Gwinnett Community
2013 – 2018 Strategic Plan

"Mobilizing Action through Planning and Partnerships"

2015 Annual Evaluation Report

Submitted By

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Plan History

In October of 2011 the Gwinnett Coalition for Health and Human Services Board of Directors initiated development of its next five year strategic plan. A Mobilizing for Action through Planning and Partnership (MAPP) Strategic Plan Management Team was established to include Coalition staff, the Gwinnett Health Department, and the Gwinnett Hospital System. A MAPP Strategic Plan Steering Committee was established with the expected 2014 Coalition Board Chair to head this committee. Development of the plan ran for twenty-seven months with unanimous board approval at its October 2013 meeting.

The twenty-seven month planning process involved four phases.

Phase I – Data Collection (4 months)
- Focus Groups (8)
- Key Informant Surveys (10)
- Town Hall Meeting
- Youth Survey
- Helpline Data
- Forces of Change
- Healthy Communities Institute (HCI) Web-based Dashboard

Phase II – Data Analysis and Goal Development (4 months)

Phase III – Strategies, Activities and Objectives Development (16 months)

Phase IV – Plan Review and Board Approval (3 months)

The updated plan included **6** focus area, **13** goals, **39** strategies, **147** activities, **36** measurable objectives, and **27** trends**.**

(Chart 1)

Focus area	Goals	Strategies	Activities	Objectives	Population Health Data
Basic Needs	4	8	52	11	5
Community Relations & Engagement	3	13	37	7	3
Economic and Financial Stability	1	3	6	2	4
Education	2	2	2	2	4
Health and Well Being	2	11	42	11	8
Safety	1	2	8	3	3
TOTAL	**13**	**39**	**147**	**36**	**27**

The plan's data collection and analysis timeline was modified to meet the Gwinnett Hospital System's Affordable Care Act and Non-profit planning requirements. The plan's language was modified and a data collection process added to meet the Gwinnett Health Department's Mobilizing for Action through Partnership and Planning (MAPP) accreditation planning requirements.

The Steering Committee changed the name of the plan from the "Gwinnett Coalition Strategic Plan" to the "Gwinnett Community Strategic Plan" with a tag line of "Mobilizing Action through Planning and Partnership" (MAPP) in support of the Gwinnett Health Department's accreditation planning requirements.

The Gwinnett Community Strategic Plan is a dynamic and not a static plan. This means that it will continually change over time as strategies, activities and objectives are modified, discontinued or added to the plan. All of the plan's documents are intended to support and not control this ongoing dynamic process.

2015 Annual Evaluation Data Analysis

Evaluation of the second year (2015) of plan implementation involved the following areas of analysis:

- Board member participation at five board meetings.
- The number of committees and their participating organization/groups involved in planning and implementation.
- The number of committee participants involved in planning and implementation.
- The six different reports on the status of 147 activities from January 2015 to November 2015.
- Results of plan objectives.
- Summary of Population Health Data

Board Meeting Participation

Of the 56 board member slots, 52 were filled in 2015. Two additional individuals participated as ad hoc members of the board which gives us a total of 54 potential participants at each board meeting.

(Chart 2)

Meeting	Members	Ad Hoc Members	Total
February	19	2	21
April	21	2	23
June	26	2	28
October	25	1	26
December	27	2	29
Total Annual Attendance	118	9	127
Average Attendance /Meeting	23.6	1.8	25.4
% Average Attendance /Meeting	42.1%	90%	43.8%

The 2015 average number of members and ad hoc members attending board meetings was 23 or 42%. The February and April meetings had 19 and 21 in attendance. This lead to a decrease when comparing last year's attendance which was 45%, thus bringing the total decrease over the span of 2015 to 3%. This decrease can be possibly due to an error caused by the sign in process.

- 82% of the Board of Directors attended at least one meeting in 2015
- 55% of the Board of Directors had perfect attendance or missed only one meeting during 2015.

