

March 2015

Collective Impact Strategy Development Tool

**Collective Impact Strategy Development Tool**

*Note: This tool was adapted from FSG’s toolkit for workgroups that is informed by FSG’s experience working with a variety of organizations. The tool has been generalized to be applicable across contexts; however, because no two Collective Impact efforts are the same, these resources should be considered a starting place to be tailored to the unique circumstances of each initiative.* ***This document has been adapted by MAPP to support Southern Kenai Peninsula Collective Impact Partner alignment around the prioritized Family Well-being goal: Decreasing Adverse Childhood Experiences and Increasing Family Resiliency.***

Mobilizing for Action through Planning and Partnership

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## Purpose of Tool

Research has shown that aligned efforts working towards a shared goal are more effective in addressing complex, social issues than those working in isolation. In order to develop a common understanding of and language about our shared community goal of **Increasing Family Well-being: Decreasing Adverse Childhood Experiences and Increasing Family Resiliency**, MAPP provides ‘backbone’ support and guidance for 1) using the Collective Impact approach and 2) aligning our efforts and measures around family protective factors.   
 ***Thus, this worksheet is a tool to help consistently capture goals, strategies, measures, and collective impact processes across community partners and workgroups.* *It is also a tool to help partners develop and articulate these components to guide their own work.***

The overarching and inclusive guidance to fulfill Collective Impact conditions and increase family protective factors does not necessarily require partners to dramatically change what they are doing, but rather encourages partners to identify existing efforts or develop new opportunities for alignment around the same overarching goals and shared measures.

This tool includes two parts:

**1. Background**

* Definition of Collective Impact Partners and Workgroups
* Overview of requested information and how it will be used by MAPP
* Overview of MAPP and Collective Impact approach – to understand the larger context and goals for community health improvement and working collectively towards an overarching health improvement goal

**2. Collective Impact Partner Worksheets**

* Description of possible Partner / Workgroup Member responsibilities – to provide an example overview of the role of Working Groups and/or the responsibilities of partners
* Action Planning Template – to be used by partners / workgroups to help guide the development of strategic direction and formation of an implementation plan
* Sample Instructions for the Development of Indicators – to be used by partners / workgroups responsible for identifying indicators and/or key data points for shared measurement

For more information, please contact [mappofskp@gmail.com](mailto:mappofskp@gmail.com) or mappvista@gmail.com

## Background

**Collective Impact Partners** are community members that strive to:

1. Use the Collective Impact approach to guide the way in which partners work together
2. Use local data from the Community Health Needs Assessments (CHNA)
3. Share data – through CHNA, CHIP, community meetings, and/or online portal
4. Support one or more family protective factors (indirectly or directly)
5. Collaboratively develop, articulate, and share their goals, objectives, measures, and activities

Collective Impact Partners can be a group (ie, Recreate REC, HECC, HACA, etc), an individual organization (ie, SPH, SVT, KBC, etc), or individuals (if they meet the same above criteria and add to a shared measure).

**Workgroups** are self-identified subgroups that are collaboratively working towards specific outcomes within the overarching community goal of Increasing Family Well-being. Workgroups choose and implement strategies, engage community members, and track progress towards their specific and the overarching community goals. Members are often relevant subject matter or community experts.

**What information is being requested in this tool and how will it be used?**

Collective Impact Partner Information Requested:

1. Overarching Goal(s) and how they relate to family protective factors   
   (What is the issue that the group is addressing?)
2. What will be done to achieve this / these goal(s) and geographic scope of strategies
3. How will partner or group work together (fulfill conditions of collective impact)
4. What resources are available and/or needed to support the work & achieve goals

**What products will MAPP create with this information?**

* + - 1. Strategy maps: a 1 page overview of primary resources, ways of working together, high-level strategies, and high-level goals
      2. Community Health Improvement Plan (CHIP): the CHIP is the compiled and published version of collective impact partner and working group goals and strategies
      3. Populate interactive online portal: knowing that groups are convening differently and progress differently, the online partner portal allows for an interactive and up-to-date reflection of goals, strategies, measures, and more
      4. MAPP website: the MAPP website is primarily for the general public audience and will highlight partner and working group goals, strategies, and successes
      5. MAPP newsletters to share & celebrate existing efforts: starting with a monthly newsletter, MAPP will highlight successes and share updates with partners
      6. Crosswalk matrix: Provide a consistent format of information] to enable MAPP to identify areas for alignment, shared measurement, and opportunities for collaboration across partners]

