendor that provides this expertise. Public health institutes (PHIs) at all stages of growth and development will benefit significantly from the expertise of an HR professional. The table below lists HR practitioners' core functions and the capacities of a fully functional HR department. A successful PHI builds diversity and inclusion in managing its HR, both at the management and staff level.

Human Resources Capacities

Core Functions		Department Functions	
Managing employee recruitment and retention	Developing personnel policies	Designing, creating, admnistering compensation plan	Designing, creating, adminstering employee benefits plan
Onboarding employees	Administrating payroll and benefits	Administering and negotiating collective bargaining agreements	Workforce planning
Managing compensation	Tracking employee performance	HR information systems	Succession management
Coordinating professional development	Managing employee relations		

5.7(a): Developing HR Capacity: Emerging and New PHIs

Emerging and new PHIs need the core HR services listed above but frequently do not have the organizational infrastructure or funding to support all of these services. At a minimum, an emerging PHI must be able to support the basic responsibilities for recruitment, hiring, onboarding, and performance management of staff. These functions may become the shared responsibility of the PHI's program or project managers. Other functions related to compensation, payroll, and legal compliance may come under the chief financial officer's purview. Some PHIs may be able to acquire needed HR services and

expertise through a relationship with another nonprofit where they hire and share an HR professional. Outsourcing HR has also been an option for an organization that cannot support its own internal infrastructure or one that prefers to outsource routine and technical functions of HR, while maintaining control over limited functions such as compensation philosophy or the recruitment approaches for hard-to-fill positions.

Regardless of who performs these functions, it is important for any PHI to ensure that HR-related activities comply with relevant local, state, and federal laws and regulations and that they assess risks and accept or refuse any such risks consistent with organizational expectations.

A PHI must:

| **Identify which staff are responsible for carrying out HR functions** | ⟹ | **Clearly outline HR operations' scope and expectations** | ⟹ | **Ensure that the HR-related functions are carried out in strict compliance with local, state, and federal laws** |
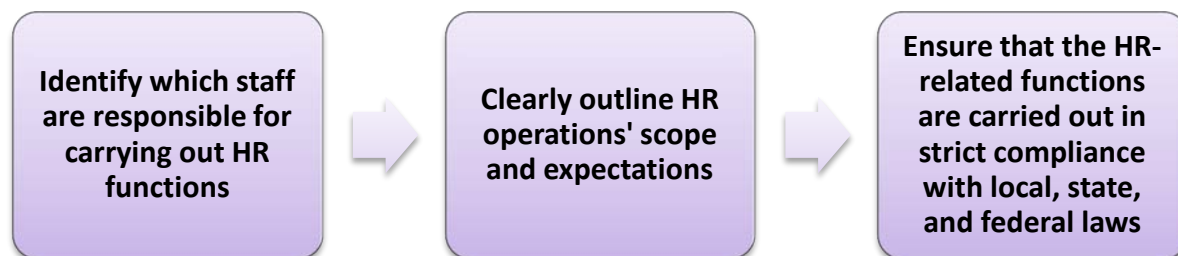
If a new PHI decides to "go it alone" and handle HR functions internally, the minimum necessary resources include:

1. A contract with an experienced HR professional who will:
    a. Advise program staff on mandatory recordkeeping requirements
    b. Assist with recruitment and compensation matters, help develop an employee manual on policies and procedures that both satisfies the regulatory environment and the culture of the organization
    c. Set up necessary forms and record system
    d. Advise the CEO on policy and employee relations matters

2. An experienced labor law attorney to:
    a. Provide legal and compliance review of policies
    b. Handle any employment-related claims or lawsuits

A successful PHI builds diversity and inclusion in managing its human resources, both at the management and staff level.

5.7(b): Statutory Requirements Vary According to PHI Size

As a PHI grows, statutory requirements and regulations that govern its organization grow as well. For instance, a PHI with 50 employees becomes subject to a number of federal laws such as the Family and Medical Leave Act (FMLA) of 1993. The FMLA requires a trained HR staff person who can administer the

PHI's disability leave management program with full understanding of the eligibility requirements and the FMLA's intersections with other state leave laws, as well as the accommodation required under the federal Americans with Disabilities Act (ADA). In addition, since PHIs usually receive federal contracts, it is important to know that an organization with 50 or more employees that receives federal contracts of at least $50,000 must have a written Affirmative Action Plan (AAP). This is called the "50/50 threshold."

5.7(c): Recruitment Process

To create a cohesive team, groundwork must be laid for hiring qualified, goal-oriented individuals who share in the organization's mission. It is important to implement a fair and non-discriminatory recruitment and selection system. The figure below outlines the recruitment and hiring process:

Job Description
• Well-defined
• Articulates skills, knowledge, and abilitites required for the position
• Based on program and/or organization's needs

Job Posting
• In a variety of print, online, or social media
• In mandated recruitment sources
• In trade journals, professional associations, conferences, or networks for positions requiring highly specialized skills
• In some cases, especially for hard-to-recruit positions, direct contact with key resources that can provide recommendations for selected individuals

Reviewing Resumes
• Objective, based on criteria in job description
• By person(s) familiar with needs of program and/or organization

Interviewing Candidates
• Questions demonstrate position-relevant experience
• Gauge appicant's fit with organization
• Same focused questions of each candidate
• Rating system for multiple reviewers/interview panels

Hiring Candidate
• Professional reference checks, in compliance with state laws and the Fair Credit Reporting Act (FCRA)
• Make verbal offer with negotiated and agreed upon salary and start date
• Formal offer letter confirming position title, start date, and benefits

When a PHI reaches the 100-employee level, it is highly recommended that the organization retain a full-time, credentialed HR professional with additional staff support. A growing PHI brings more organizational capacity, but with it come more complex, diverse, and challenging HR-related issues that

a seasoned HR professional, along with his or her team, should be prepared to handle in order to protect its the employees and, at the same time, the, ultimately, business interests of the PHI. The most effective HR departments develop creative solutions to assure that the organization can accomplish its leadership and innovation goals.

5.7(d): Interview Questions that Cannot be Asked

During an interview, an employer cannot ask questions that could violate the applicant's privacy or civil rights. Questions that may seem friendly or inquisitive may actually be offensive or unlawful. Some examples include:

- Inquiring about the origin of the applicant's last name
- Asking about childcare arrangements
- Inquiring about which church the applicant belongs to
- Questioning the applicant about the year of their high school graduation

These questions are not appropriate during an interview and could put the organization at risk for claims of discriminatory practices. For more information, see the U.S. Equal Employment Opportunity Commission website.

5.7(e): Retaining Important Employee Records

Form I-9, which verifies an employee's identity as well as establishes their eligibility for employment in the U.S., must be completed by new employees on their first day of employment.

Employees must:

- Complete "Section 1: Employee Information and Attestation" no later than the first day of employment.
- Attest, under penalty of perjury, to his/her citizenship or immigration status.

Employers must:

- Complete "Section 2: Employer or Authorized Representative Review and Verification" and retain the I-9 form after the new employee has satisfied the verification process.
- Store I-9 forms separately from other personnel files for easy access in the event of an audit.
- Store all medical records such as pre-employment medical tests (if the organization requires) and doctor's certifications for disability either for work-related or non-work related injuries separately so it is clear that the employee's medical conditions do not affect his or her employment status.

The HR practitioner must ensure that all records of personnel actions—such as merit increases, promotions, status changes, performance reviews, and disciplinary memos—are kept in the employee's personnel file throughout the course of their employment.   This is part of the due diligence effort to ensure that there is a track record of the employee's history with the PHI. Such records become vital for a variety of reasons, including audits, subpoenas, depositions, or any other employment-related decisions, such as termination.

5.7(f): Creating a Personnel Policy Manual: Key Considerations

A personnel policy manual sets forth the organization's policies and procedures. It is a valuable communications tool that can help to orient new employees about policies, benefits, and work rules. Clearly communicated, consistent policies can help organizations avoid complaints of unlawful discrimination and foster a mutually respectful employment relationship in which expectations are clearly articulated and understood.

It is important to have a labor attorney review the policy manual, adding where appropriate disclaimers that protect the employer's statements from being misinterpreted in court if the PHI is sued. NNPHI has several examples of personnel policy manual to assist PHIs in the development or update of this resource. It is helpful to visit some of the websites of NNPHI members to learn more about their policies and benefits:

1. Michigan Public Health Institute: https://www.mphi.org/careers/
2. Louisiana Public Health Institute: http://lphi.org/home2/section/2-119/career-opportunities
3. Public Health Institute (CA): http://www.phi.org/about-phi/employment/
4. Public Health Solutions (NY): http://www.healthsolutions.org/?event=page.Careers

5.7(g): Factors that Contribute to Employee Retention

Any start-up organization (including PHIs) will be heavily focused on staffing the organization with qualified, capable, and talented individuals to run its program(s). Once the organization moves beyond this phase, it should begin to consider workplace initiatives that will position the organization to become more competitive in attracting and retaining employees. For example, becoming a "preferred place to work" is a desirable goal for a growing and thriving PHI. It can do so by annually benchmarking its practices and benefits against comparable organizations and deciding whether to keep pace or stay a step ahead of them.

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Key areas that PHIs can focus on to achieve better retention include:

1. Competitive and creative compensation programs, including salary levels and incentive or bonus programs;
2. Competitive employee benefits such as health insurance, life insurance, dental and vision plan, short-term and long-term disability plans, chiropractic and acupuncture care, an employee assistance program (EAP), and a retirement plan;
3. Policies that provide work/life balance, such as paid time-off (PTO), telecommuting, flextime, and alternative work schedules;
4. Professional and career development opportunities, such as a tuition reimbursement program or access to a learning management system (see 2.2(b), *Tips for Individuals and Organizations to Build Entrepreneurial Capacity*);

5. A diversity and inclusion initiative that will bring diverse talents at all levels of the organization and provide career paths for talent mobility and retention. This includes creating a pipeline program that begins with internship that could lead to a long-term career at the PHI;
6. A wellness program that covers the different dimensions of wellness, including career/professional development; financial security; and physical, emotional, environmental, and socio-cultural wellness; PHI in California has a set of resources available to support workplace wellness:
7. Service awards and employee recognition programs;
8. Company events such as holiday gatherings that build collaboration and camaraderie;
9. Staff meetings and feedback mechanisms that provide input to management, including suggestions for improving organizational performance and work/life surveys; and
10. Internal communications collateral materials—in print and/or via the PHI's website or intranet—that provide program updates/impact statements.

For an example of an employee benefits package, see the Public Health Institute's (PHI) 2013 Benefits Booklet. For recommendations to support work place wellness, see the Public Health Institute's California Fit Business Kit Tools.

5.7(h): Handling Employee Separation from the Organization

There are two general types of employee separation: voluntary and involuntary.

Voluntary separation usually occurs when an employee voluntarily tenders resignation. In most personnel policies that address voluntary employee separation, a reasonable notice period—e.g., two to three weeks—is requested to allow for a smooth transition of responsibilities.

Involuntary separation may occur as a result of:

- Lack or end of funding: In this case, the separation is usually referred to as a layoff. As most positions in PHI programs are subject to available funding, it is important to include a disclaimer stating so in the written offer letter.
- Performance issues that could include unacceptable job performance or misconduct: In this case the separation must be handled carefully, making sure that adequate documentation of the performance problems and disciplinary actions taken, or other events leading to termination of employment, are in place. Strictly following proper procedures and documentation will mitigate the possibility of a wrongful discharge claim.

There may be an instance when the circumstances around surrounding the conclusion of employment require a negotiated termination that warrants a severance package and a legal release in exchange for the severance pay. Make sure that legal counsel is consulted in this type of involuntary separation.

Regardless of the nature of the separation, it is recommended that an exit procedure is in place to safeguard the organization's resources that were previously issued to employees, such as badges, keys, computers, laptops, and phones. Exit interviews, whenever it's feasible to conduct them, can provide the PHI with valuable information about its strengths and identify areas that can be improved.

How a PHI handles unemployment claims will be subject to the state's unemployment insurance claims process. HR must provide factual information to the state agency when presented with these claims. Finally, when asked for references about previous employees, it is recommended that the PHI limit the information shared to basic employment data, unless the former employee has given authorization for a full release of information, including information about his or her performance. Be aware that some states may have more stringent employment rules on this subject. For more information, see the U.S. Department of Labor Unemployment Insurance website.

Resources

Websites

- **Department of Homeland Security:** Instructions for Employment Eligibility Certification: http://www.uscis.gov/sites/default/files/files/form/i-9.pdf
- **Michigan Public Health Institute:** Benefits Guide: https://wp-www.mphi.org/wp-content/uploads/2013/12/2014-Benefit-Guide-MPHI-FINAL.pdf
- **Public Health Institute (CA):** Benefits Package: http://phi.org/uploads/files/2013%20Benefits%20for%20Regular%20Employees%20rev%2005.21.2013.pdf
- **United States Department of Labor Unemployment Insurance:** Homepage: http://www.dol.gov/dol/topic/unemployment-insurance/
- **United States Equal Employment Opportunity Commission:** Homepage: http://www.eeoc.gov/

5.8:
Quality Assurance

Stay tuned! Section pending.

5.9:
Intellectual Property

Jim Simpson, JD, MPH, General Council, Public Health Institute (CA)

Intellectual property refers to the intangible properties that are protected by patent, copyright, trademark, trade name and trade secret law. Intellectual property, whether created by public health institute (PHI) employees or acquired by a PHI, is the property of the PHI. PHIs should protect and enforce their intellectual property rights and license, transfer, or otherwise dispose of it when it is in their interests to do so.

Ownership of intellectual property needs to be clearly established and protected by the PHI. Once the PHI's rights to the intellectual property are confirmed, the PHI should assess its ownership responsibilities, as well as any further revenue-generating opportunities.

The ownership and management of data is highly regulated.

5.9(a): Patents

Patent rights refer to an inventor's exclusive rights to make, use, or sell an invention. To be patentable, an invention must be a new and useful process, machine, manufacture or composition of matter, or an improvement thereof. Patent law protects an idea or concept, not just its specific expression. Patents are acquired by issuance of a patent from the U.S. Patent and Trademark Office. Applying is complicated, time-consuming, and expensive. It may require disclosure of trade secrets and confidential information. Patent protection lasts for 17 years. A patent can be obtained only in the name of the person who originated the invention. Although a company cannot apply for a patent in its own name, an inventor can assign, license, or transfer a patent to it.

With respect to employee inventions, if an employee's specific assignment is inventing products, an implied contract to assign patent rights to the employer may be recognized; a PHI should have an attorney confirm whether such a right is recognized in its state of incorporation. Other employees' inventions are usually regarded as theirs, unless they agree otherwise with their employer. Most employers ask workers to agree to assign them all rights to inventions made or conceived in the course of work. Some give employees a share of royalties earned on any inventions.

> *Patent law protects an idea or concept, not just its specific expression.*

Most federal contracts and grants contain a patent rights clause giving the recipient title to patents made in whole or in part with federal funds, in exchange for a royalty-free license to the government. The recipient must obtain employees' written agreement to promptly disclose inventions and assist in filing patent applications. Nonprofit recipients are required to share royalties with the individual inventor, and use the balance of the royalty proceeds for scientific research and education.

Some patent application-related costs are allowable under OMB Circular A-122 if the government will receive a license to use the patented invention. State contracts generally require that patent rights be assigned to the State. Private foundation grants usually allow the awardee to retain all patent rights.

Contracts and grants from commercial organizations can have a variety of different provisions. As a tax-exempt charity engaged in scientific research, a PHI is required to make the results of its research (including any patents, copyrights, processes, or formulas) available to the public on a nondiscriminatory basis. A PHI's programs and projects have historically not led to patentable inventions.

5.9(b): Copyrights

Copyrights refer to an author's exclusive right to use, distribute, reproduce, and modify an original literary or artistic work or expression, and the right to authorize others to do the same. Unlike patents, copyrights protect *the expression of an idea, not the idea itself*. Owning a copyright in a work is different from owning a physical copy of the work. Copyrightable works of authorship include written documents, graphic designs, sound recordings, and certain aspects of computer programs.

A copyright is automatically acquired upon creation of a work and lasts for the author's lifetime plus 50 years. It is not necessary to affix the copyright symbol or register with the U.S. Copyright Office. However, affixing the copyright symbol puts potential infringers on notice. Registration is a prerequisite to the right to sue for infringement. Registration is a simple, inexpensive procedure. Copyright belongs to the author of the work. However, unlike a typical patent, works created by employees within the scope of their employment ("work for hire") are deemed by law to be the employer's property. For example, documents, reports, and all other copyrightable works created by a PHI employee within the scope of their employment are the property of the PHI. Works authored by consultants and other independent contractors, on the other hand, generally belong to them. However, their copyright can be assigned, licensed, or transferred. For example, a consultant can be required to assign copyright in a work paid for by a PHI to that PHI. Works produced with federal government support are not automatically in the public domain. Instead, the recipient is usually allowed to copyright books, publications, or other material. The government receives a license to use the work for government purposes. State contracts usually provide for state ownership of copyright. Private foundation grants usually allow the awardee to claim copyright, sometimes with a license to the grantor. Contracts and grants from commercial organizations can have a variety of different provisions.

> *Copyrights refer to an author's exclusive right to use, distribute, reproduce, and modify an original literary or artistic work or expression.*

5.9(b1): Copyrighting Publications and Other Materials

A PHI's program and project employees often create or acquire copyrightable written documents. Examples include reports and publications, survey instruments, educational materials, videos and recordings with public health messages, project reports and other publications. A PHI should develop policies and procedures for employees to follow when creating or acquiring copyrightable documents. For example, Public Health Institute (CA) specifies that employees to affix the copyright notice to materials that will be distributed publicly and need to be protected from unauthorized copying. A PHI should further specify where (e.g., on the front or back of the title page of publications that are distributed in book form, generally at the bottom, and on the first page of documents that are distributed as pamphlets or stapled sheets) notice should be placed on particular materials, as well as a standard format (e.g., the copyright notice consists of the encircled © symbol followed by the word copyright, the name of the copyright owner and the year of publication). A PHI may also want to include the name of their project on the copyright notice.

PHIs should also determine whether employees are required to obtain approval from management to affix the copyright notice to a work. In the case of publications that might be sold or licensed commercially by the PHI, or that otherwise deserve additional protection against infringement (for example, to protect the integrity of the contents of the work), a PHI should register the copyright with the U.S. Copyright Office. A PHI may sometimes license outside parties to use copyrighted publications or other materials. PHIs should consult with an attorney to clarify information about copyright registration, licensing, or copyright protection for materials other than written documents in the state in which they are based.

5.9(c): Trademarks

Trademarks refer to an owner's right to use a distinctive word, phrase, or symbol to identify goods and services. Trademarks include logos, slogans, and names. The degree of protection given a trademark depends on its distinctiveness. The more fanciful, unusual, or arbitrary a mark, the more protection they are granted.

The foundation of a PHI's visual identity is its logo, which represents a concise expression of the its brand. PHIs should develop formatting and file resolution standards to ensure correct usage of their logo whenever it is reproduced and applied, whether in print or online. In addition to using a high-quality, consistently formatted logo through their own communications collateral and website, PHIs should share an official version of their logo, as well as formatting guidelines, with any partners or stakeholders with which they may be working on joint-publications, co-sponsored meetings, or similar projects.

