FPN Report to Florida Health Funders for 2018

Florida Philanthropic Network is pleased to provide an annual recap to the FPN Health Funders that have invested in their collective work for 2018. The report consists of the following items in reverse chronological order:

- FL Philanthropic Network Report to Florida Health Funders: Strategic Refresh, Interim Evaluation Report, December 2018
  - Appendices
    - FHF Environmental Scan
    - FPN Health Funders Vision and Logic Model
    - FHF Virtual Meeting PowerPoint, September 2018
    - FPN Proposal for Breathe Free Florida, 2019 Project
- FPN FHF Update to ALL Health Funders, August 2018
- FPN Health Funders Shared Learning Survey—Summary Report, January 2018
- FPN Health Funders Pre Summit Meeting Notes, January 2018

On behalf of Johnette Gindling, FHF Chair; Eileen Coogan, FHF Vice Chair; and, Shelley Robertson, FPN Health Funders Consultant and Evaluator, it is FPN’s pleasure to submit this report for FPN Health Funders.

Robert (Bob) McFalls, President & CEO
Florida Health Funders Strategic Refresh

Interim Evaluation Report
December 2018
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Introduction

Florida Health Funders was formed in 2013 as a member affinity group within Florida Philanthropic Network (FPN) to offer FPN members an opportunity to interact and connect with others who share an interest in supporting health-related issues, organizations and needs throughout Florida. Members include private independent foundations, private family foundations, community foundations and corporate grantmakers.

The Florida Health Funders member affinity group has developed a new strategic action plan to engage health grantmakers throughout Florida in more intentional and impactful ways. The FPN Health Funders ad hoc Strategic Directions Work Group spent considerable time planning in 2017 and decided to focus on two efforts: **promoting shared learning** and conversation among its members and **developing a leadership voice** with the vision of becoming a trusted credible voice that informs public policy at the local, regional, and state level. In December 2017 and continuing into 2018, FPN received grant dollars from eight funders to implement the work of the Florida Health Funders in these two areas. Funding was sufficient to continue this work in 2019.

This document describes the progress of the group from fall 2017 through December 2018. The document first provides a listing of the Florida Health Funders activities by date, then provides a few highlights from those activities, and finally, summarizes the status of the planning grant deliverables. Because this report is intended for members of the Florida Health Funders ad hoc Strategic Directions Work Group and the funders supporting the work, no additional background is provided.

Timeline and Description of Activities

Figure 1 provides the timeline “at a glance”; following the timeline is a detailed description of each activity.

**Figure 1: Timeline of activities**

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>November 2017</strong>:</td>
<td>Work group meeting</td>
</tr>
<tr>
<td><strong>December</strong>:</td>
<td>Planning grant obtained</td>
</tr>
<tr>
<td><strong>January 2018</strong>:</td>
<td>Survey completed, pre-Summit meeting</td>
</tr>
<tr>
<td><strong>February</strong>:</td>
<td>Planning grant revisions</td>
</tr>
</tbody>
</table>
March: Environmental scan completed, logic model completed

April: Work group meeting

September: Virtual convening

October: Breathe Right planning begins

December: Work group meeting, Breathe Right implementation proposal

Ad hoc strategic directions work group planning meeting November 29, 2017

At their meeting in November 2017, the work group set two strategic goals for Florida Health Funders: Florida Health Funders should promote shared learning and conversations among its members and that Florida Health Funders should develop a leadership voice in public policy. The group also developed a timeline for activities to occur between the time of the meeting and the annual FPN summit in January 2018 where the entire Florida Health Funders group would be engaged. These activities included:

- A survey of FPN members to determine interests for health-related shared learning
- Developing a shared learning calendar
- Preparing the first draft of a three year logic model to guide the group as it develops its leadership voice
- Exploring the feasibility of an annual report card as a first step in developing a leadership voice in public policy
- Researching what drives decision-makers to help inform future advocacy strategies

Planning grant

Following the strategic direction work group meeting, FPN obtained $95,000 from eight funders (Allegany Franciscan Ministries, Florida Blue Foundation, Foundation for a Healthy St. Petersburg, Gulf Coast Community Foundation, Health Foundation of South Florida, Quantum Foundation, Space Coast Health Foundation, and Winter Park Health Foundation) to complete three deliverables aligned with the strategic goals and activities:

1. Evaluate existing advocacy-focused “report cards” to determine if there are gaps to assess their effectiveness.
2. Identify what drives decision-makers decisions so that Florida Health Funders efforts will be both efficient and effective.

3. A three-year logic model for Florida Health Funders to develop a leadership voice in health public policy and a one-year operating plan and budget to implement the work.

**Survey of members around shared learning**

As noted, one of the activities identified by the work group was to conduct a survey of FPN members regarding their shared learning interests. The survey was conducted in early January 2018. Sixty-one individuals representing 39 organizations completed the survey, including respondents who were not currently members of Florida Health Funders. Respondents identified three topics of interest for shared learning: access to health care, best practices in achieving health outcomes, and behavioral health. Respondents also described the type of activities they would prefer, primarily on-demand activities that provide information such as reading newsletters, using white papers, and accessing information from social media and web sites. Respondents suggested providing on-demand information monthly and participatory activities once a quarter.

**Pre-Summit session January 25, 2018**

On January 25, 2018, members of the Florida Health Funders held a pre-Summit meeting. During that discussion, approximately 40 attendees:

- Provided input on a professional development calendar to promote shared learning. After survey results were presented, attendees were asked to provide specific items for each of the top three general topics: access to health care, best practices in achieving health outcomes, and behavioral health. Respondents were also asked for input on how to structure learning activities.
- Provided input on a logic model to guide the strategy of developing a leadership voice. Members next started to build the logic model to achieve the vision by reviewing possible outcomes and activities and providing feedback on what should be kept or added. Finally, attendees discussed what resources would be needed.
- Identified the need for a decision-making process to identify potential public policy issues including what information will be presented, how to determine when to partner, and how to determine partners.
- Identified the need for an environmental scan of advocacy-focused organizations to inform the work.
- Identified the need to develop a scope of work, a work plan, and a budget.
The strategic work group was tasked with moving these five items forward and bringing the work back to the larger group for input and review.

Revised planning grant

Based on the input of the 40 attendees at the pre-Summit meeting, the planning grant deliverables were revised as follows:

1. Conduct an environmental scan of organizations active in health policy in Florida; the list may also be used to identify future partners. List, although do not assess, existing advocacy-focused “report cards”.
2. Produce a three-year logic model for FPN and Florida Health Funders to develop a leadership voice in health public policy and a one-year operating plan and budget for staffing and other needs to implement the work.
3. Begin to implement the logic model.
4. Conduct in-person and virtual meetings to begin next steps identified at the pre-Summit meeting.
5. Secure funding commitments for the implementation phase and hire staff.

Environmental scan and logic model

The environmental scan was completed in March 2018. Twenty-four organizations engaged in statewide health-focused advocacy were identified: Seven had a broad scope and health was one area of focus while 17 focused on health specifically. In addition, a brief search identified nine Florida-based health-focused scorecards that were geared towards advocacy, although there are many national scorecards that include state-by-state information. A table was provided for each organization that included the organization, comment on its structure, year founded, annual revenues, size of staff, and brief description of efforts. A copy of the scan is in the Appendix.

Based on the input from the 40 attendees at the pre-Summit meeting, a logic model was developed (see the Appendix) that identified three outcomes.

- Decision-makers increase awareness of the message.
- Decision-makers perceive FHF-FPN as a trusted and credible information source and ally.
- Decision makers change attitude (e.g., increased agreement re: issue or solution, increased prioritization).
The logic model also identified a menu of eight activities although activities for each effort will vary by the issues identified. For example, if a partner has already developed messages, Florida Health Funders may only educate key decision-makers and disseminate information.

**Ad hoc strategic planning work group meeting, April 18, 2018**

In order to complete the remaining deliverables, the strategic work group met in April to develop the filtering process to determine what information/issues will be acted upon, develop the scope of work for professional and logistics staff, and determine necessary funding for an annual budget. At that meeting, the work group also prepared implementation milestones for the next year. A PowerPoint providing details on these items is in the Appendix.

**Florida Health Funders virtual convening, September 6, 2018**

On September 6th, Florida Health Funders convened a virtual meeting to provide an update on the items from January pre-Summit meeting, including presenting the shared learning calendar and the final logic model and presenting the proposed decision-making process. In addition, the work group presented the criteria for choosing the first issue (a pilot test) and five issues for consideration. After discussion, attendees chose to implement the Breathe Right model as the first pilot of developing a leadership voice. Breathe Right was chosen as it includes a model or non-legislative policy to promote, allows for convening decision-makers, addresses systems change, has natural partners, there is a Florida Health Funders member has expertise in the issue, and it allows for tracking short-term tangible progress.