Committee Participation

Participation in committees in the first year and second year of implementation were compared. The following represents results of this comparison:

(Chart 3)

Category	Year 1 Implementation	Year 2 Implementation	Difference
Administrative Committees	5	5	0
Focus Area Committees	16	16	0

# of Organizations/Groups	343	364	+21
# of Participants	616	641	+25

Twenty-one (21) new organizations and a total of twenty-five (25) new participants joined the collaborative planning process during 2015.

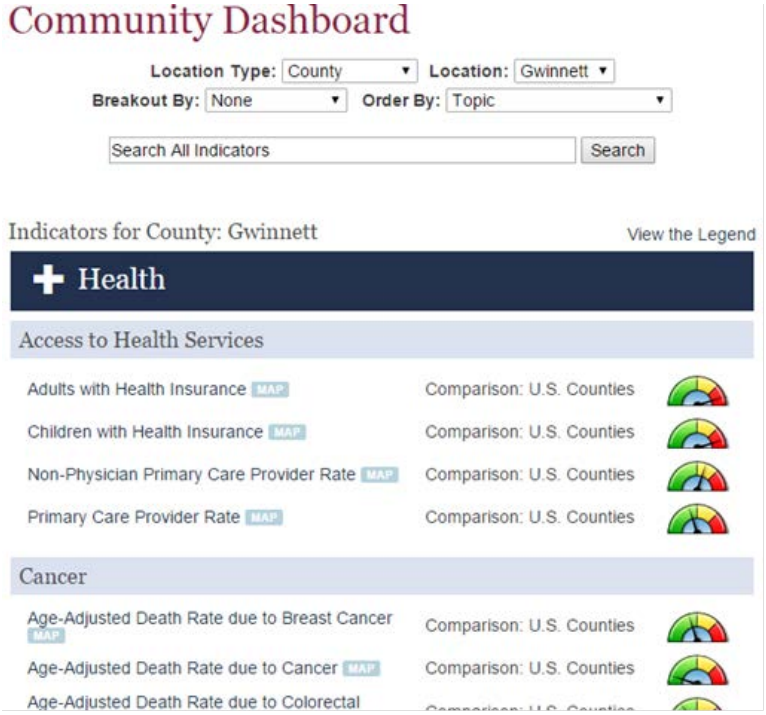
Partner Participation

A major part of the collaborative effort of the Gwinnett Coalition is to work together with our partners to help meet the needs of the community which we serve. Over the span of 2015 the Gwinnett Coalition and Gwinnett Medical Center carried out a needs assessment which has been of tremendous importance in helping organizers better understand the communities they serve. The needs assessment included focus groups, key informant interviews and surveys. Although each entity has their own strategic plan the Gwinnett Coalition Community Strategic Plan helps guide that of our partners, by bridging the voice of the community with the service providers.

The needs assessment findings are being compiled by Gwinnett Medical Center and will be made accessible electronically. The findings will be utilized by the Coalition to help make any needed changes in order to ensure that the strategic plan is in sync with the needs of our community.

The hospital and with support of their community partners which includes the Gwinnett Coalition for Health and Human Services obtained a license from Healthy Communities Institute (HCI) for their web-based information system to present the most recently available health and quality of life indicators for Gwinnett County residents. In addition to vital statistic data, Gwinnett County indicators include data sources from the most recent County Health Rankings and Healthy People 2020 objectives. Figure 1 is a depiction of the HCI Community Dashboard format.

