

**alzheimer's  association™**

**Georgia Chapter**

**2008-2011 STRATEGIC PLAN**

**April 15, 2008**

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## Strategic Planning Process

The process ran from August, 2007 to March, 2008 and the groups included:

Steering Group: A group that met between major steps in the planning process to keep the planning on track

Key Result Area Teams: Five teams anchored by Planning Committee board and staff members that also engaged non-Planning Committee members to do planning work between Planning Committee meetings. Teams worked with formats to define: current state and strengths/weaknesses, issues and then recommended 2008-2011 Key Results, 2008-2011 Strategies, and 2008-9 Priority Work ... facilitated by the KRA Team Leaders coached and guided in terms of process by consultant.

Planning Committee: A larger, chapter representative group facilitated by the consultant that built consensus on assessment, direction and approach.

The setting of the Key Results and Strategies in this Plan was preceded and informed by a comprehensive strategic assessment that is in the form of a 38 page document.

## Major Components of the Strategic Plan

The Georgia Chapter's Strategic Plan is expressed through the following major components:

- Vision: A brief statement of what the Association ultimately aims to achieve.
- Mission: A statement, brief enough to know by heart, of the purpose for which the association exists.
- Core Values: A list of the core tenets at the heart of what the Chapter and its people value.
- Dashboard: A short list of the major Key Results the Chapter is trying to achieve in three years.
- Key Result Areas: The five major areas where the Chapter will focus its strategic energies.
- Key Results: The most important outcomes in each KRA that the Chapter is committed to achieving by 2011.
- Strategic Work: The major approaches and methods within each Key Result Area designed to address issues and opportunities over the next three years and achieve the Key Results.
- Costs of Initiatives: An estimation of major "do differently" costs of new strategies and initiatives.
- 2008-9 Priority Work: The actions and initiatives that will be implemented first.
- Keys to Implementation: What the Chapter needs to do to ensure staying on the Plan in a focused, accountable manner.

## **OUR VISION**

*A world without Alzheimer's disease*

## **OUR MISSION**

*To eliminate Alzheimer's disease through the advancement of research;  
to provide and enhance care and support for all affected;  
and to reduce the risk of dementia through the promotion of brain health.*

## **OUR CORE VALUES**

**Integrity:** Seek and embrace the truth and fulfill the trust others place in us.

**Commitment to Excellence:** Lead through innovation and constant improvement in all we do.

**Inclusiveness:** Search out and welcome the power that comes from diversity.

**Consumer focus:** Seek always to understand, learn from and meet the needs of individuals with dementia, their families and caregivers.

**Accountability:** Keep our commitments and make measurable progress to achieve our mission.

## **OUR KEY RESULT AREAS**

1. Advance Research
2. Enhance Care & Support
3. Raise Public Awareness
4. Build Capacity: People, Facilities & Systems
5. Build Capacity: Fund Development

## **OUR ORGANIZATIONAL PERFORMANCE SCORECARD (MAJOR 2011 KEY RESULTS)**

1. At least 85% of those we serve rating our programs as very good to excellent.
2. New programs in brain health, early stage, emergency placement and care consultations in rural, live alone and families of choice situations are on schedule.
3. Tracking of and annual improvement in the “market served” in all counties in the state (number of people served by care consults/hospital trainings vs. incidence per county)
4. Increase in public awareness as reflected by an increase in our own constituency (volunteers, donors, and those served by HelpLine and Care Consults) from 11,150 to 13,489, donors 10% per year.
5. Mobilization of 5 “grasstops” and 2100 “grassroots” advocates statewide.
6. Piloting of at least three new electronic forms of service delivery chapter-wide.
7. Increase in Gross Annual Revenue from \$4.4M to \$6.2M (12% per year).

