GWINNETT COALITION FOR HEALTH AND HUMAN SERVICES

Gwinnett Community Strategic Plan 2014 – 2018
“Mobilizing for Action through Planning and Partnerships”

Work, Evaluation & Tracking Model

Introduction
The Coalition for Health and Human Services’ Vision is to be a united community of healthy, drug free and self-sufficient individuals and families which honors diversity and supports all members’ success in learning, work, and life. The Gwinnett Community Strategic Plan 2014-2018 is developed, implemented, and evaluated by the community to collaboratively work toward actualizing this vision.

Work Model
The work of the Coalition for Health and Human Services is organized in the following way to develop, implement, and evaluate the MAPP Strategic Plan:

- **Board of Directors (59)** – The board initiates the planning process and approves the final plan for implementation. It also approves all necessary major changes to the plan once implemented.
- **Executive Committee (20)** – This committee of the board updates the status of each committee’s activities and discusses opportunities for cross committee collaboration.
- **MAPP Steering Committee (23)** – This committee of the board oversees the process of developing the plan. This committee is responsible for setting the strategic plan goals.
- **MAPP Management Team (10)** – This is a team of board members and staff who are responsible for managing the process of developing the plan.
- **Coalition Management Team (8)** – This is a team of Coalition and G.U.I.D.E. Inc. staff who are responsible for managing implementation of the plan. This team also evaluates plan progress.
- **Research & Accountability Committee (12)** – This committee evaluates the impact of plan implementation through ongoing monitoring of the plan’s objectives.
- **Communications Committee (9)** – This committee manages communications regarding the plan.
- **Committees/Action Teams (539)** – These committees/action teams work on developing, implementing, and evaluating the plan’s strategies and activities. The chair/co-chair of these committees/action teams serve on the board and its executive committee to report on plan progress.

As of 9/12/2013, 680 participants representing 268 organizations or groups were involved in developing the MAPP Strategic Plan 2014–2018 which is divided into the following categories:

- **Focus Areas** – 6
- **Goals** – 13
- **Strategies** – 39
- **Activities** – 144
Each of these categories is defined as:

Focus Area – A focus area identifies the general category or emphasis of a set of goals, strategies, and activities. The plan’s six focus areas are: Basic Needs; Community Relations & Engagement; Economic & Financial Stability; Education; Health & Well Being; and Safety.

Goal – A goal is simply a broad statement of what the community wants to accomplish as it relates to a focus area. It describes in broad terms a desired outcome of the planning initiative. It is global in nature, long term, and not realistically obtainable as it begins with the expectation that everyone (all) in the community will meet the goal.

Strategy – A strategy takes the global nature of a goal statement and brings specificity to it. It begins with a directional verb and then identifies the target service or group that will be impacted. It is typically a method, approach or process used to achieve the goal.

Activity – An activity involves a program, service, or action that the community will work on to impact a strategy. The activity starts with an action verb that reflects the intended action of the collaborative group. It may also specify the target group that will be affected by the program, service or action.

Example:

Focus Area – Basic Needs

Goal – All Gwinnett individuals, families and communities have access to community resources to support basic needs.

Strategy – Increase community awareness of and access to emergency assistance resources

Service Activity – Create and maintain a Facebook page and/or blog to list resources available and publicize community need.

Program Activity – Develop a volunteer base to take on caseloads and phone calls on weekends.

Action Activity – Collect Monthly stats (food/cleaning items...etc.) from partner agencies.

It is expected that successful implementation of a set of activities will move the community toward the success of a strategy and, therefore, move the community closer to meeting its desired goal.

Evaluation Model

The Evaluation Model involves a set of objectives that will measure the effectiveness of the Work Model. The purpose of the Evaluation Model is to assist the community in determining if its efforts are making a difference in improving the health and wellbeing of the community. The ongoing evaluation process helps the community determine if it needs to continue or change its planned approach to meeting the plan’s goals. Goal success is determined through the annual collection and aggregation of data to measure an objective.

The Research and Accountability Committee will review the data at its February and March meetings and present its findings to the Board at its April meeting. As of 10/1/2013 the MAPP Strategic Plan has a set of 38 objectives.

Objectives

An Objective will measure either the outcome, output, or process of a set of strategies and/or activities that are established to move the community toward meeting a goal. Each goal needs to have at a minimum one objective. The maximum number of objectives used to determine if the community is
successfully moving toward the goal is dependent upon the capacity of the community to collect and analyze data. It is not necessary that every strategy and every activity have an objective. Nor is it necessary that every goal have an outcome, output, and a process objective.