(Figure 1)



Source (Figure 1): http://www.gwinnettmedicalcenter.org/about-us/community-health-needs-assessments/gwinnett-county-community-dashboard

Status of Activities

Staff documented the status of all 147 activities that were listed in the plan every other month or 6 times in 2015. The status categories included:

- Not Started
- Planning
- Implementing
- Ongoing
- Completed
- Not to be Implemented

(Chart 4)

Status of Activities	Jan-15	Mar-15	May-15	Jul-15	Sep-15	Nov-15	Annual Change
Not Started	**29**	**29**	**28**	**21**	**20**	**18**	**-11**
Planning	**32**	**31**	**24**	**24**	**20**	**20**	**-12**
Implementing	**18**	**20**	**20**	**18**	**19**	**17**	**-1**
Ongoing	**63**	**62**	**67**	**75**	**77**	**72**	**+9**
Total # of Plan Activities	**143**	**141**	**139**	**138**	**136**	**127**	**-16**
Completed	**3**	**3**	**5**	**5**	**6**	**15**	**+12**
Not to be Implemented	**1**	**2**	**2**	**4**	**5**	**5**	**+4**
Total # of Inactive Activities	**4**	**5**	**7**	**9**	**11**	**20**	**+16**
# Activities Counted Twice	**0**	**0**	**0**	**0**	**0**	**0**	**0**
TOTAL	**146**	**146**	**147**	**147**	**147**	**147**	**+1**

Eleven of the activities that were not started at the beginning of the year either moved into active or inactive status by the end of the year. By the end of 2015 a total of 18 activities had not started and 109 activities were in active status. Twelve of the activities were completed by the end of the year and 4 activities were determined to not be worked on at all. The two activities that were previously counted twice were moved into an ongoing status as they are being worked on year round. A total of one activity was added to the strategic plan by the Health and Wellness Committee, ("12.6c-Provide training and education to park users on the new tobacco restrictions in parks"). The Coalition Committees worked diligently over the span of 2015 to continue the forward progress that can only be made possible through great collaboration.

Objectives Data

The Coalition Committees have been working diligently on clarifying objectives to ensure that they are tied to the activities in the strategic plan. Having a data collection system is challenging for a collaborative of hundreds of organizations due to a wide variety of factors. The overarching challenge in data collection is the wide variety of inconsistencies that arise due to organizational changes and perception of the data itself. Although there's error in the data collection processes of organizations, it's important to note the Coalition is striving to make progress in ensuring the data presented in our reports are accurate based on what is available. Some of the plan's objectives were not necessarily impacted by the work of the committees. Many have been moved to the newly established Population Health Data section of the plan.

Population Health Data

In gathering and analyzing the objective data, the Research and Accountability Committee noted that there needed to be a section added to the strategic plan to present a picture of the Health and Human Service needs in the Gwinnett Community. To do this, a Population Health Data section has been added to observe emerging trends, needs and any other areas that may need special attention. This data is collected from several sources including Healthy Communities Indicators, Georgia Bureau of Investigation, Census and Family Connection Kids Count. (See Attachment 2)

There are currently 27 Population Health Data sets that are being tracked in the strategic plan. They are under the categories of Basic Needs, Education, Safety, Health & Wellbeing, Community Relations & Engagement and Economic & Financial Stability. The following reflect some data that may require special consideration.

- **Basic Needs**
  - The number of homeless individuals has increased over the span of two years by a total of 3,000, which is a 21% increase over the previous homeless count. One of the things that need to be taken into consideration in looking at this increase is the overall growth of the county in this time frame
- **Community Relations**
  - Total population of White Non-Hispanic decreased from 52.5% to 43.0% in a one-year time frame.
  - The population of individuals under 18 is decreasing while the population of persons 65 and older is increasing. This is a trend at the state and national level as well.
- **Economic and Financial Stability**
  - Unemployment rates in the Gwinnett community have been consistently decreasing which is largely due to the stabilization of the job market and our restoring economy. This is a trend at the state and national level as well.
  - Gwinnett unemployment rates are roughly about 1% lowered than the state of Georgia and .3% higher than the national average.
- **Education**
  - The number of students graduating from High School on time has been steadily increasing over the past three years.
- **Health and Wellbeing**
  - Although there seems to have been a decrease among Middle School and High School students using alcohol, marijuana and tobacco products, the decline may be due to changes in the Georgia Youth Health Survey questions. It's important to note that an increase use in vaping devices may have influenced the significant decrease in cigarette use.
  - Physical Environment Ranking is a Healthy Communities indicator that looks at the physical environment where individuals live and work (homes, buildings, streets, and parks). This indicator compares the current ranking of counties from 1- 159, one out of 159 being the best and 159 out of 159 being the worst. Gwinnett County dropped 66 spots over a 2-year span placing it at 142 out of 159 counties. Environment plays a major role in a person's level of physical activity and healthy lifestyle behaviors. These behaviors contribute to obesity, cardiovascular disease and diabetes.