## KEY RESULT AREAS, THEIR TEAMS AND THEIR MAJOR FOCUS

KRA	BOARD LEADER	STAFF LEADER	ROSTER OF MEMBERS (PLANNING COMMITTEE & OTHERS)	MAJOR FOCUS
1. Advance Research	Nancy Neff	Ginny Helms	Jackie Lenderman, Non PC members: Susan Peterson-Hazen, Dr. Ali R. Rahimi	Upgrading research advocacy and contributing meaningfully to participation in clinical trials
2. Enhance Care & Support	Billy Small	Ginny Helms	Dave Hastey, Jennifer Kelley, Melanie Sattler, Susan Fornby, Jenny House	Maintaining quality, development of new programs, and increasing market penetration in all counties.
3. Raise Public Awareness	Lee White	Leslie Tripp	Nancy Browning, Non-PC members: Jimmy Baron, Joe Holland, Suzanne Piehl, Cory Thompson	Tracking and having impact on the awareness level of our five target audiences and attracting a larger constituency.
4. Build Capacity: People, Facilities & Systems	Bruce Flechter	Dan Griggs	Bennett Watts, David Jones, Christina Vogler, Jenny House  Non-PC members:: Diane Roberts	Development of the human, technical and informational support needed to implement this strategic plan
5. Build Capacity: Fund Development	Bill Sandefur	Dave Houston	Peter Armstrong, Dan Phillips, Freda Stephenson	Increase in contributed income through individual giving and use of the web.

## KRA 1 ADVANCING RESEARCH

### 2011 Key Results

1. 21 visits to legislators (at last 3 per regional office) that focus on and communicate the value of research
2. Identification and mobilization of 5 grasstops advocates (3 per regional office) and 2100 grassroots advocates (300 per regional office).
3. A minimum of 100 referrals made at programs with early detection, MCI and brain health content through increased clinical trial promotions.
4. A minimum of 3 off-site clinical trial initiatives that offer greater convenience of participation through collaboration with researchers.

Key Result Target (2011)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
1. 21 visits to legislators (at last 3 per regional office) that focus on and communicate the value of research.	“Increasing education efforts” = providing education to legislators more frequently than in base year. “Value” = impact on economy and individuals.	Program directors will submit reports after each visit. Reports will be kept by the manager of grassroots.	Staff visited 1 senator and 7 federal legislators once. Emails were sent to legislators approximately 4 times.	Program directors, a constituent and a board member will meet with a minimum of 1 targeted legislator and senators and/or their aides.	Program directors, a constituent and a board member will meet with a minimum of 1 targeted legislator and senators and/or their aides twice.
2. Identification and mobilization of 21 grasstops advocates (3 per regional office) and 2100 grassroots advocates (300 per regional office).	“Increasing” = greater number of advocates and more frequent contacts with legislators than in base year. “Grasstops = persons donors of legislators. “Grassroots = advocates” “Efforts = contacts with legislators.	Manager of grassroots will generate reports	We have only 1 identified grasstop. We have approximately 1600 advocates. We called on grassroots advocates	Each regional area will identify, cultivate and call to action a minimum of 1 grasstop advocate and 100 grassroots advocates.	Each regional area will identify, cultivate and call to action a minimum of 2 grasstop advocate and 100 grassroots advocates.

Key Result Target (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
3. A minimum of 100 referrals made at programs with early detection, MCI and brain health content through increased clinical trial promotions.	“Increasing” = more than in base year. “Promotions” = marketing efforts. “referrals” = suggesting participants contact research centers.	Program staff will generate a report after each promotion and track the number of persons referred to research centers.	We promoted clinical trials at approximately 4 events and referred less than 25 persons in base year.	The Atlanta and Augusta offices shall refer a minimum of 50 persons to research centers for clinical trials.	The Atlanta and Augusta offices shall refer a minimum of 50 persons to research centers for clinical trials.
4. A minimum of 3 off-site clinical trial initiatives that offer greater convenience of participation through collaboration with researchers	“Increasing level” = more participation than in base year. “More convenient” = location without driving, parking and distance barriers.	VP of chapter services will track and submit annual report.	The Association made 0 referrals to clinical trial locations other than Emory University and Medical College of Georgia	The Atlanta office shall partner with Emory to offer a minimum of one off-site clinical trial initiative.	The Atlanta office shall partner with Emory to offer a minimum of two off-site clinical trial initiatives.

### 2008-2011 Strategic Work

1. Develop and conduct a “grasstops” program state-wide to cultivate a minimum of 3 grasstops advocates in each region.
2. Develop and conduct a “Grassroots”advocates plan with statewide training programs for advocates and cultivate a minimum of 300 new advocates in each region.
3. Add, deploy and evaluate a contract lobbyist.
4. Develop and Implement a marketing plan for clinical trials that leads to making a minimum of 100 referrals at programs with early detection, MCI and brain health content.
5. Develop and conduct off-site clinical trials initiative at a minimum of 3 off-site locations.

