



NACDD Healthy Communities Still ACHIEVEing Success-

A Two-Year Post-Project Outcomes Update Report

Karma Edwards, MSPH

NACDD Public Health Consultant, Healthy Communities September 2014

This document was supported by the cooperative agreement U58/CCU324336 from the Centers for Disease Control and Prevention.

Table of Contents

Executive Summary	1-4
Introduction	4-7
Outcomes Survey	7-8
Sustainability and Outcome Results	8-39
Coalition Sustainability	9-11
Community Assessment	11-12
Community Action Plan	13
New Policy Changes	13-17
New System Improvements	18-21
New Environmental Enhancements	21-26
Improved Community-Clinical Linkages	26-30
"Other" Positive Outcomes	30-36
Funds Leveraged	36-39
Impact on People Living in NACDD Communities	39-43
Where They Live and Play	39-40
Where They Learn	40-41
Where They Work	41-42
Where They Pray	42-43

Where They Receive Care	43
Final Thoughts	44
Bibliography	45
Appendix A: Total ACHIEVE Outcomes	46-49
Appendix B: Focus Area Distribution	50
Appendix C: Community Sector Distribution	51
Appendix D: Funding Leveraged by NACDD Communities Since 2012	52
Appendix E: Total Funds Leveraged by NACDD Communities Since 2008	53



NACDD Healthy Communities Still ACHIEVEing Success-

A Two-Year Post-Project Outcomes Update Report

Executive Summary

The NACDD Healthy Communities Still

ACHIEVEing Success update report is a compendium of information that showcases healthy community changes of NACDD funded Action Communities for Healthy, Innovation, and EnVironmental changE (ACHIEVE) communities in the areas of increasing physical activity and healthy eating, reducing or preventing tobacco use, chronic disease management, and leadership. As such, the document is a collection of successes that can be used to



Community garden at Salamanca Youth Bureau in Salamanca, NY

inform and plan efforts of local communities and states that wish to employ similar strategies. This updated collection represents the sustainability efforts and outcomes data of NACDD's ACHIEVE communities for the last two years since ACHIEVE ended in September 2012.

The information presented in this document is intended for local and state public health professionals; school administrators; physical and health education experts; business/industry leaders; healthcare professionals; community-based institutions; city and county planning departments; local governments; elected officials; community coalitions; as well as other organizations and community members that possess an interest in improving community health.¹

NACDD is grateful for the ongoing hard work and dedication of the 48 community coalitions, lead coordinators, and additional community partners whose successes have

transformed health visions into realities. NACDD appreciates the opportunity to continue sharing these successes with others.

NACDD Communities

Interested in the sustainability efforts and two-year post-project outcomes data, NACDD

"NACDD has been the most

rewarding partnership in my career
because they've provided stellar
technical assistance and true
partnership to help us build local
capacity that has been sustained long
after the funding."

(Rachael Banks, Multnomah County, OR)

developed and administered a two-year post-project outcomes survey to its network of communities. After this survey was implemented and analyzed, NACDD combined outcomes data from the time period of 2008-2012 with the two-year post-project time period of 2012-2014, displaying up-to-date amazing results of local community accomplishments since receipt of initial funding.

Some two years after the end of the ACHIEVE project, NACDD's communities remain influential in reaching more than 6,500,000 people nationwide through the combined

establishment of **488** policy strategies, **1,739** environmental changes, **89** systems improvements, **140** community-clinical linkage (CCL) enhancements, **16** events of formal



Trail development in Eastern Highlands, CT as a result of local ACHIEVE efforts

recognition, and 253 additional successes for a total of 2,725 successful *and* sustainable outcomes (Appendix A).

Approximately 34.4% of these outcomes focused on physical activity strategies, 28.2% on nutrition approaches, 12.3% on tobacco tactics, 11.3% on chronic disease management, and 10.3% on

leadership (Appendix B). Regarding community sector, **31.7%** of the outcomes targeted the <u>community-at-large</u> (CAL), **23.1%** were directed towards <u>community institutions or organizations</u> (CIO), **19.4%** were aimed at <u>schools</u>, **15.1%** were intended for <u>healthcare</u> organizations of all types, and **7.5%** pointed towards <u>worksites</u> (Appendix C). (Community coordinators failed to provide a corresponding focus area or community sector for 3.6% and 3.2% of the total outcomes, respectively).

Also included in this outcomes survey were questions pertaining to the leveraging of additional funds to extend the implementation of local community projects. The results of this survey are highlighted in this report, but are more explicitly outlined in a separate

funding analysis.² NACDD's ACHIEVE communities are highly committed to expanding this important work, as evidenced by the new total of \$65,976,154 collectively received to advance healthy opportunities since initial receipt of ACHIEVE funds.^{2, 3}

Introduction

NACDD, along with the National Association of County and City Health Officials (NACCHO), National Recreation and Parks Association (NRPA), and YMCA of the USA (Y-USA), received funding from the Centers for Disease Control and Prevention's (CDC) Healthy Communities Program to administer and manage local community projects with the ACHIEVE program. Funded local communities worked to establish sustainable policies, systems, and environments (PSE) that would target the most risky chronic disease behaviors of unhealthy eating, physical inactivity, and use of tobacco products in hopes that healthy choices would become the easy choices where people live, learn, work, play, pray, and receive care.

NACDD funded **48 communities in 31 states and one US territory** for the time period of 2008-2012. Each funding year represented a "cohort" of communities; these cohorts participated in routine NACDD-led trainings and technical assistance (TA), as well as trainings and TA provided by the ACHIEVE national partnership throughout each cohort's three-year project period. Funding for NACDD communities was administered and managed for the first year of the three-year project period, and communities used that funding to implement a five-phased Healthy Community model for the remaining two

years, as well as engage in sustainability planning activities to continue their efforts past the project.

Figure 1: Healthy Community Five-Phased Model



NACDD-led sustainability planning activities included training and TA towards the completion of a

Working through the leadership and guidance of local community coalitions, these funded communities implemented a threeyear, five-phased Healthy Community approach within all community sectors that consisted of developing a committed community coalition [Phase 1], performing a community health needs assessment [Phase 2], prioritizing and planning assessment results and developing goals and objectives [Phase 3], implementing a community action plan [Phase 4], and engaging in evaluation, progress review and sustainability planning efforts [Phase 5].

coalition sustainability plan, which fostered a process for coalitions to fully engage in sustainability planning surrounding the crucial areas of:

Figure 2: NACDD Sustainability Planning Foci



Throughout the ACHIEVE project period (2008-2012), the NACDD ACHIEVE team implemented a robust evaluation plan to track process and outcomes data, inclusive of semi-annual progress reports, quarterly peer learning network calls, narrative invoice questionnaires, and post-project sustainability surveys. Evaluation measures not only tracked how each community fared throughout each of the five phases, but also the amount of funds leveraged to sustain efforts, the number of positive outcomes achieved individually and collectively, as well as strengths and suggestions for NACDD-led trainings, TA, and assistance processes. By the project's end in September 2012, NACDD ACHIEVE communities had reported accomplishment of 1,861 sustainable and successful outcomes, and the garnering of \$54,846,830 with a projected reach of more than 5,000,000 people nationwide! ¹

Two years later, NACDD was still interested in the success of its communities and administered a two-year post-project outcomes survey to gain insight into the outcomes and sustainability actions carried out since September 2012. Table 1 below highlights the comparison in final figures from the ACHIEVE project period 2008-2012 and the two-year post-project period 2012-2014. To date, 2,725 sustainable <u>and</u> successful outcomes have been achieved and \$65,976,154 has been acquired, affecting the lives more than 6,500,000 people.

<u>Table 1</u>: NACDD ACHIEVE Outcomes Comparison from 2008-2012 and from 2012-2014 $^{\rm 1,\,2,\,and\,3}$

Outcomes Collected	ACHIEVE Project Period 2008-2012	Two-Year Post- Project 2012-2014	Total To-Date
Total funding	\$54,746,800	\$11,129,324	\$65,976,154

leveraged			
# Policy changes	328	160	488
# Environmental	1,245	494	1,739
changes			
# Systems changes	61	28	89
# CCL changes		140	140
	(Data was not collected)		
# "Other" changes	211	42	253
# Formal recognition	16	0	16
Total sum of	1,861	864	2,725
outcomes			
Total estimated reach	5,000,000+	1,509,413+	6,509,413+

This report details these survey findings, and supports NACDD's credible leadership as a national front-runner for the provision of funding and TA for local Healthy Community initiatives.

Outcomes Survey

This final outcomes survey was administered to NACDD ACHIEVE communities with a five-pronged goal of gathering (1) coalition sustainability information; (2) number and type of new outcomes and estimated reach since September 2012; (3) anticipated coalition strategies moving forward; (4) amount of funds leveraged since September 2012; and (5) types of funding desired for future interventions.³ A total of 39 questions were asked—27 of these questions pertained to sustainability and outcomes achieved, and 12 questions pertained to funding leveraged and desired by local communities.³ Additionally embedded in these questions was the likelihood of local communities to partner with NACDD again on future projects where NACDD was the national funding organization and TA lead.

Of NACDD's 48 communities, **19 (40%)** of them completed the survey and **two** additional communities provided data via other methods (email and PowerPoint

"Participation in ACHIEVE, including the partnerships and outcomes, likely influenced our ability to be designated as the Northwest Washington regional lead for the Community Transformation Grant."

(Nicole Willis, Whatcom County, WA)

presentations) that were also considered in the final figures of this report.² Having sound data and feedback from this survey is beneficial to the association as NACDD continues to seek continued funding and maintain collaboration with its local communities.² The outcomes data described in this report represents the

total figures gathered from 2008-2012, as well as the communities for which NACDD was able to obtain two-year post-project outcomes and funding data.

