



*A girl-led  
collaborative  
movement for  
health  
empowerment*

*An initiative of  
the Women's  
Fund of the  
Community  
Foundation for  
Monterey County*

## **2015-2016 Year-End Evaluation Report**

**August, 2016**

**Prepared by**  
Monterey County Health Department  
Planning, Evaluation, and Policy Unit  
**For**  
Monterey County Health Department  
Girls' Health in Girls' Hands Program  
and  
Community Foundation of  
Monterey County



## Table of Contents

<b>I.</b>	<b>Highlights from Year 4: 2015-2016</b>	<b>2</b>
<b>II.</b>	<b>Evaluation Results for Girls</b>	
	<b>a. Participant Demographics</b>	<b>4</b>
	<b>b. Participant Survey</b>	<b>4</b>
	<b>c. Fall Summit Evaluation Results</b>	<b>8</b>
	<b>d. Girls' Leadership Network</b>	<b>9</b>
<b>III.</b>	<b>Evaluation Results for Practitioners' Learning Network</b>	<b>12</b>
<b>IV.</b>	<b>Evaluation Results for the Collaborative Hub</b>	<b>16</b>
<b>V.</b>	<b>Conclusion</b>	<b>18</b>
<b>VI.</b>	<b>Appendix A. Social and Emotional Health Resolution</b>	<b>19</b>
<b>VII.</b>	<b>Appendix B. GHGH 2016-2019 Strategic Plan</b>	<b>20</b>

## I. Highlights from Year 4: 2015-2016




Girls' Health in Girls' Hands (GHGH) is a collaborative program of the Monterey County Health Department (MCHD) in partnership with the Boys & Girls Clubs of Monterey County, Girls Inc. of the Central Coast, Monterey County Rape Crisis Center, Planned Parenthood Mar Monte, Postpone of Monterey County Health Department, and the YWCA Monterey County. GHGH helps girls ages 11-18 in Monterey County gain better access to health information, support, and services so they are better able to make positive health and lifestyle decisions. Through GHGH, hundreds of girls from throughout Monterey County access more comprehensive and integrated health information, and develop powerful leadership skills and influence positive changes at their schools and in their communities.




GHGH was created by the Women's Fund of the Community Foundation for Monterey County (CFMC). Beginning in February 2016, the day-to-day management of GHGH shifted from the Women's Fund to MCHD, Public Health Bureau. The CFMC continues to support GHGH as a fiscal sponsor. Most of 2015 was spent preparing for this change and the leaders of each partner agency have stepped up to take overall leadership of GHGH. While MCHD provides administrative support, the GHGH Collaborative Hub (agency leaders) make all strategic programmatic decisions and drive the ongoing development of GHGH.

In 2015-2016, GHGH partnering agencies began to more intentionally use Collective Impact to guide the development of the collaborative program. Under the Collective Impact framework, the MCHD serves as the 'backbone' organization to coordinate and align activities between the partner agencies, assisting in reporting on the outcomes, and assisting in mobilization of funds.

Since 2012, GHGH has invested more than **\$1,000,000** in Monterey County girls' health, empowerment, and leadership with support from The Peggy and Jack Baskin Foundation, Claire Giannini Fund, Monterey Peninsula Foundation, David and Lucile Packard Foundation, Nancy Buck Ransom Foundation, and individual donors to the Community Foundation for Monterey County Women's Fund.

The 2015-2016 Year-End Report represents four years of activities and development of GHGH. In Year 4, GHGH programming reached **582 participating girls** throughout Monterey County. Year 4 highlights included:





-  Producing a girl-designed and girl-led "Be Confident, Be Positive, Be You!" youth summit consisting of 6 workshops and 5 physical activities that was attended by **132 girls**.
-  Increasing the number of Girls Leadership Network (GLN) membership from 13 to 15 members by improving recruitment strategies.
-  Creating a Social and Emotional Health Resolution that was adopted by the Monterey County Board of Education.

-  Implementing a GLN-led letter writing campaign in all GHGH school-based programs in Monterey County in support of clinical counselors at schools, resulting in **264** letters sent to the Board of Education.
-  Developing the GHGH 2016-2019 Strategic Plan as a team comprised of GLN, Practitioners' Learning Network (PLN) and Hub members.
-  Finally, in 2015-2016, CFMC Women's Fund established the GHGH Scholarship Fund; 17 scholarships were awarded.