**2008-2009 Priority Work**

1. Train all program/public policy/development staff on how to work with national to recruit “grasstops and grassroots advocates.”  
Send 2 program directors from regional offices to Public Policy Forum.
2. Update job descriptions and annual review forms to hold staff accountable for recruiting grasstops and grassroots advocates.
3. Implement training program in each region for advocates.
4. Recruit a contract lobbyist.
5. Develop “key messaging” for marketing of clinical trials and implement policy for giving the message at all appropriate programs.
6. Implement an off-site clinical trial initiative with Emory Alzheimer’s Disease Center.
7. Implement a program for advocates to meet with legislators (lunch with the legislators).

**Projected Costs of Strategic Initiatives**

<b>STRATEGIC INITIATIVES WITH COST IMPLICATIONS</b>	<b>2009 Expense</b>	<b>2010 Expense</b>	<b>2011 Expense</b>	<b>TOTAL Expense</b>
1. Implement 1 state-wide advocacy training program for staff. Implement seven regional training programs for advocates.	\$20,475	\$20,475	\$20,475	\$61,425
2. Implement seven regional lunch with legislators programs.	\$23,100	\$23,100	\$23,100	\$69,300
3. Implement clinical trial initiative (can pay mileage stipend for participants or for programs used to recruit participants).	\$10,000	\$10,000	\$10,000	\$30,000
4. Add a contract lobbyist	\$20,000	\$20,000	\$20,000	\$60,000
<b>TOTALS</b>	<b>\$73,575</b>	<b>\$73,575</b>	<b>\$73,575</b>	<b>\$220,725</b>

## KRA 2 ENHANCING CARE AND SUPPORT

### 2011 Key Results

1. At least 85% of survey respondents will rate our programs as very good to excellent.
2. A 33% increase (10% annually) in the number of new participants utilizing Helpline and Care Consultation.
3. Tracking of and annual improvement in the “market served” in all counties in the state (number of people served by our core services vs. incidence per county)
4. Increased number of programs offered through partnerships with large employers and the medical community: A minimum of 6 brain health programs offered to major employers training a minimum of 240 people per region. Each office shall offer a minimum of 18 ATI training programs to train care professionals (aides, nurses, physicians).
5. A minimum of 9 research/brain health programs offered serving a minimum of 360 individuals through partnership with Emory University and other similar organizations.
6. A minimum of 2 new Mission Focus oriented programs serving a minimum of 50 persons per region.
7. A minimum of 10 new people per region served by the early on-set and early stage programs and a minimum of 24 new persons served through care consultation programs for rural, live alones and families of choice situations.
8. A minimum of 12 programs (brain health, overview or caregiver orientation) per region in concert with hospitals.
9. An Improved system for emergency placement of persons with AD in Georgia through a clear plan place for where to take a person who has been found and has no known home.
10. Improved effectiveness of staff and volunteers through offering at least one “best practice/ brainstorming meeting and one training program for program directors each year and through implementing regional plans for recruiting and retaining volunteers.

2011 Key Result	Definitions	Tracking	2008 Baseline	2009 Target	2010 Target
1. At least 85% of survey respondents will rate our programs as very good to excellent.	Survey respondents = service users who respond to our annual attempts to have them indicate their view of our services	Utilize the Core Services Quality Evaluation System and national's schedule to survey clients using core services.	85% are at very good or excellent	At least 85%	At least 85%
2. A 33% increase (10% annually) in the number of new participants utilizing Helpline and Care Consultation.	“New participants” = people served who have not previously utilized the services of the chapter. “select core services” = Helpline and care consultation.	We will utilize ESP software program and program surveys to track the number of new persons served. Annual reports will be submitted to the CEO	This number has not been tracked before.	Implement the national Helpline system and establish a baseline.	The chapter shall increase the number of new participants served by Helpline and Care Consultation by 10% annually.