Sustainability and Outcomes Results

The following sections of this report represent the data gathered from those communities that participated in the two-year post survey and/or who submitted information by email or PowerPoint presentation to NACDD. Although primary intentions of the survey were to gain valuable information about the types of outcomes implemented and the types and amounts of funds collected, the survey asked questions around the additional topics of coalition sustainability, community assessment, and community action plans—all of which are summarized below.

Please note the following considerations regarding the summary charts that are displayed in the corresponding sections:

• Total project outcomes and leveraged funds for NACDD ACHIEVE for the time period of 2008-2014 have been updated and organized in **Appendix A**.

- Focus area and community sector distribution percentages for the outcomes reported to NACDD in the last two years are detailed in Appendices B and C, respectively.
- For any PSE, CCL, or "other" positive outcome that involved childcare facilities and/or preschool facilities, these outcomes were counted within the CIO sector (not schools), since this is the sector these entities were originally assigned to by CDC when the initial assessment tool was introduced to communities and national partner organizations in 2008.

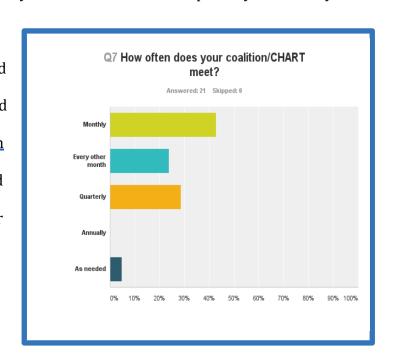
"We are and have been most appreciative of the resources that have been afforded to our community thus far. We embrace changes already made and look toward the future for continued opportunities to work with the NACDD Healthy Communities team."

(Sandi Brundage, Salamanca, NY)

Coalition Sustainability

During the first year of funding for each NACDD ACHIEVE community, a Community
Health Action Response Team (CHART) was either created anew by communities or
became assigned to an existing community coalition to serve as the primary community

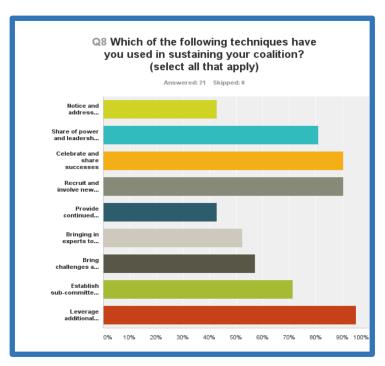
coalition for the ACHIEVE three-year project period. Of those who responded to the survey, a majority 77% indicated that the <u>original coalition/CHART team</u> is still meeting even years after the end of the project. Of these who still gather routinely, 45% meets monthly, 29% meets bi-monthly, 25% meets quarterly, and 5% meets on an as-



needed basis. Only 23% of the survey responses indicated that the <u>original</u> coalition/CHART is no longer meeting, however, approximately two-thirds of these further elaborated that the original group was merged into a larger community group that occurred after, or as a result of, ACHIEVE.

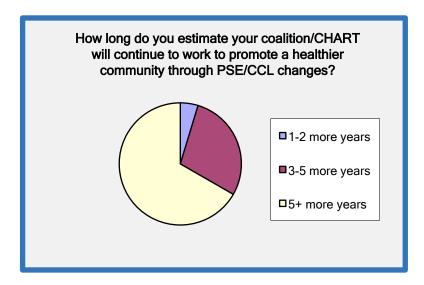
When asked about the <u>different techniques used in sustaining community coalitions</u>, the following information was provided:

- 95% of respondents acquired additional funding and grants to continue similar work;
- 91% of respondents routinely celebrated and shared successes, as well as recruited and involved new members when necessary;
- 81% of respondents shared power and leadership among all coalition members and partners;
- 71% of respondents established sub-committees in areas of personal interest and action plan interest;



- 57% of respondents brought challenges and exciting new issues to the group to keep them engaged and interested in continuing the work;
- 52% of respondents indicated that they brought in experts to share and mentor coalition members on various related topics;
- 45% of respondents provided continued trainings and enhanced learning opportunities to members;
- 43% of respondents noticed and addressed any conflictive problems as they arose.

PSE strategies were incorporated into the missions of the coalition member organizations by incorporating nutrition, physical activity, and tobacco changes into agency operations/strategic plans (75%); designating in-kind staff and resources to PSE efforts within the organization (70%); and sustaining implemented PSE changes within the organization (60%). All survey respondents indicated their coalitions would continue to pursue Healthy Community efforts in the future, with 67% estimating five-plus years of ongoing work, 29% estimating three to five years, and 4% estimating one to two more years.



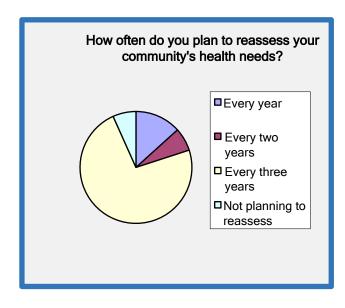
Community Assessment

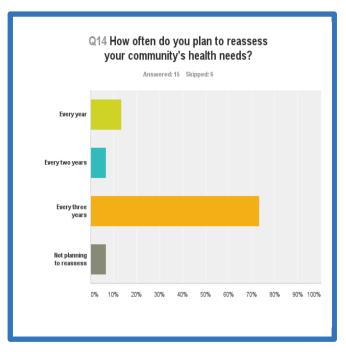
Per CDC requirements, each funded ACHIEVE community implemented the Community Health Assessment and Group Evaluation (CHANGE) assessment tool upon the first year of funding and then also reassessed the community once each year for the last two years of the project period. NACDD was interested to find out if communities are still

<u>conducting community health assessments</u> and <u>if the CHANGE tool is the assessment of</u>
<u>choice</u> by local coalitions:

- Over 78% of survey respondents indicated that they have completed a
 community health assessment since September 2012, or since their respective
 cohort project period ended if sooner than September 2012;
- **58%** of those that implemented a community health assessment since the end of ACHIEVE reported implementation of a **local/county/state-specific** community health needs assessment, and **not** CHANGE;
- Only one person (7%) indicated ongoing implementation of the CHANGE tool;
 and
- Two respondents (15.4%) said they used the Mobilizing Action through Planning and Partnership (MAPP) assessment.

When asked about the <u>frequency of assessing the community</u> from this point forward, a majority 73% claimed that they plan to <u>reassess every three years</u>, with an overwhelming 95% saying they were <u>not likely</u> to use the CHANGE tool.





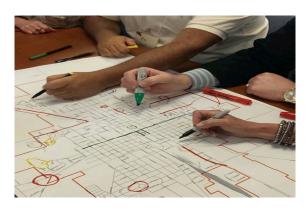
Community Action Plan

Throughout the ACHIEVE project period, NACDD provided each cohort of communities a community action plan (CAP) template which housed coalition membership information, community assessment findings, and annual and project period PSE goals and objectives. When asked if communities presently use some version of a CAP to guide coalition efforts, 74% of respondents said yes. Additionally, almost 36% of respondents specified that the CAP is now updated annually, as compared to every two years (29%),

semi-annually (21%), or not at all (14%).

New Policies

Survey participants listed
accomplishment of **160 new policies** in the last
two years since the end of the ACHIEVE project
period, bringing the NACDD ACHIEVE policy
change total to **488** new healthy eating, physical
activity, or tobacco reduction policies that have



Active Living Workshops in Clinton County, IN are now made possible by new Complete Streets policies!

been instituted. Table 2 below details the new policies accomplished in the two-year post project period by the communities who completed the survey.

<u>Table 2</u>: NACDD ACHIEVE Two-Year Post Project Data--New Policy Changes³

Community	Cohort	# New POLICY Outcomes	Focus	Community	Estimated
Name	Year		Area	Sector	Reach
Allentown,	2008	Healthy Kids Healthy	Nutrition;	CIO	250 youth
Pennsylvania		Allentown adopted six healthy	Physical		serving
-		eating and activity policies	Activity		organizations;
		ensuring children have healthy			120,000
		food choices and are physically			residents

		active while at day care,			
		school, camp, or programs.	m l		100.000
		A tobacco-free parks and	Tobacco	Community-	120,000
		playgrounds resolution was		at-large	residents
		adopted to ban smoking in all			
		playgrounds within the city	D)		122.000
		A new Complete Streets policy	Physical	Community-	120,000
		now exists for City of	Activity	at-Large	residents
- CIL -	2011	Allentown.	D)	0 1	***
Clinton	2011	A new Frankfort	Physical	Community-	Was not
County,		Comprehensive Plan was	Activity	at-Large	provided
Indiana		developed through			
	0040	collaboration with city council.	D1 : 1	CI O	600
Columbus	2010	Eight faith-based organizations	Physical	CIO	600
County,		implemented joint use	Activity		participants
North		agreements allowing			
Carolina		community members to			
		participate in exercise classes			
- D	2012	on church property.	Dl	C -ll	2 500
Green Bay	2012	The Wrightstown School	Physical	School	2,500 students
(Brown		District updated its	Activity		
County),		Recreational Use Agreements.	NT . ''	C 1 1	2 200 . 1 .
Wisconsin		The Ashwaubenon Public	Nutrition	School	3,300 students;
		School District and the Unified			4,100 students
		School District of De Pere			
		established new Farm-to- School Policies			
Laka County	2009		ided no new p	olicias	
Lake County, Ohio	2007	1100	ided no new p	oncies	
	2011	Civ nautnou ouganizations	Tobacco	Was not	Was not
Lane County,	2011	Six partner organizations	Торассо		
Oregon		adopted tobacco-free campus policies.		provided	provided
Nr. 10 1.	2000	•	Markaiki on	Cabaala	17.500
Multnomah	2009	60 Schools Uniting Neighborhoods (SUN) schools	Nutrition;	Schools	17,500 students
County,		are more active and have	Physical		students
Oregon		healthier snacks due to new	Activity		
		healthy eating and physical activity policies.			
			Tobagas	Monkaitaa	4.500
		Employees and visitors are now protected from second-	Tobacco	Worksites	4,500 employees and
		hand smoke due to a new			visitors
					VISILUIS
		tobacco-free campus policy through Multnomah County			
		offices and buildings.			
		Two local faith organizations	Nutrition	CIO	Was not
		continue to implement	NULI ILIOII	CIU	provided
		nutrition policies, strategies,			provided
		and environmental settings.			
		15 senior meal providers that	Nutrition	CIO	5,000 seniors
		L 10 SCHIOL HICAI DI UVIUCI S UIAL	muulliuli	(ALC)	2.000 2011012
		redistribute leftover produce			