### Next steps for the coming fiscal year

This evaluation report allows GHGH partners to reflect on strengths over the past year and determine if there are ways they may modify the approach to supporting girls' health in Monterey County. Below are some of the highlights and opportunities from this year's evaluation report.

#### GHGH Success Outcomes:

-  Providing and enhancing health education to **582 girls** with GHGH partner programs across the county
-  Contributing to **girls learning and practicing healthier behaviors and having more personal power**
-  Creating multiple opportunities and training for **girls** in Monterey County to become **engaged in girl-focused advocacy efforts**
-  Continuing to **strengthen collaboration**, coordination of program delivery, and sharing of information and resources across the partner agencies, including developing a **new three year strategic plan** in collaboration across the GLN, PLN, and Hub

#### GHGH Opportunities:

-  Continue to **standardize recruitment strategies** across partner agencies for GLN members
-  Ensure new PLN or Hub members have a **welcoming and thorough onboarding process**
-  Continue to **develop opportunities for girls to improve their self-esteem and confidence in advocacy methods**
-  Continue to **strengthen collaboration and sharing of resources** among partner agencies
-  Continue to **refine and reinforce initiative priorities, strategies, and objectives** from 2016-2019 Strategic Plan with GLN, PLN, and Hub members

## Report Limitations

Year-end program survey data represents only a portion of GHGH program participants due to the percentage of girls (47%) who responded to the year-end survey. Not every girl answered every survey question, which causes differences between the number of girls who were counted, the number surveyed, and the number of responses to various questions. Percentages reflect girls who answered survey questions and not total number of girls who took the survey. GLN, PLN, and Hub results reflect small sample sizes and should be interpreted with caution.

## II. Evaluation Results for the Girls

### A. 2015-2016 Participant Demographics

In the fourth year of the Girls' Health in Girls' Hands (GHGH) initiative, **582 girls** in nine cities located on the coast/peninsula and in the Salinas Valley from Castroville to King City participated in health, leadership, and research/advocacy programs.

#### Number of girls in GHGH programs by Fiscal Year

FY2012-13	FY2013-14	FY2014-15	FY2015-16
577	727	688	582

Variability in program staffing, and the logistics of starting programs at new sites, were two of the reasons for the lower numbers of participants in FY2015-16. From FY2014-2015 to FY2015-2016, the number of program sites dropped from 20 to 17.

The ethnic composition of girls in the GHGH programs generally mirrored that of students in Monterey County schools in 2015-2016.



**84%** of girls identified themselves as Hispanic compared to **78% of school age children and youth** in Monterey County.

### B. 2015-2016 Participant Survey

End of the year program survey results were conducted on paper and collected from 276 (47%) girls. The girls' survey was conducted at year-end only and thus results are not comparable to FY2012-13 through FY2014-15, which used a pre-post survey design. Responding girls did not answer every question on the survey. Results presented for each question exclude missing data, which ranged from 2 to 8% of respondents for any given question.

At the end of their program participation, girls were asked about their involvement in the Annual Summit and Advocacy Project. Most girls **(69%) said they had attended the summit and 76% said they had participated in the advocacy project.**

### What did girls learn?

In the fourth year of GHGH, programs continued to provide a learning environment for girls around health and empowerment.



Girls reported they **continued to learn a fair amount or a lot about health resources (83%), being able to identify bullying (76%), what it means for a girl to be a leader (82%), and their own feelings (75%).**

### Did girls' healthy choices change?

Yes! Girls were active advocates for health and also changed their own behaviors:



**73%** of girls reported sharing health information with others and **50%** stated changing their health behaviors "Quite a Bit" or "A Lot" since beginning the program.



**63 to 83% of girls learned a "Fair Amount," or "A Lot," for all nine health-related measures** (please see Health-related Year-end Survey Responses table on page 6 for all nine measures).

### Positive Change Facilitated by Girls' Health in Girls' Hands

Several areas of positive change continue to be reported by girls.



At year-end, **87%** of girls felt they had adults in their lives who cared about them.



**7 out of 10** felt they could make healthy choices for their reproductive health.

And girls were making healthier choices by the end of the year.



While **8% of girls said they already made healthy food choices every day at the beginning of the year, three times that (26%) reported they did so by the end of the year.**

Overall, girls realized powerful change in their awareness of their personal power.



At year end, **72%** of surveyed girls said that **they can make a positive change in their community.**

An area for further program focus is self-esteem.