**Why a MAPP coalition?**

Spearheaded by the South Peninsula Hospital, MAPP formed in 2008 with the goal of engaging the community in identifying health improvement opportunities and catalyzing community action. MAPP fulfills the role of a backbone organization for collective action on priority community issues. With the use of a coordinator, in-kind time and resources of steering members, and volunteers, the backbone services provided to the MAPP coalition include:

* Conduct ongoing **Community Health Needs Assessments** (CHNAs) to provide information about emerging health issues and opportunities
* Convene community conversations to discuss the findings of the CHNAs
* Facilitate community consensus around a **shared vision** for community well-being
* Engage multiple sectors of the community to identify opportunities for collective action on   
  **prioritized well-being issues**
* Mobilize community to take action on projects that improve community well-being (Develop and capture within **Community Health Improvement Plans**)
* Monitor and outreach progress on shared community measures
* Organize and promote educational opportunities that **build community capacity**
* **Celebrate collaborative work** that is improving community health

**The MAPP steering committee vision** is to provide a ***“Framework to initiate and sustain collective action by those with a shared vision for a healthy community.”*** The MAPP steering committee has selected the Collective Impact process to guide our collaborative community health improvement efforts. This means that Collective Impact is both the overarching approach we want to use for the MAPP coalition *and* that we encourage partners to use this approach for their own efforts and specific strategies.

**Why the Collective Impact approach? And what is it?**

Research has shown that large-scale change is more achievable through cross-sector collaboration than through isolated efforts. Collective Impact is an evidenced-based process[[1]](#footnote-1) that establishes a common agenda, shared measures, continuous communication, mutually reinforcing activities, and backbone support to guide and engage community partners in addressing complex social issues.

**The five conditions of Collective Impact include:**

**#1 A Common Agenda** – “A shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions.”

**#2 Shared Measurement Systems** – “Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organizations not only ensures that all efforts remain aligned, it also enables the participants to hold each other accountable and learn from each other’s successes and failures.”

**#3 Mutually Reinforcing Activities** – “The power of collective action comes not from the sheer number of participants or the uniformity of their efforts, but from the coordination of their differentiated activities through a mutually reinforcing plan of action.”

**#4 Continuous Communication** – “Participants need several years of regular meetings to build up enough experience with each other to recognize and appreciate the common motivation behind their different efforts. …Even the process of creating a common vocabulary takes time, and it is an essential prerequisite to developing shared measurement systems.”

**#5 Backbone Support Organizations** – “Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative. …The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.”

For more info, see http://www.ssireview.org/images/articles/2011\_WI\_Feature\_Kania.pdf

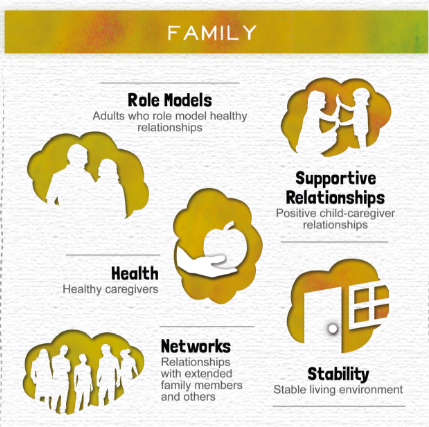
Thus, a goal of the MAPP steering committee as a backbone support to the MAPP coalition is to provide resources to and support community partners in fulfilling the Collective Impact conditions.