Additionally, PHIs should never "cut and paste" copies of other organizations' logos from online or other sources, but should reach out directly to those organizations' communications staff to obtain permission to publish their logo, an official copy of the logo, and logo formatting guidelines to ensure proper logo representation. Furthermore, it is a prudent and courteous business practice to inform partner organizations of the desire to share their logo with broader audiences.

5.9(c1): Trademark Registration
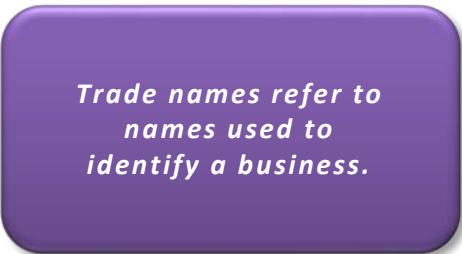
Trademark rights are generally acquired by use of the trademark. However, they can be registered. Registration gives constructive notice to junior users or infringers and allows the owner to acquire the mark prior to actual use. Registration lasts for 20 years, as long as it is periodically renewed. Registration of a trademark that will be used in interstate commerce is somewhat expensive and time-consuming. Federal registration is indicated by the registration notice -- an encircled "R" or "REG. U.S. PAT. & TM. OFF." An unregistered mark is designated by the symbol "TM." By law, trademarks created by a PHI's employees in the course of employment belong to the PHI. Trademarks can be assigned, licensed, or transferred.

Trademarks refer to an owner's right to use a distinctive word, phrase, or symbol to identify goods and services.

Federal grants and contracts usually grant trademark rights to the grantee or contractor. State contracts generally provide for ownership by the State. Foundation grants seldom address trademark rights.

PHI employees sometimes create or acquire trademarks. Examples include project logos and symbols to accompany consumer educational materials. Care must be taken to avoid infringing on existing trademarks. Registration is desirable if the mark will be affixed to materials that might be sold or licensed commercially by the PHI, or that would lose their educational value and credibility if infringed. Registration usually requires hiring a search firm to look for existing similar marks. The approval of management is required to register a trademark.

5.9(d): Trade Names

Trade names refer to names used to identify a business. Unlike trademarks, which identify specific products or services, a trade name signifies the business as a whole. For example, the name "National Network of Public Health Institutes" (NNPHI) is a trade name and NNPHI's logo is a trademark. Businesses frequently use trade names that are different from their corporate name.

Trade names refer to names used to identify a business.

Trade name rights are acquired by use. In most states, filing articles of incorporation with the Secretary of State or other designated official protects the official corporate name. Protection for other trade names that refer to the PHI as a whole may be obtained by filing statements in the counties where a PHI does business under a trade name. The U.S. Patent and Trademark Office does not register trade names. Trade name protection acquired by filing articles of incorporation does not entitle the user to trademark rights.

By law, trade names created by PHI employees in the course of employment belong to the PHI. Trade names can be assigned, licensed, or transferred. Foundation grants and contracts leave trademark ownership with the recipient. State contracts provide for ownership by the State. Foundation grants are silent on the question.

Some PHIs may wish to allow programs and projects to give themselves unique trade names. These names may appear on stationery, web sites, publications, and other materials. An attorney should be retained to register the program's or project's name.

5.9(e): Trade Secrets

Trade secrets refer to information that is valuable to a business because it is not generally known to the public. The scientific and technical know-how of a PHI's project staff can be a trade secret, as well as business plans, computer software and databases, confidential information about employee salaries and other personnel information, confidential information about research subjects or other third parties, indirect cost rates, other cost and financial information, knowledge about funding agency priorities, and professional contact lists. Some trade secrets may be protected under patent and copyright law. Trade secrets are sometimes referred to as a "confidential information" or "proprietary information." The essential feature of a trade secret is that it has *not been disclosed outside a PHI*, except under terms and conditions of nondisclosure.

Trade secret information is protected only if the owner takes reasonable steps to maintain its secrecy. These steps include limiting access to facilities, data, and paper and computerized records; disclosing information only on a "need to know" basis; affixing proprietary legends on documents; and entering into invention and secrecy agreements with employees and contractors.

Trade secrets refer to information that is valuable to a business because it is not generally known to the public.

Some states provide a legal cause of action for misappropriation of trade secrets. Remedies may include injunctive relief, damages, and attorney's fees. Confidential information a PHI employee acquires or develops in the course of employment belongs to the PHI. Trade secrets can be assigned, licensed, or transferred. Government funders usually provide a mechanism for applicants to mark trade secrets in proposals and other communications and thereby gain protection from disclosure to third parties under freedom of information laws. A PHI may wish to enter into non-disclosure agreements with other parties. Examples include potential co-ventures in a proposal to a funding agency, or a potential seller or buyer of products that require trade secret protection, e.g., computer programs.

5.9(e1): Trade Secret Protection

PHI employees often create or come into possession of trade secrets owned by the PHI. They are expected to keep trade secrets in confidence. Additionally, they are expected to use appropriate means to maintain the security of records of trade secrets, and not to disclose them without authorization. Employees with questions about the confidentiality of information in their possession should be advised to ask their supervisor for guidance. Employees who wish to enter into a nondisclosure agreement with a third party should contact their manager for authorization and confirmation of the appropriate process to follow. A nondisclosure agreement is a contract, and cannot be signed by persons not authorized to sign contracts on behalf of PHI.

5.9(e2): Confidentiality of Third-Party Personal Information

Many PHI programs and projects possess highly confidential and sensitive information about individuals in the community. This data may or may not be a PHI trade secret. It is critical that there be appropriate policies and procedures for access, disclosure, and security of data. In some cases, these policies and procedures may be dictated by law, or by funding agency requirements.

In the case of research data, there may be confidentiality requirements imposed by a PHI. PHIs should clarify to employees and contractors in possession of personal and confidential information to establish appropriate confidentiality, access, disclosure, and security policies and procedures consistent with generally accepted standards in the relevant research or other field. These policies should be in writing, with a level of detail appropriate to the circumstances. They should be communicated to employees, independent contractors and other persons or institutions with access to the data or a need to know. There should be a procedure for persons with questions about the content or interpretation of the policies to obtain a timely response. Policies should be reviewed periodically and updated as appropriate. Any breach or suspected breach of confidentiality or security should be reported immediately to a specified manager or other PHI employee. Assistance in identifying and interpreting relevant legal requirements and in preparing and reviewing confidentiality policies may be obtained from an attorney.

Resources

Websites

- **United States Office of Management and Budget:** Circular No. A-122: http://www.whitehouse.gov/omb/circulars_a122_2004
- **United States Patent and Trademark Office:** Homepage: http://www.uspto.gov

5.10: Data Security

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Data Security is pervasive to all aspects of any business and must be treated differently depending on the type of data. One of the most valuable assets to an organization is its data—both electronic and written—and stringent security best practices and policies must be employed to protect these data. Failure to protect data, especially sensitive or confidential data such as public health information, can harm a public health institute's (PHI's) integrity and reputation, as well as lead to severe financial penalties.

Data must be managed to serve the PHI but must also protected from unauthorized access. There are three typical data categories:

The Three Typical Data Categories

Public Data

Information open to all persons. No security measures put in place as far as reading is concerned.

Sensitive Data

Information that can put an individual or business at risk if revealed to others. Examples include network passwords or security access information to a building.

Confidential Data

Information, if revealed, can legally put a business at risk. Examples inlcude personal or private information about an individual such as a Social Security Number or medical records.

5.10(a): Data Security Methods

There are numerous ways for PHIs to secure data, depending on whether the information exists within the organization's facility or network. If data leaves a facility or is moved electronically outside of a PHI, measures must be taken to ensure that these data are secure.

The following methods can serve as a guideline towards securing data:

Encryption

Encrypting data on a computer or mobile device can be used to prevent unauthorized individuals from accessing data in the case of a stolen or lost device. When transporting sensitive or confidential data outside of the organization and over the Internet ensure that a secure method of transport is being utilized such as SSL (Secure Sockets Layer). Sites using SSL will have an "https://:" in front of their web address. When transferring files or sending email that contains sensitive or confidential data utilize "Asymmetric key" or "Public/Private key" encryption to ensure the transaction is actually being received by the intended person(s).

Visual Barriers

Ability of non-authorized personnel to view a computer monitor or paper which contains sensitive or confidential information should be limited or prevented. Utilize screen savers and limit the time an idle screen can stay active.

Removable Media

Devices such as CD/DVDs and USB Thumb Drives should be encrypted if used because they are easily stolen and lost. A strong policy regarding the use of removable media should be implemented and enforced.

Virtual Private Networks (VPNs)

VPNs will allow employees to remotely connect to their businesses network and with the same security as if you were attached to the network locally.

Network Access Control

Set restrictions to various data on the network and limit the ability of users to access certain data based on their role and responsibilities within the company. Ensure policies and procedures are created and enforced to identify access for all new and former employees.

Physical Access

Ensure access to paper files and IT systems are restricted to authorized personnel and ensure a strong policy is developed and enforced. If possible, utilize proximity card access and (or) video surveillance with logging capabilities to manage physical access.

5.10(b): HIPAA and Protected Health Information

The Health Insurance Portability and Accountability Act (HIPAA) laws surrounding protected health information require all health care-covered entities (CEs) and their HIPAA business associates (BAs) to safeguard the security and privacy of protected health information. The HIPAA laws also require CEs and BAs to implement required security measures to safeguard

HIPAA protected health information. Any individually identifiable information created or received by a covered entity is protected health information, regardless of the media form in which it is—or was—stored. Protected health information may be stored, at rest or in transit; it may also be oral, contained on paper or stored electronically.

The HIPAA Privacy Rule describes the permissible uses and disclosures of protected health information. The HIPAA Security Rule establishes administrative, physical, and technical safeguard standards to secure protected health information from unauthorized uses and disclosures. The security requirements are scalable to account for each entity's business, size, and resources. It is important that PHIs, as well as BAs and subcontractors, comply with all security requirements to avoid financial penalties and reputation harm.

The objectives of the HIPAA rules are to protect patient privacy—in particular, to make sure that all protected health information is stored and transmitted securely, with a special emphasis on when these data are stored or transmitted electronically. HIPAA mandates national standards for how an organization handles and stores protected health information. HIPAA requires organizations to do the following to secure protected health information:

Physical safeguards to guard data integrity, confidentiality, and availability

Protect computer systems and related physical structures in which systems are housed from fire, other environmental hazards, and intrusion. These safeguards also include using locks, keys, and administrative measures to control access to computer systems and facilities.

Technical security services to guard data integrity, confidentiality, availability

Protect, control, and monitor information access.

Technical security mechanisms to guard against unauthorized access to data transmitted over a communications network

Protect information electronically transmitted over open networks against interception or interpretation by parties other than intended recipient. Protect information systems from intruders who attempt to gain access through external communication points.

Administrative procedures to guard data integrity, confidentiality, availability

Provide structure within the organization for the development and implementation of the information security program.

5.10(c): HIPAA Training, Certification, and Compliance

PHIs are not required to "certify" their organizations' compliance with the standards of the HIPAA Security Rule. The evaluation standard § 164.308(a)(8) requires covered entities to perform a periodic technical and non-technical evaluation that establishes the extent to which an entity's security policies and procedures meet the security requirements. The evaluation can be performed internally or by an external organization that provides evaluations or "certification" services. It is important to note that HHS does not endorse or otherwise recognize private organizations' "certifications" regarding the Security Rule, and such certifications do not absolve covered entities of their legal obligations under the Security Rule. Moreover, performance of a "certification" by an external organization does not preclude HHS from subsequently finding a security violation.

5.10(d): Security Best Practices

Security should be observed to secure company data. The following are guidelines to employ processes, procedures, policies and services:

Cyber security attacks are a daily occurrence to all types of businesses and no network can ever

1. **Administration:** Development and publication of security policies, standards, procedures, and guidelines; screening of personnel; security awareness training; and monitoring of system activity and change control procedures.
2. **Authentication:** The process of identifying a subject or object, which can be checked and verified. It is usually differentiated between the authenticity of a message or file and the integrity of a transaction.
3. **Audit:** An independent examination of a work product or set of work products to assess compliance with specifications, standards, contractual agreements, integrity, or other criteria.
4. **Access Control:** Protection of system resources against unauthorized access; a process by which use of system resources is regulated according to a security policy and is permitted by only authorized entities.
5. **Assessment:** The method of identification of risks and assessing possible damage that could be caused in order to identify appropriate security safeguards.
6. **Authorization:** Process of determining what types of activities are permitted. Usually, authorization is in the context of authentication. Once you have authenticated a user, the user may be authorized different types.

be 100% secure. Measures should be taken to secure data utilizing the rules, regulations, and standards to which the organization is subject.

PHIs may wish to address security by assigning a privacy or security officer to monitor sensitive information. Also, PHIs should provide regular training on security to the entire staff. If needed, PHIs may hire a vendor or consultant on a regular basis to assess security and remediate the appropriate systems and processes as needed.

Resources

Websites

- **Clearwater Compliance:** About HIPAA: §164.308(a)(8) Administrative safeguards – Standard: Evaluation**:** http://abouthipaa.com/about-hipaa/hipaa-hitech-resources/hipaa-security-final-rule/164-308a1i-administrative-safeguards-standard-security-management-process-3-2/
- **United States Department of Health and Human Services:** Health Information Privacy Rules and Regulations: http://www.hhs.gov/ocr/privacy/index.html

5.11: Risk Assessment/Management

Katie Dabdoub, MPA, Associate Manager, Member Services, National Network of Public Health Institutes, and Donna Sofaer, Consultant, New Business Development

NOTE: The information provided in 5.11, Risk Assessment/Management, is a basic starting point for public health institutes (PHIs) and is not complete. NNPHI is currently seeking an author from the network of PHIs to assist with building out a more comprehensive section on Risk Assessment. Interested authors may contact phiguide@nnphi.org for more information.

This section is intended to provide PHIs with a general overview of risk assessment, risk management and other risks to take into consideration when starting and managing a public health institute. Like other nonprofits, a public health institute will not be able to avoid all risks. However, being proactive by understanding risk, identifying risk, managing risk and learning from risk, are a few practices public health institutes may consider adopting to limit risk. Consider consulting a lawyer for legal advice about contingency planning and mitigating activities that could pose a risk to the organization.

PHIs conduct risk assessments in order to:

- Identify, analyze and prioritize financial, reputational, legal/ethical misconduct, and compliance risks specific to the operations and culture of the organization
- Provide a basis for staff and volunteer training and professional development programs
- Develop risk mitigation and monitoring strategies
- Develop a benchmark for ongoing risk assessment and measurement of the effectiveness of mitigation steps that may be taken

5.11(a) Suggestions: When to Consider Risks

5.11(a1) Governance and Maintaining Legal Status

The type of risks a public health institute may encounter varies depending on the legal basis of the organization, specifically the organization's governance and financial structure. For public health institutes that are independent 501c3 nonprofits, maintaining the organization's 501c3 status is very important. To avoid jeopardizing the organization's 501c3 tax exempt status, the organization's executive staff and board should become familiar with the IRS list of required filings, ongoing compliance, and significant events. For more information, please refer to 5.1 Legal Basis: The Origin Point for Public Health Institutes. It is the responsibility of the organization's governing body and executive staff to identify, analyze and prioritize financial, reputational, legal/ethical misconduct and compliance risks specific to the operations and culture of the organization. Educating the board of directors and key staff of an organization by providing nonprofit board training for the board of directors and training for key staff is one way to help the organization recognize and avoid future legal, ethical and financial risks. For more information, refer to *5.2, Governance: Board Duties, Roles, and Responsibilities*, and *5.6, Insurances*.

5.11(a2): Human Resources

Regardless of who performs human resources (HR) functions, it is important for any PHI to ensure that HR-related activities comply with relevant local, state, and federal laws and regulations and that they assess risks and accept or refuse any such risks consistent with organizational expectations. For more details on HR, refer to 5.7, *Human Resources*.

In both nonprofit and for-profit organizations, there is often tension between the business development and managing risk. PHIs encourage entrepreneurial risk taking to expand business or experiment with new lines of business. This is balanced by organizational policies, and procedures that enforce transparent and uniform processes and systems. Both of these activities assess risk, and senior management is encouraged to establish the PHI's position regarding risk exposure so that staff understands agreed-upon guidelines.

5.11(a3): Developing New Business Strategies

Every new business strategy a PHI chooses to purse could come with a degree of risk. Risk comes with the territory of being entrepreneurial and innovative. It is important for a PHI to identify the potential the risk for certain activities and new business strategies.

5.11(a4): Leveraging Partnerships and Alliances: An Organization's Reputation

PHIs may consider identifying risks that could damage the organization's reputation, which could have consequences to leveraging partnerships and alliances, as well as securing funding. See 3.0, *Leveraging Partnerships and Alliances*, to learn more.

5.11(a5): Funding

Several risks could come from a public health institute's pursuit of new funding mechanisms and innovative approaches to increase the organization's revenue. To read more about funding and funding mechanisms, refer to 4.0, *Funding*, and 5.3, *Grant and Contract Management*.

The NonProfit Quarterly published a relevant article in 2012 that includes some tools that may be useful to organizations beginning this process. Additionally, some organizations create risk/reward checklists that are used to assess incoming programs or other opportunities against the goals and standards, and compliance requirements within the specific organization.

Nonprofit Risk Management Center's Hallmarks Tool: Three Purposes

1. Inspire thoughtful risk-taking by nonprofit leaders

2. Illuminate risk management Hallmarks common in risk-aware nonprofits

3. Provide specific and practical guidance, as well as "how-to" insights for leaders seeking to strengthen risk management practices in their nonprofit organizations

Another broader presentation on Enterprise-Wide Risk assessments provides a view that may be

more relevant to larger public health institutes (PHIs). This [presentation] demonstrates how to get to an enterprise's risk appetite and risk tolerance and a common language that can be used to assure good internal and external communications on these issues.

Scenario planning is one technique used to anticipate the impact of activities, technology and the changing environment on the public health institute. Several scenario planning resources are available on the internet.

Resources

Websites

- **Carters:** Legal Risk Management Checklist:
  http://www.carters.ca/pub/checklst/nonprofit.pdf
- **Enterprise Risk Management:** Enterprise Risk Management for Non-Profit Organizations:
  http://www.eidebailly.com/media/521385/erm%20for%20non-profit%20organizations.pdf
- **IRS**: Exempt Organizations - Required Filings:
  http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations---Required-Filings
- **IRS:** Life Cycle of a Public Charity - Ongoing Compliance:
  http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Ongoing-Compliance
- **IRS:** Life Cycle of a Public Charity - Significant Events:
  http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Significant-Events
- **National Council of Nonprofits:** Maintaining Tax-Exempt Status:
  http://www.councilofnonprofits.org/resources/admin-management/jeopardizing-tax-exempt-status
- **National Council of Nonprofits:** Risk Management and Insurance:
  http://www.councilofnonprofits.org/resources/resources-topic/risk-management-and-insurance
- **NonProfit Quarterly:** Risky Business: Why All Nonprofits Should Periodically Assess Their Risk:
  http://www.nonprofitquarterly.org/management/20295-risky-business-why-all-nonprofits-should-periodically-assess-their-risk.html
- **Nonprofit Risk Management Center:** Hallmarks of a Risk-Aware Nonprofit: http://www.nonprofitrisk.org/tools/hallmarks/intro.shtml

5.12:
Compliance Issues and Environments

Donna Sofaer, Consultant, New Business Development

NOTE: The information provided in 5.12, Compliance Issues and Environments, is a basic starting point for public health institutes and is not complete. NNPHI is currently seeking an author from the network of public health institutes to assist with building out a more comprehensive section on Risk Assessment. Interested authors may contact phiguide@nnphi.org for more information.