		to seniors adopted new Fresh			
Nacogdoches, Texas	2009	Produce policies. A new tobacco-free policy was established at Nacogdoches Memorial Hospital.	Tobacco	Healthcare	500 employees and community members
Northeast, Connecticut	2009	The Towns of Killingly and Putnam adopted self-enforcing smoke-free parks policies.	Tobacco	Community- at-Large	17,269 residents; 9,491 residents
		The Northeast District Department of Health Board of Directors implemented an agency-wide tobacco-free worksite policy.	Tobacco	Healthcare	13 employees
		Quinebaug Valley Community College expanded its tobacco- free policy to include all campus areas within 25 feet of the building(s).	Tobacco	School	5,000 students; 200 staff
		Six additional schools were trained on the WriteSteps School Walking Initiative, which incorporates a 10-minute walk at school each day for students.	Physical Activity	School	2,163 students and staff
Norwalk, Connecticut	2012	Norwalk YMCA's After School Health and Wellness Policy was updated to include water-only beverage policy and incorporation of at least one active enrichment program each year for children.	Nutrition; Physical Activity	CIO	120 students
		Norwalk YMCA's After School Program additionally adopted the evidence-based Fit Kids curriculum for routine implementation.	Nutrition; Physical Activity	CIO	90 students
		The Norwalk Housing Authority and Family and Children's Agency updated its Health and Wellness Policies for Learning Centers and childcare programs, respectively.	Nutrition; Physical Activity	CIO	200 children; 50 children
Portsmouth, Virginia	2010	A new joint use agreement was established allowing local pools to be used for the Swim4Life program	Physical Activity	CIO	1,200 children
Randolph County,	2012	The local YMCA instituted a non-smoking policy now effective for inclusion at any	Tobacco	CIO	1,800 YMCA members plus community

Indiana		campus or non-campus events.			members
		Union City and the City of Winchester established new policies prohibiting smoking in areas where children are playing.	Tobacco	Community- at-Large	Was not provided
		SNAP benefits are now accepted at the local farmer's market.	Nutrition	Community- at-Large	50 people during season
Salamanca, New York	2008	The City of Salamanca updated its Complete Streets policy.	Physical Activity	Community- at-Large	5,683 residents; 7,000 new sidewalk blocks installed resulting from this policy
		The Salamanca Youth Bureau adopted a new healthy vending policy for youth participants and members.	Nutrition	CIO	7,248 visits to the youth center to date
Spartanburg County, South Carolina	2011	Prov	ided no new p	olicies	
Stark County, Ohio	2008	Prov	ided no new p	olicies	
Tallahassee (Leon County),	2010	One Community Garden Policy adopted by the City of Tallahassee	Nutrition	Community- at-Large	Was not provided
Florida		Leon County Schools District updated student wellness nutrition policy.	Nutrition	Schools	36,000 students
		Springwood Elementary developed a new physical activity policy.	Physical Activity	Schools	300 students
		Three new worksite wellness policies were developed at Florida Department of Health-Leon	Was not provided	Worksites	Was not provided
Valley City, North Dakota	2010	A new childcare nutrition policy is in place at one childcare location in Valley City.	Nutrition	CIO	70 children
		The public health department developed a new nutrition policy that will allow for healthy foods, sharing, and educating of nutrition information for all county	Nutrition	Worksites	2,000 people

		employees.			
Whatcom County, Washington	2009	The PeaceHealth St. Joseph Medical Center eliminated formula giveaway for newborns.	Nutrition	Healthcare	2,000 infants per year
		The City of Bellingham adopted Pedestrian Master Plan and Bicycle Master Plan.	Physical Activity	Community- at-Large	82,631 residents
		The Whatcom County Comprehensive Plan now has added policies to promote bicycling and walking.	Physical Activity	Community- at-Large	87,000 residents
		The Northwest Washington Fair adopted new policy banning smoking except in a limited number of designated areas.	Tobacco	Community- at-Large; CIO	202,950 visitors per year
		The Bellingham Public Libraries adopted a new smoke-free campus policy.	Tobacco	CIO	47,000 cardholders
		The Bellingham Housing Authority adopted smoke-free policies for one building and all new properties.	Tobacco	CIO	7,000 residents
		One private multi-unit housing facility adopted a new smokefree policy.	Tobacco	CIO	Was not provided
		The Whatcom Transportation Authority adopted new policy prohibiting use of tobacco on all WTA properties.	Tobacco	CIO	Was not provided
Williamson County, Texas	2009	Williamson County revised its tobacco-free policy to include e-cigarette language.	Tobacco	Community- at-Large	Was not provided
		The Williamson County and Cities Health District revised its breastfeeding policy to meet Mother-Friendly certification requirements.	Nutrition	Healthcare	Was not provided
		15 local businesses have developed policies related to healthy eating, physical activity, or tobacco reduction	Nutrition; Physical Activity; Tobacco	Worksites	Was not provided
Wrangell, Alaska	2010	Three smoke-free bar locations now exist in Wrangell.	Tobacco	CIO	400 patrons

New Systems

A total of **29 new system enhancements** were reported by participating survey respondents, now elevating the total systems chances to **89** for NACDD ACHIEVE communities since 2008. Table 3 details these improvements:

Table 3: NACDD ACHIEVE Two-Year Post Project Data--New System Changes³

Community Name	Cohort Year	# New SYSTEMS Outcomes	Focus Area	Community Sector	Estimated Reach
Allentown, Pennsylvania	2008	SRTS walkability audits were conducted at four middle schools and 14 elementary schools within the City of Allentown to assess improvements needed in infrastructure and traffic calming.	Physical Activity	Schools	17,000 students
Clinton County, Indiana	2011	Provided	no new systen	ns changes	
Columbus County, North Carolina	2010	Provided	no new systen	ns changes	
Green Bay (Brown County), Wisconsin	2012	All eight school districts in Brown County have implemented a process for tracking local food purchases as a baseline estimate with the goal of increasing local food purchases each year.	Nutrition	Schools	Was not provided
		A network of three local farmer's markets now accepts EBT/SNAP benefits, allowing low-income residents to purchase healthier foods.	Nutrition	Community -at-Large	8,000 residents
Lake County, Ohio	2009	Provided no new systems changes			
Lane County, Oregon	2011	Provided no new systems changes			
Multnomah County, Oregon	2009	The Multnomah County Health Department implemented the use of electronic medical	Chronic Disease Managemen	Healthcare t	50,000 patients

		records (EMR) for all primary care clinics.	(EMR)				
Nacogdoches, Texas	2009	Provided	Provided no new systems changes				
Northeast, Connecticut	2009	Provided no new systems changes					
Norwalk, Connecticut	2012	Provided no new systems changes					
Portsmouth, Virginia	2010	Provided	no new systems	changes			
Randolph County, Indiana	2012	Joint use agreements established in local school system allowing residents to use property for walking before and after school hours	Physical Activity	Schools	Was not provided		
Salamanca, New York	2008	A Walking School Bus was implemented within the Salamanca City School District.	Physical Activity	Schools	1,351 students		
		All teachers in the school district have been trained and provided tools for incorporating physical activity in the classroom.	Physical Activity	Schools	1,351 students		
Spartanburg County, South Carolina	2011	"Good for You Spartanburg" was created for improving health in local worksites, faith- based communities, schools, and neighborhoods.	Nutrition; Physical Activity; Tobacco	Worksites, CIO, Community -at-Large, Schools	Was not provided		
		A joint use agreement was established with the local school system allowing public use of school playgrounds	Physical Activity	Schools	40,000 residents		
		A new wellness policy was developed for Spartanburg School District 7.	Nutrition; Physical Activity	Schools	40,000 people		
		Alliance for a Healthier Generation framework was implemented in eight local schools.	Was not provided	Schools	Was not provided		
Stark County, Ohio	2008	Provided	no new systems	changes			
Tallahassee (Leon County), Florida	2010	Provided	no new systems	changes			
Valley City, North Dakota	2010	The Valley City Public Schools established a new school wellness policy, which now	Nutrition; Physical Activity	Schools	7,000		

		regulates fundraising and			
		concessions sales as well as			
		healthy meetings and events.			
		Seniors in high school within	Was not	Schools	100
		the Valley City Public School	provided		students/year
		district now all participate in a			
		Personal Wellness Profiles,			
		giving each student a profile of			
		their health status before			
		leaving high school.			
Whatcom	2009	The Whatcom Food Network	Nutrition	Community	55 member
	2007	was officially launched,	Nuclicion	-at-Large	organizations;
County,		consisting of a 55-member		at Darge	215 members
Washington		organizational network			213 illellibers
		committed to working in the			
		local food system.			
			Dl:l	Ci	07.000
		The integration of public	Physical	Community	87,000
		health perspectives was	Activity	-at-Large	residents
		formally integrated into three			Whatcom
		Whatcom plans: Whatcom			County; 82,000
		County Comprehensive Plan,			residents City
		City of Bellingham Pedestrian			of Bellingham
		Plan, and City of Bellingham			
		Bicycle Plan.			
		The Whatcom Prevention	Tobacco	Community	Was not
		Coalition now has tobacco		-at-Large	provided
		strategies integrated into its			
		substance abuse prevention			
		work community-wide.			
		Harvest of the Month	Nutrition	Schools	11,000 students
		expanded to all Whatcom			
		County Elementary Schools,			
		allowing students to try new			
		produce each month.			
		The Bellingham School	Nutrition	Schools	11,000
		District, Whatcom Farm-to-		0 0 1 1 0 1 0 1 0	students; 1,300
		School, and a local food			staff
		processing facility have			Stair
		partnered to expand local food			
		availability to students and			
		staff.			
		New salad bars were	Nutrition	Schools	2,500 students
		implemented at all Bellingham	ruti ititii	Schools	2,500 students
		Public Middle Schools.			
		Walking loop signage was	Physical	Community	13,100
		installed for the Northwest	Activity	-at-Large	residents
			Activity	-at-Large	residents
		Parks and Recreation District			
		#2 parks serving Blaine and			
¥47'11'	2000	Birch Bay.		-1	
Williamson	2009	Provided	no new systems	cnanges	

County,		
Texas		
Wrangell,	2010	Provided no new systems changes
Alaska		

New Environments

An estimated **494 additional environmental improvements** are now in place within NACDD
communities that will assist residents with eating
healthier, being more active, and refraining from use
of tobacco products. The total number of environmental
changes that have been reported to NACDD by its
funded communities now stands at 1,739. (See Table 4
below).