The following table demonstrates how MAPP is fulfilling the Collective Impact conditions:

|  |  |  |
| --- | --- | --- |
| Conditions | MAPP Activities | Specifics |
| Common Agenda | * Facilitate community consensus around a **shared vision** for community well-being * Engage multiple sectors of the community to identify opportunities for collective action on **prioritized well-being issues** * Mobilize community to take action on projects that improve community well-being (Develop and capture within **Community Health Improvement Plans**) | VISION: Proactive, Resilient, and Innovative Community  Include 9 Overarching Goals & vision bubbles?  Present Priority Focus for Community Action (2014-2017): Increasing Family Well-being 🡪 Decreasing Adverse Childhood Experiences and Increasing Family Resiliency |
| Shared Measures | Monitor and outreach progress on shared community measures  MAPP supports the development and outreach of shared measures through:   1. CHNA & CHIP development 2. Online coalition portal to house partner goals, strategies, and measures 3. SC to determine community-level measures to focus on? | MAPP has identified priority community-level shared measures and asks partners to identify additional meaningful measures that demonstrate impact to family resiliency and well-being |
| Continuous Communication | * Convene community conversations to discuss the findings of the CHNAs * Organize and promote educational opportunities that build community capacity through MAPP newsletter… * Celebrate collaborative work already underway that is improving community health | MAPP hosts community meetings, writes a monthly Homer News column, and will be starting a monthly newsletter this winter.  MAPP’s steering committee meets 2x/month and has 3 subgroups. |
| Mutually Reinforcing Activities | Recognize collaborative work already underway that is improving community health and identify areas of alignment, redundancy, opportunities for collaboration, … | Existing workgroups include:  Addressing Substance Abuse & Domestic Violence Homer Early Childhood Coalition Homer Prevention Project |
| Backbone Support | Provide all of the above to support overarching coordination |  |

**Why Family Well-being? And what is it?**

Upon completion of the most recent Community Health Needs Assessment (CHNA) and review of the seven cross-cutting assessment themes, the community prioritized Increasing Family Well-being as the focus for collective action.

  
There are a variety of interrelated factors that influence family well-being in our community and are reflected in the recent CHNA. These variables include economics / high cost of living and affordability, education, public transportation, substance abuse, domestic violence, family support and connectivity, built and physical environment, physical and mental health, and Adverse Childhood Experiences and trauma. One of the underlying, root causes that prevent families from being well is the trans-generational cycle of Adverse Childhood Experiences (ACEs) and/or trauma. Research indicates that ACEs can be mitigated by helping families develop protective factors. **Thus over the next few years, the community will focus on increasing protective factors and building resiliency in families.  
  
The Five Protective Factors of Family Well-Being**

**Family Cohesion and Supportive Relationships**

* Warm, cohesive family interaction pattern, cooperation, mutual support and commitment to tackle crises together
* Positive family environment with low discord between parents
* Parental warmth, assistance, and belief in the child
* Close relationships with caring, competent, and supportive adult

**Role Models**

* Adults who role model healthy relationships and behavior
* Caregivers/Adults with protective factors

**Networks and Social Support**

* Relationships with extended family members and others
* Interpersonal interactions within the family’s social network, including extended family, that provides emotional support, tangible help or info
* Connections to pro-social and rule-abiding peers

**Health**

* Family members that are physically and mentally well
* Health promotion

**Stability**

* Stable living environment
* Adequate income and housing
* Postsecondary education of parents
* Authoritative parenting: high on warmth, structure and expectations

## Collective Impact Partner Worksheets

*This template provides a tool to be used by collective impact partners and workgroups in determining and implementing strategies to help reach the initiative’s goals. The template consists of three sections to guide the structure and planning around the actions and strategies proposed. These will be filled out gradually and will evolve over time given community needs, but can be used as a tool to organize your work and communicate it amongst your workgroup, with the MAPP Steering Committee, and with the broader community.*

Collective Impact Partner / Workgroup Name:

## What is the overarching goal you hope to achieve? What is the central issue that you are addressing?

## 

* What are some intermediate goals that support your overarching goal?

* Brief overview of need and rationale for strategies (please include CHNA data if available):
* Focus population and geographic scope of strategies:
* Primary points of contact (name and email):   
  **Community Health Priority: Family Well-being**

Which of the 5 protective factors does your workgroup address? Circle all that apply and underline the primary protective factor being addressed if multiple factors apply.