Public health institutes (PHIs) operate business concerns that are highly regulated by individual state Department of Corporations, Federal and State Departments of Labor, the Internal Revenue Service, and federal, state, local, and philanthropic funder requirements. From the Board and executive level to the back office staff, everyone needs to know that the rules and regulations are being attended to, know their role in doing so, agree to be accountable, and are encouraged annually to pay special attention to practices related to this area.

In addition, PHIs doing research must also comply with rules and regulations of their institutional review board. First, PHI staff must understand what constitutes research. Secondly, PHI staff should understand what constitutes research on human subjects as well as the protocols necessary to conduct this type of research in an ethical and compliant manner.

Each grant or award will have a set of compliance obligations that funders periodically review and that recipient organizations must review ahead of accepting grants or awards. Compliance requirements are best met if there are procedural manuals and adequate training. It is important that staff understands how to make daily decisions in a way that is aligned with the organizational culture.

Compliance environments change regularly, as governments and philanthropy review and revise these requirements. Regular monitoring, decision-making, and retraining is important as a regular ongoing activity as well as part of operational staff training. For more information, visit 5.3, *Grant and Contract Management.*

Resources

- **Internal Revenue Service:** Form 990, Return of Organization Exempt from Income Tax: http://www.irs.gov/uac/Form-990,-Return-of-Organization-Exempt-From-Income-Tax-
- **Public Health Leadership Society:** Public Health Code of Ethics: http://www.phls.org/home/section/3-26/
- **United States Department of Health and Human Services:** Institutional Review Boards (IRBs) and Assurances: http://www.hhs.gov/ohrp/assurances/irb/index.html
- **United States Department of Health and Human Services:** Institutional Review Boards (IRBs) http://www.hhs.gov/ohrp/assurances/irb/index.html

5.13:
Communications
Jason Melancon, Communications Director, Louisiana Public Health Institute

It is essential for public health institutes (PHIs) to incorporate communications strategies into their organizational and program planning. A PHI's ability to impact the health and wellbeing of the communities it seeks to serve is built on the relationships – cultivated through communications – with other stakeholders and partners in public health.

A major challenge in building communications capacity is the tendency of organizations to focus on programmatic work without also considering how to tell the story of the program's work and impact to target audiences. The most successful communications strategies need dedicated staff time from the beginning, especially in the era of digital communications.

In order to build communications into all stages of a PHI's work, familiarize staff with any limitations the federal government and other funders may place on organizational marketing and public relations activities. PHIs that have 501(c)3 status and receive federal funding must become familiar with regulations; click to access more information about OMB Circular A-122. In addition to federal funders, other funders sometimes specify limits on what communications activities are eligible for reimbursement both on the direct and on the indirect side. Financial records need to be able to track these distinctions, and unrestricted funds need to be available and allocated for communications efforts.

> *Strategic Communications: The purposeful use of communication by an organization to fulfill its mission...People will be engaged in deliberate communication practice on behalf of organizations, causes, and social movements.*

Section 5.13 covers strategic PHI communications—corporate, program, and internal—and the utilization of social media.

5.13(a): Strategic Communications

Effective strategic communications inform people about a PHI's services so that they have a fundamental understanding of its mission and goals. Without this core understanding, effective communications with funders and community partners are undermined. Generally speaking, the field of "Corporate Communications" involves the overall management and production of communication vehicles that promote understanding of and good public relations for the whole organization. The corporate communications team is typically responsible for production of the annual report, promotional brochures, and employee communications. Broken down into simpler terms, PHIs engage in strategic corporate communications in three distinct ways:

1. Communications, framing, and messaging regarding the corporate brand (purpose, role, work, and values) of a PHI to the community/target communities at large
2. Communications, framing, and messaging regarding specific goals and objectives of programs managed by a PHI and communications with the targets of a given program or initiative. In addition to program communications, some PHIs also offer specific professional services above and beyond programs that require a strategy to communicate to PHI stakeholders
3. Communications, framing, and messaging regarding how the PHI communicates strategy and cultural values internally to employees

HIA Presentation at the 2012 APHA Meeting: Left to right, Erin Marziale, NNPHI; Jimmy Dills, Georgia Health Policy Center; Elizabeth Feder, University of Wisconsin Population Health Institute; Noelle Dobson, Oregon Public Health Institute; and Maya Pack, South Carolina Institute of Medicine and Public Health

Strategic communications plans need to be developed on multiple levels. A PHI needs to have an overarching strategic communications plan for the PHI itself. While each project requires a marketing plan to reach programmatic objectives, the PHI and services it provides need to be marketed to the public health system. This will require effective public relations and organizational marketing. Without these plans in place, it is hard to leverage resources around programmatic activities and grow as an organization. PHIs that have 501(c)3 status and receive federal funding must become familiar with regulations that limit organizational marketing and public relations activities.

Strategic communications begin with identifying a product, market, and strategy. The following steps can facilitate the process of developing and implementing strategic communications at the corporate branding, program, and internal levels:

1. Performing an Internal Audit
2. Formulating a Strategic Communications Strategy
3. Target Audience
4. Developing Effective Target Messages
5. Determining How to Communicate a Message, Over Time, to Various Target Audiences
6. Actualizing a Communications Plan
7. Understanding Public Relations
8. Understanding Federal Regulations

5.13(a1): Performing an Internal Audit

An internal audit can help inform what resources are to develop a PHI's community strategies. When performing an internal audit to determine if there are appropriate resources to carry out the mission statement. Specific items to review include:

- Organizational culture and structure

- Program objectives
- Management objectives
- Human resources
- Allowable financial resources
- Physical and technological infrastructure

5.13(a2): Formulating a Strategic Communications Strategy

Communications primarily focus on distinct "audiences" and what will be done to engage audience members or to cause them to change, participate, and become involved in achieving program objectives. This process may seem similar to developing program objectives, but it is seen through a different lens.

Important questions to ask when formulating a strategic communications strategy include:

- Who is the target audience?
- What is the nature or direction of the change sought among the target audience?
- What is the specific knowledge, attitude, or behavior to be achieved within the target audience?
- To what degree is change desired?
- When is the target date for the change to occur?
- What resources are available to adequately evaluate the change and its correlation to the PHI communications strategy?

5.13(a3): Target Audience

Also known as constituencies or stakeholders, target audiences are those people who can help PHIs carry out their mission statements. A target audience includes the individuals, organizations, agencies, and businesses that can help an organization achieve programmatic goals.

Target audiences are often identified based on:

- Demographics of individuals in a community (e.g., sex, age, income, race)
- Geography (e.g., region, state, city, neighborhood, rural or suburban area)
- Partner types/industries (e.g., state and local health departments, foundations, health-focused nonprofits)

> *Successful messages will resonate with the actual perspectives, experiences, and values of the target audience.*

Staff can collect data about different target audiences through the use of local media reviews, questionnaires, polling, interviews, and focus groups. These data sources allow program staff to analyze a potential target audiences based on shared activities, interests, and opinions. Results of this analysis can help an organization develop communication strategies that accurately and effectively reach the target audience.

5.13(a4): Developing Effective Target Messages

A strong target message:

- ✓ Helps an organization achieve its programmatic goals
- ✓ Clearly defines an issue
- ✓ Connects effectively with a target audience outlines an action plan

Messages need to be direct, to the point, and memorable. The most successful messages will resonate

Strategy:		**Media Vehicle:**		**Overlap:**
Decide on a strategy that speaks to an audience and addresses program objectives.	→	Determine which communications media vehicles are going to make each strategy happen.	→	Overlap vehicles and strategies in order to make use of limited resources.

with the actual perspectives, experiences, and values of t h e   target audience. Effective messages will also use language that is simple, symbolic, and emotional. Focus groups are an effective means of testing a message to determine its clarity and validity.

5.13(a5): Determining How to Communicate a Message, Over Time, to Various Target Audiences

Traditional and mass media communication vehicles are commonly used to communicate with target audiences. These vehicles include: newsletters, magazine ads, meetings, press briefings, phone calls, radio ads, billboards, flyers, television commercials, message boards, a n d websites.

The vehicle that works best depends on the message that the organization is trying to convey and the audience that it is trying to reach. For example, it makes no sense to run a radio spot on a particular radio station if a target audience traditionally listens to a different one. Knowing a target audience as thoroughly as possible will save time and money.

Additionally, the best vehicles for the message must be within the budget. Questions to consider include:

- Is this strategy and vehicle realistic for this organization, in view of its size and resources?
- Is there a way to reallocate resources to maximize message exposure?
- Is there time to raise money or in-kind contributions to help defray costs?

Case Example: Louisiana Public Health Institute
Step Together New Orleans (Steps), a partnership of Louisiana Public Health Institute and the City of New Orleans Health Department, is a community-based public health initiative created with support from Steps to a Healthier US to help New Orleanians live longer, healthier lives by reducing obesity, diabetes and asthma throughout the city.

The Steps media workgroup began with a branding process wherein preliminary assessment data, collected by Zehnder Communications and Bright Moments public relations firm, identified African-American women, 18–44 years of age as the target audience with whom advertising messages regarding family health would have the greatest impact. Focus groups were held with members of the proposed target audience. Data obtained from these focus groups was used to

develop the messages and design the creative executions for the television, radio and transit advertisements. The primary messages of the media campaign encourage individuals to eat more fruits and vegetables, increase physical activity, and eat less snack food. Phase one of the media campaign focuses on just the first two messages and avoids the high media costs and traffic of election and holiday seasons by running its messages from January–September. Phase two will expand to include the third and more difficult message once trust is built with the Steps brand.

The media workgroup created the Steps Web site with a look and feel consistent with the campaign it supports, while expanding on the simple messages by providing realistic and informed ways to live healthfully. The media campaign will also be supported through grass roots level participation at special events and through media partnerships that leverage greater exposure of Steps core messages. The development of a booth display, informational brochures, and collateral items provide support for the various Steps workgroups.

5.13(a6): Actualizing a Communications Plan

There are four things that an organization needs to actualize a communications plan:

Buy-In	• **It is essential that all staff understand the connection between the communications plan and the organization's mission, goals, and objectives.**
Expertise	• **If needed expertise is not readily available in-house, consider a communications-planning consultant.**
Time	• **Simply put, communications planning takes time to be thorough and effective – expect it take several months to develop.**
Money	• **If needed expertise is not readily available in-house, consultants do not come cheap.**

Organizational buy-in is essential for an effective communications strategy because it is essential that management and staff understand the connection between the communications plan and the organization's mission, goals, and objectives. This allows staff to present a united front as the message extends beyond the organization and into the community. Staff buy-in includes the executive director, board of directors, senior management, program staff, administrative staff, and volunteers.

Different organizations, as well as the individual staff members within those organizations, have various levels of expertise. It is important to take the time to adequately identify the type and level of expertise available within an organization. An action plan can then be formulated to effectively and efficiently use that expertise. This should help to create a balanced strategic communications team.

After a communications strategy has been developed by well qualified staff, and the appropriate organizational buy-in has been garnered, the message can be sold. This takes money. When formulating budgets, it is essential to calculate expected media message expenditures. Radio, television, and print media campaigns are generally not inexpensive. If resources are scarce or unavailable, it will be necessary for to sell the message to outside sources to receive additional grant funds or donations.

5.13(a7): Understanding Public Relations

The term public relations includes community relations and means those activities dedicated to maintaining the image of the organization or maintaining or promoting understanding and favorable relations with the community or public at large or any segment of the public (Whitehouse 2005). PHIs must develop effective public relations that communicate the PHI's corporate brand and the work of its programs when attempting to leverage resources and engage the public health system. To learn more about the difference between PR goals, strategies, and tactics with specific examples provided, visit this blog post.

Case Example: Louisiana Public Health Institute
Beginning in 2011, public health departments pursuing voluntary accreditation through the Public Health Accreditation Board (PHAB) must conduct and disseminate a comprehensive community health assessment (CHA) leading to the development of a community health improvement plan. One of the first questions to ask when promoting a new initiative is which strategic partners should be referenced, given credit, and how to credit them. Even if most of the work is led or managed by PHI staff, many public health initiatives require significant community collaboration, multi-sector partnering, and stakeholder buy-in to be grounded in the communities served. When drafting a new program overview, one-pager, brochure, press release, media alert, etc., partner credit should always be referenced in PHI initiative communications. When partners are left out of publications, it may negatively impact their interest in working with the PHI in the future. In response to this issue, the Louisiana Public Health Institute (LPHI) has developed internal protocols and review processes to ensure that strategic partners and collaborators are always included in published information about a program or initiative. The phrases "in partnership with" and "in collaboration with" have become a part of LPHI's culture and worldview. These language standards help ensure LPHI's work remains grounded in collaborative leadership and that LPHI always strives to "pay it forward" by making it clear that partner contributions are not only important, but that LPHI's work wouldn't be possible otherwise.

5.13(a8): Understanding Federal Regulations

According to OMB Accounting Circular A-122, there are limitations on the type of organizational marketing and public relations activities that are permissible under federal grant guidelines. The only allowable advertising costs are those which are solely for:

- Recruitment of personnel required to perform the organization's obligations arising under a sponsored award, when considered in conjunction with all other recruitment costs
- Procurement of goods and services for the performance of a sponsored award
- Disposal of scrap or surplus materials acquired in the performance of a sponsored award except when organizations are reimbursed for disposal costs at a predetermined amount in accordance with OMB Circular A-110

- Other purposes necessary to meet the requirements of the sponsored award

The only allowable public relations costs are:

- Costs specifically required by sponsored awards
- Costs of communicating with the public and press pertaining to specific activities or accomplishments which result from performance of sponsored awards (these costs are considered necessary as part of the outreach effort for the sponsored awards)
- Costs of conducting general liaison with news media and government public relations officers, to the extent that such activities are limited to communication and liaison necessary to keep the public informed on matters of public concern, such as notices of contract/grant awards, or financial matters

5.13(b): Social Media
Over the past decade, significant changes have taken place in both the for-profit and nonprofit marketing landscape. Almost everywhere these days, people are talking about social media, blogs, and social networking. While preferred social media outlets and resources may change and expand over time, social media, as an engagement strategy, is likely here to stay.

A social media best practice is always to define, from the outset, what is to be achieved and utilize measurable goals.

Following traditional communications and marketing planning approaches, social media efforts require strategic planning approaches to effectively enhance an institute's marketing mix. In alignment with the institute's mission, vision, goals and objectives, social media strategies should serve to complement the organization's traditional marketing mix.

With a focus on promoting the work and benefits of public health institutes (PHIs), this new section of the guide focuses on social media strategies to complement "corporate communications" strategies and promote the work of institutes (as opposed to social media strategies to support social marketing initiatives or program-specific marketing efforts).

Corporate communication is the message issued by a corporate organization, body, or institute to its publics. "Publics" can be both internal (e.g., employees, stakeholders) and external (e.g., agencies, channel partners, media, government, industry bodies and institutes, educational, and general public).

Similar to other communications and marketing planning efforts, a social media best practice is always to define, from the outset, what is hoped to be achieved and utilize measurable/trackable goals that are appropriate for a given outlet. By starting with a clear goal and supporting objectives, a team will be able to measure success more easily and determine which tools are worth staff's time.

5.13(b1): Incorporating Social Media into an Institute's Marketing Mix
Hundreds of millions of people around the world use many of the popular social media networks. Whether the goal is to reach new supporters or cultivate existing relationships, social media and social networks offer a variety of options, often with little or no upfront costs, making social media a cost-

effective vehicle to help PHI's spread their messages. PHIs commonly include eye-catching thumbnails like these on their websites that link to their social media pages:

FOLLOW US:

However, dedicated human resources with appropriate knowledge and experience needed to run or manage an institute's social media presence is a true, hard expense, and an individual or group of individuals may be required to manage this role within the organization.

5.13(b2): Attracting New Supporters and Developing More Engaging Relationships

A public health institute's (PHI's) communications and marketing plan may already include a print and/or email newsletter, press releases, community presentations, and maybe even advertising (if funds are available). Free social networking tools like Facebook and Twitter offer institutes the opportunity to reuse and adapt existing marketing messages to be shared in real time.

Social media is about good, useful, relevant and even entertaining content that helps create conversations and connections with target audiences. If a PHI's audience is already used to visiting the PHI's website and receiving email updates, then the audience should be directed to the organization's Facebook page, Twitter feed, blog, and any other social media outlets (and vice versa).

5.13(b3): Determining a PHI's Readiness to Use Social Media

Technology, staff time and expertise, and target audience social media consumption are all important factors to consider in assessing PHI readiness to use social media. For a helpful guide to determine a PHI's readiness to use social media to promote the work on institutes and their programs, visit "Assessing Readiness to Use Social Media for Prevention," from the Substance Abuse and Mental Health Services Administration (SAMHSA).

5.13(b4): Balancing Marketing Practices

With the overwhelming rise in popularity of social media, it may be tempting to consider using social media outlets to mostly or fully replace traditional marketing practices; however, it is important to remember that popular social media networks like Facebook, Twitter, YouTube, and LinkedIn are privately owned companies that have their own best interests in mind, which includes making a profit.

If an institute decides to put all or most of its marketing eggs in the social media basket, be aware that these "free" services can do whatever they wish with the PHI's presence, social media contacts, images, and videos. These services can start to charge organizations to use services that were once offered for free (like Facebook has begun doing recently in various ways).

Consider the following: A typical Facebook business/cause page post only reaches roughly 3-7% of its fans on average, and, as an organization gains more fans, that percentage tends to decrease. Recently, Facebook launched a new service that requires users to pay them if they'd like a particular post to show up to more, or most, of their fans. This is important because a PHI may already have been steadfastly working to gain and attract more Facebook fans with some success; however, the chances are high that only a very small percentage of those fans will ever receive posts from the PHI. This can be verified by looking at the "total reach" number inside of the Facebook analytics administrator panel, or below each

post the PHI makes (note that only page administrators are able to view this information). Learn more about [promoted posts](#) on Facebook.

5.13(b5): Tips for Building a Social Media Strategy

Define the Goals	• What do is hoped to be achieved with social media (e.g., increased awareness of the PHI's brand or campaign messages, increased website traffic, x number of likes, re-tweets)?
Define the Audience	• Who does the PHI want to reach/engage (e.g., community members, stakeholders, board members, faith based community, youth, seniors)?
Identify Human Resources	• Staff time and funding for consultants, if applicable
Identify Technologies/Social Networks	• Different social networks tend to reach populations differently, so make sure to do the research.
Identify What Success Looks Like	• Create realistic and achievable goals.

5.13(b6): Tips for Building a Social Media Messaging Strategy

Choose relevant topics and content that promote the work of the organization: ideally, social media content and messaging should be in alignment with an organization's strategic development interests.

Manage/tailor expectations related to public and key influencer interests: when developing social media content, always ask what do the defined target audience(s) what to know and learn more about.

Tweak messages for different networks like Facebook versus Twitter: Facebook allows for long-form posting of content (though short and sweet is often best), and Twitter has a strict limit on the length of all tweets (140 characters).

How to deal with negative comments (if at all): while likely more appropriate for larger institutes, it may be a good idea to develop an internal policy that clearly states staff limitations and expectations on a PHI's official social media page.