Phase one construction of two-mile community walking trail in Colby, KS

<u>Table 4</u>: NACDD ACHIEVE Two-Year Post Project Data—New Environments³

Community Name	Cohort Year	# New ENVIRONMENT Outcomes	Focus Area	Community Sector	Estimated Reach
Allentown, Pennsylvania	2008	Four new community gardens are in place throughout Allentown.	Nutrition	Was not provided	1,000
		One new LifeTrail is in place at one local park equipped with 10 wellness stations.	Physical Activity	CIO	420 older adults
		A total of 240 sharrows and 8 chevrons have been placed on nine city streets in Allentown.	Physical Activity	Community- at-Large	120,000
		10 new bike racks have been added per year for the last two years at the schools that participated in the SRTS walkability audits. (N=20)	Physical Activity	Schools	17,000 students
		The mobile Fruits and Veggies on the Move truck now sports permanent decals of colorful produce, uses a loud speaker	Nutrition	Community- at-Large	2,000 youth

		system with MP3 capacity so			
		the truck can be heard from			
		miles away as it approaches its			
		destinations, as well as is now equipped with a serving table			
		for fruits and vegetables—all			
		to assist with the delivery of			
		4,500 nine ounce servings of			
		produce each year. (N=3)			
Clinton	2011	14 new walking routes have	Physical	Community-	Was not
County,		been established in Clinton	Activity	at-Large	provided
Indiana		County.			
Columbus	2010	Eight faith-based organizations	Physical	CIO	600
County,		have added four pieces of	Activity		participants
North		exercise equipment each at	·		
Carolina		their church location to			
		accompany the exercise			
		classes being offered for			
		church and community			
Carra Dana	2012	members. (N=8) Seven school gardens have	Nutrition	Schools	3,100 students
Green Bay	2012	been established.	Nutrition	Schools	5,100 students
(Brown		been established.			
County),					
Wisconsin	2009	Descrit de d'acc			
Lake County,	2009	Provided no	new environm	ental changes	
Ohio	2011	Proceeding I are			
Lane County,	2011	Provided no	new environm	ental changes	
Oregon	2000	Piece le cel mateileme le con	Ni-t-iti	CIO	TAT
Multnomah	2009	Five local retailers have implemented environmental	Nutrition	CIO	Was not
County,		improvements, such as			provided
Oregon		addition of refrigeration			
		unites, product placement			
		changes, and marketing			
		strategies to increase produce			
		availability in neighborhoods.			
Nacogdoches,	2009	A school garden is now in	Nutrition	School	450 students
Texas		place at one local school.			
Northeast,	2009	24 mobile raised community	Nutrition	CIO	200 residents
Connecticut		garden beds now exist at local			
		senior centers, day cares, and			
		other community			
		organizations, thanks to collaboration with			
		HealthQuest and local high			
		school youth.			
		Three community gardens	Nutrition	CIO	2,500 residents
		were established and/or			,5 5 5 5 55 100 1100
		expanded in the last two years.			

			-1	av 0	
		Placement of two 15-foot	Physical	CIO	24 participants
		benches has been placed at a	Activity		
		nearby walking track to assist			
		seniors who frequent the track			
		as they walk.			
Norwalk,	2012	A new Healthy Restaurant	Nutrition	CIO	240,000
Connecticut		Initiative is now in process for			
		the Greater Norwalk Area,			
		inclusive of nutrition and			
		environmental health criteria.			
Portsmouth,	2010	"Breastfeeding Welcome Here"	Nutrition	Worksites;	Was not
Virginia		signage is now installed at 13		CIO	provided
viigiiia		local sites.			P
		StairWELL to Health has been	Physical	Worksites	Was not
		implemented at two local sites,	Activity	WOLKSILES	provided
		including 49 total signage	Activity		provided
		prompts. (N=2)	Dharaigal	C = : : :	Was not
		Two additional walking routes have been established for	Physical	Community-	
		Portsmouth Walks.	Activity	at-Large	provided
D 1.1.1	2012		BT . ''	TT 1-1	C 1
Randolph	2012	Healthy vending machines are	Nutrition	Healthcare;	Several
County,		now in place at the local YMCA		CIO	hundred per
Indiana		and the local hospital.			month
					(estimated
					2,400 people
					per year)
Salamanca,	2008	Bike racks have been placed	Physical	CIO	5,683 residents
New York		throughout the City of	Activity		
		Salamanca in common			
		locations (such as grocery			
		stores). (Number of bike racks			
		not provided).			
		Three additional Safe	Physical	Community-	5,683 residents
		Pedestrian Crosswalk signs	Activity	at-Large	
		have been placed throughout		3.	
		the City of Salamanca,			
		affording safe crossing in			
		crosswalks to residents.			
		Following the new Complete	Physical	Community-	5,683
		Streets policy and a recent	Activity	at-Large	residents;
		walkability assessment, 6,300	Activity	at-Large	6,300 sidewalk
		sidewalk blocks have been			blocks
					DIOCKS
		replaced throughout the city.			
		(Counted as N=1 instead of			
		N=6,300).	NI	O.O.	TAT :
		Healthy snacks are now made	Nutrition	CIO	Was not
		available daily at no cost for			provided
		youth participants at the local			
Spartanburg	2011	youth center.	DI : 1	0	45.000
	71177	Three new bicycle-sharing	Physical	Community-	15,000

County,		stations have been added to	Activity	at-Large	
South Carolina		the city's Bike Share program. A road diet has been effectively implemented at West Main Street.	Physical Activity	Community- at-Large	100,000
,		A new food hub and urban farm, Harvest Park, now exists.	Nutrition	Community- at-Large	15,000
		Three cycle tracks and road diets have been formally planned.	Physical Activity	Community- at-Large	65,000
		\$650,000 worth of playground improvements is now in place at playgrounds within the City of Spartanburg.	Physical Activity	Community- at-Large	40,000
Stark County, Ohio	2008	10 community gardens were installed in selected neighborhoods and organizations with small funding that incorporated nutrition education and involvement of children in the gardening.	Nutrition	Community- at-Large; CIO	400
Tallahassee (Leon County),	2010	22 community gardens are now in place throughout the city and schools.	Nutrition	Community- at-Large; Schools	Was not provided
Florida		A new play display, entitled Get Outdoors, exists at Cascades Park.	Physical Activity	Community- at-Large	Was not provided
Valley City, North Dakota	2010	Mercy Hospital has made available two bicycles for employees who want to use them to run errands throughout the workday.	Physical Activity	Worksite	150
		Four bike racks have now been placed throughout Valley City.	Physical Activity	Community- at-Large	75
		Funding was successfully leveraged to begin the construction process for two new multi-use paths in Valley City.	Physical Activity	Community- at-Large	Estimated 700 total residents
Whatcom County, Washington	2009	A mobile food pantry now exists and operates monthly to deliver 5,700 pounds of fresh fruits, vegetables, dairy, and meats.	Nutrition	Community- at-Large	1,280 households per year; 4,800 individuals per year
		The PeaceHealth St. Joseph Medical Center significantly changed the cafeteria to promote healthy food and beverage choices.	Nutrition	Healthcare	321,000 patients per year

		School gardens now exist at seven local elementary schools and two local middle schools.	Nutrition	Schools	Was not provided
		18 worksites now offer workplace Community Supported Agriculture shares and deliveries through collaboration with a local agency Sustainable Connections. (N=18)	Nutrition	Worksites	Was not provided
		New traffic calming and pedestrian infrastructure now exists at one local middle school, complete with one new roundabout, one new pedestrian crossing, and one new pedestrian-activated crossing signal. (N=3)	Physical Activity	School	650 students
		The Washington State Department of Transportation secured \$2.5 million dollars in federal transportation funding to construct a roundabout, sidewalks, and pedestrian crossings in rural Whatcom County. (N=3)	Physical Activity	Community- at-Large	4,140 Kendall and Columbia Valley residents.
		SRTS funding was secured for built environment improvements to Carl Cozier Elementary School.	Physical Activity	Schools	331 students
Williamson County, Texas	2009	Six gardens at local businesses, schools, and faith-based locations are now tobacco-free and have supporting signage installed.	Tobacco	Worksites, Schools, CIO	Was not provided
		Four trail systems with supporting healthy message signage have been established in city park and business locations.	Physical Activity	Worksites, CIO	Was not provided
		Six community gardens are now in place at local businesses, schools, and faithbased sites.	Nutrition	Worksites, Schools, CIO	Was not provided
		14 local restaurants now have menu labeling.	Nutrition	CIO	Was not provided
		15 sites now have signage and other materials to be breastfeeding-friendly for employees	Nutrition	Worksites	Was not provided

Wrangell, 2010 Provided no new environmental changes
Alaska

Improved CCL's

Strategies that focused on linking community-based resources, providers, and clinics together with community members to access preventive services and better treat chronic conditions were not a focus of the ACHIEVE project period spanning the years of 2008-2012. In 2013, NACDD did provide small financial assistance to five communities as a CCL mini-grant pilot project, hoping to acquire future funding with demonstrated CCL outcomes from this project. This means that only five communities out of NACDD's 48 were oriented and trained on CCL strategies at all. Given this, the impressive results of this survey indicated that two-thirds of respondents (14) were successful at implementing CCL strategies; 10 of these respondents did not receive the training or orientation from the mini-grant project. Altogether, 140 CCL strategies were implemented in the last two years! (See table 5 below).