**Breathe Right planning**

A smaller group met to discuss next steps for Breathe Right and decided to engage a consultant experienced with the program to support implementation. Florida Health Funders will be invited to implement Breathe Right in their communities. Local implementation will not only create positive change but will demonstrate community will for changing state law around smoking in public places (including parks). At the pre-Summit meeting, leadership will present the initiative, how to do it locally, and how this can support a bigger goal of changing state law. The Winter Park Health Foundation has provided $2,500 to support the implementation consultant.

**Ad hoc strategic planning work group meeting, December 3, 2018**

The ad hoc strategic planning work group continued to move forward on implementing the logic model through a work group meeting in early December. Given the current political climate, the group will not be moving forward with the originally intended research around Medicaid.
expansion. In the meantime, the workgroup determined that having a pool of funding for the purpose of “completing projects (such as research) to help inform legislators around issues of access to health” would allow the group to be more nimble in the future. At the pre-Summit meeting, members will be invited to participate in the pool.

**Highlights**

Although much has occurred in the past eleven months, there are three highlights:

- First, a group of almost 40 funders came to agreement on a logic model to develop a leadership voice. This means that funders came to consensus around a vision, agreed to outcomes, and identified activities to participate in collaboratively.

- Second, Florida Health Funders choose the first pilot test issue for funders to start to build a leadership voice: promoting the Breathe Right model. Planning work has been completed and the project will launch in early 2019.

- Finally, through the Summit and the virtual meeting, the strategic direction work group was able to engage new funders. Sixty-one participants from 39 organizations participated in the shared learning survey, approximately 40 funders interested in health participated in the pre-Summit meeting, and a few new members chose to join the virtual session to pick the test issue.

**Planning Grant Deliverable Status**

Figure 2 provides a snapshot of the planning grant deliverable and status as of December 15, 2018. As shown, FPN has achieved four of the five planning grant deliverables and has achieved half of the final deliverable; only hiring staff has not been completed.

**Figure 2: Planning grant summary**

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Status as of December 15, 2018</th>
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<tbody>
<tr>
<td>1. Complete an environmental scan</td>
<td>Complete and in the Appendix of this document.</td>
</tr>
<tr>
<td>2. Develop the three-year logic model</td>
<td>Complete and in the Appendix of this document.</td>
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</table>
3. Begin to implement the model: promoting shared learning and developing a leadership voice

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<tbody>
<tr>
<td>(a) A consultant has been hired to support Breathe Right and members will be provided training and information at the pre-Summit meeting. The implementation proposal is in the Appendix of this document.</td>
<td>(b) A proposal for a shared funding pool will be presented at the pre-Summit meeting.</td>
</tr>
<tr>
<td>(c) A virtual learning session on January 16th from 9:00 to 10:30 on <em>Grantmaking to improve health outcomes: How to assess evidence and find programs that work</em> is scheduled. There will be an in-person shared learning at the pre-Summit meeting on <em>Partnering on, and leveraging the results of, local data projects such as Community Health Assessments.</em></td>
<td></td>
</tr>
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</table>

4. Conduct in-person and virtual meetings to begin next steps identified at the pre-Summit meeting

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<tbody>
<tr>
<td>Two in-person and two virtual meetings were conducted to complete the next steps; additional planning calls and meetings occurred between the leadership and staff.</td>
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5. Secure funding commitments for the implementation phase and hire staff

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<tr>
<td>Funding is sufficient for the next 12 months but staff has not yet been hired. In the interim, a consultant is supporting the ad hoc strategic work group.</td>
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</table>

As this report documents activity, there are no conclusions and recommendations. Future reports will assess the progress of the test issue and may include more learnings.
Appendix

FHF Environmental Scan
FPN Health Funders Vision and Logic Model
FHF Virtual Meeting September 2018
FPN Proposal for Breathe Free Florida
Florida Health Funders Environmental Scan
May 2018

Introduction

Florida Health Funders (FHF) was formed in 2013 as a member affinity group within Florida Philanthropic Network (FPN) to offer FPN members an opportunity to interact and connect with others who share an interest in supporting health-related issues, organizations and needs throughout Florida. Members include private independent foundations, private family foundations, community foundations and corporate grantmakers.

The Florida Health Funders member affinity group is developing a new strategic action plan to engage health grantmakers throughout Florida in more intentional and impactful ways. The FHF ad hoc Strategic Directions Work Group has spent considerable time planning and has decided to focus on two efforts: promoting shared learning and conversation among its members and developing a leadership voice with the vision of becoming a trusted credible voice that informs public policy at the local, regional, and state level.

On January 25, 2018, members of the Florida Health Funders held a pre-summit meeting. During that discussion, attendees identified a need for an environmental scan of advocacy-focused organizations. The purpose of the scan is to identify possible future partners. An email was sent to the attendees soliciting names of organizations and possible report cards. A web search and GuideStar search was also conducted; a brief summary of findings and the database of organizations and report cards are provided in this memo.
Summary

Organizations engaged in health-focused advocacy

Twenty-four organizations engaged in statewide health-focused advocacy were identified: Seven had a broad scope and health was one area of focus, while 17 focused on health specifically. If the scope is expanded to include individual social determinants of health (education, housing, income/poverty, racial disparities), the list would likely quadruple.

For advocacy-focused organizations, there are five generalists such as FCAN, the Florida Chamber, and United Way of Florida that have policy agendas that cross issues. There are five organizations that are focused on health generally, such as Florida Voices for Health and Patient Access for Florida, and then 14 that focus on an issue or a population/member base (e.g., American Cancer Association, Florida Immigrant Coalition, Florida Health Care Association).

Other organizations noted as potential advocacy organizations by FHF members included Healthy Start Coalitions, Live Well Partnership for a Healthy Community, Community Health Task Force, and the Area Health Education Center. Although these organizations work at the county level, they may have state offices – for example, the Florida Association of Healthy Start Coalitions (FAHSC). The same would be true, for example, of local economic develop groups and local education foundations. In addition, respondents noted there are regional advocacy groups, which may be of interest if regional issues are addressed by a group of funders.

One organization, the Florida Center for Medicaid and the Uninsured at the University of Florida provides policy analysis; however, the organization does not take positions and the information on the website is from 2008.

One notable gap was the lack of Florida philanthropic organizations participating in advocacy.

Report cards and scorecards

A brief search identified nine Florida-based health-focused scorecards that were geared towards advocacy, although there are many national scorecards that include state-by-state information. Expanding the list to education, housing, income, or racial disparities would expand the list.

One member identified the CDC Worksite Health Scorecard which help employers assess whether they have implemented evidence-based health promotion interventions or strategies in their worksites. It provides guidance on key evidence-based strategies that employers can put in place to promote a healthy workforce. The scorecard provides reports and monitors progress over
time. In addition, FHF members noted using community health assessments; these are usually at the county level. The Florida Department of Health’s strategic plan includes priorities and objectives, but these are aligned with the department’s work plan and not used for advocacy.

A listing of Florida-based organizations engaged in health-focused advocacy is on pages 3 through 13. A listing of Florida-based report cards is on pages 14 and 15.
This section provides a listing of organizations and report cards. For organizations, the table includes the year founded (or IRS determination); annual revenues, if available; the size of staff, if available; and a description of advocacy efforts.