2011 Key Result	Definitions	Tracking	2008 Baseline	2009 Target	2010 Target
3. Tracking of and annual improvement in the “market served” in all counties in the state (number of people served by our core services vs. incidence per county)	Tracking = Entering data into a database that allows us to generate reports for the number of persons served by county for each program. “annual improvement” = increase in the number of persons served	We will utilize the national Helpline software and implement a program allowing us to track every person served by county and program.	Data for persons served by county is only available for those served through Helpline and Care Consultation.	Implement national Helpline Database, hire database manager and have all program staff enter people served by county and by program	Be able to generate reports showing the number of persons served by county for each program and service offered by the chapter.
4. Increased number of programs offered through partnerships with large employers and the medical community: A minimum of 6 brain health programs offered to major employers training a minimum of 240 people per region. Each office shall offer a minimum of 18 ATI training programs to train care professionals (aides, nurses, physicians).	“Increased number” = larger number than the number offered in 2008. “Programs” = any programs offered by the association. “Partnerships” = co-sponsored. “major employers” = employers of more than 100 people. “Medical community” = physician groups.	The number of programs will be tracked through monthly statistics reports. The VP of chapter services shall be responsible for making sure the increases occur and will report to the CEO.	Baseline is 0 for the number of programs provided through partnerships with large employers and approximately 10 programs for partnerships with the medical community.	Each regional office will offer a minimum of 2 brain health programs per year to major employers and meet with HR staff to tell of services. A minimum of 80 persons per region shall be trained through this initiative. Each office shall offer a minimum of 6 ATI training programs to train care professionals (aides, nurses, physicians).	Each regional office will offer a minimum of 2 brain health programs per year to major employers and meet with HR staff to tell of services. A minimum of 80 persons per region office shall be trained through this initiative. Each office shall offer a minimum of 6 ATI training programs to train care professionals (aides, nurses, physicians).
5. A minimum of 9 research/brain health programs offered serving a minimum of 360 individuals through partnership with Emory University and other similar organizations.	“Increased number” = larger number than the number offered in 2008”. “Similar organizations” = medical universities serving people with Alzheimer’s disease. There are 2 such universities in Georgia.	The number of programs will be tracked through monthly statistics reports. The VP of chapter services shall be responsible for making sure the increases occur and will report to the CEO.	These numbers have not been tracked to date. The numbers will be tracked beginning July 2008.	Atlanta and Augusta offices shall offer a minimum of 3 research/brain health oriented programs annually with Emory University and Medical College of Georgia serving a minimum of 60 persons per office.	Atlanta and Augusta offices shall offer a minimum of 3 research/brain health oriented programs annually with Emory University and Medical College of Georgia serving a minimum of 60 persons per office.

2011 Key Result	Definitions	Tracking	2008 Baseline	2009 Target	2010 Target
<p>6. A minimum of 2 new Mission Focus oriented programs serving a minimum of 50 persons per region.</p>	<p>“Increased number’ = more than offered in 2008.  “Mission Focus initiatives” = new programs offered by our national office designed to better meet our mission.  “Throughout the state” = across Georgia.</p>	<p>The VP of chapter services shall work with program directors to develop a plan for implementing the programs. Then, the number of programs will be tracked through monthly statistics reports. The VP of chapter services shall be responsible for making sure the increases occur and will report to the CEO.</p>	<p>No Mission Focused programs offered at this time.</p>	<p>The chapter shall work with national on the development/implementation of Mission Focus initiatives.</p>	<p>Each office shall implement a minimum of two new mission focus oriented programs and offer and serve a minimum of 50 persons through the programs.</p>
<p>7. A minimum of 10 new people per region served by the early on-set and early stage programs and a minimum of 24 new persons served through care consultation programs for rural, live alones and families of choice situations.</p>	<p>“Increased number of persons” = more than the number of persons served in 2008.  “Rural” = core census block density less than 50,000 people per square mile.  “Ethnic” = populations other than Caucasian. “Live alones” = persons with dementia living in a household without other occupants. “Early on-set” = persons who develop Alzheimer’s disease before the age of 65. “Families of choice” = non-traditional families including gay partners, former spouses, in-laws</p>	<p>The VP of chapter services shall work with program directors to develop a plan for implementing the programs. Then, the number of programs will be tracked through monthly statistics reports. The VP of chapter services shall be responsible for making sure the increases occur and will report to the CEO.</p>	<p>These numbers have not been tracked to date. The numbers will be tracked beginning July 2008.</p>	<p>Each region shall implement a program for early on-set and early stage Alzheimer’s disease and serve a minimum of 5 new people. Each region shall develop and implement a plan for care consultation of persons in rural, live alone, families of choice situations. Each office shall serve a minimum of 12 persons for this initiative.</p>	<p>Each region shall offer a program for early on-set and early stage Alzheimer’s disease and serve a minimum of 5 new people. Each region shall develop and implement a plan for care consultation of persons in rural, live alone, families of choice situations. Each office shall serve a minimum of 12 persons for this initiative.</p>