Table 5: NACDD ACHIEVE Two-Year Post Data--New CCL Improvements³

Community	Cohort	# New CCL	Focus Area	Community	Estimated
Name	Year	Outcomes		Sector	Reach
Allentown,	2008	The St. Luke's University	Chronic	Healthcare;	Was not
Pennsylvania		Health Network Van travels	Disease	Schools	provided
-		to local schools to provide	Management		
		health services to students			
		as a part of a community			
		based intervention that			
		addresses			
		overweight/obesity.			
		The Allentown Health	Chronic	Healthcare	Was not
		Bureau partners with Sacred	Disease		provided
		Heart Hospital to provide	Management;		
		cholesterol and glucose	(screenings;		
		screenings at no cost to	nutrition		

		Allentown residents. Additionally, nutrition counseling is provided to those who test out of range.	counseling)	Hoolehoon	Was	
		The Allentown Health Bureau additionally provides free nutrition counseling for overweight youth.	Chronic Disease Management (nutrition counseling)	Healthcare	Was not provided	
		A core group of medical professionals provides monthly education and information on related chronic disease topics to LifeTrail members.	Chronic Disease Management (Health education)	Healthcare	Was not provided	
Clinton County, Indiana	2011	Healthy Clinton County developed and implemented a prenatal smoking cessation program that yielded 83% success rates!	Tobacco	Healthcare	Was not provided	
Columbus County, North Carolina	2010	Hypertension and glucose screenings have been implemented at eight faith-based organizations. Those with elevated levels were referred to the primary clinic of the local health department or to a provider within their area for follow-up care.	Chronic Disease Management (screenings)	CIO; Healthcare	Was not provided	
		The Stanford Chronic Disease Self-Management workshops have been implemented at eight faith- based organizations.	Chronic Disease Management (self- management education)	CIO	Was not provided	
Green Bay (Brown County), Wisconsin	2012	Provided no CCL outcomes				
Lake County, Ohio	2009	Provided no CCL outcomes				
Lane County, Oregon	2011	Provided no CCL outcomes				
Multnomah County, Oregon	2009	80 community health workers (CHW) were trained in chronic disease self-management and now provide services to patients	Chronic Disease Management (training of CHWs)	Healthcare	50,000 patients	

			ı		
		within Multnomah County's FQHC clinics to promote health and link patients to community resources and services. The new EMR system at	Tobacco	Healthcare	50,000
		Multnomah County Health Department allows for 5 A's counseling to be automatically provided by any staff member to a tobacco-using patient. Additionally, if a patient is ready to quit, an electronic populated letter is automatically faxed to the Oregon Quit line.			patients
		One ACHIEVE Coach and additional CHART members were trained to become certified self-management trainers, providing additional capacity for future CCL efforts. (Exact number of those trained was not provided).	Chronic Disease Management (training of self- management trainers)	Community- at-Large; Healthcare	Was not provided
		An evidence-based tobacco cessation intervention for pregnant women is now being implemented with inhome patient visits, WIC appointments, inpatient drug treatment facilities, and clinical settings.	Tobacco	Healthcare	Was not provided
Nacogdoches, Texas	2009	For the last two years, the Healthy Nacogdoches coalition has been involved in establishing a community clinic that will improve access to care and additionally house the implementation of chronic disease/diabetes selfmanagement and education programs for the lowincome population.	Chronic Disease Management (self- management education classes; opening of new community clinic)	Healthcare	10,000 patients per year
Northeast, Connecticut	2009	Through participation in a small mini-grant project, HealthQuest and the department of health	Chronic Disease Management; Leadership	Community- at-Large; Healthcare	81 clinicians

		launched a CCL initiative, which included presentations to 81 local clinicians and community partners and formation of a CCL Task Force focused on cardiovascular disease. Day Kimball Healthcare Medical Staff provided \$2,500 to the CCL Task Force to continue its CCL efforts in the community focusing on cardiovascular disease.	(new group formation) Chronic Disease Management	Community- at-Large	Was not provided
Norwalk, Connecticut	2012	Pro	ovided no CCL out	comes	
Portsmouth, Virginia	2010	Pro	ovided no CCL out	comes	
Randolph County, Indiana	2012	Pro	ovided no CCL out	comes	
Salamanca, New York	2008	The Healthy Livable Cattaraugus Consortium established a Community Resource Database for Cattaraugus County, complete with health related referral, contact, and social networking information maintained on a website by consortium members.	Chronic Disease Management (community resource directory/ database)	Community- at-Large	Was not provided
Spartanburg County, South Carolina	2011	The local ACHIEVE coalition is a member of the Road to Better Health, a community based effort that focuses on improving access to care and all health-based efforts.	Leadership	Community- at-Large	Was not provided
Stark County, Ohio	2008	Access Health Stark County is currently working on a patient navigation plan to increase navigation efforts among patients, providers, and community clinics.	Chronic Disease Management (patient navigation)	Healthcare	Was not provided
		A volunteer physician delivers diabetes education classes to low-income, uninsured, and/or Medicaid clients through Access Health Stark County.	Chronic Disease Management (diabetes education)	Healthcare	Was not provided

Tallahassee	2010	25 physicians are now	Nutrition;	Healthcare	Was not
(Leon		promoting 95210 in the	Physical		provided
County),		clinic setting and starting	Activity;		
Florida		the conversation on healthy	Chronic		
		weight for parents of	Disease		
		children.	Management		
Valley City,	2010	Hypertension screenings	Chronic	Worksites	Was not
North Dakota		were implemented on three	Disease		provided
		different occasions at	Management		
		various businesses and	(screenings)		
		employees with elevated			
		readings were referred to a			
		provider.			
		A new chronic disease	Chronic	Healthcare	11,000
		management plan is in place	Disease		
		at the local health	Management		
		department, complete with	(treatment		
		nurse clinical or home-visit	and protocol		
		follow-up, in efforts to	follow-up)		
		assure adherence to			
		physician prescribed			
		treatment and protocol.			
Whatcom	2009	The Health Department is	Chronic	Community-	Was not
County,		now collaborating with the	Disease	at-Large;	provided
Washington		Whatcom Alliance for Health	Management;	Healthcare	·
washington		Advancement to improve	Leadership		
		CCLs.	(new		
			collaboration)		
Williamson	2009	The local coalition has	Chronic	Community-	Was not
County,		formed a Systems of Care	Disease	at-Large;	provided
Texas		work group comprised of	Management;	Healthcare	F
1 CAAS		community, clinical,	Leadership		
		behavioral, and public	(new group		
		health representatives, and	formation)		
		is launching efforts that			
		improve access to care,			
		clinical, and preventive			
		services.			
Wrangell,	2010		ovided no CCL out	comes	
Alaska	2010	170	viaca no GGL out	comes	
Alaska					

"Other" Positive Outcomes

Any successful and sustainable positive outcome that cannot be categorized as a new PSE or CCL change is termed as an "other" positive outcome. Although these outcomes may not fit within PSE or CCL classifications, the outcomes deserve to be recorded and

mentioned since the changes could not be accomplished without the initial ACHIEVE funding or the coalition's involvement in the ACHIEVE process. Over the last two years, 42 new "other" positive outcomes have been achieved by survey respondents, now totaling 253 since ACHIEVE began in 2008. These additional outcomes are detailed in Table 6.

Table 6: NACDD ACHIEVE Two-Year Post Data—"Other" Positive Outcomes³

Community	Cohort	# New "OTHER	Focus Area	Community	Estimated	
Name	Year	POSITIVE" Outcomes		Sector	Reach	
Allentown Pennsylvania	2008	The local coalition is now partnering with the Lehigh Valley Health Network on the "Well on Their Way," a community based obesity prevention you initiative.	Chronic Disease Management	Healthcare	Was not provided	
		Youth from local middle schools who are interested in pursuing careers in health fields receive orientation on PSE change strategies used in public health through the Health Careers Club.	Leadership	Schools	Was not provided	
Clinton County, Indiana	2011	A full time office location for Healthy Clinton County has been provided by the local hospital.	Leadership	Was not provided	Was not provided	
		Additionally, all seven of the office staff are now paid and no longer have to volunteer their efforts without pay.	Leadership	Community- at-Large	7 staff	
		Clinton County, Indiana improved 20 spots in the county health rankings from 51st to 31st!	Was not provided	Was not provided	Was not provided	
Columbus County, North Carolina	2010	Did not provide "other" positive outcomes				
Green Bay (Brown County),	2012	54218 has grown from a volunteer driven staff to now a paid staff of six people!	Leadership	CIO	Was not provided	
Wisconsin		54218 increased communication efforts to include 111 earned media hits, 1,302 Facebook "likes,"	Was not provided	Community- at-Large	Was not provided	

		and 1,208 e-Newsletter subscriptions.					
		54218 has now hosted 22 interns.	Leadership	CIO	22		
		Five local after-school sites have implemented Active Schools programming. (N=5)	Physical Activity	CIO	300 school aged children		
		Active Schools programming has also been implemented at one local intermediate school.	Physical Activity	School	600 fifth and sixth grade students		
Lake County, Ohio	2009	The Lake County Health District was awarded a three-year Carol M. White Physical Education Program grant in the spring of 2014 that will provide for the following within all schools in seven school districts: activity-based Sports, Play, and Active Recreation for Kids (SPARK) curriculum; curriculum-matched physical education equipment; Healthy Kids Challenge nutrition curriculum; training for food service directors and cafeteria staff on the Healthier US School Challenge; baseline health and fitness assessments for students; and independent evaluation.	Nutrition; Physical Activity	Schools	Was not provided		
		The local health district has partnered with five communities and three community agencies to develop a transportation network plan to develop an integrated recreational network of bike lanes, multipurpose paths, walking trails, water trails, and transit access through portions of the five communities.	Physical Activity	Community- at-Large	Was not provided		
Lane County, Oregon	2011	Did not provide "other" positive outcomes					
Multnomah	2009	The original CHART team	Leadership	Community-	Was not		
			-				