### List of Florida-based health-focused advocacy organizations

<table>
<thead>
<tr>
<th>Organization</th>
<th>Comment</th>
<th>Determination / year founded</th>
<th>Annual revenues</th>
<th>Size of staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Cancer (Florida Cancer Action Center)</strong></td>
<td>Parent organization</td>
<td>n/a</td>
<td>n/a</td>
<td>3 state advocacy)</td>
<td>Florida priorities include breast cancer screening, cancer research, tobacco prevention and education. Reported that the Florida budget included “more than $178.8 million in mission-related appropriations including funding for three of ACS CAN’s top priorities.” Participates in the Tobacco coalition. Also convenes: More than 50 people attended today’s Florida Policy Forum on Access to Care hosted by the American Cancer Society Cancer Action Network (ACS CAN). The event brought together experts, government officials, patients and leaders from the cancer community to explore the benefits of having broader access to cancer screenings and treatment, identify barriers that limit access, and discuss ways to better serve at-risk populations.</td>
</tr>
<tr>
<td><strong>American College of Physicians Florida Chapter</strong></td>
<td>Has c(3) and c(6) organization</td>
<td>n/a</td>
<td>n/a</td>
<td>5 total</td>
<td>Has a legislative agenda; limited apparent activity. The agenda includes access to care, scope of practice, Medicare/Medicaid</td>
</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
<td>Description</td>
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<tr>
<td>Dawn Moerings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>reform, healthcare market reform and promoting primary care. There is a staff person in charge of overall chapter management and the Division of Advocacy and Benefits.</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>Parent organization</td>
<td>n/a</td>
<td>n/a</td>
<td>3 (state advocacy)</td>
<td>Has three staff at state level and addresses state priorities and national priorities: obesity prevention, tobacco control, access to care, quality systems of care. Provides health policy fact sheets, position papers, etc. at the national level.</td>
</tr>
<tr>
<td>Children’s Campaign</td>
<td></td>
<td>2002</td>
<td>$910,498</td>
<td>4 staff, 4 consultants, and 19 apprentices (college age).</td>
<td>The mission is “to engage citizens to take action and hold our leaders accountable to create public policy and enact legislation for the health, safety, education, and well-being of Florida’s children.” There are 10 focus areas; three are health-related. Under healthcare access, there are four policy positions. Provides legislative updates, issue briefs, and ways to take action on the website.</td>
</tr>
<tr>
<td>Florida Association of Healthy Start Coalitions</td>
<td></td>
<td>1996</td>
<td>$9,120,790</td>
<td>12 total</td>
<td>Member organization of Healthy Start Coalitions. Advocates for funding, but also other maternal and child health public policy. Manages federal grant with specific</td>
</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
<td>Description</td>
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<tr>
<td>Director of Program Administration</td>
<td>(850) 999-6210 <a href="mailto:ctimuta@fahsc.org">ctimuta@fahsc.org</a> 1311 Paul Russell Rd., Tallahassee, FL 32301</td>
<td></td>
<td></td>
<td></td>
<td>public policy goals (system change, demonstration, changes in service delivery).</td>
</tr>
<tr>
<td>Epilepsy Foundation of Florida</td>
<td>Karen Egozi, CEO (877) 553-7453 7300 N Kendall Drive, Suite 760 Miami, FL 33156</td>
<td>Not just advocacy activities.</td>
<td>1972</td>
<td>$4,510,658</td>
<td>Has identified three legislative priorities: (1) Secure greater funding for better treatments and programs as well as a cure; (2) improve access to medical care, medications and treatment; and (3) stop stigma and discrimination against people with epilepsy. Hosts an annual capital day. Does not appear to have staff assigned to advocacy.</td>
</tr>
<tr>
<td>Florida Association of Health Plans</td>
<td>Mary Pat Moore Vice President of Government Programs (850) 386-2904 <a href="mailto:marypat@fahp.net">marypat@fahp.net</a> 200 West College Ave, Suite 104; P.O. Box 10748, Tallahassee, FL 32301</td>
<td>Also has a foundation, established in 2007</td>
<td>1997</td>
<td>$1,981,374</td>
<td>Membership organization of health insurers. Per its website, the organization promotes the growth of health plans by: “(1) Helping to develop cooperative relationships between health plans, providers, government partners, and employer groups. (2) Advocating for the interests of health plans and their members on legislative and regulatory issues. (3) Educating our members, policy makers, and the public about our health plans and the benefits they provide.” Launched a Florida Patients Matter campaign to influence legislation.</td>
</tr>
<tr>
<td>Florida Consumer Action Network</td>
<td></td>
<td>1984</td>
<td>$209,018</td>
<td>3</td>
<td>“FCAN’s members and staff build grassroots support on issues, work with government agencies and the media, and lobby elected officials. Program staff and Board members</td>
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<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
<td>Description</td>
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<tr>
<td>Susan McGrath</td>
<td>Executive Director</td>
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<td></td>
<td>work to develop and mobilize activists from dozens of allied and affiliated organizations, including environmental, church, labor, civic, and senior citizen groups.” Has four key focus areas, one of which is health. Under health, they are promoting Medicaid expansion.</td>
</tr>
<tr>
<td>Florida Chamber Foundation</td>
<td>David Hart</td>
<td>1968</td>
<td>$2,951,962</td>
<td>40 total, 5 in government relations</td>
<td>Has identified 24 issue areas; health is one. In health, focusing on innovation and medical innovation: “The Florida chamber will work to promote proactive and innovative policies that will deliver greater access and quality of care, control escalating healthcare costs, and encourage free-market innovation. A value-based healthcare system focused on outcomes is a vital component to the overall economic health of our state.” The website includes letters to legislators, a legislative summary, and an advocacy agenda. The Chamber also produces research through the foundation.</td>
</tr>
<tr>
<td>Florida Conference of Catholic Bishops</td>
<td>Michael B. Sheedy</td>
<td>2014</td>
<td>$524,265</td>
<td>13 total, not all appear to work in advocacy</td>
<td>Its mission is to “serve as liaison to state government on matters of concern to the Catholic Church in the seven dioceses of the Province of Miami, as a nonpartisan public policy voice on behalf of the Catholic Bishops of Florida.” Identified four policy areas, including health, life, education, and family and social. Provides statements, legislative monitoring, and policy papers.</td>
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<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
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<tr>
<td>Florida Health Care Association</td>
<td></td>
<td>1969</td>
<td>$5,858,833</td>
<td>20+</td>
<td>FHCA is a federation representing over 80% of the state’s 683 nursing centers. It is “the state’s first and largest advocate for Florida’s long-term care providers and the residents they serve.” Lobbies, has a legislative scorecard, has identified legislative priorities (e.g., emergency procedures for nursing centers, increased Medicaid funding for skilled nursing centers). Has issue briefs.</td>
</tr>
<tr>
<td>Florida Health Justice Project</td>
<td></td>
<td>2018</td>
<td>n/a</td>
<td>6</td>
<td>“The Florida Health Justice Project, a new nonprofit advocacy organization, seeks to improve access to affordable healthcare for Floridians, with a focus on vulnerable low-income populations.” Provides outreach and education on Medicaid, Medicare, CHIP and SSI. Provides written analyses and presentations explaining the impact of state and federal healthcare policies and proposals, focusing on the laws impacting healthcare access and outcomes for low income and uninsured Floridians and on healthcare system reform. Two national partners, state partners include Florida Voices for Health, Florida Policy Institute)</td>
</tr>
<tr>
<td>Florida Hospital Association</td>
<td>Foundation only</td>
<td>1967</td>
<td>$250,173</td>
<td>20+ total</td>
<td>Has identified state advocacy priorities: mental health and substance abuse, emergency preparedness, healthcare coverage, financing, etc. Legislative sessions summary. Vice President of Government</td>
</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
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<tr>
<td>(850) 222-9800 <a href="mailto:monicac@fha.org">monicac@fha.org</a></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Affairs, legislative assistant. Has a Political Action committee</td>
</tr>
<tr>
<td>305 East College Ave., Tallahassee, FL 323018</td>
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<tr>
<td>Florida Immigrant Coalition</td>
<td>Maria Rodriguez</td>
<td>2005</td>
<td>$1,605,625</td>
<td>22 total</td>
<td>The Florida Immigrant Coalition (FLIC) is a statewide coalition of more than 65 member organizations and over 100 allies. No priorities relate to health.</td>
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<td></td>
<td>Executive Director</td>
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<td></td>
<td><a href="mailto:info@floridaimmigrant.org">info@floridaimmigrant.org</a></td>
<td></td>
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<tr>
<td></td>
<td>(305) 571-7254</td>
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<tr>
<td></td>
<td>2800 Biscayne Blvd. Suite 800 Miami, FL 33137</td>
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</tr>
<tr>
<td>Florida Institute for Health Innovation</td>
<td>Roderick K. King, MD, MPH</td>
<td>2002</td>
<td>$496,048</td>
<td>6, plus consultants</td>
<td>Mission: Creating healthy and sustainable communities by championing innovative public health policy and cross-sector collaboration. Champions “health in all policies.” Uses health impact assessments. Partnered with the Florida Department of Health on the Florida HIA Consortium. Currently focusing on sea level rise. Appears to focus more on services and products than advocacy. For example, “FIHI facilitated the use of the county health rankings as community health indicators for five counties. FIHI is also leveraging its participation to raise awareness about the health impacts of economic and environmental plans for the region.”</td>
</tr>
<tr>
<td></td>
<td>Chief Executive Officer</td>
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<tr>
<td></td>
<td>(561) 838-4444</td>
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<td></td>
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<tr>
<td></td>
<td>2701 N. Australian Avenue Suite 204 West Palm Beach, FL 33407</td>
<td></td>
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</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
<td>Description</td>
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</tr>
<tr>
<td><strong>Florida Medical Association</strong></td>
<td>Not just advocacy activities; member organization</td>
<td>1696</td>
<td>$7,051,934</td>
<td>n/a</td>
<td>Focuses on electing officials. Has a council on legislation (volunteer-driven). The website states that FMA PAC is Florida's number one medical PAC. During the 2015-2016 election cycle, the FMA PAC raised over $2,300,000. Two PAC staff. Has an opioid resource center.</td>
</tr>
<tr>
<td><strong>Florida Policy Institute</strong></td>
<td></td>
<td>2015</td>
<td>$335,448</td>
<td>4</td>
<td>“The Florida Policy Institute is an independent, nonprofit and nonpartisan organization dedicated to promoting widespread prosperity through timely, thoughtful and objective analysis of state policy issues affecting economic opportunity. Our goal is to be an accurate, trusted source of information for policymakers, advocates, the media, and the public at large.” Works in five areas, one of which is healthcare.</td>
</tr>
<tr>
<td><strong>Florida Rural Health Association</strong></td>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>The mission is “To safeguard and improve the health of rural Floridians,” which they accomplish by “Advocating for, and the promotion of, the health needs of rural Florida.” No advocacy efforts evident on the website.</td>
</tr>
</tbody>
</table>