2011 Key Result	Definitions	Tracking	2008 Baseline	2009 Target	2010 Target
8. A minimum of 12 programs (brain health, overview or caregiver orientation) per region in concert with hospitals.	<p>“Increased number” = more than offered in 2008.</p> <p>“Educational programs” = any educational programs offered through the association that are appropriate for hospital settings. “Offered through” = partnering with hospitals to offer programs in hospital settings.</p>	The VP of chapter services shall work with program directors to develop a plan for implementing the programs. Then, the number of programs will be tracked through monthly statistics reports. The VP of chapter services shall be responsible for making sure the increases occur and will report to the CEO.		Each region shall offer a minimum of 1 brain health, overview or caregiver orientation program in hospitals per quarter.	Each region shall offer a minimum of 1 brain health, overview or caregiver orientation program in hospitals per quarter.
9. An Improved system for emergency placement of persons with AD in Georgia through a clear plan place for where to take a person who has been found and has no known home.	“Improved” = better than the emergency placement currently in place.	VP of chapter services shall submit a report to the CEO at the end of the fiscal year.	No formal emergency system is in place currently in Georgia.	System will be in place for over-night emergency placement of persons with Alzheimer’s disease by end of fiscal year 2009.	
10. Improved effectiveness of staff and volunteers through offering at least one “best practice/ brainstorming meeting and one training program for program directors each year and through implementing regional plans for recruiting and retaining volunteers.	<p>“Increased frequency” = more frequent than in 2008.</p> <p>“Communication” = conveyance of information between association program staff. “Best practices/brainstorming” = opportunity to share ideas.</p>	The VP of chapter services shall meet with staff and develop a written plan for communication and brainstorming programs with staff. Additionally, the VP of chapter services will plan annual “best practices/brainstorming meetings for program staff.	No communication plan in place and no survey to reflect staff satisfaction with survey.	The chapter will host one “best practice/brainstorming meeting and at least one training program” for program directors each year. Each office shall develop a written plan for recruiting and retaining volunteers.	The chapter will host one “best practice/brainstorming meeting and at least one training program” for program directors each year. Each office shall develop a written plan for recruiting and retaining volunteers.

### **2008-2011 Strategic Work**

1. Increase number of new persons served through Helpline and Care Consultation by 10% annually over June 2008 estimate.
2. Implement 1 brain health program per quarter to major employers in each region.
3. Implement a minimum of 6 ATI programs for medical care professionals annually per region.
4. Present a minimum of 3 research/brain health programs annually with Emory University and Medical College of Georgia.
5. Host one “best-practice/brainstorming” program and one training program for program directors annually.
6. Implement annual volunteer recruitment/training programs in each region.
7. Implement a minimum of 2 Mission Focus programs in each region annually.
8. Implement an early on-set and early stage program in each region.
9. Use care-consultation to serve a minimum of 10 people annually in rural, ethnic, live alones, early on-set and families of choice situations.
10. Offer a minimum of 1 brain health, overview or caregiver orientation program in hospitals in each region annually.
11. Coordinate with public awareness effort in order to cultivate and attract participants and volunteers.
12. Secure grant funds to conduct research on key underserved populations
13. Identify and put into practice effective ways to serve an increasing percentage of the “market” in all counties in the state (number of people served by our core services vs. incidence per county)
14. Conduct a study and/or pilot project related to the service needs of the affluent

### **2008-9 Priority Work**

1. Implement Helpline software for more accurate tracking of Helpline and Care Consultation contacts. Convert ESP data into new Helpline software database.
2. Hire data manager & set up system for tracking persons served in rural, ethnic, live alones, early on-set & families of choice situation.
3. Incorporate program related accountabilities for strategic plan into job descriptions and annual review forms.
4. Ensure that all program related accountabilities are incorporated into Plan of Services.
5. Develop and implement plan for delivering brain health program to large employers. Work with development team to identify potential employers to work with on this initiative.