County,		continues to frequently		at-Large	provided
Oregon		submit for grants, including		at-Large	provided
Oregon		the unique opportunity to			
		partner with the 2012			
		mentor-mentee community			
		partner Green Bay, WI in			
		funding opportunities.			
Nacogdoches,	2009	The Healthy Nacogdoches	Tobacco	Community-	135,000
Texas		coalition is collaborating		at-Large	people
		with Angelina County on a			
		five-year state tobacco grant			
		project that includes the			
		implementation of media			
		campaigns and policy and			
		environmental changes.			
Northeast,	2009	A local agency for people	Physical	CIO	75 clients and
Connecticut		with intellectual and	Activity		staff
		developmental disabilities			
		adopted a daily walking			
** **	0040	program.	Y 1 1 .	0 "	747
Norwalk,	2012	The CHART has evolved and	Leadership	Community-	Was not
Connecticut		expanded to include the		at-Large	provided
		Greater Norwalk area and its			
		six surrounding towns of Darien, New Canaan, Wilton,			
		Westport, Weston, and			
		Fairfield.			
Portsmouth,	2010	The Healthy Portsmouth	Leadership	Community-	300 trained
Virginia	_010	coalition has now trained	2000000000	at-Large	
VIIgilila		300 people regionally on the		8.	
		ACHIEVE model; the new			
		region efforts have been			
		titled "Healthy Hampton			
		Roads".			
		Eight people were trained on	Physical	Was not	8 people
		Jump4Life and Jump4Life	Activity	provided	trained; was
		was implemented at five			not provided
		local sites. (N=1)			
		The Healthy Portsmouth	Leadership	Was not	Was not
		coalition incorporated and		provided	provided
		formed 501c3 status.			
		The City of Portsmouth	Was not	Community-	1,000 people
		provided a web interface for	provided	at-Large	
		the Healthy Portsmouth			
Randolph	2012	coalition. A leadership development	Leadership	Community-	Was not
•	2012	seminar for young	Leauership	at-Large	provided
County,		professionals in the		at-Large	provided
Indiana		Randolph County			
		community was developed			
		community was developed			

		based upon the work of one of the coalition's sub-committees; from this workshop, the formation of a local young leaders group occurred and will now continue into future years. School walking programs	Physical	Schools	Was not
		were implemented within several local schools.	Activity		provided
Salamanca, New York	2008	The City of Salamanca maintains strong collaboration with the Seneca Nation of Indians on the Allegany River Development Commission, an effort intended to bring collective focus on quality of life, economic development, and health and wellness issues for both city and reservation residents.	Leadership	Community- at-Large	Was not provided
		The Salamanca Youth Bureau now participates in the CATCH Kids Club Nutrition Education Program, where local youth receive education on nutrition and also receive healthy snacks.	Nutrition	CIO	7.248 youth visits
Spartanburg County, South Carolina	2011	The local coalition received dedicated infrastructure funding for trail development for the both the City of Spartanburg and Spartanburg County. (N=2)	Physical Activity	Community- at-Large	100,000
		The City Bicycle and Pedestrian Committee was formally created.	Physical Activity; Leadership	Community- at-Large	40,000
		Local preschools were trained on, and now implement, the Grow Healthy Toolkit for preschool youth.	Nutrition; Physical Activity	CIO	800 preschool age children
		Some area after-school sites were provided training and now implement healthy eating and physical activity programming for youth.	Nutrition; Physical Activity	CIO	2,500 school aged children

		(Exact number of after-school sites trained was not provided).			
,		A Healthy Schools Summit was established for key leaders and decision-makers from the school sector.	Nutrition; Physical Activity	School	150 participants
Stark County, Ohio	2008	Live Well Stark County was selected as a recipient for County Health Rankings and Roadmaps Health Coaching Program through the University of Wisconsin, and receives technical assistance in the selection of evidence based goals and objectives for the newly reformed group.	Was not provided	Community- at-Large	Was not provided
		A local foundation provided enough funding to fund a part-time Director position for Live Well Stark County for at least a three-year period.	Leadership	Community- at-Large	Was not provided
Tallahassee (Leon County), Florida	2010	Whole Child Leon 95210 and partners were awarded a Childhood Obesity Prevention Education (COPE) Blue Cross Blue Shield grant to continue work on promoting 95210 throughout the community, and support PSE changes focused on nutrition, physical activity, and chronic diseases with its 37 grantees.	Nutrition; Physical Activity; Chronic Disease Management	Community- at-Large	Was not provided
Valley City, North Dakota	2010	The coalition's work through both programming and PSE efforts has brought about a change in culture and altering how people do their day-to-day business.	Leadership	Community- at-Large	Was not provided
Whatcom County, Washington	2009	Road safety and walkability audits were completed in Deming.	Physical Activity	Community- at-Large	Was not provided
Ü		A new community-led committee in the Kendall and Columbia Valley area was initiated to formally	Physical Activity; Leadership	Community- at-Large	4,140 residents

		plan and develop for the eventual establishment of a bike/pedestrian facility. A mini health impact	Physical	Community-	Was not
		assessment was conducted for the Birch Bay Drive and Pedestrian Facility Project.	Activity	at-Large	provided
		Funding and commitment has been secured to complete the construction of a new pedestrian pathway and bike lanes for the Birch Bay drive and Pedestrian Facility Project.	Physical Activity	Community- at-Large	8,000 residents
		A local roundtable consisting of local healthcare organizations was developed to improve maternity care practices in the county. This roundtable group now meets quarterly.	Nutrition; Leadership	Healthcare	Was not provided
Williamson County, Texas	2009	Continued sustainability of original coalition is the most celebrated positive outcome and can be attributed to all of the group's successes. In 2013 alone, 71 meetings were held, representing 289 total participants from 110 organizations!	Leadership	Community- at-Large	289 participants; 110 organizations
Wrangell, Alaska	2010	Did not pro	ovide "other" pos	itive outcomes	

Funds Leveraged

When the national ACHIEVE project ended in September 2012, NACDD's ACHIEVE communities had collectively and successfully leveraged a total of \$54,846,830 to continue local Healthy Community efforts—evidence of sustainability planning! As a component of the outcomes survey, NACDD incorporated 12 additional questions to gain valuable insight as to the additional funding acquired <u>and</u> desired by its network of local communities in the two years following ACHIEVE. From these questions, NACDD learned from its respondents

that an additional \$11,129,324 in continuation funds had been obtained during this two-year span, yielding a new collective total of \$65,976,154 in sustainability funds for NACDD's communities.

"The YMCA has leveraged additional funds for their physical activity programs because our county was an ACHIEVE Community."

(Louise Hart, PhD, Randolph County, IN)

Appendix D illustrates the total amount of funding secured by each survey respondent in the last two years; Appendix E displays the total funds leveraged by NACDD communities since 2008.

The funding amount per cohort year that NACDD awarded to sub-recipient communities varied in accordance with what was received yearly by CDC during the ACHIEVE project period. The range of funding distributed to the 48 sub-recipient communities varied from \$40,000-\$88,000 per community per year. Using the figures displayed in Table 7, NACDD was able to calculate its estimated return on investment (ROI) for the project as a whole by dividing the total continuation funds leveraged by communities by the total funds invested by NACDD throughout the project period. Following this concept, an **estimated ROI of 19.61:1** was calculated for NACDDs ACHIEVE project.

Table 7: Calculated ROI for NACDD ACHIEVE Efforts

NACDD ACHIEVE Funding Cohort	Amount of \$ Awarded to Each Sub-Recipient Communities	Number of Communities Per Cohort	Total Amount of \$ Given to NACDD ACHIEVE Sub-Recipient Communities
		-	
2008 Cohort	\$40,000	10	\$400,000
2009 Cohort	\$75,000	13	\$975,000
2010 Cohort	\$75,000	10	\$750,000
2011 Cohort	\$60,000	10	\$600,000

2012 Cohort	\$88,000	5	\$440,000						
(New Communities)									
2012 Cohort	\$40,000	5	\$200,000						
(Mentor Communities)									
Totals	Totals								
	Range of \$40,000-	48	\$3,365,000 (Total						
	\$88,000 awarded	(Mentor communities	amount invested by						
	per community per	not counted twice)	NACDD into						
	year		communities)						
Total Estimated Funds Lev	eraged by NACDD ACHIEVI	Communities to Sustain L	ocal Efforts (Table 2						
above) = \$65,976,154	above) = \$65,976,154								
NACDD Calculated ROI: \$6	NACDD Calculated ROI: \$65,976,154 = 19.61 ROI								
\$3,365,000									

Please see the following regarding acquired and desired sustainability funds by

survey respondents:

- **Eighty-seven percent** of these funds came in the form of grants; **48%** came in the form of fundraising efforts or donations received.
- Leveraged funds were used to primarily support <u>ongoing implementation</u> of community PSE interventions (90%); CCL strategies (37%); and health disparities efforts (32%).
- The <u>future funding</u> interests of communities included ongoing pursuit of <u>PSE</u> interventions, a heightened pursuit of <u>CCL</u> strategies, and an continued focus on <u>health disparities</u>:
 - Specific to PSE, respondents indicated a desire to pursue ongoing built environment strategies (84%), improve access and opportunities for healthy foods and beverages (79%), and establish more tobacco-free environments (50%).
 - Specific to CCL, respondents were equally interested in establishing patient navigators and community health workers to improve access to preventive services, implementing self-management and education programs, and improving chronic disease screening opportunities (61%); developing chronic disease resource directories or databases (50%); implementing the chronic care model (44%); and implementing tobacco cessation programs, education, or pharmacologic therapies (39%).

