



SCALING IN ACTION

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Each year, the Social Impact Exchange's *Scaling in Action* program features leaders of some of the nation's most promising scaling initiatives who present their growth plan to an audience of philanthropic funders and advisors attending the Conference. Each initiative focuses on health, education and youth development, or poverty alleviation. *Scaling in Action* is designed to be a forum for mature scaling organizations with evidence of their effectiveness and a demonstrated ability to scale.

This year, Social Impact Exchange is pleased to feature four nonprofit initiatives:

- **+Acumen** is an initiative of Acumen, started in 2010 to provide thousands of emerging leaders around the world with the skills and moral imagination they need to become more effective at changing the way the world tackles poverty. +Acumen makes Acumen's work in leadership and its insights available to everyone. +Acumen also manages various in-person networks—such as chapters, alumni, and course ambassadors, course catalysts, course analysts—that allow our broader course community to get more involved in supporting Acumen and each other.
- **Camden Coalition of Healthcare Providers** is a citywide coalition of hospitals, primary care providers, and community representatives that collaborates to deliver better healthcare to our most vulnerable citizens. Through its model of human-centered, coordinated care based on effective use data, the Camden Coalition is improving the quality of patients and reducing expensive, ineffective inpatient stays and emergency room visits.
- **Friends of the Children** pairs children at high-risk of negative life outcomes with paid, professional mentors called "Friends" who work with the child from kindergarten through high school graduation. Friends spend time in each child's home, school, neighborhood, and community and provide critical continuity in often unstable environments and serve as a link between the different facets of the child's life.
- **Partnership for a Healthier America** works with the private sector to ensure the health of our nation's youth by solving the childhood obesity crisis. PHA brings together public, private and nonprofit leaders to broker meaningful commitments and develop strategies to end childhood obesity. PHA works with unbiased, third parties to monitor and publicly report on the progress our partners are making to show everyone what can be achieved when we all work together.

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+Acumen



Sasha Dichter | *Chief Innovation Officer*

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+Acumen is the world's school for social change. Powered by Acumen, one of Fast Company's Top 10 Most Innovative Not-for-Profit Companies of 2015, +Acumen is democratizing access to the best global learning and tools for social change-makers to enable them to be more effective. +Acumen's content is based on Acumen's accumulated insights and partnerships from 15 years of supporting social enterprises and emerging leaders.

Mission and Goals

+Acumen's goal is to enable millions of people to be more effective at creating positive social change.

Program

+Acumen seeks to build a global, interconnected community of leaders equipped with the latest tools, support networks and inspiration they need to move the world forward.

We do this in two ways:

1. **Online courses:** the core of +Acumen's offering is online courses that are hands-on and require real-world action. We currently offer 25 online courses that have provided more than 200,000 emerging social change leaders with the tools, approaches and insights they can apply to their work to make lasting, substantive, and positive social change.

We have built these courses both on our own and in partnership with the likes of IDEO.org, ACCION International, and Cambridge Leadership Associates, as well as with leading influencers including Seth Godin, Elizabeth Gilbert, and Krista Tippett.

+Acumen courses are distinct because they are:

- Project- and application-based so that our students learn by doing and experience how to apply our tools to real-world problems.

- Taken in small groups, whether in person or virtually, so people work with and learn from each other.
- Free or very low-cost so anyone anywhere with access to the Internet can learn how to drive social change.

2. **Community channels:** ideas are nothing without the people to take them forward and a broader community that supports them in doing so. To complement our +Acumen courses, we work to embed our course-takers into an ecosystem of change-makers. We have different channels for cultivating community, including our network of 26 volunteer chapters around the world and our growing network of course volunteers who manage our online courses for anywhere from 2,000 to 15,000 students.

Evaluation and Impact

Since launching the courses in 2013, +Acumen courses have attracted 229,000 learners from 170+ countries with 17,000 registered course completions to date. We are effectively the largest Massive Open Online Course (MOOC) platform in the social sector.

Our learners come from all walks of life—from entrepreneurs, to philanthropists, to career professionals in international development.

