



Hawaii Healthy Aging Partnership

Business Plan On Sustainability and Marketing for Evidence-Based Programs

November 2010

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EXECUTIVE SUMMARY

The Hawai`i Healthy Aging Partnership (HAP) is a coalition of 40+ partners dedicated to embedding evidence-based health promotion programs into the Hawai`i's Aging Network (i.e., the network of public and private organizations that guide and deliver services to older adults in Hawai`i). The HAP was established in 2003 via collaboration between the Hawai`i Department of Health, the Executive Office on Aging (EOA), the Area Agencies on Aging, University of Hawai`i, and various provider agencies. The HAP believes that making health promotion programs widely available to older adults will help control chronic disease burden in Hawai`i.

HAP uses a community-based participatory approach to engage federal, state, and local government and aging-focused community networks and organizations with the mission of improving the health status of Hawai`i's multicultural population of older adults. With the goal of reducing the morbidity and delaying premature mortality for Hawai`i's older adult residents, the HAP creates the structure necessary for community level change in the area of increased physical activity and improved nutrition.

The National Council on Aging (NCOA) provided grant funds to the State of Hawaii for the promotion and advancement of statewide access to CDSMP and other EB programs by building the capacity and sustainability and expanding the courses offered and sustained.

The consultant contract funded through NCOA is specifically for the coordination of the overall goals and objective of the NCOA Sustainability Grant, and development and implementation of a business work plan for sustainability of CDSMP and EF statewide.

HAP has accomplished much to date under a relatively **decentralized** model of functioning reaching over 1300 individuals statewide. 74 individuals have completed the master level training as well as 97 lay leaders.

While maintaining fidelity different counties and different providers have piloted the Chronic Disease Self-Management Program (CDSMP) and EnhanceFitness (EF) program in different ways. Some have charged, some have offered it for free and some have asked for a suggested donation. Different promotional materials have been developed using different names for CDSMP, and different individuals have delivered the services ranging from state and county employees to nonprofit staff to volunteers.

The University of Hawaii contract staff has done an excellent job of not only capturing data but the promoting and reinforcing of fidelity in implementation. Alu Like has been a consistent statewide partner in offering technical assistance and in their participation.

Nevertheless the HAP membership is committed to both significantly expanding the program and to potentially garner direct and indirect financial support. The opportunities for ramping up the visibility, the participation of more individuals and for new partnerships and/or financial support is clearly there.

To that end the partnership is in the process of strengthening the leadership of the project by clarifying roles and development of a **hybrid model** of overall leadership. This will involve **Alu Like** assuming a more leading role and the use of working committees to develop recommendations for timelier implementation and execution. The State **EOA** will retain the overall responsibility for the project.

HAP is committed to exploring going forward the following options:

1. **Identify as best as possible all sources of revenue that are currently being invested in either CDSMP or EF. This includes all Federal (AOA, NCOA, ARRA, CDC), State, County, donations, fees, OHA and especially in-kind costs of staff performing program work that is not being funded by the above sources as DOH staff, County staff, Child & Family Service etc.** This may be tracked on a monthly basis.

2. **Identify all volunteer time that is being contributed and establish an approximate value.** This may also be collected on a monthly basis. This will help leverage potential philanthropic support.
3. **Adopt “Better Choices Better Health” as the name for all CDSMP funded programs for both branding purposes and to take advantage of current and future marketing materials being generated by the National Council on Aging (NCOA). The current bamboo logo and tag line (Ke Ola Pono) may be retained for a uniform look, and common elements may be standardized on all promotional materials including brochures, posters, flyers, etc.**
4. **Commit to securing a state wide fiscal agent for purposes of receiving tax deductible financial and in kind donations. Create a representative advisory committee for overseeing distribution of the funds.**
5. **Invest time and effort in recruiting and retaining EF instructors, CDSMP master trainers and/or lay leaders. This effort is equally as important as marketing and outreach.**
6. **Continue to use ADRC web site but also explore having Alu Like establish a separate Healthy Aging web site using the “skin” offered by NCOA. Websites should cross-link or point to each other assuring visitors the maximum access to information. Establish one statewide number to call for information.**
7. **Consider adopting a common pricing strategy such as a “suggested donation” as the best approach and strategy of obtaining financial support from participants.** This method allows the flexibility for participants who may have limited funds as well as generates some ongoing revenue. **Actual cost for CDSMP is approximately \$60 a**

session or \$360 for the 6 week program. Consider suggested donation for EF as well.