- **Safety**
    - Child Abuse rate jumped from 2.4% to 4.9%, doubling in a span of two years. This increase raises a concern in regards to what is being done for this population. The increased percent could be a result of programs raising awareness about reporting child abuse.

Overall there are twelve data sets moving towards a positive direction and seven data sets moving in a negative direction.

Evaluation Recommendations

Board Member Participation

- It is suggested that efforts continue to reach out to all members encouraging them to attend meetings or send a designated representative to attend in their place.
- Comparing last year's attendance data to this year's data there was a great improvement in the Board attendance following the summer break. Strategies implemented for this month should be used for all other months with a special effort made for the first half of the calendar year.
- Data collected through the sign in sheets is not reflective of the eye count during the board meeting. This may be due to the sign in sheet not being moved around the room as when board members arrive late to the meeting and never having an opportunity to sign in. It is recommended that staff collect name cards separately and check to see if the number signed in mirrors that of the name plates handed out. Another recommendation would be for staff to write down the names of board members coming in late and check to see if they signed in. If there are board members who did not sign in, their names should be added to the minutes and board sign in sheet and reviewed in order to ensure accuracy.

Committee Participation

- It is suggested that committee members continue reaching out to other potential organizations/groups that may have an interest in collaborating with others in serving the health and human service needs of Gwinnett's citizens.
- Concern raised about the accuracy of the sign in sheets at the board meetings is also valid for committee participants. If there are committee members who did not get a chance to sign in, their names should be added to minutes and sign in sheet.

Status of Activities

- Committee chairs and participants need to remember that this is a five year plan with no expectation of accomplishing everything in one or two years. Also remember that the plan is dynamic in nature and always open to modification based upon new available data as well as committee members' understanding of the needs of the community as they experience it on a daily basis.
- It is recommended that the coalition staff work with committees to periodically reevaluate all activities. If activities are no longer being worked on they should be closed, and newly formed activities added to the plan. All adjustments should be reported back to the Planning and Evaluation Manager who is responsible for adding them to the strategic plan.

Objectives Summary

- Have the Research and Accountability Committee continue working with all committees to help ensure proper data collection.

- Have each committee continue reviewing objectives and ensure that necessary changes are made as needed. Also, if new objectives are added to the plan, the Planning and Evaluation Manager should ensure that the changes are properly documented and numbered.
- All annual objectives data should continue being collected and submitted to the Planning and Evaluation Manager by February of each year.

Plan Documentation

- Annually review and update all plan documents to ensure that they are current in reflecting the dynamic strategic planning process.
- Develop a Strategic Plan Procedures Manual before the end of the year that describes the planning, implementation and evaluation process to all current and future staff and committee chairs.

Population Health Data

- Committees need to consider this report's analysis of Population Health Data as they move forward in developing their activities.

This report was made possible with the support of all our partners and their effortless commitment to make Gwinnett County a better place. Also a huge thanks needs to be given to Cathy Kimbrel who so kindly dedicated her time to help train and guide the Planning and Evaluation Manager in putting this report together.