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They use +Acumen courses as a springboard to drive innovation within their organization, start their own social enterprise and galvanize others to pay more attention to the poor. The variety of potential positive outcomes from our work make it complicated to track. We have yet to implement a longer-term impact study, though we plan to implement one in the coming 2-3 years based on our growth and investment plans. We currently track several measures of student satisfaction, including:

- The Net Promoter Scores (NPS) on all of our courses. NPS is a proven customer experience metric that is linked with business growth. Across our courses, we average an NPS of 52% with our best courses tracking at 60% and 70% (companies like Apple and Amazon score in the 70+% range).
- We monitor the number of students who sign up for more than 1 course – currently, 26% of our students return to take additional courses, which we understand to be in line with other MOOC platforms.
- We invest heavily in extensive student interviews, to get feedback and to understand our impact. Here are 3 brief example testimonials:

“We have been able to apply the Human Centered Design (HCD) concepts to challenges even before completing the course. We met with a business who was having a difficult time attracting applicants to their 20+ open positions. By applying the HCD concepts we...assist[ed] the company in finding solutions that resulted in 300-400 applicants. Of the 20 positions; only 5 remain unfilled; after just a few weeks.”

— *Carla Calhoun, Deputy Director, Community Services and Employment Training*

“The Lean Startup course was a game-changer for us. It challenged our thinking, got us to approach the

problem in new ways and gave us the confidence to take our idea and put it into action. The result: Kidogo!”

— *Sabrina Premji, Co-Founder of Kidogo and Echoing Green Fellow 2015*

“The [Lean Data] approach is useful because not only do we get a feel of what clients/patients/children want, you learn from them about how to deliver better value..This approach helps save time and resources and allows us to work with the patients, not just for them.”

— *Clint Jean Louis, Emergency Physician and Co-Founder of a Cardiac Health Non-profit, Pamplona Spain*

Economic Model and Growth Plan

+Acumen's growth is occurring at an incredible moment in time. The world's problems have never been more pressing and urgent. As Lord Ashdown recently wrote in the Humanitarian Emergency Response Review, “We are caught in a race between the growing size of the humanitarian challenge, and our ability to cope, between humanity and catastrophe...this is not a race that we are winning.” We need to scale up our capacity to empower larger swaths of the population to step up to this challenge. What's encouraging is that individuals all over the world—both within and outside big institutions—have never had more power as drivers of positive social change, nor have they ever been more willing to put their hands up and get involved. We believe +Acumen can play a central role in empowering these people at the center and at the margins to tackle some of the world's most pressing problems.

To meet this challenge, over the next 3 years we will:

1. **Increasing the breadth of our course offering** in the following areas: (a) Issues in Poverty/Social Justice; (b) Impact Investing & Raising Capital; (c) Civic Engagement and

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Activism; (d) Social Intrapreneurship; (e) Master Classes. We will build at least 20-30 courses across these areas in the next three years, even as we continue to upgrade, run and market our existing suite of courses.

2. **Broadening our reach:** to date, most of our growth has been organic as we have been running +Acumen in a lean fashion. Based on strong feedback from our users and partners, as well as the strength of our underlying course and database infrastructure, it is time to broaden the reach of +Acumen. Specifically, we will increase our marketing investment across all channels, to grow our platform and our reach ten-fold in the next three years and reach 3 million signups.

3. **Deepening the leadership experience for our most committed learners by:**

- **Building +Acumen Corps**, a resource exclusively for students who have completed multiple courses and who are looking for more tailored learning opportunities, the opportunity to connect with other +Acumen Corps members, and the opportunity to work together in larger scale change initiatives (e.g. crowdsourcing of solutions).
- **Creating several smaller virtual pre-incubator programs** to support early-stage social entrepreneurs through the idea development stage. For example, having teams put their ideas through the Lean Startup approach, commonly used in Silicon Valley, and pairing up successful teams with virtual mentors.