While **only 10% of girls said they don't have high self-esteem**, this is an important area for further work due to its association with resiliency and social and emotional health.

## Health-related Year-end Survey Responses, FY2015-2016

Percentage of surveyed girls who responded “I learned a little”, “I learned a fair amount” and “I learned a lot”, and “I already knew all about this”

Since joining GHGH, how much more did you learn about... (select only one)	I learned a little	I learned a fair amount or A Lot	Already knew all about this
The importance of exercise?	18%	61%	21%
Health resources and services that are important to me?	7%	83%	10%
Identifying bullying, teasing, and gossiping?	3%	76%	21%
Characteristics of a healthy relationship?	3%	83%	14%
Your own feelings?	5%	75%	20%
What it means for a girl to be a leader?	4%	82%	15%
Health topics that are important to you?	4%	82%	13%
Your reproductive health?	14%	65%	21%
Methods of birth control?	16%	63%	21%

Note: Percentages may not add to 100 due to rounding.

## Healthy Choice Year-end Survey Responses FY2015-2016

Percentage of surveyed girls who responded “I do not agree at all”, “I sometimes agree”, “I almost always agree”, and “I have always done this or felt this way”

Since joining GHGH, how do you now feel about the following statements? (select only one)	I do not agree at all	I sometimes agree	I almost always agree	I have always done this or felt this way
I like the way my body looks.	5%	41%	37%	17%
I don't drink sugary beverages.	16%	55%	17%	13%
I make healthy food choices every day.	10%	56%	26%	8%
There are adults in my life who care about me.	1%	11%	37%	50%
I make healthy choices for my reproductive health?	3%	27%	40%	31%
I have high self-esteem.	10%	38%	32%	20%
I can make a positive change in my community	2%	25%	47%	26%

Note: Percentages may not add to 100 due to rounding.

### Do girls have educational goals for themselves?

Since FY2013-14, girls have consistently reported since we first began asking them in FY2013-14 that they have high educational goals. Higher educational attainment boosts women's earning power and improves their health outcomes.



**40% of girls** in FY2015-2016 report a goal of obtaining a **graduate degree**.

### Girls' Educational Goals, FY2013-2014 through FY2015-2016

My educational goals are... (select only one)	FY2013-14 (%)	FY2014-15 (%)	FY2015-16 (%)
Graduate from high school	9	7	8
Two-year degree	5	5	2
Technical/Vocational School	4	3	4
Four-year degree	25	32	33
Graduate degree	40	36	40
I'm not sure	13	14	7
Other	4	3	6

Note: question was not asked in FY2012-13.

### Girls' Interest in Joining the Military, FY2013-2014 through FY2015-2016

Are you thinking of joining the military? (select only one)	FY2013-14 (%)	FY2014-15 (%)	FY2015-16 (%)
Yes	3	3	3
Maybe	13	14	13
No	72	68	68
I don't know	12	14	11
Non-responsive	0	0	6

Note: question was not asked in FY2012-13.



### C. Fall Summit Evaluation Results

The “Be Confident, Be Positive, Be You!” Fall Summit was held in November 2015 at Asilomar Conference Grounds in Pacific Grove. Of the 132 girls who attended, **seventy percent (70%) said the summit “totally” met their expectations**, which represented a decrease of 22% over the prior year. It wasn’t clear from the survey results if any particular component of the summit contributed to this decrease, though the limited time to get to the workshops or the workshops being full were issues for about 20% of the attendees. Girls had their pick of 6 workshops and 5 physical activities. Workshops topics included: stress and depression, body image and self-esteem, healthy sexuality, conflict mediation and resolution, healthy relationships, and nutrition. Physical activities included: Zumba, U-Jam, yoga, self-defense, and cross-fit. The top three most popular workshops were nutrition (38% attended), Zumba (26%), and U-Jam (24%). Comments from the girls about the workshops and activities were generally positive, including “I learned about relationship and to be a better me, which is great!”, “I learned to value myself”, and “I will be safer in my relationships.”



Fall 2015 GHGH Summit, lunch on the beach.

During the Summit the Girls Leadership Network (GLN) facilitated a “Youth Emotional Health: Call to Action!” activity. GLN began the activity by sharing health statistics to emphasize the need for social and emotional health services. During the second half of the activity, girls participated in focus groups at their tables discussed the different types emotional-health services offered at their schools, and strategies to improve the quality and access to those services. As a result, **seventy-one percent (71%)** of surveyed girls said they **were very inspired to take action** to change the situation discussed during the “Call to Action!” activity.