- 8. Consider developing gift certificate opportunities to cover the cost of a class or the entire program for a parent, spouse, or tutu.** This approach may also be attractive to service clubs or other groups who have smaller amounts to contribute. These gift opportunities could be marketed as birthday, special thoughts and/ or anniversary gifts and be for individual sessions or for the entire programs.
- 9. Develop a menu of suggested compensation and/or recognition options for volunteers who deliver the programs such as stipends, the Federal mileage reimbursement rate or mileage cards, discount coupons, certificates, etc**
- 10. Complete cost benefit analysis so figures could be used in marketing and with funders.**

Timelines for achieving the above items and who individually should be involved in achieving them will be developed as the project selects which of the above options to adopt collectively.

Unfortunately there is no common definition or understanding of what sustainability means. For some states they have defined sustainability as CDSMP or EF minimally continues on in some fashion in their states through whatever venue possible once the Federal dollars have ended.

For other states the goal of sustainability it is to minimally replace current Federal dollars with other funds. And for other states it is to replace what Federal dollars have supported and then expand the overall investment of resources.

Hawai`i HAP has decided to pursue replacing existing Federal dollars as well as expanding the investment of overall resources.

CURRENT PROJECT ASSESSMENT

Strengths:

1. Diversity of members and settings in which services are provided
2. Commitment by partnership members including significant in-kind time
3. DOH/EOA partnership
4. University of Hawaii data and evaluation capability
5. Political support in Kauai, Big Island and Maui counties
6. Alu Like statewide program coordination
7. Continuity of leaders and members at the County level
8. NCOA partnership
9. Beginning diversity of funding
10. State funding for FY11 of \$125,000
11. ARRA Grants for CDSMP & EF June 2010 to May 2012
12. People like the programs!!

Weaknesses:

1. Turnover of staff at the state level- unsuccessful attempts in year 2 in securing sustainability/marketing consultant
2. Turnover of team and lay leaders
3. Limited commitment and/or capacity to capture what is currently being invested in overall project by different revenue sources; Federal, State, County, fees, donations, in-kind time etc. and to make that transparent to the partners
4. No common name used to describe Chronic Disease Self-Management Program(CDSMP) and no one statewide number to call or web site to visit
5. Not as much attention given to EnhanceFitness (EF) program and its opportunities and impact

6. Lack of clarity on authority or process to make decisions in such areas as branding, web site; fee charging, need for fiscal agent etc.
7. Cost/ benefit analysis has not been completed making private/or non-profit case for support quite difficult
8. Existing partnership members have limited time to devote to these programs given other duties
9. No statewide fiscal agent to accept financial or in-kind donations
10. Some participants are charged, some are asked for a donation and some are not asked at all for either.

SUSTAINABILITY PLAN

Hawaii has already invested efforts in sustainability that has achieved some results. The first strategy was to deliberately diversify the groups who would deliver the service. Currently programs are being delivered by state and county employees, nonprofit staff, volunteers, and private health providers.

Program champions have been identified and engaged in all four counties and most of them have continued to be actively involved since the beginning of the initiative.

DOH staff and staff of all four counties are now delivering services using dollars from other sources than these Federal grants. For example Kauai County and DOH support EF on Kauai. Child and Family Services support EF on Oahu and Kaiser supports CDSMP on Maui. The Office of Hawaiian Affairs has invested funds in Alu Like for CDSMP.

The FY 2011 State budget includes \$125,000 earmarked for the Healthy Aging Partnership.

We have adopted the goal of successful sustainability to be one of replacing Federal dollars and increasing the overall investment of resources.

SOURCES FOR SUSTAINABILITY

The following target resources are prioritized in the order that we believe should be pursued based on likely success.

Public Sources

First and foremost, partners will focus on securing continuation and possible expansion of the **state of Hawaii's allocation of \$125,000 for healthy aging**. An organized effort using existing groups such as the Kupuna Caucus, AARP, HARA, Kokua Council, and PABEA will be pursued **immediately** by the partners along with their local advisory councils and other stakeholders.

With the election this year a new state administration comes on board. This presents an opportunity to increase the awareness and importance of healthy aging and for making the case for retaining and expanding the state's investment in this effort.