To date, +Acumen has largely relied on grant funding to support the development and distribution of our courses for free. We also offer a suite of paid Master Class courses which help to cross-subsidize the running costs for existing courses. However, we are still not fully self-sustaining. For our new initiatives, we aim

to raise an additional \$5M in grant funding, which will be utilized as follows:

1. Increase breadth of course offering – \$2 million
2. Broaden our reach – \$1.5 million
3. Deepen impact for best students – \$1.5 million

Leadership

+Acumen is an initiative of Acumen, a nonprofit changing the way the world tackles poverty by investing in companies, leaders and ideas. Acumen invests patient capital in businesses whose products and services are enabling the poor to transform their lives. Founded by Jacqueline Novogratz in 2001, Acumen has invested more than \$101 million in 92 companies across Africa, Latin America, South Asia and the United States. Acumen is also developing a global community of emerging leaders with the knowledge, skills and determination to create a more inclusive world.

+Acumen was created by Jo-Ann Tan and her incredible team, and is overseen by Sasha Dichter, Acumen's Chief Innovation Officer. Sasha also oversees Acumen's Impact team, which has developed the Lean Data approach to impact measurement, and the four Acumen Fellows Programs—Global, India, Pakistan and East Africa. In his previous role as Acumen's Director of Business Development, Sasha led global capital raising, including executing a successful \$100M fundraise. Sasha is a well-known blogger and speaker on philanthropy, generosity and social change.

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Camden Coalition of Healthcare Providers



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Grounded in the experience of frontline providers, the **Camden Coalition of Healthcare Providers (Coalition)** has brought an authentic and impactful voice to our nation's healthcare reform dialogue. Healthcare hotspotting and super-utilization, ideas pioneered by the Coalition, have moved quickly across the national landscape influencing countless state and federal officials, healthcare systems, health insurers, providers, and students. Over the last 13 years, the Coalition has built a real-world laboratory for developing and testing the next generation of data-driven, community-based health interventions.

Mission and Goals

By integrating and redesigning social, mental, and physical care services in novel, data-driven ways through local, state, and national engagement, the city of Camden, NJ will be the first city in the country to bend the cost curve while improving quality across its healthcare system.

Program

The Coalition is a citywide, membership non-profit organization with local stakeholders working in a collaborative, consensus-driven structure supported by three strategic pillars: The Lab, The Field, and The Movement.

The Lab: As a community-based, action-oriented lab, the Coalition has assembled a set of key resources and interventions to deploy innovative solutions to complex local problems.

- **Regional Health Information Exchange (HIE):** stores real-time data from four local health systems to enable better targeting of services and strategic planning.
- **Community health database:** integrates patient-level hospital, criminal justice, perinatal risk, and school district data to inform program development, research, and evaluation.

- **Community-based care management:** uses the HIE and a multi-disciplinary team to identify at the hospital bedside, patients with high utilization of the healthcare system, and after discharge, provide them with coordinated, patient-centered, holistic care.
- **Housing First pilot program:** follows an evidence-based model that provides housing and support services for chronically homeless, high medical need patients with addiction, mental illness, and social complexity.
- **Primary care redesign:** engages practices in systems and workflow rebuilding to provide patients at higher risk for hospitalization needing primary care with follow up visits within 7 or 14 days after hospital discharge.

The Field: The Coalition is committed to building the field of complex care by: training and educating the next generation of health professionals; contributing to the research base; convening thought leaders nationwide; and disseminating knowledge.

- **Student hotspotting program:** trains interdisciplinary teams of professional students from 100 health profession schools in 20 communities nationwide to learn how to work with high-utilizing patients.

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- **Online education:** features webinars on data hotspotting and building clinical teams and will soon include Complex.Care, professional education courses on addiction and pain treatment.
- **Technical assistance:** currently works with six sites on building hotspotting programs.
- **Peer-reviewed research:** includes five published articles with more in development, and regular invitations to speak publicly and serve on expert panels.

The Movement: The Coalition supports local, state, and national efforts for systemic changes that lead to better care for complex patients.

- **New Jersey Medicaid reform:** reated a New Jersey-based coalition called the Good Care Collaborative to push for Medicaid reform and integration of services.
- **Legislation:** wrote and passed two pieces of legislation—a Medicaid ACO Demonstration Project and a bill to expand the use of integrated data sets.
- **Policy change:** changed state policy on Medicaid transportation; expanded the use of community-based care management by health plans, and access to Housing First.
- **National partnerships:** have worked closely with national organizations such as AARP, the National Governors Association, Community Catalyst, and Consumer Union.
- **National center:** received \$8.7 million from AARP, The Atlantic Philanthropies, and Robert Wood Johnson Foundation to launch a national center for complex care that will convene innovators, practitioners, and consumers to encourage investment in new models, improve research base, and advocate for policy reforms.