1. Family Cohesion / Supportive Relationships

2. Role Models

3. Networks / Social Support

4. Health

5. Stability

Date of Final Draft Action Plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recommended Responsibilities of Workgroup Members**

**Strategy and Indicator Development**

* Review research on effective strategies (regionally and nationally)
* Use data to inform identification of common strategies and ongoing refinement
* Develop and refine shared indicators based on selected strategies

**Implementation**

* Coordinate activities among working group member agencies and others in the community
* Identify funding sources and local agencies to support and/or execute strategies
* Identify other resources (e.g., materials, volunteers) needed to implement strategies
* Provide progress updates to the Steering Committee and respond to their feedback

**Process and Communication**

* Attend monthly 2-hr meetings (potentially 1-hr after strategies are selected & implemented)
* Commit to 6-12 months of Working Group membership
* Review pre-read materials prior to meetings and come prepared for engaged discussion, active listening, and respectful dialogue
* Support research and outreach between meetings as needed and agreed-upon

**Leadership**

* Champion the effort broadly in the community
* Where possible, align the actions of your agency to the goals, indicators, and strategies of the working group

# Develop Strategies [What will we do?]

Each working group will identify a set of strategies and actions that will collectively contribute to progress toward the initiative goal. You will identify strategies that are both short- and long-term, and are assessed against a set of common criteria to ensure that the strategies are selected and sequenced in such a way so as to help meet the initiative goals.

Strategies could include a wide range of actions and approaches for improving outcomes for the target population, but should:

* **Be Evidence-Based:** grounded in research that demonstrates potential for dramatic change in youth and/or adult outcomes
* **Build on Momentum**: have potential to make progress quickly and build upon existing momentum
* **Be Systems-Changing:** serve as starting point for broader systems-level change
* **Move at Scale:** have potential to significantly move one or more topline indicators for the CI initiative at scale
* **Be Collaborative**: benefit from collaboration
* **Identify Leadership:** have a clear lead organization with the commitment and capacity to move

Strategies can include:

* Convening the right people to organize / plan action steps
* Assuming the responsibility for implementing an action at one’s own organization
* Coaching other institutions on how to adopt and implement strategies
* Sharing learning to inform implementation
* Providing analytical support such as collecting, analyzing and reporting data related to the strategy
* Tracking progress and highlighting issues for discussion about course correction

Note that you need at least one strategy in each of the following categories:

* **Short-Term/Quick-Win:** Expect implementation and outcomes in the next 3 months to 1 year
* **Long-Term**: Expect implementation and outcomes over 1+ years
* **Policy and Advocacy**: Pursued and implemented over any time period, at local or state, legislative or executive levels
* **Learning Strategy/Prototype**: Expect implementation and outcomes over the next 6 months. Opportunities to test a strategy in a targeted manner to learn and inform future strategies (target by geography, population, partners, etc.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Short Term Strategies  (3 mos-1 yr) | Lead Org(s) / Indiv(s) | Support Org(s) / Indiv(s) | Target Due Date | Protective Factor |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

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| *Initial* Long-Term Strategies  (1+ yr) | Lead Org(s) / Indiv(s) | Support Org(s) / Indiv(s) | Target Due Date | Protective Factor |
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| *Initial* Policy and Advocacy Strategies | Lead Org(s) / Indiv(s) | Support Org(s) / Indiv(s) | Target Due Date | Protective Factor |
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| 2. |  |  |  |  |
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| --- | --- | --- | --- | --- |
| Learning Strategies / Prototypes | Lead Org(s) / Indiv(s) | Support Org(s) / Indiv(s) | Target Due Date | Protective Factor |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
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| --- | --- |
| **Strategies Co-Created with Focus Population(s)** | **Population(s)** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |

Sample Instructions for the Development of Indicators  
(adapted from a community education initiative)

The preliminary mandate of this Workgroup is to:

* Recommend the key **indicators** linked to success for this Workgroup
* Identify **underlying research** that supports the selection of each measure
* Determine sources for **baseline data**
* Provide a high-level summary outlining **key aspects of the baseline data / trends**

**Identify Indicators**

The following should be used as a guide for indicator selection:

* The indicator must be a valid measure linked to success for the goals of this working group
* The indicator must be easily understandable to local stakeholders
* The data must be produced by a trusted source
* Priority is given to indicators that are comparable across the different districts, regions, or neighborhoods of the project, and that have the ability to be compared
* All or most of the indicators must be affordable to gather and report
* The data should be available consistently over time
* Each indicator should be able to be influenced to a significant degree by local action, and be useful in the day-to-day work of this Working Group and other relevant actors

If there are indicators that don’t meet the outlined criteria or have no baseline data yet available but that the group feels strongly are important to monitor, please incorporate these on your list, along with a brief description of the Group’s rationale for inclusion. All indicators proposed by the Working Group will be vetted by sector experts and tested by community members doing relevant work on the ground. A final list of the most powerful indicators will be compiled across Working Groups.

Lastly, please keep in mind that, while it is important to identify the most appropriate and effective indicators, it is also vital to move forward with this work in a timely manner. Therefore, we encourage you to do the best you can, recognizing that there will be an opportunity for further refinement throughout the course of this project.

**Define Underlying Research**

During this process, we are asking Workgroups to consider the strength of the research base for selecting each measure of success and determine together whether you have a minimum threshold for rigor of the research base. As the Workgroup develops its prioritized list of indicators, please also compile a reference list documenting sources where you have identified evidence of the importance of these metrics for tracking progress towards *Family Well-being and Resiliency*. If during the course of your work you find an especially informative data set or seminal study that is helping to shape your thinking and may be useful to other Workgroups, please share this information with *MAPP*.

**Determine Sources for Baseline Data and Current Trends**

Once this Workgroup has identified the most critical indicators of success, please document key sources for tracking baseline data and trends. This information will provide the foundation upon which strategies for improvement can be drafted.

**Outline Key Messages from the Baseline Data**

As the Group analyzes the baseline data that relate to the selected indicators, please work to identify major themes, issues and findings. What are the most important messages that you would highlight about this data? What do they mean for our work?

**Key Deadlines**

Insert as needed

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | | **Priority Measures for Family Protective Factors** | **Data** | | | | | **Source** |
| **Prior** | **Current** | | **Progress** | |
| **Family Cohesion** | | | | | | | | |
| 1 | % of students who had at least one parent who talked with them about what they were doing in school about every day | | 46.9% (2011) | 48.1% (2013) | |  | | YRBS |
| 2 | % of children participating in developmental screening 2008-2013 estimates of 0-5 SKP population = 744 | |  | 40% | |  | | ASQ |
| **Networks & Social Support** | | | | | | | | |
| 3 | % of students who take part in organized after school, evening, or weekend activities one or more days during an average week | | 60.7% (2011) | | 59.4% (2013) | |  | YRBS |
| 4 | % of students who agree or strongly agree that in their community they feel like they matter to people | | 54.0% (2011) | | 49.5% (2013) | |  | YRBS |
| **Physical & Mental Health** | | | | | | | | |
| 5 | % of adults (aged 18+) who meet criteria for healthy weight (body mass index 18th≥ and ≤25tpercentile | | 25.3% | | 30.7% | |  | BRFSS |
| 6 | % of children below cutoff for social-emotional development (‘above cutoff’ screenings referred for intervention) | | 89% n=600 | |  | |  | ASQ |
| **Role Models** | | | | | | | | |
| 7 | % of students who feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their lives [FOCUS] | | 86.9% (2011) | | 84.9% (2013) | |  | YRBS |
| 8 | % of students who agree or strongly agree that their teachers really care about them and give them a lot of encouragement | | 61.6% (2011) | | 64.9% (2013) | |  | YRBS |
| **Stability** | | | | | | | | |
| 9 | % of SKP households that pay less than 30% of monthly income on housing | | 66.9% (2007-2011) | | 68.4% (2009-2013) | |  | ACS |
| 10 | % of SKP 18-24 year olds with high school diploma or equivalency | | 85% (2008-2012) | | 79.8% (2009-2013) | |  | ACS |