Ongoing support from the State of Hawaii will also likely increase our odds of securing individual County funds and other nongovernmental funds.

With a positive track record already established statewide we believe **"gentle pressure relentlessly applied"** will achieve success in retaining this allocation by the state and potentially expanding it.

The second target area to pursue will be **local County support**. Some counties are farther along in this effort. Capitalizing on local successful implementation of programs and increasing participant satisfaction and testimony and using some of the same advocacy efforts used to garner statewide support, we should be able to obtain some ongoing local funding as well.

The work on these first two targets will begin immediately and all HAP members will play a role over the next 9 months.

The third public target is to continue to strengthen the relationship with the state **Medicaid** office. There is a good beginning towards this effort. Minimally there is the opportunity for more exposure of the programs and possible referral of participants. As time goes on, the potential for getting a Medicaid waiver for reimbursement will also be explored. The odds will increase for this outcome once other states are successful in getting a waiver. **EOA and DOH staff will take the lead on this effort along, with the state wide coordinator, and will meet regularly with Medicaid staff.**

The fourth recommended target will be possible alignment with the **tobacco settlement funds**. It may be a long shot but this potential will be explored. **DOH staff will take the lead in this effort.**

Finally we will continue to be on the lookout for any **Federal resources** that may emerge through **AOA, NCOA, CDC, and/or Public Health**. Given the seniority of our current Senatorial delegation Hawaii is well positioned to leverage any potential initiatives that may emerge. **EOA, DOH and University of Hawaii staff will be the leads in identifying possible opportunities in this realm.**

Philanthropy Sources

The potential success for securing direct and indirect financial resources from philanthropic sources does require the achievement of the first 4 recommendations in the executive summary i.e. identification of ongoing overall revenue and volunteer contributions, a commitment to an uniform brand and look, and the securing of a fiscal agent that can receive tax deductible contributions.

With these elements in place the sustainability/marketing consultant (SMC) will take the lead in approaching first the following companies for in kind donations of food snacks, water and appropriate paper supplies. The companies targeted to approach during the months of **December and January are Costco, Safeway, Foodland, Times, Wal-Mart/Sam's Club, Walgreens and Longs/CVS**. Each of these companies also has the capacity to give dollars but we will first secure in kind contributions as a way to establish a relationship.

The HAP members will consider **establishing a gift certificate program**. HAP members will be encouraged to share this new opportunity with whomever and wherever they can.

The SMC will approach **First Hawaiian Bank foundation in December** as to underwriting the marketing materials statewide for the programs. First Hawaiian is currently a major sponsor for the Forever Young awards program in Oahu. If not this organization there are other possible companies that may be willing to underwrite this cost.

Next the SMC will follow up in **December** with **Hawaiian Electric Co** in Oahu about the potential of offering Better Choices Better Health to their active and retired employees statewide. (HAP would need to establish a price to charge employers for this training.)

Assuming success the SMC will follow up with the company's contribution department to explore direct financial support and then begin to actively reach out to other Human Resource directors of companies such as **Bank of Hawaii, Island Insurance, and Outrigger Hotels and others** to explore their willingness to support programs for their active and retired employees. **This later effort would unfold over the 6 to 8 months.**

With marketing materials in hand the SMC and HAP members will explore **direct financial support from Rotary and other service clubs** who may be interested in supporting local initiatives in their communities.

Alu Like and other possible HAP members will reach out to the **Office of Hawaiian Affairs and the Native Hawaiian Health Care System** for further financial investment and/or support in promoting the programs. **The suggested timeline for this would be late 2010 or early 2011.**

The SMC will potentially submit grant applications **in December to HMSA and Hawaii Community Foundations** for statewide support of program efforts.

MARKETING PLAN

The proposed marketing plan also assumes that most if not all of the 10 items identified in the executive summary are endorsed and achieved.

Our definition of marketing is any activity undertaken to promote the programs (CDSMP & EF) to participants either directly or through organizations that either help promote or deliver the programs. It also includes any activity that helps recruits volunteers to be trained to help provide the service.

As indicated earlier, some states have taken the position of primarily targeting organizations and AAAs to voluntarily adopt the programs as a core sustainability approach. However we have included this activity under marketing and not sustainability.