Evaluation and Impact

The field of complex care and its outcome measures are still aborning; thus the Coalition is actively engaged in projects designed to create clearer methods of evaluation across systems, payers, and communities. For example, the care management intervention is currently being tested in a randomized controlled trial run with the Abdul Latif Jameel Poverty Action Lab at MIT. In the meantime, process metrics, early wins, and national reach guide assessment of impact:

- 55% of frequently hospitalized patients now have appointments with their PCPs within seven days of discharge.
- Saved \$150,000 in the first year of United Healthcare ACO contract.
- Provided impetus for National Governors Association's 'super-utilizer' state learning collaborative.

Economic Model and Growth Plan

The Coalition has an annual budget of \$10mil with a diverse mix of funding sources. We have successfully parlayed initial infusions from restricted sources into sustainable streams from unrestricted sources: two years ago grants covered over 90% of expenses, but grants are projected to support just over 60% of expenses by the end of this year.

To drive financial sustainability for this work, the Camden Coalition wrote and passed legislation that created a Medicaid Accountable Care Organization (ACO) Demonstration Project, allowing shared savings through a community-based, collective-action framework. The Camden Coalition has contracts with two NJ Medicaid Managed Care Organizations covering over half the population of the city (i.e. 35,000 patients). The contracts provide upfront funding and the distribution of citywide shared savings.

Other revenue sources include: membership fees from four hospitals and other healthcare providers for HIE access; technical assistance and

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Camden Coalition of Healthcare Providers

consulting contracts from an ever growing mix of clients; fees from speaking engagements across the country; and state and county contracts for existing and evolving programming.

This budget supports much existing programming, but scaling requires new investments to fulfill the mission and build a market for the patient-centric, multi-system work of complex care. We currently estimate that \$7.75mil, which could be staged to start over three years, would be needed for:

- **The Field:** up to eight centers of excellence under the national center that would collaborate on curriculum development, leadership training, translational research, and policy change. Estimated: \$250k per center per year, for a total of \$2mil per year.
- **The Lab:**
 - Evidence-generating experiments embedded in local partners to address mental health and addiction, cross-system (e.g. incarceration, truancy) high utilization, and specialized needs of novel patient segments (e.g. ambulatory ICUs) and evidence-based practices like supportive housing, medication-assisted treatment, and trauma-informed care. Estimated: \$2.5mil per year.
 - Technological, physical, and human infrastructure to link and make sense of siloed, cross-system data sets, to connect researchers and communities to the data, and to create appropriate evaluation frameworks. Estimated: \$1.5mil per year.
- **The Movement:** policy analysis and stakeholder engagement to remove impediments, realign incentives, and restructure systems to create a supportive statutory and regulatory environment. Estimated: \$0.75 million per year.

The Coalition will also need an additional \$1mil per year in core operating support to manage anticipated growth over the next few years.

While the last two investments would need indirect revenue and other restricted sources to continue, the first three will eventually support themselves through a mix of sponsorships, technical assistance and consulting arrangements, state and county contracts, and data-sharing agreements.

Leadership

The Coalition started in 2002 when a small group of primary care providers, led by Dr. Jeff Brenner, began meeting over breakfast to discuss issues they faced practicing in Camden. Over time, the group expanded to include other professions from not only healthcare, but also education and social services sectors, and later formalized to a non-profit membership organization. In 2011, the Coalition's work was profiled by the writer and surgeon Dr. Atul Gawande in an article in *The New Yorker* entitled "The Hot Spotters." Two years later, Dr. Brenner received a MacArthur award, and in 2015 he was elected to the Institute of Medicine. Dr. Brenner is also the medical director of the Urban Health Institute, a dedicated business unit built at the Cooper Health System focused on improving care of the underserved. Using modern business techniques, they are redesigning long-standing clinical care models to deliver better care at lower cost.