Attachment 1
Objectives

Goals/Objectives	2014	2015	Committee
GOAL 1 – All Gwinnett Individuals, families and communities have access to housing.			
Increase the number of annual transitional housing units from 141 in 2012 to 162 in 2018.	181	249	EAAT
Data collection for this objective is being worked on as noted in this report.			
Increase the number of annual emergency shelter nights from 6,900 in 2012 to 7,900 in 2018.	N/A	29,306	EAAT
Data was not collected during 2014. The 29,306 number consists of 5 agencies reporting in 2015. This target should be reevaluated.			
Increase the annual number of families served by emergency food assistance providers from 12,300 in 2012 to 13,500 in 2018.	x	32,059	EAAT
Data was not collected during 2014. The 32,059 number consists of 7 agencies reporting in 2015. This target should be reevaluated.			
Establish an information resource of affordable & accessible housing for seniors by December 2018.	Complete	Complete	SIAT
The target for this objective was reached in 2014.			
GOAL 2– All Gwinnett individuals, families and communities have access to community resources to support their basic needs.			
Develop two (2) new communication tools by 2018. – (cumulative #)	0	2	SIAT
The objective was completed during 2015 as the SIAT Committee worked with partners to help identify and utilize two new communication tools.			
Disseminate information about community resources to fifteen (15) family friendly outlets by 2018	0	0	PYFD
Work on this objective has not yet begun. Committee will begin working on activities affecting this objective in 2016.			
Increase the cumulative number of emergency assistance programs from 60 in 2012 to 70 in 2018.	88	104	EAAT
This objective should reflect yearly front fluctuations.			
GOAL 3 – All Gwinnett individuals, families and communities have improved mobility options.			

Increase access to and availability of transportation services for eligible senior residents from 36,000 in 2012 to 37,800 in 2018.	40,128	47,368	SIAT
An increase in 2015 funding allowed for a significant increase in available services.			
GOAL 4– All Gwinnett individuals, families and communities are prepared in the event of an emergency disaster.			
Increase participation by Get Ready Gwinnett Committee in annual community events from 5 in 2012 to 10 in 2018.-	10	10	EPC
This objective has been met. The committee no longer exists.			
Increase the annual number of emergency preparedness training opportunities from 2 in 2012 to 12 in 2018.	5	12	EPC
This objective has been met. The committee no longer exists.			
Increase the annual number of community organizations participating in Emergency Preparedness from 20 in 2012 to 30 in 2018.	25	30	EPC
This objective has been met. The committee no longer exists.			
GOAL 5– All Gwinnett individuals and families understand and appreciate the diversity of the community.			
Increase the annual number of multicultural agency partnership activities from 27 in 2012 to 50 by 2018.	39	44	GMAC
This objective is on target.			
Increase the number of multicultural activities (workshops/festivals/events) that take place throughout the County from 7 in 2013 to 14 by 2018.	6	60	GMAC
Increase is reflected in 2015 number as data collection has changed. The number for 2015 is reflective of the total number of committee members that have participated in a multicultural activity. This objective's language needs to be changed to reflect the number of committee members participating in multicultural activities.			
GOAL 6 – All Gwinnett individuals and families are engaged in leadership and/or volunteerism for the community.			
Maintain the annual number of volunteers involved in the Gwinnett Great Days of Service at 94,000 from 2013 to 2018.	87,382	97,000	GDOS
This objective is on target.			
Maintain the eight (8) youth action teams associated with the Gwinnett Coalition for Health and Human Services from 2013 to 2018.	8	8	GUIDE
This objective is on target.			
Train an accumulation of one hundred and twenty-five (125) individuals through the Gwinnett Neighborhood Leadership Institute (GNLI) from 2013 to 2018.	52	78	GNLI
This objective is on target.			