Chris Clark
CClark@FLmedical.org
(850) 224-6496
1430 Piedmont Dr E,
Tallahassee, FL 32308

Joseph Pennisi
Executive Director
(407) 459-8658
255 Primera Blvd.
Ste 160
Lake Mary, FL 32746

Chair: Michael Ham-Ying,
MD
Chief Clinical Officer,
Central Florida Health Care,
jham-ying@cfhconline.org
(386) 462-1551
14646 NW 151 Blvd.
Alachua, FL 32615
mmesh@srahec.org
<table>
<thead>
<tr>
<th>Organization</th>
<th>Comment</th>
<th>Determination / year founded</th>
<th>Annual revenues</th>
<th>Size of staff</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Florida Society of Healthcare Risk Management and Patient Safety</td>
<td>Membership organization</td>
<td>2014</td>
<td>$189,316</td>
<td>n/a</td>
<td>Is “the leading voice in Florida on issues related to Risk Management and Patient Safety across the continuum of care, regardless of setting. Our goal is to ‘advocate’ for public policy that benefits patients through a safe, trusted and accessible healthcare system.” Has an advocacy work plan, legislative summary (members only). FSHRMPS members receive advocacy alert messages on an as-needed basis to alert members of proposed legislative or regulatory matters impacting the profession of healthcare risk management and patient safety.</td>
</tr>
<tr>
<td>Florida Voices for Health</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>3</td>
<td>“Florida Voices for Health is a coalition of diverse community-based organizations working to improve healthcare outcomes for all Floridians. We can only do that when people get informed, share their stories, and take action!” The web site references presentations, town halls, and trainings. Medicaid and dental health are two identified issues. Encourages action through website. Policy updates and action alerts.</td>
</tr>
<tr>
<td>The Louis de la Parte Florida Mental Health Institute</td>
<td>Part of USF</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>The mission is to “strengthen mental health and substance use services throughout the state of Florida.” The institute conducts research and disseminates findings, works with state agencies, and has an annual colloquium that brings together national</td>
</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
<td>Annual revenues</td>
<td>Size of staff</td>
<td>Description</td>
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</tr>
<tr>
<td>(813) 974-4471 13301 Bruce B. Downs Blvd., Tampa, FL 33612</td>
<td>Working to build advocacy function</td>
<td>1987</td>
<td>$131,535</td>
<td>1+</td>
<td>The organization has set advocacy goals and published policy papers. Holds an annual “Day at the Capital” and provides advocacy training for members. More than 150 people joined NAMI Florida and its partners for Behavioral Health Day at the Capitol on January 24. Our advocates met with more than half of the members and staff of the Florida Legislature to discuss NAMI Florida’s legislative agenda. Twenty-seven local affiliates.</td>
</tr>
<tr>
<td>NAMI C. Marsha Martino Executive Director, NAMI/PBC <a href="mailto:marshamartino@namipbc.org">marshamartino@namipbc.org</a> (561) 588-3477 5205 Greenwood Avenue, Suite 110 West Palm Beach, FL 33407</td>
<td>Coalition of 106 members</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Patient Access for Florida is a coalition of patients, healthcare professionals, and business organizations who have united to ensure Floridians have access to the right medicine at the right time. Has identified five legislative issues: streamlining step therapy, simplified prior authorization, protection against discriminatory plan design, continuity of care, medical exception appeals. The website includes a toolkit providing ways to get involved and there are ways to take action on the website.</td>
</tr>
<tr>
<td>Patient Access for Florida Limited information; email link goes to <a href="mailto:courtneyc@moorecommgroup.com">courtneyc@moorecommgroup.com</a></td>
<td></td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>Hosts a legislative day, has an annual policy agenda, and dedicated staff. Partners with other organizations and participates in coalitions. Three of its priorities relate to</td>
</tr>
<tr>
<td>Organization</td>
<td>Comment</td>
<td>Determination / year founded</td>
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<td>Size of staff</td>
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<tr>
<td>(850) 488-8276 307-B East Seventh Avenue, Tallahassee, FL 32303</td>
<td></td>
<td></td>
<td></td>
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<td>health, others to education and income. Published goals: “ENSURE that changes to our healthcare laws improve on existing healthcare coverage for Florida’s families. SUPPORT legislation to expand access to dental care for children. MAXIMIZE funding for home and community-based services for older adults to reduce the cost burden for Florida families and taxpayers.”</td>
</tr>
</tbody>
</table>
List of Florida-based report cards

<table>
<thead>
<tr>
<th>Name</th>
<th>Link</th>
<th>Organization</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Health Rankings</td>
<td><a href="http://www.countyhealthrankings.org/using-the-rankings-data/finding-more-data/florida">http://www.countyhealthrankings.org/using-the-rankings-data/finding-more-data/florida</a></td>
<td>Florida Dept. of Health</td>
<td>Demographics, quality of life, health factors, health behaviors, clinical care, social and economic factors, and physical environment.</td>
</tr>
<tr>
<td>Florida Public Health Data</td>
<td><a href="http://healthyamericans.org/states/?stateid=FL#section=2,year=2013,code=undefined">http://healthyamericans.org/states/?stateid=FL#section=2,year=2013,code=undefined</a></td>
<td>Trust for America’s Health</td>
<td>Adult and child health indicators, public health preparedness, and public health funding.</td>
</tr>
<tr>
<td>Has multiple scorecards</td>
<td><a href="http://www.myflfamilies.com/general-information/planning-performance-measures">http://www.myflfamilies.com/general-information/planning-performance-measures</a></td>
<td>Dept. of Children and Families</td>
<td>The Child Welfare Dashboard, child protective services, adult protective services, etc.</td>
</tr>
<tr>
<td>Health System Scorecards</td>
<td><a href="http://www.commonwealthfund.org/publications/health-system-scorecards">http://www.commonwealthfund.org/publications/health-system-scorecards</a></td>
<td>The Commonwealth Fund</td>
<td>Includes local and state data on health system performance (access, prevention and treatment, avoidable hospital use and cost, healthy lives) and long-term supports and services.</td>
</tr>
<tr>
<td>Name</td>
<td>Link</td>
<td>Organization</td>
<td>Comment</td>
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</tr>
<tr>
<td>Prosperity Now Scorecard</td>
<td><a href="https://scorecard.prosperitynow.org/">https://scorecard.prosperitynow.org/</a></td>
<td>Prosperity Now, formerly CFED</td>
<td>Examines over 50 measures: financial assets and income, businesses and jobs, home ownership and housing, healthcare, education. Includes assessment of recommended policies adopted.</td>
</tr>
<tr>
<td>The Florida Scorecard</td>
<td><a href="http://www.flchamber.com/research/the-florida-scorecard/">http://www.flchamber.com/research/the-florida-scorecard/</a></td>
<td>Florida Chamber of Commerce</td>
<td>Metrics in six areas: talent supply and education, innovation and economic development, infrastructure and growth leadership, business climate and competitiveness, civics and governance, and quality of life.</td>
</tr>
</tbody>
</table>
**Vision:**
*To be a trusted, credible voice that informs health-related public policy* at the local, regional, and state level.