U-Jam physical activity workshop.



“Call to Action!” focus group.








## D. Girls Leadership Network (GLN)



The Girls' Leadership Network, consisting of 15 girls representing the six GHGH partner agencies, engages girls in girl-led community actions, planning and leading the annual Girls' Summit, acting as liaisons between the overall GHGH collaborative and their agency, and representing GHGH in the community via the media, community events, and public presentations. GLN members

commit 10-15 hours a month to GLN activities in exchange for community service hours, in-depth leadership training, stipends, and enhanced opportunities to work alongside of other girls dedicated to community change.

The 2015-2016 **GLN continued and expanded upon the prior year's youth-led advocacy project to increase social and emotional health supports for youth in Monterey County.** GLN members continued their efforts by:

-  Presenting the need for greater social/emotional health supports in schools to the county Board of Education and being issued a resolution supporting the GHGH program
-  Promoting the need for more social/emotional health resources on Radio Bilingues' "Rocking the House" and "Alza Tu Voz Youth Radio" Programs
-  Presenting impactful speeches at four school board meetings across the county
-  Meeting with school and county decision makers
-  Sharing the year's successes and future plans at the 2016 Women's Fund Luncheon
-  Participating in the development of the 2016-2019 GHGH Strategic Plan as a collaborative process
-  Implementing a GLN led letter writing campaign in all GHGH schools based programs in Monterey County in support of clinical counselors at schools, resulting in **264** letters sent to the Board of Education

Notable outcomes of this work included 3 of the 4 school districts where girls spoke requesting more clinical counselor positions at their school campuses. Two districts are now implementing increased awareness/outreach for services currently provided. A Behavioral Health service contract was renewed (\$2 million) after youth advocated at a Board of Supervisors meeting for increased clinical counselor services at schools.

Thirteen GLN members responded to the year-end program survey regarding leadership and professional development options, likes, and dislikes. Because this is a small group the resulting

percentages should be interpreted with caution. **Results consistently demonstrate girls in the GLN generally have abilities to do advocacy, including motivating others, running meetings, expressing their views, and serving as a leader or part of a group to reach a common goal.** An area to improve is calling someone they didn't know on the phone to get their help with an issue.

### GLN Leadership Year-end Survey Responses, FY2013-2014 through FY2015-2016

Percentage of girls who responded "I could with help" and "I definitely could"

How well do you think you would be able to do the following? (select only one)	FY2013-14 (%) (n=12)	FY2014-15 (%) (n=12)	FY2015-16 (%) (n=13)
Create a plan to address the issue	75	91	77
Get other people to care about the issue	92	91	84
Organize and run a meeting	88	73	85
Express your views in front of a group of people	92	91	93
Identify and ask individuals or groups who could help with the issue	83	91	92
Organize and circulate a petition	92	82	77
Write an email or letter to a newspaper or elected official about the issue	75	82	77
Call someone on the phone that you had never met before to get their help with the issue	75	73	69

Percentage of girls who responded "1-2 times", "3-4 times", and "5 or more times"

In the past year, did you...(select only one)	FY2013-14 (%) (n=12)	FY2014-15 (%) (n=12)	FY2015-16 (%) (n=13)
Serve as a leader in groups	92	100	100
Work in a group to reach a common goal	92	100	100

Note: Data are not available for FY2012-14 as the GLN had not been established. Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

Qualitative comments collected from the GLN members further illustrate how **program involvement improves the lives of participating girls:**

**Examples of when you acted as a leader:**



*Being part of the strategic planning group was when I acted as a leader. I was able to come up with ideas for the future of GHGH.*



When I was a part of GHGH Summit and I had to remember a role and I had to be a role model for girls.

**Examples of a specific project you did to change your community for the better:**



I helped speak to the school board to inform the members of the need for more non-academic counselors.



Speaking to the board of education and letting them know what is going on with youth.



Trying to get more clinical counselors at schools that need them the most.

**Examples of GLN experiences that have had the greatest impact on you:**



We all act like family and support each other's decisions. We all want a change.



Speaking to the school board lets me know that others care and speaking to the school board will make an impact. I will continue to do this work.



Being able to be a leader and be part of a bigger impact. Helping within my community and making an impact in the real world was amazing.