5.13(b7): Moderating or Not Moderating

The topic of editing or moderating conversations or comments made on a PHI's social media sites can be a tough one at times. Common concerns that may justify moderation of comments include:

- Posting of inaccurate or personal information
- Violation of policy or guidelines
- Threats or violent comments
- Hateful/slanderous language

Some of the above issues are worse than others, but when deciding how to handle moderation of social media sites, a PHI must weight these risks and rewards. More often than not, un-moderated conversations allow for more organic and open conversations that will benefit the audience in a more meaningful way than heavily edited or moderated conversation chains.

Instead, a PHI can take the 'active listener' approach—watch fans' conversations, and engage them to show them that the PHI is interested in their input, thoughts, and concerns. By approaching any potentially negative conversation in this manner, a PHI will be able to address topics of concern quickly and effectively and have more time to focus on more productive and positive conversations.

5.13(b8): PHI Staff Roles and Responsibilities

There are many stories circulating about a mishap by an employee who was fired for saying inappropriate or disparaging things about an organization or person via social media.   By implementing a social media policy and making sure that all leadership and staff read and understand it, staff will know in advance the potential consequences of their actions. Access "A Nonprofit Social Media Policy Template You Can Use" to learn more.

5.13(b9): Identifying Personnel to Manage Social Media

Leaving the responsibility of management of a PHI's brand and messaging strategy in the hands of an intern can be risky. Instead, regard of a social media-focused intern as a good opportunity to educate and spread the research aspect. Any intern should be working hand-in-hand with a PHI's communications or marketing staff (if possible), and never by themselves. This will help ensure that all messaging/branding strategies are unified, on target, and work together with the rest of the institute's outreach efforts.

Deciding to use a consultant to manage the PHI's social media efforts will depend upon the organization's budget and goals. With a professional leading the way, an organization may save staff time and see results more quickly; however, engaging consultants can get costly, fast! If outsourcing is the best route for an institute, it's a good idea to develop a contract that includes training of in-house staff to manage the organization's social media efforts once contract funds expire.

If hiring a new communications staff member to handle social media responsibilities in-house, make sure to specify proven social media experience in the job description in addition to proven traditional marketing skills.

Resources (5.13(a): Strategic Communications)

Books and Journal Articles

- Herron, D. (1997). Marketing Nonprofit Programs and Services. Jossey-Bass.
- Kotler, P. (1996) Marketing for Nonprofit Organizations. (5th ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.
- Kotler, P. and Andreasen, A. (1996). Strategic Marketing For Nonprofit Organizations. (5th ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.
- Lovelock, C. and Weinberg, C. Public & Nonprofit Marketing: Cases and Readings. (2nd ed.). Redwood City, CA: Scientific Press.
- McLeish, B. M. (1995). Successful Marketing Strategies for Nonprofit Organizations. New York: John Wiley.

Websites

- **Bolder Advocacy:** Influencing Public Policy in the Digital Age: The Law of Online Lobbying and Election-related Activities: http://bolderadvocacy.org/wp-content/uploads/2012/02/Influencing_Public_Policy_in_the_Digital_Age.pdf
- **Bolder Advocacy:** Legal Tips on Using Social Media for Advocacy: http://bolderadvocacy.org/wp-content/uploads/2013/01/Tips_on_Using_Social_Media_for_Advocacy.pdf
- **Calypso:** Brandcredible! Engage your audiences and win the day: http://calypsocom.com/blog/2012/05/pr-goals-strategies-tactics/#sthash.kyQq98Ic.Xz5uskl7.dpbs
- **Free Management Library:** All About Marketing: http://managementhelp.org/marketing/index.htm
- **Idealist:** Resources for Nonprofits: http://www.idealist.org/info/Nonprofits
- **The Op Ed Project:** Loud and Clear: Maximizing Your Credibility and Influence in the World of Ideas: http://web.cof.org/2013Annual/docs/AC13_SessionMaterials_LoudAndClear-MaxYourCredibility_KeynoteSlides.pdf
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Assessing Readiness to Use Social Media for Prevention: http://captus.samhsa.gov/access-resources/assessing-readiness-use-social-media-prevention
- **The Turning Point:** Tips for Media Relations http://www.turningpointprogram.org/Pages/transformations/transformations_1298/media_tips.html
- **The White House:** Circular No. A-122: http://www.whitehouse.gov/omb/circulars_a122_2004/

Resources (5.13(b): Social Media)

Websites

- **Adobe Social Media Practice:** The Bigger the Facebook Page, the Harder it is to Reach Fans: http://blogs.adobe.com/socialpractice/the-bigger-the-facebook-page-the-harder-it-is-to-reach-fans/
- **Bolder Advocacy:** Legal Tips on Using Social Media for Advocacy:

http://bolderadvocacy.org/wp-content/uploads/2013/01/Tips_on_Using_Social_Media_for_Advocacy.pd**f**

- **Centers for Disease Control and Prevention:** CDC Social Media Tools, Guidelines & Best Practices: http://www.cdc.gov/socialmedia/Tools/guidelines/
- **CharityHowTo:** A Nonprofit Social Media Policy Template You Can Use: http://charityhowto.com/blog/a-social-networking-policy-template-you-can-use-for-your-nonprofit/
- **Facebook:** Advertise on Facebook: https://www.facebook.com/advertising
- **Facebook:** Promoted Posts: https://www.facebook.com/help/promote
- **Google Analytics:** Homepage: http://www.google.com/analytics/
- **HootSuite:** Social Media Management: https://hootsuite.com/
- **Louisiana Public Health Institute:** Txt4Health Homepage: https://txt4health.com/txt4health/Display/display.aspx?CurrentXsltId=1
- **The OpEd Project:** Loud and Clear: Maximizing Your Credibility and Influence in the World of Ideas: http://web.cof.org/2013Annual/docs/AC13_SessionMaterials_LoudAndClear-MaxYourCredibility_KeynoteSlides.pdf
- **RiteAid Pharmacy:** Text4Baby Homepage: https://www.text4baby.org/
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Assessing Readiness to Use Social Media for Prevention: http://captus.samhsa.gov/access-resources/assessing-readiness-use-social-media-prevention
- **TweetReach:** Homepage, How Far Did Your Tweet Travel?: http://tweetreach.com/

Appendix A:
Case Examples

Module 1:
The Public Health Institute Model, NNPHI, and Examples

1.3: Organizational Milestones and Key Decision Points

1.3(b): Highlights of Developmental History

Institute for Population Health

In October 2012 the [Institute for Population Health](#) (IPH) became the entity through which residents of the City of Detroit receive all mandated and non-mandated public health services, including disease control, immunizations, maternal and child health programs, substance abuse prevention and treatment, and environmental health services. During IPH's first year, funding was provided through a direct contract with the Michigan Department of Community Health. This unprecedented funding arrangement was made possible because Detroit was in a financial crisis and under a consent agreement with the State.

Detroit's Mayor and leadership team determined that it could no longer provide public health services effectively due to the funding crisis, leading to creative discussions regarding alternative delivery systems. While no other PHI had taken on the responsibility of providing all mandated public health services, partnerships between governmental public health and PHIs are evidence-based models for the provision of services to improve and protect the public's health.

Through a series of meetings with the state health department and city officials, IPH leadership demonstrated that it would provide a stable, sustainable model for public health services. In addition to reducing administrative costs, the IPH structure allows for an efficient, nimble organization to expeditiously handle grant funds and associated staffing.

The public health authority to enforce codes and ordinances and act in a public health emergency remains in Detroit through three positions that must be maintained and approved by the State of Michigan. Those three individuals also assure that the public health services provided by the IPH meet all applicable rules, regulations and guidelines.

As IPH entered its second year of operation, Detroit was no longer under the consent agreement that was used to allow for a direct funding relationship with the state health department. While the initial focus for IPH was the provision of core public health services, the organization has worked to foster innovation, leverage resources, build partnerships and diversify funding.

Module 2:
Readiness, Entrepreneurial Leadership and Choosing Business Strategies

2.2: Entrepreneurship

2.2(a): Entrepreneurial Overview

Georgia Health Policy Center

[Georgia Health Policy Center](#) (GHPC) had an interest in Health Impact Assessments (HIAs) but no resources to support the work. When an opportunity to engage in a rapid HIA arose, GHPC decided to use internal resources to fund the effort. The Centers for Disease Control and Prevention (CDC) also needed help training others about HIAs due to time and travel restrictions. GHPC staff—again, with internal resources—shadowed CDC to learn about the training, filling in for training needs. GHPC's work led to other requests for doing and teaching about HIAs. GHPC identified three core areas of HIA work: (1) performing HIAs; (2) training others about how to HIAs; and (3) providing technical assistance to those who want to build capacity but need help with their first HIA. GHPC also became active in national meetings focusing on HIAs. As a result, their entrepreneurial efforts, GHPC was subsequently designated as one of two regional HIA Resource Centers. Even though the resources around HIA work were not adequate to cover the costs of performing the activities, GHPC again used internal resources to hire HIA experienced staff. This results in more requests for performing HIAs, HIA training, and HIA technical assistance. Now the GHPC has a new line of business close to reaching a break-even point. For additional context see, [1.0, The Public Health Institute Model, NNPHI, and Examples.](#)

2.4: Strategies for Developing Business

2.4(a): Building and Strengthening Core Competencies

2.4(a1): Provide Technical Assistance

Georgia Health Policy Center

The [Georgia Health Policy Center](#) (GHPC) has 15 years of experience supporting community health system change. GHPC's technical assistance approach centers on helping communities develop a strategic approach to program implementation, developing the capacity of communities utilizing technical and adaptive approaches, and focusing on long-term sustainability.

Since 2002, GHPC has provided technical assistance for the Health Resources and Services Administration (HRSA) Office of Rural Health Policy's (ORHP) grantees, including Network Development, Network Planning, Outreach, and Delta States. As GHPC's familiarity with the programs and relationships with the grantees have deepened, it has continuously refined its approach to support both the grantees and ORHP in accomplishing their long-term goals. Based

on GHPC's extensive experience with ORHP grantees, it has tailored its technical assistance program to support and promote sustainable rural health system change using a systematic but flexible approach that enables it to help one community at a time based on their unique needs.

The content of the technical assistance program is unified by a Sustainability Framework© developed by GHPC to describe those attributes which have been associated, in its experience and in the literature, with long-term viability of community-based health initiatives. The Community Health Systems Development (CHSD) team provides capacity building in each to the factors of the Sustainability Framework: strategic vision, collaboration, leadership, relevance and practicality, evaluation and return on investment, communication, efficiency and effectiveness, and organizational capacity. The materials for guiding grantees through sustainability include an introductory guide; formative assessment tool for positioning for sustainability; and step-by-step sustainability planning workbook provided on a USB flash drive.

Through its work with ORHP grantees, GHPC has come to understand that sustainability does not necessarily mean that activities or programs continue in the same form as originally conceived, funded, or implemented. Programs evolve over time to adjust to the changing levels of support and needs of the community. GHPC also recognizes that focusing solely on the continuation of programs and services may understate a program's full range of impacts, including changes in the way that agencies work together to serve community members; changes in knowledge, attitudes, and practices of community members and providers; cultural shifts and practice changes; increased capacity in local systems as a result of training or the purchasing of equipment; and policy changes.

Louisiana Public Health Institute

PHIs are well-positioned to bridge the traditional gap between public health and clinical practice by helping clinicians adopt electronic health records (EHRs), the transition to which involves an analysis of the needs and requirements of a clinical practice, the designing of a training program for clinic-based stakeholders, and support of those stakeholders in their adoption of a new system. The adoption of an EHR system that includes these attributes in the procurement and implementation steps will reduce and manage the barriers cited by clinicians, including vendor selection, disruption to their practice, and inadequate training. PHIs can draw on their experience in public health practice to offer vendor-agnostic selection assistance based on assessed needs and requirements, the design of comprehensive training programs around clinical workflows, and in the direct interactive support of clinically minded stakeholders in their "go-live."

The 2009 Health Information and Technology for Economic and Clinical Health Act (HITECH) promotes the adoption and Meaningful Use of health information technology. Under HITECH, the Medicare and Medicaid EHR incentive programs provide financial incentives for providers and hospitals that adopt and use EHR meaningfully.

The [Louisiana Public Health Institute](#) (LPHI) was awarded the role of implementation partner to provide technical assistance to local clinicians to adopt and meaningfully use their EHR systems within the meaning of HITECH. This competency originated and was strategically built by LPHI leadership post-Hurricane Katrina by hiring/developing the relevant staff required to design and implement EHRs, first in Federally Qualified Health Centers and later in school-based health

center environments. As an implementation partner, LPHI assessed the needs and requirements of the participating clinics and partners, provided them vendor-agnostic recommendations in their vendor selection process, developed training programs to help them receive their Meaningful Use incentive payments, and supported them throughout their "go-live" to reduce any disruptions to their schedules. Through the process, LPHI helped improve clinical quality, public health indicators, and systematic change intersecting public health and clinical practice.

2.4(a2): Offer Consulting Services

Illinois Public Health Institute

For many years, the [Illinois Public Health Institute](#) (IPHI) has supported local health departments (LHDs) and their community health partners in conducting comprehensive Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs) through their Center for Community Capacity Development. IPHI uses a variety of tools and approaches, with a particular focus on assisting LHDs to implement that National Association of County and City Health Officials' (NACCHO) Mobilizing for Action through Planning and Partnership (MAPP) model. IPHI has adapted their experiences in working with LHDs to provide support to a number of hospitals to produce their Community Health Needs Assessments (CHNAs). IPHI has also provided consultation to local collaboratives working to align efforts yet still meet their individual needs and requirements for community needs assessment and improvement plans.

IPHI provides consultation on organizational strategic planning, quality improvement and accreditation readiness. One key feature of IPHI's work is a capacity-building approach to consultation and technical assistance services, with the goal of providing organizations and groups with the supports they need while enhancing their ability to implement the work in the future with less support. Roles IPHI plays in its work with health departments and hospitals include:

- *Consultations with leadership to select or develop needs assessment or strategic planning models;*
- *Coaching committee chairs to lead effective meetings and processes;*
- *Facilitating linkages among community stakeholders;*
- *Acquiring, analyzing, and presenting data;*
- *Assembling and interpreting qualitative and quantitative findings;*
- *Reviewing and identifying community benefit and evidence-based public health interventions;*
- *Facilitating collaborative groups;*
- *Creating a prioritized plan with action steps;*
- *Providing in-person and web-based training on specific topic areas with case studies and examples; and*
- *Leading learning collaboratives.*

2.4(a3): Sell Products and Publications

Michigan Public Health Institute
From 1997-2009, the [Michigan Public Health Institute](#) (MPHI) provided continuing education (CE) opportunities through accredited entities for public health workers in the state of Michigan. CE efforts were focused on nursing, social work, registered dietitians, and lactation consultants. In 2010, MPHI developed its Continuing Education Provider Unit (CEPU) to further broaden the reach across the state and nation to more disciplines. The CEPU meets professionals' needs for CE opportunities to fill knowledge gaps and maintain licensure. These education and training opportunities have contributed to the professional development of the public health workforce and their capacity to deliver the ten essential public health services. MPHI has delivered courses through numerous modalities, including face-to-face, videoconferences, webcasts, webinars, and online courses.

Staff members work collaboratively with clients to develop curriculum and implement learning activities that are based on identified gaps in knowledge, skills, and practice, and/or on meeting federal and statewide mandates.

Lessons Learned and Building Competencies:
- *PHIs providing CE opportunities must stay abreast of current trends and requirements in professional continuing education, and lead staff must conduct ongoing reviews of policies, procedures, and protocol from accredited entities. PHIs must also educate their funders, partners, and clients on CE needs, as they conduct the iterative process of building curriculum for educational opportunities to benefit public health professionals.*
- *Activities may include participation on conference/training planning committees, training advisory councils, focus groups, and designing training assessment tools. Clear lines of communication between the content experts and the PHI are vital to creating a comprehensive educational activity that addresses learning gaps and skill sets. Post-learning activities and comprehensive assessment of outcomes are also necessary to ensure competencies are met, practiced, and evaluated.*

Quality and Pricing is Everything:
- *As many public health entities are seeking national accreditation, the demand for specialized licensure and credentialing is increasing. It is imperative that PHIs not sacrifice quality in the delivery of CE administrative services. In addition, creation of an "a la carte" pricing structure may be beneficial, as PHIs may conduct business with entities that choose to handle components of CE management independently. Pricing and options must be nimble to cover a PHI's consultation time and administrative, operational, and CE application costs, while staying within budget and being competitive.*

Don't be Afraid of "Green" Technology:
- *PHIs should regularly research and investigate opportunities that will automate processes and reduce costs while allowing the PHI to stay in compliance with accrediting entities. The automated services should provide added value to both the PHI and the client, and their maintenance, hosting, and delivery should be factored into the PHI's pricing structure.*

2.4(a4): Evaluate Programs

Center for Mississippi Health Policy

The *Center for Mississippi Health Policy* oversees a five-year project funded by the Robert Wood Johnson Foundation and the Bower Foundation to evaluate the impact of the 2007 Mississippi Healthy Students Act on childhood obesity in the state. The project is a collaborative effort with the University of Southern Mississippi, Mississippi State University, and the University of Mississippi. The evaluation is comprehensive, involving multiple studies examining student obesity and fitness levels, the school nutrition environment, and the attitudes and opinions of state and local policymakers, school officials, and parents.

The Center serves as the fiscal intermediary for the grants, coordinates reporting to the funding foundations, and manages communications for the project. The research teams from the universities produce detailed reports outlining the results of each of the studies. The Center synthesizes the data annually, *publishing a report* that summarizes and translates the findings with emphasis on the policy context. Copies of the report are distributed to members of the state legislature, staff of the governor's office and key state agencies, and advocacy organizations. A press release announcing key findings of the evaluation is also distributed to media, and project findings are presented at meetings of school officials and health care organizations.

The Center convenes an annual meeting of interested stakeholders during which the principal investigators from each of the universities present their results. In addition to supplying a venue for the dissemination of the research, this meeting provides a forum for a discussion of childhood obesity and school health issues in Mississippi among key stakeholders. Attendees include representatives from the state agencies for health, education, and Medicaid, as well as schools, universities, advocacy organizations, the state legislature, governor's office, and health care providers.

The Center for Mississippi Health Policy serves an important role in this project as an independent organization whose mission is to provide policymakers with sound, objective research to inform policy decisions. Collaboration among researchers from multiple universities is not common and would not likely occur in this arena but for the involvement of the Center.

Funders appreciate project proposals that offer collaboration among multiple organizations and the ability to leverage their contributions to attract grants from other funders. PHIs can serve a central role in designing projects that coordinate the efforts of other organizations that might otherwise be competing with one another and attract funding for the collaborative project.

2.4(a5): Conduct Survey Research

Public Health Management Corporation

Public Health Management Corporation's (PHMC) *Center for Data Innovation* includes a Community Health Data Base (CHDB) and annual Household Health Survey, placing PHMC at the forefront of assessing community needs at the neighborhood and population level. The Center for Data Innovation's mission is to drive data-led community impact and offer cutting-edge quantitative and qualitative research, multi-model initiatives, enhanced core methodologies, and

innovative online tools for its members. In partnership with PHMC's Research and Evaluation Group, it is a full-service research firm serving both the corporate and nonprofit sectors.

The Household Health Survey collects information on more than 13,000 residents living in Southeastern Pennsylvania. It is one of the longest-running community health surveys in the country, as well as one of the largest regional surveys of its kind, utilized by over 400 agencies and used by policymakers and providers to benchmark health trends and track the health of the public.