<table>
<thead>
<tr>
<th><strong>Resources</strong></th>
<th><strong>Activities</strong></th>
<th><strong>Outputs</strong></th>
<th><strong>Outcomes</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 to 5 years of funding</td>
<td>Identify issues and relevant decision-makers**</td>
<td>X of issue briefings developed</td>
<td>Decision-makers increase awareness of the message</td>
</tr>
<tr>
<td>1.5 Staff</td>
<td>Policy development or solution identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research partners</td>
<td>Policy assessment &amp; data collection (watchdog)</td>
<td>X messages disseminated by Florida Health Funders/FPN</td>
<td>Decision-makers perceive FHF-FPN as a trusted and credible information source and ally</td>
</tr>
<tr>
<td>Pre-vetted advocacy partners</td>
<td>Message and material development</td>
<td></td>
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</tr>
<tr>
<td>Filtering and decision-making structure</td>
<td>Develop relationships with decision makers</td>
<td>X messages disseminated by the media/influencers</td>
<td></td>
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<tr>
<td>Member advocacy skills</td>
<td>Educate key decision-makers</td>
<td></td>
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<td></td>
<td>Disseminate information through directly and through influencers</td>
<td>X of meetings / calls with decision-makers</td>
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<td></td>
<td>Partner with others to disseminate information and/or directly advocate</td>
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**Notes:**
*Public policy can include legislative, regulatory, administrative, organizational, or systems change. Health-related includes determinants of health.*

**Decision-makers are not limited to elected officials but can include any decision-maker that impacts public policy.*

Specific target audiences, attitudes, behaviors, and partners will vary depending on the issue of interest.
Agenda

Welcome

I. Follow up from January pre-Summit meeting

II. Becoming a trusted, credible voice that informs health policy

III. Proposed decision-making process

IV. Testing the model

V. Next steps

Adjourn
FOLLOW UP FROM JANUARY PRE-SUMMIT MEETING
☑ Shared learning calendar
☑ Logic model
☑ Decision-making process
☑ Environmental scan
Shared Learning Calendar

Once a quarter, leaders/experts share stories in a virtual session

- Coverage levels: ACA, Medicaid, charity care
- Social determinants – what good programs work?
- How to increase the number of behavioral health service providers
- How to engage unlikely/non-traditional partners

Monthly post information and questions

- Behavioral health 101 (multi-month)
- Evidence informed, evidence based, and science based: how to assess the level of evidence
- Care for disadvantaged populations (multi-month)
- News/white papers/issue briefs as available
Vision:
To be a trusted, credible voice that informs health-related public policy* at the local, regional, and state level.

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Notes: *Public policy can include legislative, regulatory, administrative, organizational, or systems change. Health-related includes determinants of health.
**Decision-makers are not limited to elected officials but can include any decision-maker that impacts public policy.

Specific target audiences, attitudes, behaviors, and partners will vary depending on the issue of interest.
BECOMING A TRUSTED, CREDIBLE
VOICE THAT INFORMS HEALTH POLICY
Milestones

- Hire/contract staff (20 hours/week) to implement shared learning calendar and begin work on the 1st issue
- Present model and timeline to funders interested in health issues
- Determine first issue to tackle and short-term outcome
- Identify natural partners, develop message materials, obtain/adapt toolkit
- Disseminate toolkit to funders and support engagement with decision-makers
- Disseminate information to media, influencers, and decision-makers
- Assess progress, what’s working/what isn’t, next steps
PROPOSED DECISION-MAKING PROCESS
Model Assessment

• The Strategic Direction Work group reviewed models and identified the pros and cons of each option

• Chose an 80/20 approach of setting an annual agenda and responding to emerging issues

• The benefits of this model are that it: allows FHF to prioritize capacity, document progress over time, be seen as a thought leader, and identify partners. In addition, agendas don’t change much.
How will it work?

• Each year, a small workgroup will review possible issues based on staff and member input.
• The workgroup will then bring a short list with an approach and scope to FHF members for consensus and participation.
• In the future, several issues may be addressed in any year.
• The workgroup will meet three to four times a year.
• If an emerging issue arises, the workgroup will bring it to FHF members in a timely fashion.
TESTING THE MODEL
Narrow Criteria for the Test Issue

• Includes a model or non-legislative policy to promote; allows for convening decision-makers

• Addresses systems change: changes in policies and regulations; funding flows and resource allocations; culture, norms, and standard operating procedures; knowledge bases; and relationships and power dynamics.

• Has natural partners (e.g., American Heart Association, FAHSC, Dept. of Health)

• An FHF member has expertise in the issue

• Allows for short-term tangible progress / outcome
## Possible Issues

<table>
<thead>
<tr>
<th>Issue</th>
<th>System change</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote the breathe free model: restaurants voluntarily ban smoking on their outdoor dining patios. Over 50 restaurants in Central Florida.</td>
<td>System change</td>
<td>The number of breath free restaurants</td>
</tr>
<tr>
<td>Promote schools earning the Healthier US Schools Challenge: Smarter Lunchroom a voluntary certification through promotion of nutrition and physical activity.</td>
<td>System change</td>
<td>The number of schools certified</td>
</tr>
<tr>
<td>Support Baby-Friendly Hospitals a global effort to implement practices that protect, promote and support breastfeeding.</td>
<td>System change</td>
<td>The number of baby-friendly hospitals</td>
</tr>
<tr>
<td>Increase the percent of two year-olds who are fully immunized</td>
<td>System change</td>
<td>An increase in immunization rates</td>
</tr>
<tr>
<td>Raise taxes on tobacco</td>
<td>System change</td>
<td>Changed legislation / decreased access to tobacco</td>
</tr>
<tr>
<td>Issues</td>
<td>Criteria</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>Does it have a model or non- legislative policy?</td>
<td>• Does it have a model or non-legislative policy?</td>
<td></td>
</tr>
<tr>
<td>Is it systems change?</td>
<td>• Is it systems change?</td>
<td></td>
</tr>
<tr>
<td>Are there natural partners?</td>
<td>• Are there natural partners?</td>
<td></td>
</tr>
<tr>
<td>Any FHF experts?</td>
<td>• Any FHF experts?</td>
<td></td>
</tr>
<tr>
<td>Allow for a quick win?</td>
<td>• Allow for a quick win?</td>
<td></td>
</tr>
</tbody>
</table>
Next Steps

- Create a task force for the pilot test issue
- Prepare pilot test issue action steps & call to action
- Learning calendar will be distributed and implemented
Breathe Free Florida (BFF)
Proposal to Florida Philanthropic Network from Jill Hamilton Buss
November 7, 2018

Introduction

Since 1965, when 42 percent of U.S. adults smoked, the rates have dropped dramatically. Rates are now down to a little over 15% in Florida and about 17% nationwide according to the latest government studies. In Winter Park and Maitland, where Breathe Free was piloted, the rates are 10.3 and 7.3 percent respectively. Nationwide, the rates continue dropping.

Once socially accepted, smoking is now widely seen as unpleasant at best and for some, life threatening. Those with compromised lung function or children with asthma can experience serious health consequences by breathing second-hand smoke (SHS). There is no risk-free level of exposure to SHS and even brief exposure can be harmful to health.

Smoking is the leading preventable cause of death and disability in the U.S. A program like Breathe Free adds additional pressure and incentive for smokers to quit while providing immediate relief to those who would otherwise be exposed to SHS.

A Model Program

Breathe Free Winter Park (BFWP) was developed by Healthy Central Florida in 2014 with support from the Winter Park Health Foundation and is designed to:

- Reduce harmful exposure to second-hand smoke (SHS)
- Add pressure to current smokers to quit
- Engage and activate non-smokers (someone lights up – speak up)
- Provide resources and support to restaurants, multi-unit housing complexes and municipalities that want to go smoke-free
- Expand and encourage a smoke-free culture in Florida by focusing on shared spaces – restaurant patios, multi-unit housing and parks
- Promote the many resources offered by partners for smokers who want to quit

Launched in April 2014, with minimal staff and budget (less than $10,000 in year one, much of which was non-recurring start up costs), the initiative garnered significant positive media coverage and within 18 months, had nearly 50 restaurants voluntarily participating.
Some participating restaurants are chains and others are independently owned. All Starbucks stores went smoke-free on June 1, 2013 (stocks climbed from $61-$81 a share in that time frame – prior to our launch). All Panera Bread stores have offered smoke-free patio dining for years.

Why is the movement successful and growing? Because the vast majority of people in Florida and the United States don’t smoke and don’t want themselves or their children to be exposed to SHS. It makes good business sense for restaurateurs to cater to the vast majority of customers’ preferences. Plus, cleaning and maintenance fees are reduced. Fixing burn holes, cleaning and replacing furniture is expensive.

Lastly, research showed that even many smokers (40% in our survey) prefer not to breathe smoke while dining.

**Breathe Free** has been successful because it was developed using research and data; had restaurant leadership and community input; cultivated personal relationships with restaurant managers and leveraged partnerships and positive media coverage.

It was also successful in converting multi-unit housing complexes to smoke-free. BFWP worked with the Winter Park Housing Authority (WPHA) for a year and a half at which point all five of WPHA properties converted to smoke-free. (This is trend nationwide.) Many private apartment companies are now opening smoke-free or converting – just as most hotels have made this consumer-driven switch.