GOAL 7 – The Gwinnett Community will collaborate to address the health and human services needs of the community.			
Increase the number of media outlets publicizing the Coalitions' programs, services and collaborative efforts from 4 in 2012 to 8 in 2018.	6	6	Communications
This objective is on target.			
Increase the number of participants on the Coalition's committees from 680 in 2013 to 748 in 2018.	616	641	All Committees
This objective is on target.			
GOAL 8 – All Gwinnett individuals and families can access opportunities for financial stability.			
Establish a Veteran Military Family Resource Center by 2018.	Done	Done	VetCorps
This objective was reached in 2014.			
Increase youth participation in career development workshops from 250 youth in 2013 to a accumulative target of 600 youth by 2018.	400	590	PYFD
This objective is on target.			
GOAL 9 – All Gwinnett individuals, families and communities are literate.			
Increase the annual number of individuals enrolled in adult literacy programs at Gwinnett Tech and ESL Programs from 6,800 in 2012 to 7,000 in 2018.	3647	4306	Literacy Gwinnett
This objective is on target.			
GOAL 10 – All Gwinnett individuals and families have access to affordable and quality early child care and education.			
Increase number of agencies participating in the Month of the Young Child Event from 38 in 2013 to 45 in 2018.	0	0	Early Learning
This objective has been discontinued. In 2015 the Early Learning committee was reactivated and is adding new objectives to the Strategic Plan.			
GOAL 11 – All Gwinnett individuals, families and communities have access to a coordinated, integrated health care system.			

Increase the number of insured adults from 74.8% in 2012 to 78% in 2018.	70.3	75.1	H&W
This objective is on target.			
Increase the number of insured children from 90.7% in 2012 to 94% in 2018.	87.4%	90.2%	H&W
This objective is on target.			
Goals/Objectives	**2014**	**2015**	**Committee**
GOAL 12 – All Gwinnett individuals and families live in healthy environments, engage in healthy behaviors and avoid risky behaviors.			
Reduce 30 day alcohol use by 12th graders from 25% in 2012 to 23% in 2018.*	22.4%	18.2%	Youth Health Survey
Data collection changed in the Georgia Youth Health Survey in contrast to the previous year, this may have caused the significant decrease in percent.			
Increase 12th Graders' perception of parent disapproval of alcohol use from 77% in 2012 to 79% in 2018. *	75.3%	66.5%	Youth Health Survey
Data collection has changed in the Georgia Youth Health Survey in contrast to the previous year, this may have caused the significant decrease in percent.			
Increase 12th graders' perception of peer disapproval of alcohol use from 45% in 2012 to 47% in 2018.*	50.0%	53.1%	Youth Health Survey
Data collection has changed in the Georgia Youth Health Survey in contrast to the previous year, this may have caused the significant decrease in percent.			
Maintain 5 sites in Gwinnett to dispose of prescription and other drugs.	5	4	H&W
Efforts should be made to replace the one spot that was lost during 2015.			
Maintain 30 day marijuana use by 12th graders at 15% from 2012 - 2018. (in light of national trends increasing and acceptance of marijuana)*	16.8%	12.6%	Youth Health Survey
Data collection has changed in the Georgia Youth Health Survey in contrast to the previous year, this may have caused the significant decrease percent.			
Host two (2) annual mentor provider events for a total of 10 events by 2018	2	1	PYFD
This objective is on target for the 2018 goal.			

Maintain youth participation in mentor programs at 466 from 2012 to 2018.	422	473	PYFD
This objective is on target.			
Reduce the number of adults who smoke from 15.2% in 2012 to 12% in 2018.	14.5%	13.6%	H&W
This objective is on target.			
Reduce the three (3) year aggregated age adjusted death rate due to cerebrovascular disease (stroke) from 41.3 deaths per 100,000 population in 2012 to 39.4 deaths per 100,000 population in 2018.	35.6%	35.7%	H&W
This objective is on target.			
GOAL 13 – All Gwinnett individuals, families and communities are free from crime.			
Decrease the property crime rate from 2,300 per 100,000 in 2012 to a rate of 2,000 per 100,000 in 2018.	Biannual #	2,192.8	CCP
This objective is on target.			
Decrease the violent crime rate from 220.5 crimes per 100,000 in 2012 to 200 per 100,000 by 2018.	224	192.1	CCP
This objective is on target.			
Increase the number of individuals who have access to crime prevention and safety information and support services from 120,000 in 2012 to 150,000 in 2018.	X	X	CCP
This objective has been discontinued as committee no longer meets.			
* Due to a methodology change in data collection please note that the numbers can't be compared to previous years.			