**Top 10 Community-level Shared Measures**

**ABVS**=AK Bureau of Vital Statistics

**ACS**=American Community Survey

**ASQ**=Ages Stages Questionnaire

**BRFSS**=Behavioral Risk Factor Surveillance Survey

**YRBS**=Youth Risk Behavior Survey

# Define Measurement Plan

***Definitions of Measurement Terms***

|  |  |
| --- | --- |
| **Output:** Evidence that the strategy is underway and being delivered effectively (e.g., number of people served). | **Data Source:** The data (e.g., government database, new survey). |
| **Outcome:** Changes in knowledge, attitudes, and behavior linked directly to the strategy or group of strategies (e.g., % of patients reporting daily use of control medication). | **Data Collection Schedule:** When data will be collected, and by whom. |
| **Target:** If possible, the amount you hope to see the indicator increase or decrease, or the absolute number you hope to reach (e.g., 12% decrease, 300 children). |

***Overall Working Group Outcome Indicators***

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| --- | --- | --- | --- |
| Outcome Indicator | Target | Data Source | Data Collection Schedule |
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***Strategy-Level Output Indicators***

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| --- | --- | --- | --- | --- |
| Strategy or Related Strategies | Output Indicator | Target | Data Source | Data Collection Schedule |
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# How Will We Work Together?

**The Five Conditions of Collective Success – The Collective Impact Model**(some information may have already been captured above, but overview is still requested here)

|  |  |
| --- | --- |
| Conditions | How Workgroup is Fulfilling Conditions |
| Common Agenda | * Issue: * Geographic scope or focus population: |
| Shared Measures |  |
| Continuous Communication |  |
| Mutually Reinforcing Activities |  |
| Backbone Support |  |

# What do we need to accomplish this goal?

**Resources**

People - Define the Team

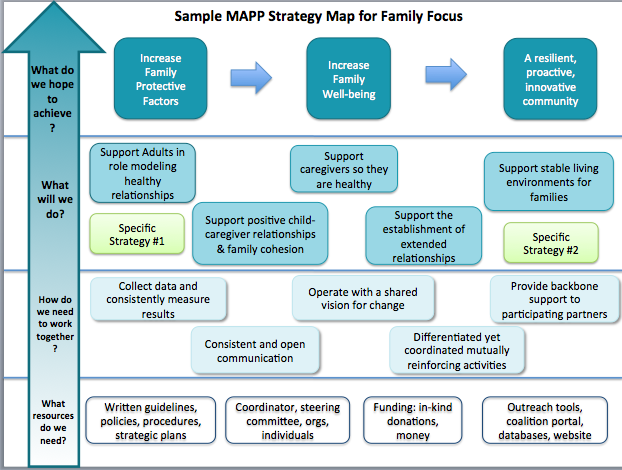
Identify the members of your working group, including roles such as co-chairs, members, and leads of individual strategies/actions. This roster will evolve over time, as new strategies are identified and new ideas emerge for who needs to be involved for successful planning, adoption, and implementation of strategies.

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| --- | --- | --- | --- |
| Organization | Name | Title | Role (e.g., Chair, Member, Strategy Lead) |
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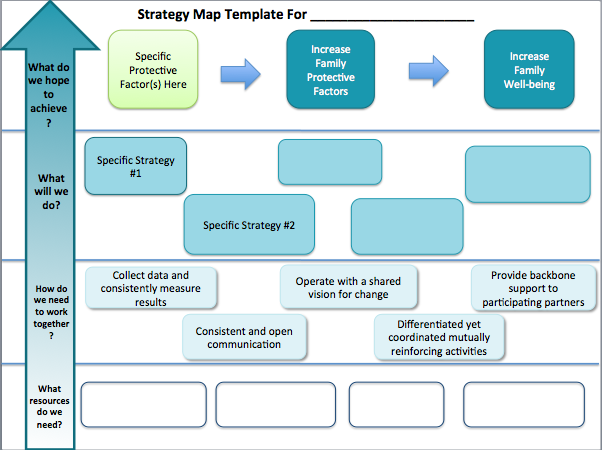
## Additional Resources

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| --- | --- | --- |
| Resource | Available | Needed |
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Strategy Map Template

MAPP example:

Blank template (template available in ppt format for editing):



1. Hanleybrown, F, J Kania, and M Kramer (2012) Channeling Change: Making Collective Impact Work, Stanford Social Innovation Review. [↑](#footnote-ref-1)