The Center recently completed community health needs assessments awarded by the Delaware Valley Health Council for 28 nonprofit hospitals in southeastern Pennsylvania region. During this process, the Center staff collaborated with hospital representatives to identify their service areas and special populations. This evaluation resulted in significant cost savings for the hospitals and provided them with comprehensive, local, population-based data, which was not otherwise available. In 2014, the Center is geared to again conduct assessments for agencies and hospitals to understand the impact of their efforts under the ACA. These assessments will shed light on how the Health Insurance Marketplace has affected previously uninsured populations to acquire health insurance, health access (primary and behavioral) and prescription services.

2.4(a6): Design Data Systems and Develop Market Software

University of Wisconsin Population Health Institute
The [University of Wisconsin Population Health Institute](#) (UWPHI) has been ranking the health of Wisconsin's counties since 2003 based on a broad model of population health. When the Tennessee Institute of Public Health and Kansas Health Institute learned of these efforts and asked UWPHI for advice, UWPHI approached NNPHI about conducting a workshop on rankings and report cards prior to the 2007 NNPHI Annual Conference. Robert Wood Johnson Foundation (RWJF) staff in attendance at the workshop learned of UWPHI's efforts in creating user-friendly assessments of population health at the community-level. Discussions between UWPHI and RWJF over the next year led to UWPHI submitting a proposal to RWJF to begin ranking the health of counties in all 50 states.

The project began in January 2009, and in February 2010, RWJF and UWPHI released the first County Health Rankings for each state at www.countyhealthrankings.org. UWPHI worked closely with RWJF to ensure that state departments of health were prepared for the release and communications consultants helped develop appropriate messaging. The result was beyond anyone's expectations, with widespread media coverage and broad engagement across the nation. The first steps were generally convenings of stakeholders beyond traditional public health, including business, media, health care, and other government agencies.

RWJF sought to expand these efforts beyond data collection and publication by providing financial and other support for broad-based community health improvement activities. RWJF approached UWPHI about leading a companion project, later named the County Health Roadmaps, with a number of components designed to provide financial support, technical training and assistance, coordination with national partners with a local presence, and recognition of multi-stakeholder partnerships and other key criteria to improve community

health, with a particular emphasis on social and economic factors—the factors that have the greatest influence on health.

The County Health Rankings and Roadmaps program, which began as a population health assessment project, has transformed into a national community health improvement program with multiple components. Managing this program has required flexibility and nimbleness, increases in staff capacity and skills, travel across the nation, and managing multiple project components. UWPHI works closely with RWJF as this program continues to transform and evolve toward building a healthier nation, county by county.

2.4(a7): Manage Federally Qualified Research Programs

Health Resources in Action

For over fifty years, [Health Resources in Action](#) (HRiA) has been a leader in developing programs that advance public health and medical research. In 2012, HRiA received a Centers for Medicare and Medicaid Services (CMS) Health Care Innovation Award to demonstrate whether using Community Health Workers to deliver home-based environmental assessments and education services to high-risk patients with asthma can address the Affordable Care Act's three-part aim: Improved Quality of Care, Better Health Outcomes, and Lower Health Care Costs. To deliver care, a unique partnership was developed between HRiA and eight subcontracted health care institutions across New England. In addition, seven Medicaid payers have joined this project to provide patient-level data and examine return on investment (ROI) on their own patient populations. Should health improvements and/or ROI be demonstrated, then these payers will consider developing new provider reimbursement policies and mechanisms to sustain the intervention beyond the grant cycle. CMS is supporting a robust evaluation to examine both ROI and health care quality improvements based on the results of this intervention. Lessons learned include:

- *The need to plan for, and demonstrate, the administrative and fiscal capacity to handle the numerous and complicated federal requirements:*
    - *A fiscal staff equipped with accounting software that enables compliance with the cost principles outlined in OMB Circular A-122Nonprofits receiving $500,000 or more in federal dollars (direct or pass-through) must also file an OMB Circular A-133 audit.*
    - *In order to bill indirect costs at a percentage rate, the grant recipient must apply to its primary federal funding agency for a Federal Indirect Cost Rate.*
    - *In the staffing plan, include an administrative coordinator who understands budgeting and contracting. Access to IT staff knowledgeable about HIPPA and securing data is essential.*
- *Engaging in direct service research with the health care sector requires specialized staff competencies in research and evaluation, including:*
    - *Knowledge about managing administrative claims data*
    - *Strong background in constructing and analyzing health care and public health indicators*
    - *Familiarity with economic constructs such as cost effectiveness and ROI calculations*

- *When handling patient data, there are numerous data security and legal regulations that will need to be adhered to, even if the intervention is subcontracted out to other entities*

2.4(a8): Advocate and Lobby

Arkansas Center for Health Improvement
In 1998, 46 state attorneys general settled a lawsuit over states' smoking-related health care costs with five major tobacco corporations. Arkansas received its first portion of the master settlement agreement (MSA) dollars, totaling $62 million, with additional funds expected in years following. The areas to which the funds would be directed depended on the legislature. The first attempts to direct the money toward health-related programs were not successful. To garner support, the Arkansas Center for Health Improvement (ACHI) commissioned a white paper on the effects of tobacco in the state, which was then presented to Governor Mike Huckabee. As a result, a broad educational, behavioral, and research platform was advanced to address the burden of tobacco use by incorporating investments in expanded health care coverage, professional and public education, targeted research, and successful disease prevention and health promotion strategies. From this development process a single proposal emerged, balanced with short- and long-term health improvement components. The Coalition for a Healthy Arkansas Today (CHART) was formed to advance the plan. CHART conducted 24 town hall meetings across the state to inform community leaders and members of the Arkansas General Assembly.

In 2000, after a legislative special session failed to reach a resolution, Governor Mike Huckabee announced his intention to take the CHART proposal "to the people" in the November election through a voter-initiated referendum. During the next three months, over 120,000 signatures supporting the ballot initiative were collected; half were generated by paid canvassers and half by grassroots organizations. In July 2000, the secretary of state placed the proposal on the November ballot. CHART mobilized grassroots organizations and information campaigns. Radio and local newspaper advertisements were the principal media outlets available for disseminating information.

In November 2000, with majority support in 73 of the state's 75 counties, the CHART plan, called the Tobacco Settlement Proceeds Act of 2000, passed with the largest majority in any statewide race that year. Recommendations include:

1. *Build strong support using a data-driven process that examines statistics and needs across a broad spectrum of interested stakeholders and focuses on the health and economic impact of the issue.*
2. *Advance solutions that are linked to scientifically supported programs. CHART used CDC recommendations/best practices for tobacco prevention and control.*
3. *Ensure that leadership has knowledge of existing legislation containing strategic components that may interact with legislative goals.*
4. *Build support from within the legislative, executive and judicial branches of state government.*
5. *Advance principles to guide spending decision.*

2.4(a10): Build Core Operating Support

Kansas Health Institute

The [Kansas Health Institute](#) (KHI) is an independent, nonpartisan and nonprofit health policy and research organization that informs policymakers about important issues affecting the health of Kansans. KHI was created in 1995 by the Kansas Health Foundation (KHF), a philanthropy based in Wichita, KS, which made the commitment based on its conclusion that health policy decisions often were based on fragmented, anecdotal and sometimes biased information. While the concept of an endowment was originally considered, KHF made a long-term commitment to KHI to provide unrestricted core operating funds.

There is an expectation that there will always be a need for an organization like KHI in the state, and the funding commitment has always been considered perpetual. This promise has persisted through a change in foundation leadership and complete turnover of its board membership.

Initially, KHI was discouraged from seeking additional external funding so that it remained strategically focused on Kansas-specific issues. However, as the organization and the relationship with KHF have matured, this has become less of a concern, and now KHI generates about one-third of its revenue from external sources.

KHF has implemented a strategy of building infrastructure in the state through free-standing institutions. KHI is a separate legal entity from KHF, based in Topeka, KS and governed by its own board of directors. In 2007, KHF created and committed to a similar ongoing funding structure for the Kansas Leadership Center (KLC), the mission of which is to build civic leadership in the state. KLC now shares a building and conference center in Wichita with KHF. The three organizations have distinct but related missions and work together on select initiatives that draw upon their unique strengths.

The core funding model creates a number of advantages for KHI. Most importantly, it allows the organization to remain mission-focused without the need to pursue additional revenue. In a state the size of Kansas, with limited sources of potential project funding, core funding provides stability for best-in-class staffing that avoids the ebb and flow of staffing levels that often accompanies grant-specific funds. Core funding also creates a sense of organizational permanence and promotes the development of long-term relationships with key stakeholders. Finally, core funding allows KHI to be innovative with initiatives, such as the KHI News Service and the Kansas Legislative Health Academy.

Institute of Medicine and Public Health

The [South Carolina Institute of Medicine and Public Health](#) (IMPH) is an independent entity serving as a convener around the important health issues in South Carolina. IMPH also serves as a resource for evidence-based information to inform health policy decisions. IMPH achieves its mission to collectively inform policy to improve health and health care by convening academic, governmental, organizational and community-based stakeholders around issues important to the health and well-being of all South Carolinians.

Securing diverse sources of core operating support was and continues to be critical to advancing the neutral work of the Institute. IMPH emerged in 2011 from the work and accomplishments of

the South Carolina Public Health Institute (SCPHI), which began in 2007 under a collaborative partnership between the University of South Carolina's Arnold School of Public Health and the SC Department of Health and Environmental Control. That academic/governmental partnership was further supported by funding from the Robert Wood Johnson Foundation (RWJF) to provide support for the initial strategic planning and formation of the Public Health Institute through their Fostering Emerging Institutes Program. From 2007 through 2011, SCPHI developed further momentum as a result of a core infrastructure investment by The Duke Endowment (TDE). During that period, SCPHI also received core funding from the University of South Carolina's Office of Research.

In 2011, TDE provided additional infrastructure funding to further develop the organizational capacity and mission of SCPHI by linking the work of the Public Health Institute with the vision to establish an Institute of Medicine in South Carolina. As IMPH, the initial investments and continued support from TDE have provided leverage to obtain additional core support from a variety of other philanthropic, academic, and corporate institutions. Lessons learned include:

1. *Develop a Clear Message*. Leadership and staff must be prepared and able to deliver clear, concise messages about the mission and work of the PHI.
2. *Develop Relationships*. In many ways, philanthropic support is based on relationships. Taking the time to network with decision-makers allows the opportunities for them to get to know the staff and organization. At IMPH, leadership and staff facilitated this through including stakeholders in its strategic planning process and initiating research with broad interest and appeal.
3. *Leverage Current Funding*. Demonstrating return on investment from current core support can show how additional funding would augment and increase those successes.

2.4(a13): Seek Mergers, Affiliations, and Acquisitions

Public Health Management Corporation
Few nonprofits merge or affiliate with other nonprofits. This is in stark contrast to the private sector, where part of business growth and development is mergers and acquisitions. Since 1989, [Public Health Management Corporation](#) (PHMC) has strategically used its infrastructure and size to partner with mission-aligned nonprofit colleagues through its affiliation model. The focus on these affiliations has been to drive down costs and enable the affiliate organizations to drive down their operational costs to better compete.

PHMC currently has 11 affiliates, with a consolidated annual operating budget of $300 million, including a foundation with close to $40 million in assets. Through its 300+ direct services programs; 11 affiliate partner organizations; and various partnerships with government, foundations, businesses and community-based organizations, the work of PHMC impacts every household in the Philadelphia region. The combined annual impact of PHMC and its affiliates on the Philadelphia community's economic vitality is estimated to be in the range of $1 billion. Of every dollar received, on average 92¢, or a total of $161 million, go toward program services.

In 2013, PHMC formed the [Delaware Public Health Institute](#) (DPHI) after a two-year process of working with the University of Delaware, College of Health Sciences (CHS); the University of Delaware's Nurse-Managed Health Center; and the State of Delaware, Division of Public Health.

PHMC, Pennsylvania's only PHI, helped develop DPHI with CHS in recognition of the fact that many health needs and services cross state lines between Delaware and southeastern Pennsylvania. The partnership between PHMC and CHS is a first of its kind model for PHIs' development.

The PHMC Affiliation Model:
- *Affiliations are strategically different from mergers. In a merger, one of the organizations usually loses its identify and ceases to exist. Some or all staff and board leadership are absorbed into one of the organizations or the newly merged corporate entity. Affiliations are different; staff and board leadership usually remain intact following some economies of scale and back-office consolidation.*
- *PHMC believes in the missions of the organizations with which it partners and wants them to keep their identities and leadership as they affiliate.*

Why Should Nonprofit Organizations Affiliate?
- *Affiliation is not for every nonprofit organization and its leadership. Support of both the senior leadership and board members of both parties is key to the success of these strategic partnerships. PHMC has built its model around attracting agencies that are mission-aligned and with services that can be wrapped around existing consumers within the PHMC family.*
- *Through affiliation both organizations can have a broader community impact.*
- *In PHMC's case, the affiliate organization's leadership is usually looking to grow and scale.*

2.4(a15): Host Partnerships and Coalitions

Illinois Public Health Institute
With funding from a CDC/NNPHI/ASTHO initiative to promote use of the Guide to Community Preventive Services (Community Guide), the [Illinois Public Health Institute](#) (IPHI), Illinois Department of Public Health (IDPH) and Illinois State Board of Education (ISBE) convened The Enhanced PE Task Force in 2011 to develop a strategic plan for furthering the use of enhanced school-based physical education (enhanced PE) in Illinois schools. Facilitated by IPHI, the group initially operated in a voluntary fashion to produce the strategic plan. In the fall of 2012, the group was formalized, expanded, and charged by the Illinois legislature to revise Illinois' PE and health learning standards and move the PE improvement goals of the strategic plan forward. The Task Force issued its final report in August 2013, and the ISBE is moving forward with adopting the new learning standards. IPHI, working with the staff at the ISBE and IDPH, supported meetings of the full Task Force and committees, providing logistics, notices, and minutes; conducted policy research; wrote research briefs and fact sheets; secured experts to present information to the group; facilitated meetings and development of consensus; assisted in writing proposed policies; drafted the final report; and helped the group develop and execute a communications plan directed at local school stakeholders like superintendents, principals, teachers, parents, and students. View the initial [strategic plan](#) and the [final report](#).

Be ready to navigate and build consensus across diverse agendas and priorities. Each partner and stakeholder at the table brings both their personal views and preferences, and the imperatives and priorities of the institutional interests or constituents they represent. PHIs

should assume that all participants are committed to the task in their own way and, despite differences, operating in good faith. Building trust, bridging differences and finding consensus requires facilitating open and honest acknowledgement of the priorities and concerns of all groups represented.

Think about sustainability at the front end. In this case example, the partnership was time-limited and task-focused, but the policy and practice issue would need ongoing promotion. Because the issue was already an advocacy priority for both individual advocacy groups and the obesity prevention advocacy coalition led by IPHI, the recommendations of the Task Force have transitioned to a blueprint for advocacy with advocates now able to leverage the new relationships and cross-institutional consensus that was built around the final recommendations. In addition, look for opportunities to leverage the priorities, decisions, and recommendations of the partnership for new funding requests and new initiatives.

Manage staffing and leverage staff competencies. Projects do not always support new staff, so PHIs will need to be flexible in re-structuring the work of existing staff; identifying and leveraging the competencies of multiple staff; using consultants for specific purposes; leveraging and deploying the expertise of the partnership members themselves; and using interns. Important staff competencies for hosting partnerships and coalitions include agenda planning and facilitation; written and oral communications and messaging skills; data research for and communication to non-experts; and ability to meet hard timelines and deadlines. Of particular importance is the ability to build trust and synthesize multiple points of view to achieve consensus.

2.4(a16): Sponsor Trainings and Conferences

Health Policy Institute of Ohio
In May 2013, the [Health Policy Institute of Ohio](#) hosted a one-day conference, "Health Innovations 2013: Finding Solutions in Unlikely Places," in Columbus, Ohio. The conference focused on how looking outside of health and health care settings can foster the type of integrative thinking and collaboration that leads to innovative solutions. The meeting showcased innovative and promising approaches to health-related issues that have been adopted from other industries - approaches that have the potential to reduce health costs, improve outcomes or increase access. Participants learned about the relevant state or federal policy implications of these approaches. Lessons learned include:

- *Hosting a pre-conference dinner with speakers, institute staff, and institute board members is a useful way to "break the ice" among participants and allows for informal sharing of expertise among speakers.*
- *It is helpful to ask the keynote speaker to review others' presentations ahead of time (if available) to allow he/she to coordinate the theme for the day.*
- *Explicitly ask the keynote speaker or other designee to speak at the end of the conference to reflect on the day's learnings and tie it all together.*
- *Allow plenty of time for audience participation.*
- *Build in time for networking, preferably over lunch, as attendees appreciate the opportunity to meet others. We've tried post-conference cocktail hours, but most attendees choose not to stay.*

- *Before inviting speakers, try to find video of them speaking and/or get a recommendation from someone who has heard the individual speak at a previous event.*
- *As a health policy or public health institute, attendees greatly appreciate healthy meal options.*
- *Provide attendees with an opportunity to evaluate the program.*
- *Charge for the event; even a nominal fee will reduce no-show rates.*
- *Send a reminder of the event a few days beforehand.*

2.4(a17): Deliver Prevention and Medical Care Services

Public Health Solutions

For over forty years, *Public Health Solutions* (PHS) has been providing direct health care and supportive services to vulnerable, high-need individuals and families in New York City. Due to a fiscal crisis, the NYC Department of Health transferred its Maternal Infant Care (MIC) Centers to PHS' management in the 1970s. PHS currently operates two of these Centers and provides high-quality reproductive healthcare to over 4,500 women annually.

Three of PHS' MIC centers became Federally Qualified Health Centers (FQHCs). Patients of those Centers would continue to have access to high-quality health care, while PHS could focus its attention on sustaining high-quality reproductive health and family planning services. PHS made an investment in quality improvement initiatives at the remaining Centers, using clinical data to improve quality and efficiency. Provider-level clinical report cards have been utilized to share performance metrics, identify necessary systems changes, and help providers improve their clinical care.

PHS continues to seek opportunities to grow and thrive in the health reform era. It has been engaged in a long-term planning process with the City University of New York to locate an enhanced health services center on its Kingsborough Community College Campus to provide reproductive health and family planning services to students, faculty, and staff.

Additionally, PHS is pursuing Patient Centered Specialty Practice (PCSP) recognition from the National Committee for Quality Assurance (NCQA) through a collaborative sponsored by the National Family Planning and Reproductive Health Association. The PCSP, the specialty practice equivalent of NCQA's primary care Patient Centered Medical Home designation, is a team-based model of continuous and coordinated care to maximize health outcomes.

PHS has also leveraged its clinical and public health expertise to launch several innovative public health initiatives. In partnership with the NYC Department of Health and Mental Hygiene, PHS has convened the NYC Intrauterine Device (IUD) Task Force. This city-wide effort to increase the availability and uptake of IUDs brings together over 40 women's health experts to address barriers to patient access, increase provider training, identify and address policy issues, and create a framework for measuring the prevalence of IUD usage. PHS also recently received funding to implement a Family Planning Capacity Building Project at four FQHCs in NYC to improve their provision of high-quality family planning services. PHS will use each center's electronic health records through a quality improvement framework to address counseling, staff training, organizational policy, and reimbursement issues.