Similar to the sustainability section, we have listed the target groups in order of priority for impact and probable success.

The number 1 group we will continue to market the programs to will be in the health arena. This includes **the 14 Community Health Centers including the Koolauloa Wellness Center and the 5 Native Hawaiian Health Care Systems. A partnership with Hawaii Primary Care Association could help facilitate this.**

We will look to **HAP members to identify best ways that the SMC can assist HAP members in that outreach.** For the most part we are confident that individual members already have contacts with these groups, and it is a matter of available time as to when the groups are best approached.

The next group we will target will be four unions, **HGEA 44k members, ILWU Local 142- 18k members, HSTA -13k members, and Local 5 -10k members.** Each of these unions offers educational programs for their members both active and retired. We will plan to get the sponsorship of one or more of the unions for programs for their members.

Where HAP members have relationships with key leaders in these unions we will have HAP members reach out to these leaders and will use the SMC when appropriate. In absence of these relationships the SMC reach out independently.

Assuming the union participants appreciate the value of the programs as much as other participants have to date, we can use this support to help advocate for the health plans, namely **HSMA, Kaiser, Aloha Care and/or OHA** to incorporate these programs into their plans either directly or through reimbursement. Parallel to this strategy the SMC will reach out and encourage **HSMA, Kaiser, Aloha Care and/or OHA to adopt our evidence based programs as well as Queens Health Systems, Hawaii Pacific Health and the Office of Veteran Affairs.** Target time would be in early 2011.

HAP members as time allows will continuously to reach out to **Senior Housing, Senior and Community Centers, and Independent Living facilities** as locations for sponsoring and offering the programs. HAP members will decide which organizations and who in those organizations should be approached and the order to approaching the organizations. HAP members with connections will initiate the contact and the SMC will be available as well when called upon.

The project already has good relationships with a number of **nonprofit organizations** including Child and Family Service, Kokua Kalihi Valley, Alu Like, and Lanakila Pacific. There are other organizations that may be interested in partnering with one or both of our programs.

The organizations that may be interested include **American Heart Association, American Diabetes and Arthritis Associations, YMCA, Catholic Charities, and the Easter Seals.** Some HAP members already have relationships with these organizations and some have explored the possibility of partnership. Where there is no current relationship the SMC will begin to reach out in December and early January.

Another growing target for marketing is the **recruitment of volunteers** to both provide the service and to assist in the many activities it takes to conduct the

trainings. Some Counties and nonprofits have started using this strategy including using local RSVP programs. In Oahu, the RSVP program is being transferred from the State to the County. This presents a unique opportunity of establishing of partnership right from the beginning for our Oahu efforts. **EAD would be the obvious lead for this opportunity.**

Some states have had some success tapping into the Federal **Senior Community Service Employment Program (SCSEP)**, and we may want to explore this as well on a pilot basis in one or more Counties. HAP members will be surveyed as to who should be approached first.

The SMC will explore in November and December with representatives from **Kapiolani Community College's (KCC) Kupuna Education Center** their possible interest in being the lead ongoing trainer of team and/or lay leaders. They have the infrastructure and history of doing training, are familiar with our initiative and our members, and have working relationships with other community colleges on the neighbor islands.

With the achievement of a **statewide look, web site and phone number, opportunities for media exposure** will be explored. The SMC will plan to reach out to local television stations **KGMB (Genius of Aging), KHON (Elder hood Project), Olelo and PBS Hawaii before the end of the calendar year** to investigate public service announcements (PSAs) or interest in sponsorship as well as radio stations. Media outreach will also be explored for earned media (articles) with Honolulu Star Advertiser and Pacific Business News. Local efforts will also continue.

A few other organizations are worth cultivating. They include the **Hawaii Medical Association, the John Burns School of Medicine, and University of Hawaii Osher Institute of Life Learning**. The SMC will reach out to all three in early 2011.

CONCLUSION

The success of the proposed sustainability and marketing plans will require HAP members to be clear in the hybrid model as what HAP members will commit to do in a coordinated manner and what individual members will customize on their own. HAP members will need to also proactively share any important information or relationships that they currently have or develop with the targeted organizations. Hawai`i is a small place and the more that messages are reinforced the greater the impact and probability of support.

Our ultimate success will depend on how well group members communicate and share this information with each other and the project leaders. We are confident HAP can meet these challenges.