All respondents indicated their ongoing intention to continue improvement of <u>health disparities</u> within their Healthy Community efforts, with particular focus to income/poverty disparities (100%), place-based disparities (78%), racial/ethnic disparities (72%), and sub-population-specific disparities (55%).

A complete funding report details these findings, as well as makes recommendations for future funding considerations that extend the goals of NACDD Healthy Communities.

Impact on People Living in NACDD Funded Communities

Together, NACDD and its ACHIEVE Healthy Communities have provided an opportunity for 6,500,000+ people throughout the country to make healthier choices through the implementation of 2,725 sustainable PSE, CCL, and additional strategies. Now residents can be healthy where they live, learn, work, pray, and receive care...

Where they live and play...

- Over 292,700 residents now live in communities with Complete Streets policies in place, making streets safe for pedestrians and bicyclists.
- Bike racks have been added to communities, allowing in excess of 138,750 community members to choose biking over driving.
- Nearly 624,120 residents have increased access to safe physical activity through establishment of new or improved trail systems and walking routes.



New trail development and connectivity enhance physical activity opportunities in Spartanburg County, SC

• More than **51,000** people live in communities that now have outdoor fitness stations as an option for accessible and no-cost physical activity.

- Twenty communities collectively developed 140 community gardens and 2 greenhouses, providing access to fresh fruits and vegetables to over 71,100 people.
- Over 24,300 people have better access to fresh fruits and vegetables because their local farmers markets accept senior, SNAP, and WIC vouchers or reduced-price coupons.



New farmer's markets and "health bucks" are now in place in Covington, KY, allowing all residents access to fresh fruits and vegetables regardless of income

- More than **517,000** consumers can easily select healthy choices on restaurant menus.
- More than 32,200 people live in a community where unhealthy trans-fats are now banned.
- Over **86,800** consumers regularly access fresh fruits and vegetables due to the establishment of new farmer's markets or mobile markets within communities.
- Virtually **1,500,000** residents are protected by secondhand tobacco smoke due to the passage of tobacco-free policies.

Where they learn...

- Nearly 39,000 students can safely walk to school because their communities implemented Safe Routes to School.
- An excess of 7,850 students are participating in daily physical activity during their school day.
- Over 4,600 students now attend schools that have an "active recess" policy, ensuring that they have opportunities to be physically active during recess.



WriteSteps school walking initiative allows students the chance to be active each day at school in Northeast, CT

- More than **5,700** students participate in daily physical activity and healthy eating in after-school programs.
- **60,800** students are more active and have healthier snacks due to new policies surrounding healthy eating and physical activity policies.
- More than 4,550 students have healthy lunch options due to improved school lunch menus.
- Digital menu labeling at **18** schools now allows **20,600** students to make healthier a la carte and meal choices during lunch.
- Over 10,000 students are learning how to grow and harvest fresh fruits and vegetables through establishing school gardens, greenhouses, or hoop houses.
- In **12** school districts, **69**,**600** students will be instituting Farm-to-School practices.



Students are learning about fresh produce through development of school gardens in Ashland, KY

More than 33,000 students at approximately 52 schools learn about the importance
of physical activity and healthy eating through the integration of age-appropriate
curricula.

Where they work...

- In excess of **721,000** employees have increased access to healthy foods and beverages at their place of work due to changes in company policies.
- 57,700+ employees have healthier items to choose from in the vending machines at work.



Randolph County YMCA in Randolph County, IN now implements healthy vending options for Y staff and members

- 18 worksites now make available to employees workplace Community Supported Agriculture shares and deliveries.
- An estimated 73 worksites have established lactation policies and spaces in efforts to create a breast-feeding friendly atmosphere for nursing mothers.
- **4,000**⁺ workers have physical activity policy provisions at their workplace.
- Nearly **4,650** employees have physical activity amenities at their workplace where they can safely be physically active, including fitness rooms and indoor/outdoor walking paths.
- Approximately **18,300** employees are protected from second-hand smoke by a tobacco- or smoke-free workplace policy; and an estimated **3,300** employees have access to tobacco cessation resources provided by their employer.
- 30,620 workers now participate routinely in worksite wellness screenings and assessments.

Where they pray...

- 100,000+ faith-based congregate members now have healthy food and beverage options at their place of worship, and can access fresh fruits and vegetables through church farm stands, gardens, and wholesale buying clubs.
- Twenty faith based organizations developed healthy policies and



Clergy members from various denominations and faith organizations in Multnomah County, OR sign new nutrition policies to provide opportunities for healthy foods and beverages for church members

environments for their places of worship.

Eight faith-based organizations have implemented joint use agreements that now

allow community members to participate in physical activity on church property.

"Our work within faith communities has increased our visibility, our community standing, and our rapport among communities of color. We have been tracking our data, and this has and will allow us to prove our successes."

(Sarah Gray, Columbus County, NC)

 Chronic disease screenings and self-management education programs have been implemented at eight faithbased sites, allowing an estimated 600 people increased access to preventive services.

Where they receive care...

- 12,000+ patients each year now have access to tobacco cessation resources, thanks
 to a policy making it standard practice.
- An estimated 44 healthcare facilities have instituted 100% tobacco- or smoke-free policies, allowing 638,000 patients each year to be protected from second-hand smoke.
- Healthcare facilities have adopted breastfeeding-friendly policies, ensuring that over 9,000 patients will receive the support they need to adopt this healthy practice.
- Healthy food and beverage guidelines have been established so that 817,000
 patients can eat healthily while they receive needed care.
- 25 physicians are promoting healthy eating and exercise behaviors in clinic settings for children.
- Nearly 100 public health and lay advisors have been trained as Community Health Workers or self-management trainers to promote and link patients to community based resources and preventive and treatment services.

Final Thoughts

The near 20:1 ROI and collective leveraging of \$65,976,154 in continuation funds clearly demonstrates the ability of NACDD's communities to sustain these funding initiatives, while the cumulative total of 2,725 sustainable community health improvements also makes very evident NACDD's caliber of fiscal and project management, training, and TA processes. Equally impressive is that almost 95% of community survey respondents indicated the desire to work with NACDD again on similar projects. In preparation for moving forward, this updated outcomes compendium clearly illustrates NACDD's ability to produce sustainable and fiscally responsible results by exercising its nationwide Healthy Communities reach.

Bibliography

- 1. Edwards, K; Hefelfinger, J; Murphy, H; Patty, A; and Yen, P. (2012). National Association of Chronic Disease Directors. *NACDD Communities ACHIEVEing Success--Making Healthy Choices the Easy Choices Where People Live, Learn, Work, Play, and Pray,* 1.
- 2. Edwards, K. (2014). National Association of Chronic Disease Directors. "ACHIEVEing" Healthy Communities and Fiscal Efficiency--A Funding Report, 1-15.
- 3. National Association of Chronic Disease Directors (2014). NACDD ACHIEVE Outcomes and Funding Surgey. Found at: https://www.surveymonkey.com/summary/6Gcg-86plb6zVJ6WY57sevQfmgSFX9FPWW3V4Ej7UT7s_3D.

Appendix A

NACDD ACHIEVE Project Period <u>and Two-Year Post Project Statistics:</u>

Total funds leveraged, PSE improvements, CCL improvements, "Other" successful outcomes, and events of Formal Recognition

(Organized per cohort year)

2008 Communities	Cohort Year	Total Funding Leveraged	# Policy Changes	# Environ -mental Changes	# Systems Changes	# CCL Changes	# "Other" Changes	Formal Recog- nition	Total Sum of Changes
Albuquerque, New Mexico	2008	\$544,000	0	11	0	0	4	0	15
Allentown Pennsylvania	2008	\$679,000	10	337	3	4	24	1	379
Black Hawk County, Iowa	2008	\$0	1	9	0	0	4	0	14
Cleveland County, North Carolina	2008	\$21,446	29	18	1	0	2	2	52
Harris County/Aldine, Texas	2008	\$3,000,000	1	8	1	0	3	0	13
Mount Desert Island, Maine	2008	\$15,000	0	6	0	0	2	0	8
Salamanca, New York	2008	\$1,180,600	9	23	2	1	6	0	41
Stark County, Ohio	2008	\$175,000	1	173	0	2	2	0	178
Tacoma/Pierce County, Washington	2008	\$40,000	2	8	6	0	1	0	17
Wichita, Kansas	2008	\$0	2	134	1	0	1	0	138
SUBTOTAL 2008 Cohort	2008	\$5,655,046	55	727	14	7	49	3	855
2009 Communities	Cohort Year	Total Funding	# Policy Changes	# Environ -mental	# Systems	# CCL Changes	# "Other"	Formal Recog-	Total Sum of