2.4(a19): Manage Legal Settlements

Louisiana Public Health Institute

The [Louisiana Public Health Institute](#) (LPHI) is currently administering two separate multi-million dollar legal settlement agreement funds resulting from class action lawsuits. In both cases, a steering committee comprised of both plaintiffs and defendants recommended to the respective courts that LPHI administer the settlement agreement funds on behalf of the court. LPHI did not seek to administer these public health trust funds, but rather was approached by the steering committees because of its history of health systems development in the Greater New Orleans region over the last decade and reputation of integrity and accountability. Particularly appealing to the steering committees was LPHI's ability to rapidly ramp up and administer a large federal grant to rebuild and expand primary care and behavioral health services after Hurricane Katrina in Greater New Orleans.

In the first settlement agreement, the steering committee asked LPHI to design an approach for re-granting the funds and to recommend potential public health focus areas that the settlement funds could help address. The court order authorizing LPHI to administer the funds centered on improving primary care access in the Greater New Orleans region, but was broad enough for LPHI to recommend focusing specifically on behavioral health in primary care settings. Once the steering committee approved this topic area, LPHI convened a meeting of local stakeholders to provide input to further refine the topic and re-granting approach. LPHI then developed an RFP to [fund innovative projects to integrate primary care, behavioral health, and referrals to social services with an additional goal of building local capacity and sustainable systems change](#).

In the second settlement agreement, the Deepwater Horizon medical settlement steering committee worked with LPHI to design a [program to build primary care capacity in 17 counties and parishes in Alabama, Northwest Florida, Louisiana, and Mississippi](#). This program proposal became a part of the actual court settlement and is a companion to three related projects which are part of the Gulf Region Health Outreach Program.

Building local capacity by leveraging existing community assets and activities with a goal of sustainable system change and legacy benefits is core to both programs. Technical assistance and learning collaboratives are also integral components of each. Key to successful implementation both settlement agreement funds is the inclusion of steering committees and stakeholders in the design and implementation of the programs.

2.4(b) Assisting Other Agencies

2.4(b2): Incubate New Organizations

Public Health Management Corporation

Communities have come to recognize the importance of PHIs to build public health capacity, foster partnerships and leverage resources to meet public health goals. [Public Health Management Corporation](#) (PHMC) is establishing the Delaware Public Health Institute, in partnership with The University of Delaware's College of Health Sciences (CHS), to improve public health in Delaware.

CHS' mission is to expand the research enterprise within the college to improve the health and well-being of Delawareans and strengthen interdisciplinary faculty and student outreach activities and partnerships in the local, national, and global communities.

PHMC can help achieve this mission by drawing on its history of serving the Greater Philadelphia region as a convener, facilitator, developer, researcher, intermediary, manager, advocate, and innovator in the field of public health, as well as its network of 2,000 employees, 350 programs, and 11 subsidiaries. One of the initiatives in which to engage the new PHI would be to expand PHMC's Community Health Database (CHDB) into Delaware. The CHDB, which is conducted through PHMC's Center of Data Innovation, is an annual Household Health Survey that assesses community needs at the population and neighborhood level. Utilized by over 400 agencies, the survey gives a comprehensive snapshot of the health of the region. PHMC will also take a lead in Delaware's county health rankings, which will have a positive impact on improving education and data collection in Delaware. Another initiative includes expanding the Nurse-Managed Health Center located at the University of Delaware. Through the PHMC health network that consists of five nurse-managed federally qualified health centers, PHMC can provide expertise and information sharing on best practices. National Nursing Centers Consortium (NNCC), a PHMC affiliate, can partner on advocacy and policy issues to promote nurse-managed primary care across the country.

By creating a partnership across state lines, the Delaware Public Health Institute will benefit from expertise from CHS and PHMC by getting increased visibility, access to additional sources of funding, and increased partnerships.

2.4(b4): Operate as a Program Office for Foundations

North Carolina Institute for Public Health
Over the past decade, the [North Carolina Institute for Public Health](#) (NCIPH), part of the Gillings School of Global Public Health at UNC-Chapel Hill, has hosted three national healthy community initiatives supported by the Robert Wood Johnson Foundation (RWJF): [Active Living by Design](#) (ALbD), Healthy Eating by Design (HEbD) and [Healthy Kids, Healthy Communities](#) (HKHC). Together, these three programs contributed to the development of a new body of knowledge related to active living, healthy eating, and the impact of policies, systems, and environmental change strategies on individual behavior and population health. They also deepened the capacity of organizations, leaders and residents to work across disciplines toward the achievement of healthier communities. Lessons Learned and Competencies Needed:

- *Be prepared to engage in deep collaboration with the funder. PHIs should be prepared to meet regularly with their funder (remotely and face-to-face); provide regular progress reports; embrace feedback regarding strategy, implementation and communication; serve as a spokesperson at conferences, on advisory committees, and in other field-building activities; be transparent about challenges; and engage in ongoing evaluation of lessons learned, promising practices and results.*
- *Hire wisely, and invest in staff. National program staff must possess a unique combination of attributes, including deep subject matter expertise; strong coaching and consultation skills; and the ability to select, manage and monitor grants. The ability to work effectively across disciplines is a must, as are strong communication skills.*

- *Be flexible in program operations. Overseeing a national program requires the ability to navigate the policies and practices of one's host institution as well as those of multiple grantees, mission partners and funders.*
- *Grow sustainably. The exposure gained from leading a successful national program has the potential to attract other organizations with an interest in engaging in similar work. NCIPH secured additional grants and contracts to support other initiatives. While this created new opportunities to leverage past experience and build the field, it is important to be strategic about expansion in order to minimize staff burnout, avoid mission drift or build an infrastructure that cannot be sustained over time.*

2.4(b6): Deliver Core Government Programs

Institute for Population Health
In October 2012 the [Institute for Population Health](#) (IPH) became the entity through which residents of the City of Detroit receive all mandated and non-mandated public health services, including disease control, immunizations, maternal and child health programs, substance abuse prevention and treatment, and environmental health services. During IPH's first year, funding was provided through a direct contract with the Michigan Department of Community Health. This unprecedented funding arrangement was made possible because Detroit was in a financial crisis and under a consent agreement with the State.

Detroit's Mayor and leadership team determined that it could no longer provide public health services effectively due to the funding crisis, leading to creative discussions regarding alternative delivery systems. While no other PHI had taken on the responsibility of providing all mandated public health services, partnerships between governmental public health and PHIs are evidence-based models for the provision of services to improve and protect the public's health.

Through a series of meetings with the state health department and city officials, IPH leadership demonstrated that it would provide a stable, sustainable model for public health services. In addition to reducing administrative costs, the IPH structure allows for an efficient, nimble organization to expeditiously handle grant funds and associated staffing.

The public health authority to enforce codes and ordinances and act in a public health emergency remains in Detroit through three positions that must be maintained and approved by the State of Michigan. Those three individuals also assure that the public health services provided by the IPH meet all applicable rules, regulations and guidelines.

As IPH entered its second year of operation, Detroit was no longer under the consent agreement that was used to allow for a direct funding relationship with the state health department. While the initial focus for IPH was the provision of core public health services, the organization has worked to foster innovation, leverage resources, build partnerships and diversify funding.

Module 3:
Leveraging Partnerships and Alliances

3.1: Key Types of Partnerships and Alliances

3.1(a): Business Partnerships with Governments

Louisiana Public Health Institute
Beginning in 2011, public health departments pursuing voluntary accreditation through the Public Health Accreditation Board (PHAB) must conduct and disseminate a comprehensive community health assessment (CHA) leading to the development of a community health improvement plan (CHIP). Additionally, the Patient Protection and Affordable Care Act requires nonprofit hospitals to conduct community health needs assessments (CHNAs) every three years to inform their community benefit plans. The Louisiana Public Health Institute (LPHI) has taken advantage of these two opportunities to build upon and expand its existing assessment expertise in community collaborative processes and data collection, analysis, aggregation, and translation.

LPHI has collaborated with local and state health departments along the Gulf Coast, nonprofit hospital systems, and other community stakeholders and partners to conduct CHAs that inform CHIPs. LPHI's approaches this work is by building local and state capacity to continue these CHA/CHIP activities in the future and, where needed, lead the process and/or provide assessment services.

As part of this work, LPHI conducted a facilitated discussion to inform the approach to and coordination of CHA/CHIP efforts by a state health department pursuing accreditation. LPHI helped convene the state health officer, public health district health officer and administrator, other state key state health department staff, and the Federally Qualified Health Center that coordinates the efforts to design and implement the state's plan for that district's CHA/CHIP. LPHI is continuing to provide technical assistance to the public health district manager and staff on evidence-based models for designing CHA/CHIPs, such as the National Association for County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) process.

3.1(b): Relationships with Foundations

Louisiana Public Health Institute
An example of applying jointly as a collaborative to address the interest of a particular foundation is that of the two-and-a-half-year partnership between Baptist Communities Ministries (BCM), Louisiana Public Health Institute (LPHI), and the New Orleans Health Department to facilitate an overarching transformation of the Department into a 21st-century organization capable of improving population health through data-driven decision making and policy development.

LPHI—a long-term BCM grant recipient and partner—was a natural choice for the initiative, having long established its range of capacities, professionalism, and commitment to improving the health and wellbeing of Louisianans. LPHI has received a range of BCM grants over the years, including: a three-year, $466,000 grant to assessing the impact of the Affordable Care Act on Louisiana ($466,000, three-year grant); assessing and aligning St. Tammany Parish behavioral health services ($173,000, 1.5-year grant); and improving maternal and child health through interpregnancy care for high-risk mothers ($500,000, two-year grant). By developing a long-term relationship with a local foundation, and demonstrating its ability to help BCM fulfill its mission of growing and sustaining healthy communities in the five-parish Greater New Orleans area, LPHI has become an ongoing and trusted BCM grantee and partner.

3.1(c): Relationships with Colleges and Universities

Louisiana Public Health Institute
The [Louisiana Public Health Institute](#) (LPHI) engages an average of 15-20 MPH and MSW students as interns at any given time. Interns work on a wide range of programs and initiatives. LPHI serves as a field placement site for the Tulane School of Social Work—where many of the students are in a dual degree MSW/MPH program—as well as a field placement site for MPH students from Tulane, Louisiana State University, and other institutions. LPHI hires both masters and doctoral students to supplement full-time staff. In addition to exposing students to a broad range of public health initiatives and professional development opportunities, LPHI frequently hires student interns after the opportunity to learn about their qualifications and competencies.

3.1(d): Engaging the Private Sector

North Carolina Institute for Public Health
The [North Carolina Institute for Public Health](#) (NCIPH) has served as a neutral convener between hospitals and health departments to advance focused health improvement initiatives of mutual interest. NCIPH's work demonstrates the capacity of PHIs to help communities move from assessment to action through effective partnerships and implementation of proven strategies.

As a national leader in public health quality improvement and accreditation, NCIPH is facilitating efforts of the North Carolina Public Health and Hospital Steering Committee to engage local public health leaders, hospital executives, and other stakeholders to carry out collaborative community health assessment and community health improvement plans. Members of the steering committee include representatives from the North Carolina Association of Local Health Directors, North Carolina Center for Public Health Quality, North Carolina Hospital Association, North Carolina Division of Public Health, North Carolina Association of Community Health Centers, and other community partners.

NCIPH conducted a statewide community benefit roundtable in March 2010 as part of a CDC-funded initiative to explore strategies to improve community health through community benefit investments. NCIPH hosted a second meeting in June 2011 for hospital/health system stakeholders, local health directors, funders, and other community partners to identify ways to improve the community health assessment and improvement process and clarify how nonprofit hospitals and public health agencies would collaborate throughout the full cycle of community

health improvement.

As a result of its convening efforts, NCIPH is leading a learning collaborative to drive innovative model community partnerships. These collaborations use data- and evidence-based approaches to develop systems and strategies that improve health outcomes. Through this collaborative, NCIPH is assisting five local teams in conducting unified community health assessment and improvement plans. Teams consist of public health, hospitals, the United Way, and other community partners. Two teams—one single-county and one multi-jurisdictional—are currently completing their assessments. The three other teams are working on action planning and implementation. The long-term goal is to spread the elements of these community system models to all North Carolina communities by December 2015.

NCIPH plans to create a best practice resource for communities, including a toolkit with templates for community health assessment and improvement plans. NCIPH will also designate mentors from local public health agencies and hospitals to help all North Carolina communities build effective partnerships and implement evidence-based policies and programs.

3.1(f): Relationships with Community Organizations

Public Health Management Corporation
Of the three Public Health Management Corporation (PHMC) strategies to address Street Smarts County-Specific Safety Focus Areas (SFAs), expanding community partnership remains a critical element. This entails expanding beyond long-term partners that bring much needed expertise, competencies, and experiences in conducting broad-based Highway Safety programs. These partners include national, state and local police departments, local government agencies, district justices, schools, hospitals, educators, community groups and local businesses.

PHMC's community partnership expansion aims to: (1) link long-term national and countywide partners with newly identified grassroots community partners and organizations, (2) target community-based organizations and sites with authority to make programmatic decisions on behalf of their consumers, (3) allow for real-time targeted events based on recent crash data, (4) engage CBOs that have the capacity to serve multiple audiences, and (5) leverage resources.

In order to sustain efforts, PHMC recognizes the importance of identifying community partners that have similar missions and willingness to leverage resources to expand the scope of PHMC's efforts while meeting their mission. For instance, PHMC's Street Smarts team began identifying insurers, other funders with injury prevention priorities, and academic researchers with an interest in highway safety to develop joint initiatives and research activities based on community need and alignment of the SFAs. While implementing efforts in a challenging economic environment, PHMC's engagement strategies to leverage resources are an important element in sustainability, scalability, and dissemination.

PHMC's most important lessons learned about how to strategically expand its community partnerships consisted of learning earlier on that in order to increase the impact of the program, it needed to go beyond simply coordinating efforts with other usual stakeholders. It needed involvement at all levels—including grassroots engagement and outreach—in order to have local impact, keep the initiative relevant and fresh while building community capacity to sustain

efforts, and run successful targeted media campaigns. These two strategies of grassroots community engagement and outreach and identifying partners to leverage resources has set the stage for PHMC's Streets Smarts program to continue to raise public awareness, build community capacity, expand its reach, and now begin contributing to the scientific body of preventive health. To learn more, visit [PHMC's Programs and Affiliates](#) webpage.

Module 5:
Organizational Development and Operational Capacity

5.1: Legal Basis: The Origin Point for Public Health Institutes

5.1(d): Authorizing Legislation and Resolutions

Michigan Public Health Institute
An amendment to the public health code of the State of Michigan authorized the state public health agency to establish a nonprofit corporation in partnership with public universities in the state. To keep the legislation general, a very broad mission was crafted to encompass public health research, evaluation, and demonstration. Policy and planning mandates were added, as well as a clause that provides for "any other project considered appropriate by the board of directors." For more information visit Michigan Public Health Institute's (MPHI's) website and view MPHI's authorizing legislation.

5.2: Governance: Board Duties, Roles, and Responsibilities

5.2(h): Board Development

Arkansas Center for Health Improvement (ACHI)
The Administrative Committee provides performance review and establishes compensation for ACHI's Director, oversight of ACHI's financial performance, and approval of ACHI's annual budget. The Administrative Committee has formally delegated ACHI policy decisions to the ACHI Health Policy Board. Administrative Committee members are the chief administrators from each of ACHI's sponsoring organizations.

ACHI's Health Policy Board consists of 21 members from across the state who bring diverse perspectives and interests on health. This independent, self-perpetuating board identifies and establishes strategic priorities, provides direction and guidance, and serves as a forum for the exchange of ideas. The ACHI health policy board determines ACHI's involvement in and position on specific policy issues and has published its Health Policy Board Position Statements articulating the needs of Arkansas.

5.13: Communications

5.13(a): Strategic Communications

5.13(a5): Determining How to Communicate a Message, Over Time, to Various Target Audiences

Louisiana Public Health Institute

Step Together New Orleans (Steps), a partnership of Louisiana Public Health Institute and the City of New Orleans Health Department, is a community-based public health initiative created with support from Steps to a Healthier US to help New Orleanians live longer, healthier lives by reducing obesity, diabetes and asthma throughout the city.

The Steps media workgroup began with a branding process wherein preliminary assessment data, collected by Zehnder Communications and Bright Moments public relations firm, identified African-American women, 18–44 years of age as the target audience with whom advertising messages regarding family health would have the greatest impact. Focus groups were held with members of the proposed target audience. Data obtained from these focus groups was used to develop the messages and design the creative executions for the television, radio and transit advertisements. The primary messages of the media campaign encourage individuals to eat more fruits and vegetables, increase physical activity, and eat less snack food. Phase one of the media campaign focuses on just the first two messages and avoids the high media costs and traffic of election and holiday seasons by running its messages from January–September. Phase two will expand to include the third and more difficult message once trust is built with the Steps brand.

The media workgroup created the Steps Web site with a look and feel consistent with the campaign it supports, while expanding on the simple messages by providing realistic and informed ways to live healthfully. The media campaign will also be supported through grass roots level participation at special events and through media partnerships that leverage greater exposure of Steps core messages. The development of a booth display, informational brochures, and collateral items provide support for the various Steps workgroups.

5.13(a7): Understanding Public Relations

Louisiana Public Health Institute

Beginning in 2011, public health departments pursuing voluntary accreditation through the Public Health Accreditation Board (PHAB) must conduct and disseminate a comprehensive community health assessment (CHA) leading to the development of a community health improvement plan. One of the first questions to ask when promoting a new initiative is which strategic partners should be referenced, given credit, and how to credit them. Even if most of the work is led or managed by PHI staff, many public health initiatives require significant community collaboration, multi-sector partnering, and stakeholder buy-in to be grounded in the communities served. When drafting a new program overview, one-pager, brochure, press release, media alert, etc., partner credit should always be referenced in PHI initiative communications. When partners are left out of publications, it may negatively impact their interest in working with the PHI in the future. In response to this issue, the Louisiana Public Health Institute (LPHI) has developed internal protocols and review processes to ensure that strategic partners and collaborators are always included in published information about a program or initiative. The phrases "in partnership with" and "in collaboration with" have become a part of LPHI's culture and worldview. These language standards help ensure LPHI's

work remains grounded in collaborative leadership and that LPHI always strives to "pay it forward" by making it clear that partner contributions are not only important, but that LPHI's work wouldn't be possible otherwise.

Appendix B: Resources

Module 1: The Public Health Institute Model, NNPHI, and Examples

1.1: What is a Public Health Institute?