Participating in the 2015 GHGH Summit and being part of the workshops.

FY2015-2016 year-end results indicate that **38%** of GLN members intend to pursue a graduate degree, and **38%** intend to earn a four-year degree.

At FY2015-2016 year-end, GLN members said their experiences in the GLN will influence their future choices **"A good deal" (31%)** or **"A Lot" (69%)**. Other choices were "somewhat," "a little," and "not at all."











Left photo: two GLN members receive a Monterey County Board of Education Resolution from Dr. Kotowski at the 2015 GHGH Summit. Top right photo: two GLN members and Eva Holt-Rusmore, GHGH Program Coordinator meet with Supervisor Jane Parker and Supervisor Simon Salinas. Bottom right photo: three GLN members and Eva Holt-Rusmore meet with Soledad Unified School District Superintendent, Dr. Rupi Boyd and Assistant Superintendent of Secondary Services and Human Resources, Lisa Kleinhofer.

## II. Evaluation Results for Practitioners' Learning Network

Members of the Practitioners' Learning Network (PLN) represent the six GHGH partner agencies. PLN members **manage the girls' programs, deliver curriculum, serve as mentors, and make linkages** for needed community resources. PLN staff is critical in all collaborative efforts because of their strong connections with the local community and with girls in the programs, and years of experience in youth development work.

In 2015-2016, PLN members participated in **eight professional development workshops**:

-  "Personality Types and Communication," PLN Retreat, August 2015
-  "Conflict Resolution and Communication," Respect Institute, August 2015
-  "Youth/Adult Ally Training," Youth Leadership Institute, September 2015
-  "Youth/Adult Respect 360 Basic Training," Respect Institute, October 2015
-  "Managing Conflict in the Non-Profit Sector," Center for Non-Profit Excellence, December 2015
-  "Youth/Adult Strategic Planning Retreat," GLN/PLN/HUB Retreat, February 2016
-  "Conflict Mediation Training," Mandell Center & Stacy Hughes, March 2016
-  "Mental Health First Aid Training," Monterey County Office of Education, May 2016

PLN members (n=13) were surveyed at year-end to learn how their agency delivered GHGH programming. The PLN responses inform the cohesion of partner agencies with GHGH concepts of girl knowledge and empowerment. Below are the percentages of PLN members who responded "A Good Deal" or "A Lot" (other choices were "A Little" and "Somewhat") to the survey questions. Because of the small number of survey responses, the percentages presented below should be interpreted with caution.

Results indicate that PLN members are supported with professional development opportunities and provide leadership opportunities for girls. **Ninety-two percent** of PLN knew **"A Good Deal" or "A Lot"** about different methods/techniques for youth development and indicated that they had opportunities to provide input in their agency's programs.

PLN results indicated **100% thought they knew a lot about GHGH** and **92% thought they could provide input on the program.**

Survey respondents expressed an 18% decrease when asked if their programs were inclusive of many different kinds of girls. The decrease in percentage points may indicate a need for more

inclusivity in program curricula regarding LGBTQ concerns or a need for increased outreach to more vulnerable populations.

The PLN results indicated a 27% decrease from the previous year (100%), when asked “I feel part of a girls’ health education network in Monterey County?”

FY2015-16 PLN membership experienced approximately 50% membership turnover, which may reflect the decrease of feeling part of an educational network in Monterey County.

### PLN Year-end Survey Responses, FY2013-2013 through FY2015-2016

Percentage of PLN who responded “A good deal” and “A lot”

<b>Partner agency support for delivery of GHGH programming (select only one)</b>	<b>FY2012-13 (%) (n=21)</b>	<b>FY2013-14 (%) (n=6)</b>	<b>FY2014-15 (%) (n=10)</b>	<b>FY2015-16 (%) (n=13)</b>
My agency provides me with opportunities for professional development	80	88	90	85
Through my agency, I have made connections with staff in other agencies	80	75	80	77
My agency provides opportunities for girls to have input and lead aspects of the program	90	88	80	85
There are opportunities for me to provide input on my agency’s program	90	75	70	92
My program is inclusive of many different kinds of girls	90	75	80	62
I feel part of a girls’ health education network in Monterey County	90	88	100	77
How much does your current skill set allow you to be inclusive of different needs of girls?	90	75	90	85
How much do you know about different methods/techniques for youth development?	50	63	70	92
How much do you know about the GHGH project?	90	75	90	100

