

## **Chelsea Wellness Coalition—process & criteria**

*Overview:* A subcommittee met to start discussions regarding the coalition's processes for soliciting and evaluating interventions. To ensure the integrity of the coalition's processes and to build community support for the individual interventions, the process of solicitation and funding of interventions must be fair, clear and transparent. The subcommittee also discussed a need to continue to engage and to reach out to community members who are not already engaged with the Chelsea Wellness Coalition.

*Processes:* All potential interventions should be critically analyzed. To ensure critical analysis of interventions, this subcommittee suggests that we consider new models for determining which interventions will be funded and at what level. Currently, the identified method is consensus decision making. The subcommittee felt that this model was difficult to implement properly, has been a distraction from the ultimate goal of creating a culture of wellness and that it has and could continue to limit critical analysis. An idea presented at the subcommittee meeting was to create a leadership board that would determine, within the culture of wellness framework set by the coalition, which interventions were funded and at what level. This leadership board would be made up of community members who were not members of an intervention seeking funding. This would help ensure integrity of the processes and would allow for a more robust discussion of the individual interventions. A hybrid model was also suggested: the full coalition would analyze how each intervention meets the identified criteria and stated priorities and then a smaller leadership board, using the coalition's analysis, would determine the funding amounts for the interventions. Regardless of whether ~~this the leadership or hybrid model~~ suggestions is-are adopted, the subcommittee felt that a new model for decision-making was important. To ensure critical analysis of proposed projects and independent and informed decision making, funding decision makers (1) should not have funding proposals up for consideration for the funding year and (2) must attend the full presentations of all intervention applications. The subcommittee strongly felt that those seeking funding should not be able to "vote" on funding their own project or on competing projects. The subcommittee also identified a need for a "backup plan" process should the CWF Grants Committee decline to fund a coalition-approved intervention as they did this year.

*Criteria for Evaluation:* To help potential applicants prepare better interventions and to assist those who ultimately determine funding, the subcommittee identified evaluation criteria for interventions. All interventions seeking funding and/or other support should include in their applications letters of support from all necessary stakeholders. The interventions should focus on a vision element (and not feel compelled to try to incorporate all visions elements if they do not fit organically) and explain how it helps to create a culture of wellness in Chelsea. Interventions should include a credible budget and outline plans for sustainability. Sustainability should be discussed in terms of money, continued community interest and results. Additionally, if an applicant receives other funding, those sources and dollar

amounts should be identified and discussed in terms of how those dollars relate to this funding request (Matching grants? Does the success of the project depend upon multiple funding sources?) All interventions should identify intended beneficiaries and be evaluated in terms of impact on wellness. Criteria for evaluation should include measurables such as the number of participants, the number of volunteers, attendees and increased promotion/visibility of the culture of wellness. Ideally, follow-up data from participants would be collected. For returning intervention applicants, data collection of prior interventions should be included in applications. For new and returning applicants, identification of measurables and proposed collection should be identified in intervention applications. Finally, interventions should try, when feasible, to link with other community organizations to maximize resources and knowledge and to help build a culture of wellness.

**Chelsea Wellness Coalition: Prioritization of Interventions:** The discussion that was held by the subcommittee regarding prioritization resulted in identification of a series of questions that we thought should be raised to and discussed by the coalition as a whole rather than providing recommendations for prioritization, ~~with the exception of the following: the subcommittee recommends that it honor prior commitments for funding regardless of whether they meet new priority guidelines. Once the commitments have run their course, the subcommittee thought the interventions should be evaluated within the same framework as all other interventions.~~

To identify priorities for future funding, the subcommittee felt that the coalition as a whole needs to discuss and resolve the following:

1. Can we agree that the highest level goals of the Coalition are:
  - a. Big positive (measureable or conceptually plausible) impact on community health;
  - b. Creation of a culture of wellness in Chelsea;
  - c. Increased visibility of the Foundation's work among the people of Chelsea;
  - d. Increased participation of community members in the activities and programs of the Foundation?
2. Can we affirm that the overriding criteria for proposal evaluation are demonstrable or plausible contribution to achieving these high level goals?
  1. Are big impact interventions a priority for this coalition? If so, what will have the biggest impact on health and wellness?
    - 2-1. What is the goal of this coalition and how do we best achieve that goal?
    - 3-2. How do we define the goal? Data? Community survey? Do we address a topic area? A population? An economic group? Or do we identify and use broader categories?
  - 4-3. Should we provide grant levels or categories: larger grants with fewer interventions and mini grants? Categories for programming and infrastructure?

**Comment [Jack1]:** I think this is too strong. I prefer something like: Commitments made to ongoing multi-year projects will be evaluated in terms of how these projects have met their stated goals as well as how they fir with newly developed priorities.

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**Comment [Jack2]:** These seem too general to me and not very useful in a general coalition meeting.

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| 5.4. How do we identify and communicate the Chelsea Wellness Coalition's priorities and goals so that appropriate applications for funding are submitted without limiting creativity and new ideas? Each intervention should be able to answer: Why is this program here? How does it add to the culture of health and wellness? What goal is the intervention helping the coalition meet?

| 6.5. Is it a priority for the interventions to have symbiotic relationships with other interventions? Does this provide for the greatest impact? Does it limit or disadvantage new interventions? Is a symbiotic relationship necessary for impact?

## SUBCOMMITTEE NOTES FROM 6/30/14

- Q: What is the impact?
- Q: What is mission?
- Q: What is culture of wellness?

### Criteria:

Beneficiaries

Impact—measurable, data collection, volunteer time

Stakeholders—they should submit letters of support

Sustainability/other money; sustainability—look at both \$ and results

Focus on a vision element and show how it creates a culture of wellness

Participation, attendance, and visibility

Credible budget

Organizational linkages

### Process

-consensus voting vs. other approaches to decision making

-critical analysis

-fairness

-leadership (no \$ recipients)

-get outside coalition

-clear and transparent

-backup plan when a intervention not funded

-decision makers must hear application presentations

### Later Issues:

Different model

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July 29, 2014 Notes

Should we honor 5 year plans?

Open up

Priorities:

- 1) biggest impact to health
- 2) what is the goal & how do you achieve that goal?
- 3) Should we go with multiple grant levels?: programming, infrastructure, minis
- 4) How much is big impact/one time big investment?

Criteria

- 1) document impact on health and creating culture of wellness: why is this program here?
- 2) Separate criteria for people programs and infrastructure and minis
- 3) Infrastructure grants to create
- 4) Q: wellness fair? Q: Coalition? Q: Grant funding program?
- 5) Q: symbiotic relationships between programs important? some thought yes and some thought sometimes
- 6) Evaluate each program on its merits.

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