While there is a statewide pre-emption on banning smoking in many places including public parks where children play, many municipalities are still posting signs telling patrons not to smoke. Signs such as “**No Smoking – Young Lungs at Play**” help parents police smokers and ask them to put out cigarettes around kids (a reasonable request). This helps reduce exposure of children and adults to dangerous SHS. (**See examples at end of document.**)

All of this activity and public awareness campaign encouraging restaurant patrons or parents at parks and ball fields to “speak up if someone lights up”, are resulting in the growing culture shift to one of a **Smoke-Free Florida.**
Expanding the Model to Your Community and Building a Smoke-Free Culture in Florida

This proposal to Florida Philanthropic Network (FPN) provides an opportunity to take a successful model and expand it throughout the state community by community. By using a model that has been tested and refined for more than four years, FPN can save time, expense and missteps and ensure greater success and healthier citizens.

FPN can quickly and efficiently launch the model, by adapting the BFWP toolkit, printed materials, videos, and social media templates. All of the assets can be localized easily with the expert guidance of the developer of the model, Jill Hamilton Buss, the former executive director of Healthy Central Florida.

A strategy to consider for activating the program in any market is to make a small grant ($5000 or less) to a local organization, such as the American Lung Association or the American Heart Association, to get the program off the ground. We know Breathe Free aligns with and complements the work these organizations are already doing. This strategy was used successfully in Central Florida in the first year.

Options for Consultation and Support to Launch Breathe Free Florida (BFF)

Option A

Through a $2,500 grant from the Winter Park Health Foundation, training and technical assistance is available to FPN partners to adapt and launch BFF in any/all communities. Note: “Communities” should be small well-defined geographic areas. Examples would be a small to medium-sized city or recognized large “neighborhood” (example Hyde Park in Tampa – pop. 17,900). In Central Florida, Breathe Free was piloted in Winter Park, a city of 28,000 residents with many restaurants. It was then expanded to Maitland, 18,000 residents and finally to parts of Orlando. It is not recommended to start with a county or large city (Broward County or Miami).

The exact deliverables are flexible based on the number of communities that wish to participate and Year 1 goals, but could include:

1. Train FPN and communities in all aspects of BFF model Develop community plan(s) and timeline
2. Set community goals – (How many restaurants smoke free by when? 20 restaurants in 6 months; 40 in a year?).
3. Assist communities in tailoring restaurant toolkit to each community
4. Provide overview of marketing materials and how and why to utilize each
5. Train in two basic survey instruments and methodologies (restaurant patrons and restaurants with patio dining). OPTIONAL.
6. Assist with setting up social media or adding content to website
7. Guide in recruiting and training partners and help staff define roles and expectations of partners
8. Use a portion of grant to adapt basic marketing materials
9. Discuss launch event and timing
10. Use remaining dollars, if available, for communities to call Jill as they need guidance or run into roadblocks
11. Jill would track time and after the initial allotment is utilized, communities could contract directly with Jill, or FPN could negotiate a longer-term arrangement (see Option 2).

In Option 1, Jill Hamilton Buss will train FPN/participating communities in the BFF model for a total of 30 hours. A portion of the grant could be used for printing promotional materials. Jill’s standard consulting fee of $85 per hour will apply.

**Option 2** - All of Option 1 is offered plus 100 total hours of consultation which could include:

- In-market travel to meet with staff leaders and collaboration partners
- In-market travel to go on initial calls to select restaurants
- Leading weekly or bi-weekly conference calls to monitor progress
- Consult on conducting local research and tailoring research to needs of each unique market and assist in incorporating data into marketing materials/toolkit (Prepare scripts, questions, methodology, etc.)
- Guide in recruiting and training partners – and help staff define roles and expectations of partners
- Consult on video production if interested (Click here for examples: Panera Bread, Barnie’s Coffee Kitchen; 4 Rivers)
- Assist in working with city/municipal staff and navigating the role of the city/county (engage mayor, staff from sustainability, parks, other as appropriate)
- Use strategies to encourage city to use BFF Tool in the new business application process and city permitting
- Write articles or blog posts for use in pitching to media (can use our templates)
- Plan launch event when the time is right (when you have a significant number of restaurants committed (perhaps 6 months to a year).

Option 2 can be used if FPN/any number of communities commits to a one-year contract and 100 hours of consultation. There is no limit to the number of communities that can participate. A reduced fee of $65 per hour will apply plus travel expenses. If FPN or any member wishes to continue using Jill’s services beyond the initial contract, the rate of $65 per hour will continue to apply.
Additional Background and Elements of a Successful BFF

Components of a Successful Program

- Consistent staff leadership with focus on relationship building and support of the BFF Collaboration (Suggest a minimum of 8 hours per week – more hours will help the program grow faster).
- An active Community Collaboration supported by staff
- Toolkit for Restaurants – Modify existing guide for restaurants on how to make the transition from smoky to smoke-free
- A budget of at least $500 - 1,000 per community for the first year for promotional materials
- A savvy social marketer or media manager on the team to help spread the message (or staff leader has this skill set)

Collaboration with Partners

An initiative like Breathe Free will be more successful with a robust collaboration of partners who share your goals. These could include:

- American Heart Association
- American Lung Association
- Local Health Department
- Healthy Community Coalition (or equivalent in your community)
- Chamber of Commerce
- Hospital(s)
- Other Foundations whose missions cover health
- College or Universities (research, campus activities, student projects)
- Restaurant /Hospitality Leaders (at least one or two proponents)
- Dedicated paid staff leadership – (8 hours a week minimum to build the movement – the more time you devote, the faster it will grow)

Steps to take prior to Public Launch

1. Recruit “right” Staff Leader and train them (sales/marketing person or agency partner staff member – ALA or AHA are two possibilities)
2. Conduct research – Number /percentage of restaurants currently smoke-free? What percentage of residents prefer smoke-free dining? What percent smoke?
3. Create plan and timeline.
4. Recruit collaboration partners and engage them in executing the plan.
5. Localize BFF Toolkit – promotional materials, videos, website, social media
6. Collect stories – talk to friends, parents who have children with asthma or parents with COPD – who can’t be exposed to smoke. Use these in your localized pitch. See if these people would be willing to be featured in local videos (see examples.)

7. OPTIONAL: Create videos featuring smoke-free restaurants (see our videos for template. One minute – not very expensive). You could use Central Florida videos (especially Panera if you have a Panera in your market). Could supplement with one localized video or work with a local high school or college video class; or an intern could potentially do this. You could also host a video contest. Central Florida has done this with great results.

8. OPTIONAL: Plan public launch when set number of smoke-free restaurants and key restaurants have committed to BFF (20, 30, 40…)

Marketing Key to Program Success

To grow this program, marketing and promotional support is critical. Most of the items your community will need have been produced by Central Florida. They just need to be adapted to local markets – minor tweaks in most cases and then periodic posting and updating, especially on social media.

- Set up Facebook, Twitter, Instagram, plus add website and blogs.
- Occasional pitches to traditional media at key milestones (Launch, hitting 50 restaurants, each annual anniversary, etc.)

Examples of Marketing Materials and average costs

- Table Toppers – Small Plexiglas stands on each outdoor table thanking patrons for not smoking ($1.39 - $1.59 or less in bulk)
- Window Clings feature BF logo and state venue is smoke-free
- Yard Signs (permitted in your market?) (Varies per market)
- Sandwich signs, other – responsive to restaurants’ needs ($1.80 - $2.00 each – one or two per restaurant)
- Ads in local papers – varies per market. Optional.
- Video - $250 - $500 per customized video in our market; a savvy intern might be able to do this with iphone and imovie.
- Kick-off Event – Optional but strongly recommended. If held at a participating restaurant, they benefit from media exposure and it will reduce cost significantly (especially if it’s a 10 am press conference; coffee, tea, water, fruit, Danish – light snacks. If it’s an evening event with alcohol, appetizers, significantly more expensive). Central Florida held both – both successful and garnered significant media coverage.
Below are photos from the launch of BFWP. Many community leaders participated including a physician, hospital representatives, the mayor and vice mayor as well as other elected leaders, the Chamber president, Winter Park Health Foundation president (Patty Maddox), restaurants owners/managers and others. The event received significant positive media coverage by all major news outlets.
Below are examples of great and not so great smoke-free parks signage. The center sign (Kraft Azalea Gardens) was from Winter Park. This slide was prepared to show the city examples of stronger signage and to encourage them to strengthen their signage.
Below are two photos from an event we held in conjunction with the Winter Park Housing Authority to build support among residents for the decision to go smoke-free. We had residents of this low-income senior high rise sign pledges to live smoke-free and offered prizes and refreshments. The vast majority welcomed this move.

Submitted by
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August 30, 2018

Florida Health Funders (FHF) was formed in 2013 as a member affinity group within Florida Philanthropic Network (FPN) to offer FPN members an opportunity to interact and connect with others who share an interest in supporting health-related issues, organizations and needs throughout Florida. Members include private independent foundations, private family foundations, community foundations and corporate grantmakers.