Note: Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

## PLN Year-end Survey Responses, FY2013-2013 through FY2015-2016

Percentage of PLN who responded "A good deal" and "A lot"

Inter-agency Relationships (select only one)	FY2012-13 (%) (n=21)	FY2013-14 (%) (n=6)	FY2014-15 (%) (n=10)	FY2015-16 (%) (n=13)
My agency is aware of the roles and responsibilities of other GHGH partner agencies	80	88	90	69
My agency has defined roles and responsibilities with other GHGH partner agencies with whom we have the most contact	70	75	80	46
My agency collaborates with other agencies that are not a part of GHGH	60	75	80	54
My agency regularly gathers and shares effective or "best" practices with other GHGH partner agencies.	10	38	70	46

Note: Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

The decrease in positive inter-agency relationships for FY2015-16 may be due to the approximate 50% turnover in PLN membership.

### What have you learned or accomplished by participating in the PLN?



*I made valuable connections and professional relationships with PLN members that can be used for partnership, support and collaboration.*



*I attended more professional development and youth leadership trainings.*



*I learned how to assist youth in becoming advocates and leaders for their peers.*



*We need more information about the challenges and barriers youth face in regards to their health.*



*I learned the importance of being a good role model to our youth.*

### What types of personal skills to support girls' health and well-being have you learned about through GHGH collaborative gatherings?

*I learned how to...*



*Communicate effectively with youth and create leadership opportunities*



*Address youth mental health concerns*



*Combine best practices with risk-taking*



*Improve educational strategies and advocacy skills*

When PLN members were asked about their level of satisfaction with professional development opportunities since August 2015, **100%** of PLN respondents indicated they were moderately or very satisfied (other response options were “not at all” and “slightly satisfied”).

### What has changed for the PLN?

PLN members were asked to describe improvements that took place in four program areas over the past year. The results indicate opportunities to strengthen all four areas.

### PLN Year-end Survey Responses, FY2013-2013 through FY2015-2016

Percentage of PLN who responded “Increased a little” and “Increased a lot”

	FY2012-13	FY2013-14	FY2014-15	FY2015-16
Inter-agency Relationships (select only one)	(%) (n=21)	(%) (n=6)	(%) (n=10)	(%) (n=13)
Co-sponsoring events with other GHGH agencies.	46	56	40	25
Coordinating program delivery with other GHGH partner agencies	82	67	60	33
Exchanging information with other GHGH partner agencies	100	56	70	42
Sharing resources with other GHGH partner agencies	100	67	70	67

Note: Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

The decrease in inter-agency relationship seen in FY2015-16 may in part be due to the approximate 50% turnover in PLN membership this year.



## IV. Evaluation Results for the Collaborative Hub

The Collaborative Hub is comprised of key decision makers who direct programming at the six collaborative GHGH agencies. The Hub meets regularly to foster collaboration and connection across agencies, share ideas and resources, and plan for collaborative sustainability. In Year 4, the Hub focused on defining the 2016-2019 GHGH Strategic Plan and transitioning the administrative oversight to Monterey County Health Department, Public Health Bureau.

Hub members responded to a survey in June 2016 to express opinions of the Hub development and benefits. Of eight Hub respondents, four members ranked **their relationships with other Hub members as “generally beneficial” to “very beneficial”** (other response options were “somewhat beneficial”, “not very beneficial, and “not at all beneficial”). One member elaborated, saying, **“All relationships are beneficial, especially for the community. The more we can work together to advocate for the community, the more strength we will have.”** Another comment was, **“we agree to set priorities and those priorities benefit the girls.”**

Hub members were asked to compare their clarity of the **GHGH purpose** and the **Hub’s function** when they initially became part of the GHGH initiative and June 2016.

### Hub Year-end Survey Responses, FY2013-2013 through FY2015-2016

Percentage of Hub members who responded “Generally Clear” or “Very Clear”

Defining the work of the Hub	FY2012-13 (%)	FY2013-14 (%) (n=7)	FY2014-15 (%) (n=6)	FY2015-16 (%) (n=8)
<u>Pre:</u> When you became part of the GHGH initiative, how clear was the purpose of the GHGH initiative to you?	-	43	34	50
<u>Post:</u> How clear is the initiative’s purpose to you now?	-	100	100	76
<u>Pre:</u> When you became part of the GHGH initiative, how clear was the function of the Hub to you?	-	28	17	50
<u>Post:</u> How clear is the Hub’s function to you now?	-	100	100	100