Attachment 2

Population Health Data

	Location of data	Year				
		2013	2014	2015	2016	2017
Basic Needs						
Free and reduced lunch	Schools	55.5%	55.7%	54.4%		
Overall poverty – People living in poverty	GAFCP	13.7%	13.9%	13.8%		
Number of homeless individuals	Homeless Count	14,000	N/A	17,000		
Eligible households, with children receiving food stamps (# of Households)	Census	28,741	29,631	30,349		
Number of homeless children staying in long stay hotels	Schools			841		
	Location of data	Year				
		2013	2014	2015	2016	2017
Community Relations and Engagement						
Race breakdown:						
White, Non-Hispanic (%)	Census	52.5%	43.0%	*		
Black, Non-Hispanic (%)	Census	24.2%	26.6%	*		
Asian and Pacific Islander (%)	Census	10.8%	10.8%	*		
American Indian (%)	Census	.3%	0.2%	*		
Multi-racial (%)	Census	2.6%	1.9%	*		
Hispanic-of any race (%)	Census	20.2%	20.2%	*		
TOTAL GWINNETT POPULATION	Census	804,255	875,397	*		
Age:						
Persons under 5 years	Census	7.5%	6.9%	*		
Persons under 18 years	Census	28.7%	27.8%	*		
Persons 65 years and over	Census	7.4%	8.6%	*		
Involved in school activities: MS	YHS		87.4%	*		
Involved in school activities: HS	YHS		78.1%	*		
	Location of data	Year				
		2013	2014	2015	2016	2017
Economic and Financial Stability						
Families living below poverty level	HCI	10.8%	11.1%	11.1%		

Children living below poverty level	HCI	19.0%	19.7%	20.0%		
Per Capita Income	FC - Kids Count	$26,442	$25,932	$26,060		
Unemployment	FC - Kids Count	6.9%	6.1%	5.2%		
		Year				
	Location of data	2013	2014	2015	2016	2017
Education						
Children age 3 and 4 not attending preschool	GAFCP***	47.2%	48.8%	*		
Children absent more than 15 days from school	GAFCP	7.6%	7.0%	*		
Students Who Graduate From High School On Time	GAFCP	72.7%	75.0%	78.1%		
Children From Low Income Families Enrolled In The Georgia Pre-K Program*	GAFCP	52.0%	47.0%	*		
		Year				
	Location of data	2013	2014	2015	2016	2017
Health and Wellbeing						
Adults with Health Insurance (Do we want to look at the % with or without?)	HCI	74.8%	70.3%	75.1%		
Children with Health Insurance (% with or without?)	HCI	90.7%	87.4%	90.2%		
MS Students using marijuana**	YHS		3.7%	1.9%		
HS Students using marijuana**			14.5%	9.1%		
MS Students smoking**	YHS		2.6%	.6%		
HS Students smoking**			12.9%	3.5%		
Adults who smoke	HCI	14.5%	13.6%	13.6%		
Physical Environment Ranking	HCI	76/159	142/159	*		
		Year				
	Location of data	2013	2014	2015	2016	2017
Safety						
Child abuse rate	HCI	2.4	3	4.9		
Violent crimes per 100,000	GBI	220.5	224	192.1		
Property crimes per 100,000	GBI	1929	x bi-annual #	2,192.8		

* Data not yet available for this year

** Survey Instrument Change

*** Data is a 5 year aggregate