These are defined as:

**OUTCOME OBJECTIVE:** An outcome objective states in measurable terms the expected impact that a strategy or activity will have on a set of participants or a given population group.

*Example* – The percent of callers to the Helpline who got their needs met through the information referrals received will increase from _____% in 2013 to ______% in 2018.

**PROCESS OBJECTIVE:** A process objective identifies the number/percent of participants, products, and/or services that were served through an activity or strategy.

*Example* – The number of callers served through the Helpline will increase from ______ in 2012 to _______ in 2018.

**OUTPUT OBJECTIVE:** An output objective describes tasks that will be completed or implemented during the implementation period. Output objectives are measurable but they are not necessarily quantifiable; the measure is usually that something has been enacted, accomplished, implemented, or established.

*Example* – A Face Book page and/or blog will be established and is being maintained by December 2013.

In writing an objective it is critical to word it in such a way that you will be able to measure the progress that has been made. Optimally the wording of these objectives should meet the following criteria:

- Be specific regarding what will be achieved - the behavior or outcome, by how much and when.
- Be measurable and reflect progress that can be determined qualitatively or quantitatively.
- Be achievable and take into account available time and resources.
- Be relevant to the goal/strategy/activity.
- Include a time frame for achievement.

**Data**

An important component of the Evaluation Model is identification of the data that is needed to measure an objective, the location of the data, and the person who is responsible for collecting the data. The analysis and presentation of the data to the Research & Accountability Committee and the Board is the responsibility of the Coalition staff.

There are two types of data that can be used to measure an objective. They are qualitative data and quantitative data. They are defined as:

**QUALITATIVE DATA:** Qualitative data can be arranged into categories that are not numerical. These categories can be physical traits, gender, colors or anything that does not have a number associated to it. Qualitative data is sometimes referred to as categorical data. This data is also used to measure the quality of a product.

*Example* – A description of the type of basic needs identified by individuals who are accessing the Helpline and the Cooperative Ministries.

*Example* – Participants’ responses to the quality of a service that was provided.

**QUANTITATIVE DATA:** Quantitative data is numerical. It is acquired through counting or measuring. Quantitative data can be used to set a baseline or starting point and it can help to identify a trend.
Example – The number of individuals who are accessing the Helpline and the Cooperative Ministries and HCI data regarding the number of people in Gwinnett County who live at or below the poverty level.

Baseline data is the initial collection of data which serves as a basis for comparison with subsequently acquired data.

Trend Analysis is the practice of collecting information and attempting to spot a pattern, or trend, in the information.

DATA SOURCE: The data source identifies the location of the data. It will vary depending upon the data that is needed to measure an objective. In some cases there will be a number of sources of data that must be used for analysis and reporting on the status of an objective.

An important source of population based quantitative data that needs to be considered when developing objectives is the Healthy Communities Institute (HCI) database that is accessible through the Coalition for Health and Human Services website: www.GwinnettCoalition.org

Example of Data Sources
1. Helpline Monthly Report of Requests for Information
2. The Cooperative Ministries Month Reports of Requests for Assistance
3. The HCI Online Database

CONTACT SOURCE: The contact source is the person who is responsible for both collecting the data and providing the data to the Coalition. This should identify the name and title of the person, their organization name as well as their phone number and email address.

Example of Contact Sources
1. The Coalition Helpline Coordinator, name, phone number, and email address.
2. Each of the Co-operative Ministries Coordinators, name, phone number, and email address.
3. The Coalition Research and Planning Coordinator.

Tracking Model
The Tracking Model involves tracking the status of each of the plan’s activities. It is intended to document the plan’s dynamic process.

At each Coalition Management Team meeting, held one month prior to each of the Coalition Board meetings, staff will note the status of each of the plan’s activities according to the following categories:

Status Categories
- Not Yet Started
- In the Planning Stage
- Being Implemented
- On-going
- Completed
- Not to be Implemented/Dropped

Where necessary a comment will be noted relative to an activity’s status.

A graphic summary of the overall plan’s activities and significant comments will be presented at each of the Coalition Board meetings. A detailed presentation of the status and comments of their activities will be given to each of the Coalition’s committees for their review and consideration of any needed plan adjustments.