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Friends of the Children

FR1ENDS of the
CH1LDREN
Generational Change,
One Child at a Time

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Friends of the Children helps the highest-risk children, including those in foster care, dramatically change their stories. The Friends of the Children model provides each child with a salaried, professional mentor, from kindergarten through graduation. 12 ½ years. No matter what. With nine locations throughout the US and in the UK, the 23-year old organization has launched a \$25 million expansion fund to scale the model and impact thousands more children across the country.

Mission and Goals

Friends of the Children is a prevention/early intervention program whose mission is to help our nation's highest-risk children develop the relationships, goals and skills necessary to break the cycles of poverty, abuse and violence, and become contributing members of society. Friends of the Children empowers youth to achieve three main goals:

- 1) Success in school, with a minimum high school diploma
- 2) Avoid the juvenile justice system
- 3) Avoid early parenting

Program

Friends of the Children helps the most vulnerable children dramatically change their stories. The model is courageous, unique and proven. It has six key elements:

1. **Select the highest-risk children.** Friends of the Children methodically finds and selects children facing the highest risks from both schools and the foster care system. Every child in the program is statistically at serious risk of continuing the cycle of poverty in their own life.
2. **Commit to each child for the long-term, from kindergarten through graduation. 12 ½ years. No matter what.** This commitment brings the consistency needed to make a lasting impact.
3. **Employ salaried, professional mentors called Friends.** Friends of the Children selectively hires experienced professionals. Moving mentorship out of the volunteer realm is a key component to getting the quality, consistency and commitment that these children need. Several Friends have been with the organization for over 20 years; the average tenure is over seven years.
4. **One-on-one work with each child.** Each child gets a dedicated, one-on-one Friend who spends a minimum of 16 hours per month with them. Friends develop a road map for each child and design activities to build life skills. And, Friends create meaningful experiences to explore each child's unique talents and interests.
5. **Work in and with our community.** Friends spend time in each child's home, school, neighborhood, and community. They are able to provide continuity in these often unstable environments and to serve as a link between the different facets of the child's life. This means advocating for children at their school and becoming someone their family trusts in emergencies.
6. **Evaluate, measure, and improve.** Friends of the Children is participating in an ongoing longitudinal randomized control trial conducted by researchers affiliated with the University of Washington and Princeton

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Friends of the Children

University. In addition to annual third-party evaluations, Friends of the Children is being studied by Third Sector Capital Partners as a Pay for Success model.

Evaluation and Impact

EVIDENCE

Friends of the Children is committed to regular, ongoing evaluation of our model and its outcomes. Annual third party evaluation has found:¹

- 83% of program youth graduate from high school, while over 60% have a parent who did not complete high school;
- 93% avoid the juvenile justice system, while 50% have at least one parent who has been incarcerated; and
- 98% avoid early parenting, while 85% were born to a teen parent

A comparison of Friends of the Children graduates to similar youth found that:²

- Attainment of HS diploma or GED was 24% higher;
- Juvenile justice system involvement (incarceration) was 30% lower; and
- Teen parenting was 59% lower.

Historically, greater than 30% of the youth served by Friends of the Children, across the network have experienced foster care (either formally or living with kin). These youth achieve Friends of the Children's three long-term programmatic outcomes at the same rate as their program peers who have not been removed from their homes.

The organization is particularly proud of our foster youth's achievements. According to recent Jim Casey Foundation Reports, only 58% of foster youth nationally graduate, 25% enter the justice system within two years of leaving foster care, and 71% are pregnant by age 21.

SOCIAL RETURN ON INVESTMENT STUDY

The Harvard Business School Alumni Association of Oregon did a return on investment study on the Friends model, and found that for every \$1 invested in Friends of the Children, the community benefits over \$7 in saved social costs. That's a savings of \$900,000 over the lifetime of each youth.

Economic Model and Growth Plan

Friends of the Children recently launched a \$25 million Expansion Fund Campaign to accelerate growth with diversification of revenue as a core funding strategy. The organization anticipates that \$10 million will be from foundations, \$5 million from individuals, \$5 million from corporations, and \$5 million from public/government funding. Early contributors to the expansion include AT&T and the Office of Juvenile Justice & Delinquency Prevention.