During the past year, The Florida Health Funders member affinity group developed a new strategic action plan to engage health grantmakers throughout Florida in more intentional and impactful ways. The FHF ad hoc Strategic Directions Work Group spent considerable time planning and decided to focus on two efforts: promoting shared learning through conversation among its members and developing a leadership voice with the vision of becoming a trusted credible voice that informs public policy at the local and state level.

On January 25, 2018, members of the Florida Health Funders held a pre-summit meeting. During that discussion, approximately 40 attendees:

1. Provided input on a professional development calendar to promote shared learning
2. Provided input on a logic model to guide the strategy of developing a leadership voice
3. Identified the need for a decision-making process to select potential public policy issues
4. Identified the need for an environmental scan of advocacy-focused organizations to inform the work

In April 2018, the ad hoc Strategic Directions Work Group met to determine the decision-making progress for identifying what information/issues will be acted upon, discussed the scope of work for the professional and logistics staff, prepared implementation milestones for the next year, identified necessary annual funding to support the effort, and reviewed the draft environmental scan.

In September 2018, the ad hoc Strategic Directions Work Group will host a virtual event to present the shared learning calendar, provide the final logic model that will guide the work, and share the proposed decision-making process. At that time, attendees will also identify the first “test” issue.
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Introduction

Florida Health Funders wishes to promote shared learning and conversations around health-related topics. In order to design effective programs to do this, FHF conducted a survey regarding desired learning and preferred learning methods. Because shared learning can occur among any funders, the survey invitation was sent to all Florida Philanthropic Network (FPN) members. The objectives of the survey were to determine (1) what members want to learn from each other and (2) what methods members prefer for learning and engagement. Please see the Appendix for details on the methodology.

Figure 1 presents the number of invitations sent and the number of responses. The first question asked respondents if they were interested in health-related shared learning; those responding no were directed to the end of the survey. The survey was administered between December 27th and January 12th in order to have the information prior to the FPN summit; the timeline may have impacted response rates.

Figure 1: Invitations, responses, and interest

<table>
<thead>
<tr>
<th>Number</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>768</td>
<td>FPN members received a survey invitation</td>
</tr>
<tr>
<td>101</td>
<td>FPN members responded to the first question</td>
</tr>
<tr>
<td>61</td>
<td>FPN members are interested in health-related shared learning and conversations</td>
</tr>
</tbody>
</table>

Of those that were interested in shared learning, 13 individuals reported being current members of Florida Health Funders, 28 were not members, 10 responded “I don’t know,” and 10 did not respond to the question. There were inconsistencies among respondents from the same organization for this question and for the interest question. For example, one respondent may have been interested while another from the same organization was not; one may have reported being a Florida Health Funder member while another reported “I don’t know” or “No.” The Appendix provides a listing of the organizations interested in shared learning; this list can be compared to the current Florida Health Funders membership to determine if non-members are also interested in these conversations.

The remainder of this report only includes responses from those who stated they were interested in health-related shared learning. Approximately 50 people answered each question.
What are the topics of interest?

Respondents were asked to rank a list of topics from 1 (most interested) to 7 (least interested). As shown in Figure 2, *access to health care* and *best practices in achieving health outcomes* were the topics of most interest to respondents. The topics where respondents reported the least interest were *social determinants of health* and *healthy eating and physical activity*. Interest was assessed by the number of times a topic was in a respondent’s top three choices.

Figure 2: Interest in topics, from high to low

<table>
<thead>
<tr>
<th>High</th>
<th>Medium</th>
<th>Low</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health care</td>
<td>Best practices in achieving health outcomes</td>
<td>Social determinants of health</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>Health-related public policy issues and their impact on Florida’s grantmakers</td>
<td>Healthy eating and physical activity</td>
</tr>
<tr>
<td>Health equity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In response to an open-ended question, 21 respondents listed other topics of interest. None were mentioned more than twice. Those mentioned twice (4% of respondents) included children’s health, dental, opioids, and outcomes. Responses suggest that two participants are interested in social determinants but did not identify the topic under that category.

How should learning be structured?

The survey included three questions regarding how learning activities should be structured. The first question regarded the likelihood of participating in nine different activities. Figure 3 on the next page presents those data. As shown, respondents reported they were most likely to *read newsletters, use white papers, and engage in social media*. The activities respondents were least likely to participate in were *attend in-person meetings and networking events*. Although prompted for an *other* response, participants did not identify additional activities.
Figure 3: Moderately or extremely likely to engage in each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read newsletters</td>
<td>68%</td>
</tr>
<tr>
<td>Read, use, and/or share white papers and issue briefs</td>
<td>61%</td>
</tr>
<tr>
<td>Engage in social media to learn information</td>
<td>54%</td>
</tr>
<tr>
<td>Participate in virtual meetings</td>
<td>46%</td>
</tr>
<tr>
<td>Access the FHF website with information and sponsored reports</td>
<td>45%</td>
</tr>
<tr>
<td>Participate in conference calls</td>
<td>35%</td>
</tr>
<tr>
<td>Participate in a message board for FPN members only</td>
<td>28%</td>
</tr>
<tr>
<td>Attend in-person meetings</td>
<td>27%</td>
</tr>
<tr>
<td>Attend networking events</td>
<td>16%</td>
</tr>
</tbody>
</table>

The next question was the desired frequency of activities. On the left are activities with the most desired frequency (i.e., once a month); those with the least desired frequency are on the right side (i.e., twice a year). Figure 5 lists the type of activity and the most common desired frequency (i.e., the choice of the highest percentage of respondents).

Figure 5: Most common frequency choice, per type of activity

<table>
<thead>
<tr>
<th>Monthly</th>
<th>Once a quarter</th>
<th>Twice a year</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage in social media to learn information</td>
<td>Participate in conference calls</td>
<td>Attend in-person meetings</td>
<td>Attend networking events</td>
</tr>
<tr>
<td>Read newsletters</td>
<td>Participate in virtual meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read, use, and/or share white papers and issue briefs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participate in a message board for FPN members only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access the FHF website with information and sponsored reports</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Finally, 26 respondents provided input into what would make a “great shared learning experience” for them. No one idea was noted by more than five respondents (8% of all respondents). The most common responses were content on demand (five respondents), followed by actionable items (five). Other responses were that topics be very targeted to the respondent
(four), that experiences develop a shared vision/common action (three), and that the experience be participatory (three). A few representative comments are below:

- “Schedules are busy, so finding ways for funders to quickly and easily access and absorb the content is helpful.”
- “Access on demand rather than being committed to a specific time or place.”
- “Best practices that include conditions that propel success... NOT show and tell.”
- “Usable and practical best practices.”
- “Provide ‘education’ in advance of meetings, and facilitate the discussion in a way that allows and encourages ALL participants to be engaged, rather than the usual leaders.”

**What are the current focus areas of respondents?**

Finally, respondents were asked to identify their current focus areas. As shown in Figure 6, the most common focus area is *behavioral health* and the least common is *health advocacy and policy*. Please note that respondents chose all that applied. Thirteen respondents provide an *other* response, but no area was mentioned by more than two respondents.

**Figure 6: Current focus areas of respondents**

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral health</td>
<td>55%</td>
</tr>
<tr>
<td>Specific populations</td>
<td>49%</td>
</tr>
<tr>
<td>Access to health care</td>
<td>45%</td>
</tr>
<tr>
<td>Social determinants of health</td>
<td>35%</td>
</tr>
<tr>
<td>Healthy eating and physical activity</td>
<td>33%</td>
</tr>
<tr>
<td>Place-based</td>
<td>29%</td>
</tr>
<tr>
<td>Health equity</td>
<td>27%</td>
</tr>
<tr>
<td>Health advocacy and policy</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>25%</td>
</tr>
<tr>
<td>None</td>
<td>16%</td>
</tr>
</tbody>
</table>
Conclusions

Although a brief survey, the conclusions are as follows:

- Non-members of Florida Health Funders are also interested in health-related shared learning and conversations.

- Respondents are interested in shared learning around access to health care, best practices in achieving health outcomes, and behavioral health.

- Respondents were interested in on-demand activities that provide information such as reading newsletters, using white papers, and accessing information from social media and web sites.

- Respondents would like information monthly and participatory activities once a quarter.
Appendix A: Methodology

In a facilitated meeting, the survey objectives were determined by the FHF *ad hoc* Strategic Directions Work Group. The survey was developed by independent evaluator Shelley Robertson and reviewed by Florida Philanthropic Network (FPN) and two members of the work group.

The survey was administered online through FPN’s survey account; the initial invitation included Bob McFalls, Lisa Portelli, and Johnette Gindling as signatories. Dr. Shelley Robertson worked with Kate Bauer Jones, FPN staff, on survey administration and follow up. All respondents were entered into a drawing with a chance to win a $50 gift card.