Websites

- **Institute of Medicine:** The Future of the Public's Health in the 21st Century: http://www.iom.edu/Reports/2002/The-Future-of-the-Publics-Health-in-the-21st-Century.aspx
- **Michigan Public Health Institute:** Public Health Institutes: The Michigan Experience: https://www.mphi.org/wp-content/uploads/2013/11/Public_Health_Institutes_Michigan_Experience.pdf
- **Robert Wood Johnson Foundation:** Helping Public Health Institutes Become a Key Player in the "New" Public Health: http://www.nnphi.org/uploads/media_items/helping-public-health-institutes-become-a-key-player-in-the-new-public-health-strengthening-the-nation-s-public-health-institutes.original.pdf

1.4: The National Network of Public Health Institutes

Websites

- **Georgia Health Policy Center and National Network of Public Health Institutes:** Keys to Success: http://www.nnphi.org/uploads/media_items/keys-to-success-report-capacity.original.pdf
- **Georgia Health Policy Center and National Network of Public Health Institutes:** Public Health Institute Assessment Tool: http://www.nnphi.org/uploads/media_items/phi-assessment-tool.original.pdf
- **National Network of Public Health Institutes:** Community Health Assessment and Improvement Planning: The Unique Contribution of Public Health Institutes: http://nnphi.org/CMSuploads/CommunityHealthAssessmentandImprovementPlanning-TheUniqueContributionOfPublicHealthInstitutes.pdf
- **National Network of Public Health Institutes:** Partnering for the Public's Health: The Role of Public Health Institutes as Fiscal Agents and Intermediaries: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf

Module 2: Readiness, Entrepreneurial Leadership and Choosing Business Strategies

2.1: Public Health Institute Readiness

Websites

- **Alliance for Nonprofit Management:** About: https://www.allianceonline.org/about-alliance
- **Foundation Center:** Nonprofit Management: http://foundationcenter.org/gainknowledge/nonprofitlinks/
- **National Council of Nonprofits:** Resources: http://www.councilofnonprofits.org/resources
- **National Network of Public Health Institutes and Georgia Health Policy Center:** Public Health Institute Assessment Tool: http://nnphi.org/uploads/media_items/phi-assessment-tool-1.original.pdf

2.2: Entrepreneurial Leadership

Journals

- Light PC. Searching for Social Entrepreneurs: Who Might They BE, Where They Might Be Found, What They Do. *Research on social Entrepreneurship: Understanding and Contributing to an Emerging Field*. 2006. Volume 1, Number 3: pp 30-31, pp 97-98.

Websites

- **Ashoka:** About Us: https://www.ashoka.org/about
- **Ashoka:** Video Story of Ashoka: https://www.ashoka.org/video/story-ashoka
- **Public Broadcasting Service (PBS):** The New Heroes: http://www.pbs.org/opb/thenewheroes/
- **Social Enterprise Alliance:** The Case for Social Enterprise Alliance: https://www.se-alliance.org/why

2.4: Strategies for Developing Business

Websites

- **Center for Lobbying in the Public Interest:** Important Lobbying Exclusions Under the 1976 Law: http://www.clpi.org/images/pdf/Exclusions%20from%20Lobbying%20Color.qxp.pdf
- **Center for Lobbying in the Public Interest:** IRS Rules: http://www.clpi.org/the-law/irs-rules
- **Health Policy Institute of Ohio:** Policy Resources: http://www.healthpolicyohio.org/resources/

- **Independent Sector:** Legal Compliance and Public Disclosure Resources for Nonprofits: http://www.independentsector.org/governance_ethics_resource_center#sthash.mt8kV99C.dpbs
- **National Health Policy Forum:** Policy and Evaluation Resources: http://www.nhpf.org/resources

Module 3: Leveraging Partnerships and Alliances

3.1: Key Types of Partnerships and Alliances

Websites

- **Berkely Media Studies Group:** About: http://www.bmsg.org/about
- **Federal Reserve Bank of San Francisco:** Healthy Communities Initiative: http://www.frbsf.org/community-development/initiatives/healthy-communities/
- **Health Resources in Action:** Leveraging Multi-Sector Investments: New Opportunities to Improve the Health and Vitality of Communities: http://hria.org/resources/reports/community-development/leveraging-multi-sector-investments-new-opportunities-to-improve-the-health-and-vitality-of-communities.html
- **Kansas Health Institute:** About the KHI News Service: http://www.khi.org/news/2012/feb/27/about-khi-news-service/
- **National Association of Black Journalists:** NABJ Media Institute on Health: Covering Undeserved Communities in the Bay Area: http://c.ymcdn.com/sites/www.nabj.org/resource/resmgr/mi-health/nabj13_mihealth_ca_program.pdf
- **National Network of Public Health Institutes:** Partnering for the Public's Health: The Roles of Public Health Institutes as Fiscal Agents and Intermediaries: http://www.nnphi.org/uploads/media_items/fiscal-intermediaries-report-11-16.original.pdf
- **Prevention Institute:** Collaboration Multiplier: http://www.preventioninstitute.org/component/jlibrary/article/id-44/127.html

Module 4: Funding

4.1: Emerging Funding Strategies

Conferences

- **Social Capital Markets Conference (SOCAP):** http://socap13.socialcapitalmarkets.net
- **Social Impact Exchange:** http://www.scalingconference2013.org/content/sponsors

Websites

- **Center for Advancement of Social Entrepreneurship (CASE):** Scaling Social Impact: http://www.caseatduke.org/knowledge/scalingsocialimpact/index.html
- **Center for High Impact Philanthropy, UPENN:** Homepage: http://www.impact.upenn.edu
- **Harvard Business School:** Social Enterprise: http://www.hbs.edu/socialenterprise/
- **Harvard Business Review:** The Rise of Social Entrepreneurship in B-Schools in Three Charts: http://blogs.hbr.org/cs/2013/02/the_rise_of_social_entrepreneu.html
- **Harvard Kennedy School Social Impact Bond Technical Assistance Lab:** Landing Page: http://hks-siblab.org
- **Harvard Kennedy School Social Impact Bond Technical Assistance Lab:** Social Impact Bonds: A Guide for State and Local Governments: http://hkssiblab.files.wordpress.com/2013/07/social-impact-bonds-a-guide-for-state-and-local-governments.pdf
- **Mike Bloomberg Blog:** NYC Announces Nation's First Social Impact Bond Program: http://www.mikebloomberg.com/index.cfm?objectid=E791E137-C29C-7CA2-F5C2142354A09332
- **Nonprofit Finance Fund:** Pay For Success/Social Impact Bond Initiative: http://nonprofitfinancefund.org/pay-for-success
- **Rockefeller Foundation:** Accelerating Impact: Achievements, Challenges and What's Next in Building the Impact Investing Industry: http://www.rockefellerfoundation.org/blog/accelerating-impact-achievements
- **Rockefeller Foundation:** Impact Investing: http://www.rockefellerfoundation.org/our-work/current-work/impact-investing
- **Rockefeller Foundation:** State and Local Governments Receive Assistance to Launch Social Impact Bond Projects Across the Country: http://www.rockefellerfoundation.org/news/press-releases/state-local-governments-receive
- **Scaling Social Impact:** A Literature Toolkit for Funders: http://www.caseatduke.org/documents/Articles-Research/Scaling_Social_Impact-A_Literature_Toolkit_for_Funders(Final).pdf
- **Social Finance, Inc:** Homepage: www.socialfinanceUS.org
- **Stanford Social Innovation Review:** Seven Deadly Sins of Impact Evaluation: http://www.ssireview.org/blog/entry/seven_deadly_sins_of_impact_evaluation

4.2: Traditional Funding Approaches

Websites

- **Association of Independent Research Institutes:** Homepage: http://www.airi.org/
- **California Wellness Foundation:** Homepage: http://www.calwellness.org/
- **FedBiz Access:** System for Award Management Registration: http://www.governmentcontractorregistration.org/register-now.html
- **The Foundation Center:** A Guide to Nonprofit Business Development: http://www.issuelab.org/resource/guide_to_nonprofit_business_development
- **The Foundation Center:** Homepage: http://www.foundationcenter.org/
- **FedBizOpps.Gov:** Homepage: https://www.fbo.gov/
- **Federal Fund Management Advisor:** Homepage: http://federalfundmanagement.com/
- **Grants.gov:** Homepage: http://www.grants.gov/web/grants/home.html
- **GSA Federal Acquisition Service:** Schedule List: http://www.gsaelibrary.gsa.gov/ElibMain/scheduleList.do
- **The Grantsmanship Center:** Competing for Federal Grants: http://www.tgci.com/cfg.shtml
- **Hutton Parker Foundation:** Homepage: http://www.huttonfoundation.org/funding_core_support.html
- **Management Concepts:** Training Courses Landing Page: http://www.managementconcepts.com/
- **National Association of Attorneys General:** Current Attorneys General: http://www.naag.org/current-attorneys-general.php
- **National Council of University Research Administrators:** Homepage: http://www.ncura.edu/content/
- **Regulations.gov:** Cost Principles Text Comparison: http://www.regulations.gov/#!documentDetail;D=OMB-2013-0001-_0006
- **Society of Research Adminsitrators:** Homepage: http://www.srainternational.org/sra03/index.cfm
- **United States Department of Health and Human Services:** Code of Federal Regulations: http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.102
- **US AID:** Acquisition and Assistance: http://www.usaid.gov/who-we-are/agency-policy/series-300
- **Verynice Labs:** Guide to Nonprofit Business Development: http://verynicenonprofits.wordpress.com/2013/06/26/phase-1/
- **Weingart Foundation:** Homepage: http://www.weingartfnd.org/grant-guidelines
- **The White House Office of Management and Budget:** Circular A-110: http://www.whitehouse.gov/omb/circulars_a110

4.3: Positioning for Business Opportunities

Websites

- **Association of Independent Research Institutes:** Homepage: www.airi.org
- **Council on Foundations:** Homepage: www.cof.org
- **Foundation Center:** Homepage: www.foundationcenter.org

- **The Grantsmanship Center:** Homepage: www.tgci.org
- **Internal Revenue Service:** Fundraising Rules: http://www.irs.gov/irm/part4/irm_04-076-051.html
- **National Network of Fiscal Sponsors:** Homepage: www.fiscalsponsors.org
- **Office of the Federal Register:** Reform of Federal Policies Relating to Grants and Cooperative Agreements; Cost Principles and Administrative Requirements (Including Single Audit Act): https://www.federalregister.gov/articles/2013/02/01/2013-02113/reform-of-federal-policies-relating-to-grants-and-cooperative-agreements-cost-principles-and
- **Society of Research Administrators:** Homepage: www.srainternational.org
- **The Study Center:** Homepage: www.studycenter.org
- **United States Department of Labor:** Federal Rules on Indirect Cost Bases and Rates: http://www.dol.gov/oasam/programs/boc/costdeterminationguide/cdg.pdf

Module 5: Organizational Development and Operational Capacity

5.1: Legal Basis: The Origin Point for Public Health Institutes

Websites: Articles of Incorporation Resources

- **About.com Nonprofit Charitable Orgs:** Before You Incorporate as a Nonprofit – Pros & Cons: http://nonprofit.about.com/od/nonprofitbasics/bb/corppros.htm
- **Answers.USA.gov:** Starting and Incorporating a Nonprofit Organization: http://answers.usa.gov/system/templates/selfservice/USAGov/#portal/1012/article/4166/Starting%20and%20Incorporating%20a%20Nonprofit%20Organization
- **Answers.USA.gov:** State Secretaries of State: http://answers.usa.gov/system/templates/selfservice/USAGov/#portal/1012/article/4199/State Secretaries of State
- **CompassPoint Nonprofit Services:** Board Café: http://www.compasspoint.org/board-cafe/laws-brief
- **CompassPoint Nonprofit Services:** Research & Publications: Board Café Archives: http://www.compasspoint.org/board-cafe/laws-brief
- **Foundation Center:** Nonprofit Incubators: How Can They Help Your Organization?: http://newyorkblog.foundationcenter.org/2012/08/nonprofit-incubators-how-can-they-help-your-organization-.html
- **The Free Dictionary by Farlex:** Nonprofit Corporation: http://legal-dictionary.thefreedictionary.com/nonprofit+corporation
- **Internal Revenue Service:** Charitable Solicitation - Initial State Registration: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Charitable-Solicitation-Initial-State-Registration
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Charity---Required-Provisions-for-Organizing-Documents
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.uslegalforms.com/corporatecenter/incorporation-packages.htm
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.icnl.org/research/journal/vol4iss2_3/art_3.htm
- **Internal Revenue Service:** Charity-Required Provisions for Organizing Documents: http://www.nolo.com/legal-encyclopedia/five-reasons-incorporate-nonprofit-association-30266.html
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Exemption June 24, 2011: http://www.irs.gov/pub/irs-tege/exemptionapplication_faqs_062411.pdf
- **Internal Revenue Service:** Life cycle of a public charity - sample organizing documents - Draft A - charter: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Sample-Organizing-Documents-Draft-A-Charter

- **Internal Revenue Service:** State Government Websites with Useful Links for Tax-Exempt Organizations: http://www.irs.gov/Charities-&-Non-Profits/State-Links
- **Internal Revenue Service:** State Nonprofit Incorporation Forms and Information: http://www.irs.gov/Charities-&-Non-Profits/State-Nonprofit-Incorporation-Forms-and-Information
- **Merriam-Webster Dictionary:** Indemnity: http://www.merriam-webster.com/dictionary/indemnity?show=0&t=1377711099
- **National Association of Secretary of State:** Homepage: http://www.nass.org/NPA/us/UnitedStates.htm
- **Office of Minnesota Attorney General:** Nonprofit Organization Resources: http://www.ag.state.mn.us/Charities/Forms/NonProfitResources.pdf
- **USA.gov:** State Filing for Nonprofits: http://www.usa.gov/Business/Nonprofit-State.shtml

Websites: Bylaws

- **Blue Avocado:** Bylaws Checklist: http://www.blueavocado.org/content/bylaws-checklist
- **CompassPoint Nonprofit Services:** Board Café, By-Laws in Brief: http://www.compasspoint.org/board-cafe/laws-brief
- **Foundation Group:** Nonprofit Bylaws - The Dos and Don'ts of Bylaws: http://www.501c3.org/blog/nonprofit-bylaws-the-dos-and-donts/
- **Free Management Library:** How to Start a Nonprofit Organization - Guidelines and Resources for Entrepreneurs: Bylaws: http://managementhelp.org/boards/documents/bylaws.htm
- **Grant Space:** What are nonprofit bylaws? Where can I find Samples?: http://www.grantspace.org/Tools/Knowledge-Base/Nonprofit-Management/Establishment/Nonprofit-bylaws
- **Hurwit & Associates, Nonprofit Law Resource Library:** Nonprofit Governance, Boards & Bylaws, Sample Nonprofit Bylaw Provision: Indemnification: http://www.hurwitassociates.com/l_bylaw_indemnification2.php
- **Internal Revenue Service:** Exempt Organization-Bylaws: http://www.irs.gov/Charities-&-Non-Profits/Other-Non-Profits/Exempt-Organization-Bylaws
- **The Law Project**: Bylaws Factsheet: http://www.thelawproject.org/wp-content/uploads/2011/06/Bylaws-Fact-Sheet.pdf
- **USA.gov:** State Filing for Nonprofits: http://www.usa.gov/Business/Nonprofit-State.shtml

Websites: Applying for 501(c)(3) and Tax-Exempt Status

- **Internal Revenue Service:** Application for Recognition of Exemption: Form 1023: http://www.irs.gov/pub/irs-pdf/f1023.pdf
- **Internal Revenue Service:** Application for Recognition of Exemption: Instructions for Form 1023: http://www.irs.gov/pub/irs-pdf/i1023.pdf
- **Internal Revenue Service:** Applying for Tax Exemption – An Overview: http://www.stayexempt.irs.gov/Mini-Courses/Applying_for_Tax_Exempt-An_Overview/applying-for-tax-exempt-organizations.aspx
- **Internal Revenue Service:** Compliance Guide for 501(c)(3) Public Charities: http://www.irs.gov/pub/irs-pdf/p4221pc.pdf

- **Internal Revenue Service:** Exemption Application Process: http://www.irs.gov/Charities-&-Non-Profits/Application-Process
- **Internal Revenue Service:** Exemption Requirements – Section 501(c)(3) Organizations: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Exemption-Requirements-Section-501(c)(3)-Organizations
- **Internal Revenue Service:** Form SS-4: http://www.irs.gov/pub/irs-pdf/fss4.pdf
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Tax Exemption: http://www.irs.gov/Charities-&-Non-Profits/Frequently-Asked-Questions-About-Applying-for-Tax-Exemption
- **Internal Revenue Service:** Frequently Asked Questions About Applying for Tax Exemption, June 24, 2011: http://www.irs.gov/pub/irs-tege/exemptionapplication_faqs_062411.pdf
- **Internal Revenue Service:** Governance and Related Topics - 501(c)(3) Organizations: http://www.irs.gov/pub/irs-tege/governance_practices.pdf
- **Internal Revenue Service:** Lifecycle of a Public Charity/Private Foundation: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Private-Foundation
- **Internal Revenue Service:** Obtaining an Employer Identification Number for an Exempt Organization: http://www.irs.gov/Charities-&-Non-Profits/Obtaining-an-Employer-Identification-Number-for-an-Exempt-Organization
- **Internal Revenue Service:** Overview of Inurement/Private Benefit Issues in IRC 501 (c) (3), 1990 EO CPE Text: http://www.irs.gov/pub/irs-tege/eotopicc90.pdf
- **Internal Revenue Service:** Tax-Exempt Status for Your Organization: http://www.irs.gov/pub/irs-pdf/p557.pdf
- **Internal Revenue Service:** Types of Tax-Exempt Organizations: http://www.irs.gov/Charities-&-Non-Profits/Types-of-Tax-Exempt-Organizations-
- **Nonprofit Law Blog:** Private Benefit Rules – Part II: Private Inurement Doctrine: http://www.nonprofitlawblog.com/home/2012/10/private-benefit-rules-part-ii-private-inurement-doctrine.html
- **Panel on the Nonprofit Sector:** Principles for Good Governance and Ethical Practice: A guide for Charities and Foundations: http://www.nami.org/Content/NavigationMenu/NAMI_Center_for_Excellence/Tools_for_Excellence/PrinciplesforGoodGovernanceandEthicalPractice.pdf

Websites: Fiscal Sponsors, Incubators, Subsidiary or Sub-Unit Status

- **Association Law Blog:** Setting Up Subsidiaries for Nonprofits and Associations: http://www.associationlawblog.com/2011/08/setting-up-subsidiaries-for-nonprofits.html
- **Internal Revenue Service**: Section 509 (a)(3) Supporting Organizations: http://www.irs.gov/Charities-&-Non-Profits/Section-509(a)(3)-Supporting-Organizations
- **National Council of Nonprofits:** Fiscal Sponsors: http://www.councilofnonprofits.org/fiscal-sponsorship
- **National Network of Fiscal Sponsor:** Guidelines for Fiscal Sponsors Discussion Document http://www.momentumconference.org/fileadmin/tc_pdfs/nnfs/Fiscal_Sponsor_Guidelines_Discussion_Document.pdf
- **Philanthropy Front and Center-New York:** Nonprofit Incubators: How Can They Help Your Organization?: http://newyorkblog.foundationcenter.org/2012/08/nonprofit-incubators-how-can-they-help-your-organization-.html