Note: (-) indicates that data are not available (the question was not asked in FY2012-13). Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

## Hub Year-end Survey Responses, FY2013-2013 through FY2015-2016

Percentage of Hub members who responded “Generally Well” or “Very Well”

HUB Development	FY2012-13 (%)	FY2013-14 (%) (n=7)	FY2014-15 (%) (n=6)	FY2015-16 (%) (n=8)
How well has the Hub developed since GHGH began?	-	33	100	86
How well does the Hub facilitate your personal development?	-	33	83	88
How clear are Hub members with their roles and responsibilities?	-	33	100	63

Note: (-) indicates that data are not available (the question was not asked in FY2012-13). Because of the small number of survey responses, the percentages presented above should be interpreted with caution.

In the FY2015-2016 year-end survey, Hub members were asked to share suggestions and ideas regarding leadership and collaboration.

### Suggestions for strengthening the Leadership Hub:



*Improving my internal communications with program staff*



*Being genuinely open to change and input*



*Eliminating funder representation at Hub meetings*



*Encouraging equal communication and participation among all Hub members*

### Suggestions for fostering Hub member ownership of collaborative development:



*Strengthening the role of Monterey County Health Department as the administrative agency*



*Allowing Hub members to have more of a voice, engagement, and allow for change*



*Continuing sharing meeting responsibilities with Hub partners*

### Ideas that might help Hub members collaborate more easily:



*Authentic relationship building is a key piece to community development*



*Continue communicating well with each other*

Hub members were asked to comment on the extent to which the PLN has benefitted from the GHGH initiative to improve girls’ health and leadership. **63%** of Hub survey respondents said that PLN had benefitted from the GHGH initiative **“Very Much” or “Generally”**.

Sustainability of the GHGH initiative was clearly indicated when Hub members were asked how much they thought their agency would be able to sustain GHGH initiative goals in future years. Of six Hub members who responded, three said that their agency was “Very Much” able to sustain the GHGH initiative, and three Hub members responded their agency was “Generally” able.

## V. Conclusion

GHGH has had four years of creating collaborative strength among six Monterey County agency partners' organizations to support empowerment opportunities for girls. This Year-End Evaluation Report demonstrates GHGH has continued to make progress across the five outcome areas:

- 1) Girls have increased in their health knowledge and improved health behaviors.
- 2) Girls gained and used leadership skills.
- 3) Girls increased their advocacy skills, developed advocacy projects and felt more empowered.
- 4) Partner organizations provided girl-led leadership and advocacy training.
- 5) More collaboration and resource sharing across the organizations around these topics.

### Highlights of the year include:



A successful girl planned and led Summit.



Considerable advocacy accomplishments for the girls.



Continued collaboration between partner agencies with a commitment to youth-centered involvement – from the inclusion of the girls in the strategic planning process to using a youth-driven decision making process for social and emotional health solutions.



The beginning of a more intentional use of the Collective Impact framework for planning.



Transitioning operational management to MCHD as an opportunity for long-term sustainability.



The availability of scholarships for GHGH girls to support their long-term academic goals and success.



Updating a new Strategic Plan.

### In the coming year, the collaborative is looking forward to:



A new goal of developing a process to include alumnae.



Continuing youth-led advocacy strategies for increasing social and emotional health services (access and quality).



Continuing training and leadership development for staff and collaborative leaders.



Implementing strategic planning priorities.

# Appendix A. Social and Emotional Health Resolution

## Resolution

### MONTEREY COUNTY BOARD OF EDUCATION

RESOLUTION NUMBER 15-16-17

*Recognizing and Honoring*

### ***GIRLS' HEALTH IN GIRLS' HANDS***

**WHEREAS**, an initiative of the Community Foundation for Monterey County, **Girls' Health in Girls' Hands** helps girls ages 11-18 in Monterey County gain better access to health information, support, and services so they are able to make positive health and lifestyle decisions; and

**WHEREAS**, a county-wide collaborative of the Women's Fund of Monterey County and six nonprofit agencies, **Girls' Health in Girls' Hands** connects hundreds of girls to more comprehensive and integrated health information and helps them to develop powerful and effective leadership skills; and

**WHEREAS**, **Girls' Health in Girls' Hands** is commended for garnering support from our local schools to gain wider awareness and understanding of the critical links between social and emotional health and academic success, teen pregnancy, suicide and depression, and to help influence positive changes at their schools; and