Dr. Robertson prepared the final report.
Appendix B: Interested organizations interested in health-related shared learning

Figure A1 provides a listing of the organizations interested in shared learning; this list can be compared to the current Florida Health Funder membership to determine if non-members are also interested in these conversations. Please note that where there were multiple respondents, some respondents from nine of the organizations listed below stated that they were NOT interested in health-related shared learning.

<table>
<thead>
<tr>
<th>Allegany Franciscan Ministries</th>
<th>Gulf Coast Community Foundation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank of America</td>
<td>John S. and James L. Knight Foundation</td>
</tr>
<tr>
<td>Charles &amp; Margery Barancik Foundation</td>
<td>JPMorgan Chase &amp; Co.</td>
</tr>
<tr>
<td>Children's Board of Hillsborough County</td>
<td>Merrill G. &amp; Emita E. Hastings Foundation</td>
</tr>
<tr>
<td>Children's Services Council of Broward County</td>
<td>Miami Homes For All</td>
</tr>
<tr>
<td>Children's Services Council of Palm Beach County</td>
<td>Patrick P. Lee Foundation</td>
</tr>
<tr>
<td>Community Foundation for Brevard County</td>
<td>Peacock Foundation, Inc.</td>
</tr>
<tr>
<td>Community Foundation for Ocala Marion County</td>
<td>Quantum Foundation</td>
</tr>
<tr>
<td>Community Foundation for Palm Beach and Martin Counties</td>
<td>Social Venture Partners Tampa Bay</td>
</tr>
<tr>
<td>Community Foundation of Brevard County</td>
<td>Southwest Florida Community Foundation</td>
</tr>
<tr>
<td>Community Foundation of Collier County</td>
<td>Space Coast Health Foundation</td>
</tr>
<tr>
<td>Community Foundation of Sarasota County</td>
<td>Sumter Sunshine Community Foundation</td>
</tr>
<tr>
<td>Community Foundation of South Lake County</td>
<td>The Celia Lipton Farris &amp; Victor W. Farris Foundation</td>
</tr>
<tr>
<td>Coral Gables Community Foundation</td>
<td>The Community Foundation for Northeast Florida</td>
</tr>
<tr>
<td>CSX</td>
<td>The Curtis &amp; Edith Munson Foundation</td>
</tr>
<tr>
<td>Edyth Bush Charitable Foundation</td>
<td>The Florida Bar Foundation</td>
</tr>
<tr>
<td>Emily Balz Smith Foundation</td>
<td>The Patterson Foundation</td>
</tr>
<tr>
<td>Florida Blue Foundation</td>
<td>The Wallace H. Coulter Foundation</td>
</tr>
<tr>
<td></td>
<td>United Way Suncoast</td>
</tr>
<tr>
<td></td>
<td>Wells Fargo</td>
</tr>
<tr>
<td></td>
<td>Winter Park Health Foundation</td>
</tr>
</tbody>
</table>
Introduction

Florida Health Funders (FHF) was formed in 2013 as a member affinity group within Florida Philanthropic Network (FPN) to offer members an opportunity to interact and connect with others who share an interest in supporting health-related issues, organizations and needs throughout Florida. At this juncture in its lifespan, the Florida Health Funders member affinity group is developing a new strategic action plan to engage health grantmakers throughout Florida in more intentional and impactful ways. The FHF ad hoc Strategic Directions Work Group has spent considerable time this year planning and has decided to focus on two efforts: promoting shared learning and conversation among its members and developing a leadership voice with the vision of becoming a trusted credible voice that informs public policy at the local, regional, and state level.

On January 25, 2018, FPN’s Florida Health Funders met for a pre-Summit meeting. Approximately 24 people attended each session block. Although many attended both sessions, there were some that attended only one for a total participant count of approximately. The agenda for the meeting was as follows:

- Update from the ad hoc Strategic Directions Work Group
- Shared learning: What do stakeholders want?
- Developing a leadership voice
- Next steps

This document summarizes the notes from the session.

I. Shared learning

The first part of the session focused on shared learning. FPN/FHF administered a survey to determine shared learning topics. After survey results were presented, attendees were asked to provide specific items for each of the top three general topics: access to health care, best practices in health outcomes, and behavioral health. Responses are summarized below.
A. Access to health care

- Care for disadvantaged populations
- Consumer education
- Coordination of care
- Replacement of ACA – how to ensure coverage levels don’t decline
- Medicaid enrollment – barriers (eligible don’t enroll)
- Gaps in charity care / barriers to using
- Specialty care

B. Best practices in health outcomes

- Social determinants – investigate and promote good programs (inside and outside of Florida).
- Community care outside clinical walls
- Best practices around social determinants: how to tie it back to health
- How to engage the community in addressing health
- Food as medicine
- Who are unlikely partners and how to engage them
- Evidence informed, evidence based, and science based: how to assess the level of evidence
- Organizational capacity to deliver evidence based programming

C. Behavioral Health

- How to increase the number of service providers
- How to build leadership for this issue
- What is the next frontier of opportunity: opioid now / others in the past
- More general learning – the topic is overwhelming
- Examples of needs assessments and environmental scans
- Who are non-traditional partners and how to work with them
- How to mobilize the community to address behavioral health

D. What would activities look like?

Respondents were also asked for input on how to structure learning activities. Comments are below:

- How can we help leaders/experts share stories – like a telephone Ted Talk
- Post information and questions – discussion threads – connect offline as needed
- FPN posts question or info periodically to get things going
- Get when need – searchable archives. Who maintains?
- Possibly set it up like a “news bureau”
II. Building a leadership voice

The second part of the session focused on developing a three year logic model to build a leadership voice. This part began with a presentation of the vision and then discussion of that vision.

A. Vision

The vision is: **FPN/FHF is a trusted, credible voice that informs health-related public policy at the local, regional, and state level.** Attendees were asked to identify what the Florida health landscape would look like when the vision was successful and also for any possible “bumps in the road.” Responses to each question are summarized below.

1. When successful, what would it look like?

   - Strong relationships with key agency heads – they rely on us for facts and data
   - Integration of social determinants of health at the city, county, and state level; we know our community and should scale up successful local models
   - Health is considered in all decisions
   - A warehouse and source of information on how the pieces fit together
   - Leveraged boards and networks
   - Focus on state level: what we can do collectively that is more than what we (or others) can do individually

2. What are some potential bumps along the way?

   - Insiders – closed political system, closed viewpoints
   - Lack of champions (need to build)
   - Perception that we are partisan – need to be truly bi-partisan or non-partisan
   - Resiliency and boldness – there will be pushback; be prepared for it. Keep the faith.
   - Lose long-term commitment – need a series of quick wins
   - Board members commitment
   - Shared mission and vision – how to align this work with individual organizations’ missions

B. Logic Model

Members next started to build the logic model to achieve the vision by reviewing possible outcomes and activities and providing feedback on what should be kept or added. (Our facilitator, Shelley Robertson, will take these notes and revise the current logic model.)
1. What outcomes do we want?

- Decision-makers perceive FHF-FPN as a trusted and credible information source and ally
- Fewer outcomes focused on action, changes in policy, or changes in systems and more on the results of informing and educating
- Increased awareness
- Target audiences include public influencers (media) and decision makers but not the general public
- Exert effort at the local level
- Raise the conversation that health is important

2. What activities will lead to outcomes?

- Policy development and solution development
- Exert effort at the local level
- Advocacy skills training (informing and educating, not lobbying)
- Skills training: how to create a policy
- Messaging
- Watchdog role
- Relationship building
- Informing and educating
- Validate and engage to adopt better policy
- Identify avenues to advocate – how to disseminate, how to work with partners
- FHF disseminates info
- When appropriate, working with a partners to advocate
- Build capacity of advocacy partners
- Evaluation of impact of policy, enforcement, and monitoring (i.e., health impact statements)

3. What resources are needed?

Finally, attendees discussed what resources would be needed. They identified four components:

- A highly qualified, professional, dedicated staff person.
- A part time logistics support person.
- When appropriate, money to fund partners for advocacy and to build their capacity.
- When needed, money for research.

Participants also noted the following:

- It will require a three to five year funding commitment.
The group needs a process of deciding and filtering what issues to act on; members would have 48 hours to opt out/vote no.  
If money is in a pool, how does a foundation opt out if an issue conflicts with their values?  
Potential partners need to be vetted early on and very carefully.  
Where does the professional reside (may change over time)? Once a scope of work is created, assess options based on autonomy, credibility, reputation, and brand.

C. Next steps

- Determine the management structure, including the decision making process for what information will be presented, how to determine when to partner, and how to determine possible partners.
- Develop a one-year operating plan with a budget.
- Don’t duplicate efforts: conduct an environmental scan of organizations that can also identify future partners.

Co-Chairs Lisa Portelli and Johnette Gindling will convene a small group to work on the next steps; session attendees will be invited to participate in an virtual meeting to review the work of the small group and to provide input.