The Expansion Fund Campaign supports a three-year network-wide scaling plan to increase impact and reach to 7,500 of the most vulnerable children by 2018. The organization's three focus areas are:

- 1. Scale Existing Chapters:** Deepen impact by strengthening existing Chapters to expand their reach. Investment of \$7.5 million will provide capacity building loans to hire development and program staff at each Chapter. This will grow the number of children served to 1,200 children, and will build capacity in public and philanthropic funding.
- 2. Scale New Chapters and Affiliates:** Replicate Chapters in new communities and embed the model in Affiliate organizations. \$15 million supports key national positions to drive expansion and communication, and provide training on the model. Friends will launch 5 new sites across the country, serving 500 children.

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- 3. Scale Collaborative Partnerships:** Provide training and technical assistance on Friends' best practices to partners. Investment of \$2.5 million will add 5 new collaborative partners to impact 5,800 children. It will also provide enhanced infrastructure and resources for the randomized control trial study of the model and Pay for Performance research.

Leadership

Terri Sorensen is the national president of Friends of the Children. For more than 12 years, Terri has been a leader at Friends, developing strategic direction, fundraising, expansion, and evaluation. Terri has diversified funding streams and raised over \$75 million to expand and sustain the program during her tenure at Friends. Under her leadership, Friends of the Children won the 2014 Social Impact Exchange business plan competition and has launched four new sites in the past four years across the US and UK. In addition, Friends of the Children has led the field of mentoring with its rigorous evaluation: conducting a return on investment (ROI) study with the Harvard Business School Association of Oregon, securing a Social Innovation Fund sub-recipient award from Third Sector Capital Partners for a Pay-for-Success feasibility study, and engaging in a longitudinal randomized control trial (RCT) of the model.

Terri holds a BS in Accountancy from the School of Business & Public Administration at the University of Missouri, and is a Certified Public Accountant. Previously, she was Controller for the American Red Cross, Oregon Trail Chapter, held key managerial positions with Sprint Corporation, and worked in public accounting for Ernst & Young in Kansas City, MO. Terri has served as a board member for Social Venture Partners and Oregon Mentors. She received a 2012 Orchid Award for the 25 Most Influential Women in Business by the Portland Business Journal.

1 Mackin, Juliette, Kate Kissick and Megan Redfield. NPC Research.2013. Friends of the Children - *Portland Annual Evaluation 2012-2013*.

2 Harvard Business School Association of Oregon. 2011. *Social Return on Investment Study Update*.

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Partnership for a Healthier America



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Founded in 2010 in conjunction with—but independent from—*Let's Move!*, the **Partnership for a Healthier America (PHA)** is a nonpartisan, nonprofit that works to end the childhood obesity epidemic by making the healthy choice the easy choice for busy parents and families.

Mission and Goals

PHA is devoted to working with the private sector to ensure the health of our nation's youth by solving the childhood obesity crisis. PHA brings together public, private and nonprofit leaders to improve the supply of and generate demand for healthier options. Most importantly, PHA ensures that "commitments made are commitments kept" by working with unbiased third parties to monitor and publicly report on the progress our partners are making to show everyone what can be achieved when we all work together.

Program

In the six years since its launch, PHA has kept its promise to work toward making the healthy choice the easy choice for American families. At the same time, has PHA realized that to fulfill its promise, it must expand its approach to include efforts that generate demand for healthier choices.

In the early stages of PHA's work, it focused on the supply side of the equation – working with companies to offer a wide range of healthier products, to improve products where they could, or to price them affordably so that healthier food was accessible to all American families regardless of income level through partner commitments. Having made in-roads on the supply side, PHA has begun tackling the demand side. Through signature marketing initiatives such as *FNV* and

Drink Up, PHA is now marketing healthy food and beverages directly to consumers, using the same tactics and channels employed by leading brands.

By focusing on initiatives that reach across sectors, PHA has also been able to influence critical supply- and demand-side efforts with convenience stores (more than 1,000 stores are now providing healthier options), Healthier Campus Initiative (more than 1.2 million students, faculty and staff now have healthier options available on campus), *Let's Move!* Active Schools, (more than 10 million children are getting the physical activity they need) and the Healthier Hospital Food Initiatives (more than 700 hospitals across the country improving the food they serve to visitors, staff and, when appropriate, patients).