**WHEREAS**, recognizing the importance of social and emotional health for youth throughout the county, the Monterey County Board of Education commends the work of **Girls' Health in Girls' Hands** and their outreach efforts to provide more services, resources, and support to address the need for self-esteem and coping skills; and

**WHEREAS**, serving as local catalysts mobilizing and educating our youth, schools, residents, and communities **Girls' Health in Girls' Hands** provides the resources and tools to empower girls to advocate for their own health needs and gives them a voice in shaping their futures:


**NOW, THEREFORE, BE IT RESOLVED**, that the Monterey County Board of Education adopts Resolution No. 15-16-17 to recognize, praise, and support the efforts of **Girls' Health in Girls' Hands** in Monterey County, and encourages individuals, parents, students, schools, and organizations throughout the County to support efforts to make social and emotional health a countywide priority for youth.

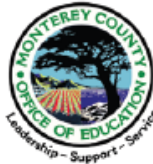
Passed and Adopted  
on the  
Seventh Day of October 2015

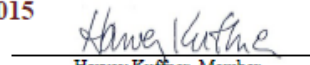
  
Mary Claypool, President

  
Ron Panziera, Vice President

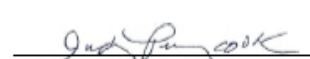
  
Francisco Javier Estrada, Member


  
Sergio Alejo, Member



  
Harvey Kuffner, Member

  
John McPherson, Member

  
Judy Pennycook, Member

  
Dr. Nancy Kotowski, Monterey County  
Superintendent of Schools

## Appendix B. GHGH 2016-2019 Strategic Plan Priorities, Objectives, and Strategies

GHGH 2016-2019 Strategic Plan was developed by GLN, PLN and Hub leaders. Three priorities were established, each with objectives and strategies.

### Priority 1: Achieve broader impact through the engagement of GHGH alumnae.

**Objective 1:** Current GHGH girls and alumnae will benefit from mentor/mentee relationships, feel part of a larger movement and grow as leaders through a strengthened alumnae network

- Strategy 1: Create opportunities for engagement of alumnae (may include annual events such as the summit, ongoing regular involvement and/or periodic activities such as advocacy).
- Strategy 2: Create the structure and processes required to foster alumnae engagement (including maintenance of up-to-date records on GHGH alumnae and a plan for communication).

**Objective 2:** The GHGH initiative will have even greater impact on the community, will be more effective at advocacy and will have a greater base of supporters through alumnae engagement.

- Strategy 1: Support advocacy efforts of current GHGH girls.
- Strategy 2: Capture and share stories of GHGH impact on alumnae.

### Priority 2: Improve the healthy social and emotional development of youth in Monterey County.

**Objective 1:** Girls will increase their ability to act as leaders and catalysts for change.

- Strategy 1: Provide robust training and experiential learning opportunities to help girls develop their advocacy skills.
- Strategy 2: Identify and lead specific advocacy campaigns to allow girls to further develop and utilize their advocacy skills.

**Objective 2:** Middle school and high school students in Monterey County will have increased access to resources supporting their social and emotional health.

- Strategy 1: Increase the number of clinical counselors in Monterey County middle and high schools.
- Strategy 2: Improve awareness of counseling resources available on middle and high school campuses.
- Strategy 3: Improve student access to and utilization of counseling resources on middle and high school campuses.

### **Priority 3: Ensure operational effectiveness and sustainability, thereby strengthening GHGH**

**Objective 1:** Secure funding to allow long-term sustainability.

- Strategy 1: Secure new, diversified sources of funding.
- Strategy 2: Clarify the roles and responsibilities of the parties responsible for fund development (fund development committee, MCHD staff, CFMC staff).

**Objective 2:** Ensure the GHGH evaluation plan reflects ongoing priorities in the strategic plan, in particular alumnae engagement and advocacy.

**Objective 3:** Improve internal and external communication and information sharing that support the GHGH initiative.

- Strategy 1: Enhance the effectiveness of ongoing, regular internal communication between the GHGH partners (Hub, PLN and GLN).
- Strategy 2: Develop and implement an external communications plan that leverages stories of impact, alumnae engagement and other elements to build support for GHGH in the community.
- Strategy 3: Refine the knowledge management for the GHGH initiative, ensuring that the history, decisions and essential documents are collected and stored.