5.2: Governance: Board Duties, Roles, and Responsibilities

Websites

- **Boardsource:** Homepage: https://www.boardsource.org/eweb/
- **Bridgespan Group:** Board Member Job Descriptions: http://www.bridgespan.org/Publications-and-Tools/Hiring-Nonprofit-Leaders/Nonprofit-Job-Descriptions/Board-Member-Job-Descriptions.aspx#.UxT2rfldWX1
- **Bridgespan Group:** Homepage: http://www.bridgespan.org/Home.aspx
- **Forbes:** 5 Keys to Building a Learning Organization: http://www.forbes.com/sites/joshbersin/2012/01/18/5-keys-to-building-a-learning-organization/
- **Guidestar:** Board Roles and Responsibilities: http://www.guidestar.org/rxa/news/articles/2012/board-roles-and-responsibilities.aspx
- **Idealist.org:** Resources for Nonprofits: http://www.idealist.org/info/Nonprofits
- **Independent Sector:** Governance Resources: http://www.independentsector.org/accountability#sthash.VgbUDj8N.dpbs
- **National Council of Nonprofits:** Homepage: http://www.councilofnonprofits.org/
- **National Network of Public Health Institute:** NNPHI File Library Documents Available for Download: http://www.nnphi.org/library/default.asp
  - Board and Staff Responsibilities
  - Board Attendance Policy
  - Board Manual Contents Checklist
  - Board of Directors Board Resolution Certification
  - Board of Directors Self Evaluation
  - Composition of Boards
  - Some Legal Considerations for Board Members
  - Ten Basic Responsibilities for Nonprofit Boards
  - Typical Types of Board Committees
- **Nonprofit Alliance:** Board Chair and Board Member Best Practice Packet: http://www.nonprofitalliance.org/system/res/25/original/Board_Member_Packet.pdf
- **Panel on the Nonprofit Sector:** Reports and Recommendations: http://www.nonprofitpanel.org/Report/index.html
  - *Principles for Good Governance and Ethical Practice*: http://www.independentsector.org/uploads/Accountability_Documents/Principles_for_Good_Governance_and_Ethical_Practice.pdf
  - *The Principles Workbook: Steering Your Board Toward Good Governance and Ethical Practice*: http://www.nonprofitpanel.org/Report/principles/index.html
  - *Strengthening Transparency, Governance, and Accountability of Charitable Organizations: A Final Report to Congress and the Nonprofit Sector*: http://www.nonprofitpanel.org/report/final/

5.3: Grant and Contract Management

Websites

- **Code of Federal Regulations, Title II:** Uniform Federal Grants Management Regulations and Cost Principles: http://www.ecfr.gov
- **CompassPoint Nonprofit Services:** Homepage: http://www.compasspoint.org/downloads
- **Federal Acquisition Regulation (FAR):** Basic Clauses, Requirements for Federal Procurement Contracts: http://www.acquisition.gov/far/
- **Free Management Library:** Basic Overview of U.S. Nonprofit Financial Management: http://managementhelp.org/nonprofitfinances/basics.htm
- **Free Management Library:** Buy a Software Package to Automate Your Financial Management?: http://managementhelp.org/nonprofitfinances/index.htm#anchor3916157
- **General Accounting Office Redbook of Appropriations Law:** Chapter 10, Federal Assistance: Grants and Cooperative Agreements: http://www.gao.gov/legal/redbook/redbook.html
- **Grant Professionals Association:** Homepage: http://grantprofessionals.org/
- **National Council of University Research Administrators:** National Conferences: http://www.ncura.edu/content/
- **Nonprofit Resource Center:** Resources for Nonprofit Financial Management: http://www.nprcenter.org/resource/resources-nonprofit-financial-management
- **Nonprofit Resource Center:** Running your organization: http://www.nprcenter.org/running-your-organization
- **Philantech:** Homepage: http://philantech.com/
- **Society for Risk Analysis:** Homepage: http://www.sra.org/

5.4: Assuring Appropriate IT Infrastructure

Websites

- **SANS Technology Institute:** Information Security Policy Templates**:** http://www.sans.org/security-resources/policies/

5.5: Financial Accounting and Audits

Books and Journal Articles

- Angelica E and Hyman V, "Coping with Cutbacks: The Not-for-profit Guide to Success When Times Are Tight," Amherst H. Wilder Foundation, 1997.
- Garner C, "Accounting and Budgeting in Public and Not-for-profit Organizations," Jossey-Bass, 2004.
- Gross M, "Financial and Accounting Guide for Not-for-Profit Organizations," Wiley and Sons, 2004.
- McLauglin T. (2002), "Streetsmart Financial Basics for Non-profit Managers", Wiley and Sons, 2002.

Websites

- **Alliance for Nonprofit Management:** Homepage: http://www.allianceonline.org/
- **Attachment A:** Sample Project Budget: http://nnphi.org/uploads/media_items/financial-accounting-and-audits-attachment-a.original.pdf
- **CPAFinder.com:** Fund Accounting and Search Page: http://www.cpafinder.com/accounting/fund-accounting.html
- **Free Management Library:** All About Financial Management in Nonprofits: Managing Program Finances: http://managementhelp.org/nonprofitfinances/index.htm#anchor1732927
- **Free Management Library:** All About Financial Management in Nonprofits: Use Fiscal Sponsorship?: http://managementhelp.org/nonprofitfinances/index.htm#anchor1606174
- **Guide to the Sarbanes-Oxley Act:** Homepage: http://www.soxlaw.com/
- **Guidestar:** Homepage: http://www.guidestar.org/
- **Idealist:** Resources for Nonprofit Organizations: http://www.idealist.org/info/Nonprofits
- **Independent Sector:** Homepage: http://www.independentsector.org/#sthash.3WKprFzf.dpbs
- **Independent Sector:** Strengthening Transparency, Governance, Accountability of Charitable Organizations: http://www.independentsector.org/uploads/Accountability_Documents/Panel_Final_Report.pdf
- **Internal Revenue Service:** Form 990: http://www.irs.gov/pub/irs-pdf/f990.pdf
- **National Center for Charitable Statistics:** Unified Chart of Accounts: http://nccs.urban.org/projects/ucoa.cfm
- **The Non-Profit Resource Center:** Homepage: http://www.1800net.com/nprc/index.html
- **Panel on the Nonprofit Sector:** Principles Workbook to Help Organizations Improve Governance: http://www.nonprofitpanel.org/
- **RAFFA Accounting Consulting Technology**: Handout: Audit Committee Roles and Responsibilities: http://www.cof.org/files/Documents/Education_Collaborations/Audit%20Conference%20Call%20Handouts/Audit_Committee_Roles_and_Responsibilities-HANDOUT_2A.pdf
- **United States Department of Health and Human Services' Program Support Center:** Financial Management: Division of Cost Allocation: https://rates.psc.gov/
- **United States Small Business Administration:** Programs and services to help you start, grow and succeed: http://archive.sba.gov/aboutsba/sbaprograms/onlinewbc/index.html
- **The White House:** Circular No. A-133: http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf

5.6: Insurances

Websites

- **Blue Avocado:** How is a Potato Like a Nonprofit? Editor Notes Issue #91: http://www.blueavocado.org/
- **Council Services *Plus*:** Homepage: http://www.councilservicesplus.com/
- **Free Management Library:** Business Insurance Information: http://managementhelp.org/businessinsurance/index.htm

- **General Liability Insurance:** Homepage: http://www.generalliabilityinsurance.org/
- **National Center for Charitable Statistics:** Nonprofit FAQs: http://nccsdataweb.urban.org/PubApps/nonprofitfaq.php
- **National Council for Nonprofits:** Find Your State Association: http://www.councilofnonprofits.org/find-your-state-association
- **Nonprofit Risk Management Center:** Homepage: http://www.nonprofitrisk.org/

5.7: Human Resources

Websites

- **Department of Homeland Security:** Instructions for Employment Eligibility Certification: http://www.uscis.gov/sites/default/files/files/form/i-9.pdf
- **Michigan Public Health Institute:** Benefits Guide: https://wp-www.mphi.org/wp-content/uploads/2013/12/2014-Benefit-Guide-MPHI-FINAL.pdf
- **Public Health Institute (CA):** Benefits Package: http://phi.org/uploads/files/2013%20Benefits%20for%20Regular%20Employees%20rev%2005.21.2013.pdf
- **United States Department of Labor Unemployment Insurance:** Homepage: http://www.dol.gov/dol/topic/unemployment-insurance/
- **United States Equal Employment Opportunity Commission:** Homepage: http://www.eeoc.gov/

5.9: Intellectual Property

Websites

- **United States Office of Management and Budget:** Circular No. A-122: http://www.whitehouse.gov/omb/circulars_a122_2004
- **United States Patent and Trademark Office:** Homepage: http://www.uspto.gov

5.10: Data Security

Websites

- **Clearwater Compliance:** About HIPAA: §164.308(a)(8) Administrative Safeguards – Standard: Evaluation**:** http://abouthipaa.com/about-hipaa/hipaa-hitech-resources/hipaa-security-final-rule/164-308a1i-administrative-safeguards-standard-security-management-process-3-2/
- **United States Department of Health and Human Services:** Health Information Privacy Rules and Regulations: http://www.hhs.gov/ocr/privacy/index.html

5.11: Risk Assessment/Management

Websites

- **Carters:** Legal Risk Management Checklist:
  http://www.carters.ca/pub/checklst/nonprofit.pdf
- **Enterprise Risk Management:** Enterprise Risk Management for Non-Profit Organizations:
  http://www.eidebailly.com/media/521385/erm%20for%20non-profit%20organizations.pdf
- **IRS**: Exempt Organizations - Required Filings: http://www.irs.gov/Charities-&-Non-Profits/Exempt-Organizations---Required-Filings
- **IRS:** Life Cycle of a Public Charity - Ongoing Compliance: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Ongoing-Compliance
- **IRS:** Life Cycle of a Public Charity - Significant Events: http://www.irs.gov/Charities-&-Non-Profits/Charitable-Organizations/Life-Cycle-of-a-Public-Charity-Significant-Events
- **National Council of Nonprofits:** Maintaining Tax-Exempt Status:
  http://www.councilofnonprofits.org/resources/admin-management/jeopardizing-tax-exempt-status
- **National Council of Nonprofits:** Risk Management and Insurance:
  http://www.councilofnonprofits.org/resources/resources-topic/risk-management-and-insurance
- **NonProfit Quarterly:** Risky Business: Why All Nonprofits Should Periodically Assess Their Risk: http://www.nonprofitquarterly.org/management/20295-risky-business-why-all-nonprofits-should-periodically-assess-their-risk.html
- **Nonprofit Risk Management Center:** Hallmarks of a Risk-Aware Nonprofit:
  http://www.nonprofitrisk.org/tools/hallmarks/intro.shtml

5.12: Compliance Issues and Environments

Websites

- **Internal Revenue Service:** Form 990, Return of Organization Exempt from Income Tax:
  http://www.irs.gov/uac/Form-990,-Return-of-Organization- Exempt-From-Income-Tax-
- **Public Health Leadership Society:** Public Health Code of Ethics:
  http://www.phls.org/home/section/3-26/
- **United States Department of Health and Human Services:** Institutional Review Boards (IRBs) and Assurances: http://www.hhs.gov/ohrp/assurances/irb/index.html
- **United States Department of Health and Human Services:** Institutional Review Boards (IRBs) http://www.hhs.gov/ohrp/assurances/irb/index.html

5.13: Communications

Books and Journal Articles

- Herron, D. (1997). Marketing Nonprofit Programs and Services. Jossey-Bass.
- Kotler, P. (1996) Marketing for Nonprofit Organizations. (5th ed.). Englewood Cliffs, NJ:

Prentice Hall, Inc.

- Kotler, P. and Andreasen, A. (1996). Strategic Marketing For Nonprofit Organizations. (5th ed.). Englewood Cliffs, NJ: Prentice Hall, Inc.
- Lovelock, C. and Weinberg, C. Public & Nonprofit Marketing: Cases and Readings. (2nd ed.). Redwood City, CA: Scientific Press.
- McLeish, B. M. (1995). Successful Marketing Strategies for Nonprofit Organizations. New York: John Wiley.

Websites (5.13(a): Strategic Communications)

- **Bolder Advocacy:** Influencing Public Policy in the Digital Age: The Law of Online Lobbying and Election-related Activities: http://bolderadvocacy.org/wp-content/uploads/2012/02/Influencing_Public_Policy_in_the_Digital_Age.pdf
- **Bolder Advocacy:** Legal Tips on Using Social Media for Advocacy: http://bolderadvocacy.org/wp-content/uploads/2013/01/Tips_on_Using_Social_Media_for_Advocacy.pdf
- **Calypso:** Brandcredible! Engage your audiences and win the day: http://calypsocom.com/blog/2012/05/pr-goals-strategies-tactics/#sthash.kyQq98Ic.Xz5uskl7.dpbs
- **Free Management Library:** All About Marketing: http://managementhelp.org/marketing/index.htm
- **Idealist:** Resources for Nonprofits: http://www.idealist.org/info/Nonprofits
- **The Op Ed Project:** Loud and Clear: Maximizing Your Credibility and Influence in the World of Ideas: http://web.cof.org/2013Annual/docs/AC13_SessionMaterials_LoudAndClear-MaxYourCredibility_KeynoteSlides.pdf
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Assessing Readiness to Use Social Media for Prevention: http://captus.samhsa.gov/access-resources/assessing-readiness-use-social-media-prevention
- **The Turning Point:** Tips for Media Relations http://www.turningpointprogram.org/Pages/transformations/transformations_1298/media_tips.html
- **The White House:** Circular No. A-122: http://www.whitehouse.gov/omb/circulars_a122_2004/

Websites (5.13(b): Social Media)

- **Adobe Social Media Practice:** The Bigger the Facebook Page, the Harder it is to Reach Fans: http://blogs.adobe.com/socialpractice/the-bigger-the-facebook-page-the-harder-it-is-to-reach-fans/
- **Bolder Advocacy:** Legal Tips on Using Social Media for Advocacy: http://bolderadvocacy.org/wp-content/uploads/2013/01/Tips_on_Using_Social_Media_for_Advocacy.pdf
- **Centers for Disease Control and Prevention:** CDC Social Media Tools, Guidelines & Best Practices: http://www.cdc.gov/socialmedia/Tools/guidelines/
- **CharityHowTo:** A Nonprofit Social Media Policy Template You Can Use: http://charityhowto.com/blog/a-social-networking-policy-template-you-can-use-for-your-nonprofit/

- **Facebook:** Advertise on Facebook: https://www.facebook.com/advertising
- **Facebook:** Promoted Posts: https://www.facebook.com/help/promote
- **Google Analytics:** Homepage: http://www.google.com/analytics/
- **HootSuite:** Social Media Management: https://hootsuite.com/
- **Louisiana Public Health Institute:** Txt4Health Homepage: https://txt4health.com/txt4health/Display/display.aspx?CurrentXsltId=1
- **The OpEd Project:** Loud and Clear: Maximizing Your Credibility and Influence in the World of Ideas: http://web.cof.org/2013Annual/docs/AC13_SessionMaterials_LoudAndClear-MaxYourCredibility_KeynoteSlides.pdf
- **RiteAid Pharmacy:** Text4Baby Homepage: https://www.text4baby.org/
- **Substance Abuse and Mental Health Services Administration (SAMHSA):** Assessing Readiness to Use Social Media for Prevention: http://captus.samhsa.gov/access-resources/assessing-readiness-use-social-media-prevention
- **TweetReach:** Homepage, How Far Did Your Tweet Travel?: http://tweetreach.com/

Louisiana Public Health Institute Timeline

1996
- LA Office of Public Health convenes partners to explore forming a PHI

1997
- LPHI (Louisiana Public Health Institute)
- Concurrent Resolution endorses LPHI's creation. LPHI officially incorporated
- RWJF Turning Point grant

1998
- Baptist Community Ministries (BCM) 3-year planning & core capacity grant

1999
- LPHI becomes home of NNPHI
- National Network of Public Health Institutes
- Joe Kimbrell hired as LPHI CEO

2000
- Partnership for Access to Health Care (PATH) formed with Catholic Health Network funds (3y)
- Community Access Program (CAP) grant (4y)

2001
- Coalition for Tobacco Free LA forms from RWJF Smokeless State grant
- Coalition for a Tobacco Free Louisiana

2002
- Act 219 creates 12 cent statewide tobacco tax w/ 2 cents for tobacco prevention & control

2003
- First Louisiana Cancer Research Consortium $7.2M contract with LPHI to create The Louisiana Campaign for Tobacco-Free Living (TFL) (ongoing)
- The Louisiana Campaign for Tobacco-Free Living

2004
- 2nd HRSA CAP grant to Catholic Charities & LPHI (3y)
- Steps to a Healthier LA New Orleans
- LPHI partners with N.O. Health Dept. to implement CDC STEPS to a Healthier New Orleans obesity grant

2005 — Hurricane Katrina
- LPHI was a key participant in post-Katrina planning to rebuild primary care and behavioral health services in metro N.O.
- Kellogg Foundation grant to reestablish school-based health centers (SBHCs) post-Katrina
- School Health Connection

2006
- BHAN — Behavioral Health Action Network
- Behavioral Health Action Network forms from BCM and RWJF grants post-Katrina
- CDC Foundation funds LPHI to conduct LA Health & Population Survey
- Act 815 prohibits smoking in public places, schools & workplaces
- Act 838 prohibits smoking in cars with children present

2007
- LPHI's 10 year anniversary
- PCASG builds finance & operations capacity to administer large, complex federal grants
- HHS funds $100M Primary Care Access & Stabilization Grant (PCASG) (4y) through LA Medicaid to LPHI to rebuild and expand primary care in metro N.O.
- PCASG — Primary Care Access & Stabilization Grant

2008
- RWJF funds primary care behavioral health (PCBH) integration collaborative (3y) to complement PCASG
- TFL/LAOPH Tobacco Control Program partnership begins w/ LPHI providing media/communications support
- Entergy continues funding STEPS bike/pedestrian engineer placed in N.O. Public Works Dept.
- National AIDS Fund (now AIDS United) asks LPHI to help form LA Community AIDS Partnership
- Louisiana Community AIDS Partnership — A National AIDS Fund Community Partner

2009
- Kresge funds Healthy NOLA community health project
- Kellogg funds coordinated school health program
- CDC REACH CORE diabetes/obesity prevention grant
- AIDS United funds Positive Charge – outreach and retention in care project

2010
- Office of National Coordinator for HIT award (3y) to create Crescent City Beacon Community to improve chronic disease care enabled by HIT
- Crescent City Beacon Community
- Greater New Orlean Health Information Exchange (GNOHIE) & learning community created
- LPHI & community clinics receive NCQA award
- CIO named
- HHS Office of Adolescent Health funds teen pregnancy prevention EBI replication project
- 4Real Health New Orleans

2011
- LPHI creates strong ethics & human subjects policy & receives Federalwide Assurance for the Protection of Human Subjects
- GE Foundation
- GE Foundation funds SBHC sustainability project
- BCBSLAF funds FIT NOLA physical activity/nutrition project (3y)
- FIT NOLA

2012
- Gulf Region Health Outreach Program (GRHOP) Primary Care Capacity Project (PCCP) (5y) created by court settlement to expand quality PC in AL, LA, MS & NW FL.
- LPHI partners w/ LA Primary Care Association (LPCA) on HRSA-funded statewide CQI project in FQHCs (3y)
- N.O. Charitable Health Fund (3y) created by court settlement funds pilot PCBH integration models & form learning community

2013
- Act 211 prohibits smoking at public 2y & 4y colleges
- BRAF funds LPHI 1 staff position for BR community coalition/systems project
- PATH — Partnership for Achieving Total Health
- LPHI creates PATH v2.0 (Partnership for Achieving Total Health), a supporting organization to house GNOHIE and separate liability

2014
- Patient-Centered Outcomes Research Institute (PCORI) award to form LA Clinical Data Research Network, (18 mos.) which positions LPHI & the region for NIH clinical trial awards
- LPHI partners with Baroma venture capital and local providers to form Medicare ACO in metro N.O.
- Baton Rouge Area Foundation (BRAF) funds replication of Healthy Communities model in 4 GRHOP PCCP states

Legend
- Core Infrastructure (red)
- Health Systems (blue)
- Behavioral Health (green)
- Community Health (yellow)
- School & Adolescent Health (orange)
- HIV/AIDS (purple)

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