Evaluation and Impact

One of PHA's main goals is to ensure that commitments made are commitments kept. To assess the progress of PHA partner commitments, PHA works with a team of external verifiers including the Altarum Institute, Center for Active Design, Food, Nutrition, and Policy Consultants LLC, RTI International, and Rudd Center for Food Policy and Obesity. Their results are then published annually in the PHA Progress Report, available online at ProgressReports.ahealthieramerica.org.

Together, PHA and the verifiers approach the process with three goals:

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1. To design verification methodologies that will yield valid, meaningful data and ensure partner accountability;
2. To establish processes that are feasible to implement in real-world settings without undue data collection and/or reporting burdens on partners; and
3. To strive for consistency in reporting across indicators and data sources, while maintaining a level of flexibility in approaching the verifications process such that unique circumstances, abilities, and data systems can be accommodated as necessary to document progress.

Specific methodologies are developed in tandem with each commitment and include everything from using standardized tools — such as the Wellness Child Care Assessment Tool — to menu and nutrient analyses to GIS software that maps new grocery stores against USDA-designated food desert census tracts or low supermarket access areas.

Economic Model and Growth Plan

As PHA enters this next phase of work, it will continue to expand upon the work that it is already doing, focusing on both supply and demand sides of the healthy choice equation.

On the supply side, PHA will continue to work with the private sector to secure meaningful commitments to increase healthier options for American families. It is critical that PHA's commitments target those communities that are disproportionately impacted by obesity, so PHA will continue to see that its greatest efforts are focused on those areas with the greatest need. PHA will need \$6.6M in funding over the next three years to secure commitment partners to target the greatest areas in need.

On the demand side, PHA will continue to strive for repeat success it has found with its consumer marketing campaigns, *FNV* and

Drink Up. With plans to build both *Drink Up* and *FNV* into robust national campaigns through additional celebrity endorsements and aggressive marketing techniques, special attention will be given to communities most in need — targeting predominantly racially diverse communities. PHA will need \$44M in funding over the next three years to build both *Drink Up* and *FNV* into robust national campaigns.

PHA will also continue to take a proactive role in convening stakeholders to develop innovative solutions, regenerating enthusiasm for tackling challenges, and creating opportunities to generate new ideas. While the PHA Building a Healthier Future Summit will remain the signature tactic within this strategy, PHA will expand its efforts for additional convenings, from bringing together thought leaders to more intimate conversations that are generating ideas and opportunities for all. PHA will need a modest increase in funding over the next three years, \$277,000, in order reach more people through convenings.

Finally, PHA will be expanding its portfolio of influencers to reach an even broader audience through a wide range of public spokespeople who can connect with our target audience in all communities and maintain enthusiasm and energy needed to help PHA reach its goals.

Looking to the future, PHA will work to raise the funds needed for growth through the following avenues:

- Foster existing relationships and develop new relationships with foundations and corporations that support health and wellness organizations and initiatives
- Increase individual giving funding stream
- Increase funds raised through events such as the PHA Summit and PHA Gala
- Cause marketing campaigns

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Partnership for a Healthier America

Leadership

Supporting PHA's effort is honorary chair First Lady Michelle Obama, alongside our honorary vice-chairmen The Honorable William H. Frist, MD (R-TN), and US Senator Cory A. Booker (D-NJ). Our board of directors also includes nationally recognized business leaders, advocates, health professionals, and thought leaders from a variety of backgrounds.

Lawrence A. Soler, President and CEO, has served PHA since its inception in 2010. Prior to joining PHA, Mr. Soler held positions of Chief Operating Officer and Senior Legislative Counsel for the Juvenile Diabetes Research Foundation, a \$200 million voluntary health organization. Among his signature accomplishments at the Foundation, Mr. Soler is credited with leading efforts that resulted in securing \$1.75 billion in mandatory federal funding for type 1 diabetes research, the only disease that receives such funding. He also created and chaired the Coalition for the Advancement of Medical Research, an organization comprised of 100 nationally recognized patient groups, universities, scientific societies and foundations that successfully overturned a pending federal ban in a leading medical research area.