		Leveraged		Changes	Changes		Changes	nition	Changes
Eastern Highlands, Connecticut	2009	\$500,000	11	3	2	0	4	0	20
Forrest & Lamar Counties, Mississippi	2009	\$0	0	2	0	0	0	0	2
Jefferson County, Oregon	2009	\$1,575,000	1	6	0	0	0	0	7
Kershaw County, South Carolina	2009	\$85,000	2	66	0	0	1	1	70
Lake County, Ohio	2009	\$109,580	1	20	7	0	18	0	46
Mecklenburg County, North Carolina	2009	\$3,000	8	57	0	0	5	1	71
Multnomah, Oregon	2009	\$8,020,000	148	52	7	83	1	6	297
Nacogdoches, Texas	2009	\$983,101	2	53	0	1	12	1	69
Northeast District, Connecticut	2009	\$782,797	50	33	0	2	11	0	96
Palm Beach County, Florida	2009	\$25,000	2	3	0	0	3	0	8
Rockland County, New York	2009	\$125,000	3	13	0	0	3	0	19
Whatcom County, Washington	2009	\$1,129,000	8	46	15	1	10	0	80
Williamson County, Texas	2009	\$2,032,400	21	49	2	1	7	0	80
SUBTOTAL 2009 Cohort	2009	\$15,369,878	257	403	33	88	75	9	865
2010 Communities	Cohort Year	Total Funding Leveraged	# Policy Changes	# Environ -mental Changes	# Systems Changes	# CCL Changes	# "Other" Changes	Formal Recog- nition	Total Sum of Changes
Ashland, Kentucky	2010	\$367,990	39	29	4	0	3	1	76

Chelsea Massachusetts	2010	\$293,000	1	2	0	0	7	0	10
Coamo, Puerto Rico	2010	\$0	3	23	3	0	1	0	30
Columbus County, North Carolina	2010	\$920,000	25	8	0	16	1	0	50
Marquette County, Michigan	2010	\$426,500	3	81	7	0	9	1	101
Portsmouth, Virginia	2010	\$696,945	17	219	0	0	18	0	254
St. George, Utah	2010	\$2,500	4	4	0	0	0	0	8
Tallahassee, Florida	2010	\$198,472	6	54	0	25	3	0	88
Valley City, North Dakota	2010	\$125,820	23	13	3	2	14	1	56
Wrangell, Alaska	2010	\$320,000	5	6	0	0	4	0	15
SUBTOTAL 2010 Cohort	2010	\$3,351,227	126	439	17	43	60	3	688
2011 Communities	Cohort Year	Total Funding Leveraged	# Policy Changes	# Environ -mental Changes	# Systems Changes	# CCL Changes	# "Other" Changes	Formal Recog- nition	Total Sum of Changes
		Funding		Environ -mental	Systems		"Other"	Recog-	Sum of
2011 Communities Clark County,	Year	Funding Leveraged	Changes	Environ -mental Changes	Systems Changes	Changes	"Other" Changes	Recog- nition	Sum of Changes
2011 Communities Clark County, Missouri Clay County,	Year 2011	Funding Leveraged \$562,676	Changes 0	Environ -mental Changes 4	Systems Changes 0	Changes 0	"Other" Changes	Recognition	Sum of Changes 4
Clark County, Missouri Clay County, Kentucky Clinton County,	Year 2011 2011	Funding Leveraged \$562,676 \$10,033,145	Changes 0	Environ -mental Changes 4	Systems Changes 0	O O	"Other" Changes 0	Recognition 0	Sum of Changes 4 28
Clark County, Missouri Clay County, Kentucky Clinton County, Indiana Daytona Beach,	2011 2011 2011	\$562,676 \$10,033,145 \$4,801,500	Changes 0 5 14	Environ -mental Changes 4 18	Systems Changes 0 0	O 0 1	"Other" Changes 0 5	Recognition 0 0 0	Sum of Changes 4 28 120
Clark County, Missouri Clay County, Kentucky Clinton County, Indiana Daytona Beach, Florida Lane County,	2011 2011 2011 2011	\$562,676 \$10,033,145 \$4,801,500	0 5 14 0	Environ -mental Changes 4 18 94	O O O	Changes 0 1 0	"Other" Changes 0 5 11	Recognition 0 0 0 0	Sum of Changes 4 28 120

Vermont									
Spartanburg County, South Carolina	2011	\$3,395,000	0	21	4	1	7	0	33
Sussex County, Delaware	2011	\$20,405,000	0	3	0	0	4	0	7
Whitfield & Murray Counties, Georgia	2011	\$10,000	0	1	2	0	4	1	8
SUBTOTAL 2011 Cohort	2011	\$39,665,821	32	150	10	2	40	1	235
2012 Communities	Cohort Year	Total Funding Leveraged	# Policy Changes	# Environ -mental Changes	# Systems Changes	# CCL Changes	# "Other" Changes	Formal Recog- nition	Total Sum of Changes
Brown County, Wisconsin	2012	\$1,358,249	3	7	13	0	13	0	36
Colby, Kansas	2012	\$491,433	0	1	0	0	10	0	11
Covington, Kentucky	2012	\$0	5	7	1	0	1	0	14
Norwalk, Connecticut	2012	\$60,000	5	1	0	0	3	0	9
Randolph County, Indiana	2012	\$24,500	5	4	1	0	2	0	12
SUBTOTAL 2012 Cohort	2012	\$1,934,182	18	20	15	0	29	0	82
TOTALS: NACDD ACHIEVE Project Period (through September 2014)	2008- 2012	\$65,976,154	488	1,739	89	140	253	16	2,725

^{*}Please Note: The below data chart represents NACDDs funded ACHIEVE communities for the years 2008-2012 and only the communities for which NACDD was able to obtain two-year post outcomes and funding data for the years 2012-2014.

Appendix B

Focus Area Distribution for Two-Year Post Data Results

Cohort	Nutrition	Physical Activity	Tobacco	Chronic Disease Management	Leadership	Was Not Provided	Cohort Totals
2008	7	12	1	8	3	1	32
Cohort %	21.9%	38%	3.1%	25%	9.4%	3.1%	
2009	23	19	17	8	6	0	73
Cohort %	31.5%	26%	23.3%	11%	8.2%	0%	
2010	6	10	1	4	2	2	25
Cohort %	24%	40%	4%	16%	8%	8%	
2011	9	18	3	2	5	3	40
Cohort %	22.5%	45%	7.5%	5%	12.5%	7.5%	
2012	10	8	2	0	4	1	25
Cohort %	40%	32%	8%	0%	16%	4%	
Focus Area Totals	55	67	24	22	20	7	195
Focus Area %	28.2%	34.4%	12.3%	11.3%	10.3%	3.6%	

Appendix C

Community Sector Distribution for Two-Year Post Data Results

Cohort	Community- at-Large	School	Worksite	Healthcare	Community Institution/ Organization	Was Not Provided	Cohort Totals
2008	7	6	0	7	7	1	28
Cohort %	25%	21.4%	0%	25%	25%	3.6%	
2009	24	13	7	16	15	0	75
Cohort %	32%	17.3%	9.3%	21.3%	20%	0%	
2010	7	3	3	2	8	2	25
Cohort %	28%	12%	12%	8%	32%	8%	
2011	15	7	4	2	4	3	35
Cohort %	42.9%	20%	11.4%	5.7%	11.4%	8.6%	
2012	6	7	0	1	9	0	23
Cohort %	26.1%	30.4%	0%	4.3%	39.1%	0%	
Focus Area Totals	59	36	14	28	43	6	186
Focus Area %	31.7%	19.4%	7.5%	15.1%	23.1%	3.2%	

Appendix D

NACDD ACHIEVE Two-Year Post Funding Data September 2014

Community Name	Original Cohort Year	Total \$ Leveraged Since September, 2012- (Grants, Fundraising, Donations)	Total \$ Leveraged During ACHIEVE Project Period (Cohort Year- 2012)	Total \$ Leveraged Since Originally Funded by NACDD
Allentown, Pennsylvania	2008	\$541,000	\$138,000	\$679,000
Clinton County, Indiana	2011	\$1,000,000	\$3,801,500	\$4,801,500
Columbus County, North Carolina	2010	\$620,000	\$300,000	\$920,000
Green Bay (Brown County), Wisconsin	2012	\$790,749	\$567,500	\$1,358,249
Lake County, Ohio	2009	\$20,580	\$89,000	\$109,580
Multnomah County, Oregon	2009	\$300,000	\$7,720,000	\$8,020,000
Nacogdoches, Texas	2009	\$280,000	\$703,101	\$983,101
Northeast, Connecticut	2009	\$205,497	\$577,300	\$782,797
Norwalk, Connecticut	2012	\$50,000	\$10,000	\$60,000
Portsmouth, Virginia	2010	\$418,398	\$278,547	\$696,945
Randolph County, Indiana	2012	\$17,500	\$7,000	\$24,500
Salamanca, New York	2008	\$1,135,600	\$45,000	\$1,180,600
Spartanburg County, South Carolina	2011	\$3,300,000	\$95,000	\$3,395,000
Stark County, Ohio	2008	\$100,000	\$75,000	\$175,000
Tallahassee (Leon County), Florida	2010	\$100,000	\$98,472	\$198,472
Whatcom County, Washington	2009	\$600,000	\$529,000	\$1,129,000
Williamson County, Texas	2009	\$1,500,000	\$532,400	\$2,032,400
Wrangell, Alaska	2010	\$150,000	\$170,000	\$320,000
TOTAL Leveraged by These Communities	2008-2012	\$11,129,324	\$15,736,820	\$28,866,144

Appendix E

Total Funds Leveraged by NACDD ACHIEVE Communities from 2008-2014

	Total \$ Leveraged	Total \$ Leveraged	Total \$ Leveraged Since
	During Project Period	During Two-Year Post	Originally Funded 2008-
	2008-2012	Project 2012-2014	2014
NACDD ACHIEVE Communities	\$54,846,830	\$11,129,324	\$65,976,154