6. Implement early stage program state-wide. The program will be managed by program directors in all offices (who may use contract professionals). Hire staff person in Atlanta to manage early-stage program and mentor other program directors on the initiative.
7. Implement plan to provide education in hospitals for professional caregivers. Write a grant to support the costs of providing education in hospitals. The grant will pay for regional offices to contract with professionals to provide training.
8. Train staff on new mission focused initiatives. Write template for grant writer to use for funding mission focused initiatives in 2010.

**Projected Costs of Strategic Initiatives**

<b>STRATEGIC INITIATIVES WITH COST IMPLICATIONS</b>	<b>2009 Expense</b>	<b>2010 Expense</b>	<b>2011 Expense</b>	<b>TOTAL Expense</b>
1. Hire data manager	\$63,500	66,040	68,861	\$198,401
2. Hire staff person to manage early-stage program	\$66,881	\$69,556	\$72,338	\$208,775
3. Implement early stage program state-wide. For example, breakfast club for persons with early memory loss or support groups using trained professionals.	\$58,900	\$61,256	\$63,706	\$183,862
4. Implement training program for hospitals using contract professionals.	\$64,005	\$66,565	\$69,228	\$199,798
5. Implement “mission-focus programs”	0	\$65,000	\$67,600	\$132,600
6. 4 FTE staff for other new programs and increased volume of current programs (1 in Atlanta and average of ½ FTE for each other region)	\$210,000	221,000	243,000	674,000
<b>TOTALS</b>	<b>\$463,286</b>	<b>\$549,417</b>	<b>\$584,733</b>	<b>\$1,597,436</b>

## KRA 3 PUBLIC AWARENESS

### 2011 Key Results

1. Increase in public awareness as reflected by an increase in our own constituency (volunteers, new donors, and those served by Helpline and Care Consults) from 11,150 to 13,489
2. Increased awareness among 5 established target audience groups
3. Overall increased media attention statewide, based on anchor media in each region.
4. Increased web traffic

Key Result (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
1. Increase in public awareness as reflected by an increase in our own constituency (volunteers, donors, and those served by Helpline and Care Consults) from 11,150 to 13,489.	<p>1) New Donors = total number of additional people who give money to the Association in a given year</p> <p>2) Volunteers = total number of people who donate their time to the Association on a consistent basis in a given year.</p> <p>3) Those served by Helpline and Care Consults = people who are served by either of these two services in a given year</p>	Using the information/consultation that allows us to track target groups, establish a baseline for each of 4 aspects. Enhance current system for tracking purposes. Use that information to establish a database that each region uses to track.	11,150 (Vols = 1067; Helpline = 8540; Care Consults = 1543)	Increase to +12,264. (Vols = 1173; Donors = 2007-08 + 10%; Helpline = 9394; Care Consults = 1697)	Increase to +13,489. (Vols = 1290; Donors = 2009 + 10%; Helpline = 10333; Care Consults = 1866).
2. Increased awareness among 5 established target audience groups	<p>Target audience groups= groups of people we want to reach in order of priority:</p> <ul style="list-style-type: none"> <li>• Those with AD, their families and caregivers.</li> <li>• Activists/advocates</li> <li>• Healthcare professionals</li> <li>• The affluent (top 3% of USA households, income of \$200K +)</li> <li>• Our internal constituency</li> </ul>	Work with Dave Houston to establish a relationship with a consultant who can help us establish specific tracking methods.	No baseline	Build into the budget a specific tracking method and establish a baseline for each of the 5 groups in the target audience.	Improvement in all 5 target audiences, using the 2009 numbers.

Key Result (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
3. Overall increased media attention statewide, based on anchor media in each region.	<p>Media attention=stories about the Association, our events &amp; our services in newspapers, on TV and in magazines</p> <p>Anchor media=the main/anchor newspaper(s) in each region and the main/anchor local news programs in each region; may be the 4 main affiliates (ABC, NBC, CBS &amp; FOX)</p>	Media log currently tracks general exposure in each but makes no differentiation between region/market size as it relates to exposure, length of stories, etc.	No baseline in this manner yet.	Each regional office establishes a baseline for their area. The baseline will track anchor TV & newspaper exposure and define a threshold of exposure (ie.a 30-second TV story v. a 6-column-inch story)	Increase in each region over the 2009 numbers.
4. Increased web traffic	Web traffic=visits to <a href="http://www.alz.org/georgia">www.alz.org/georgia</a>	Tracking reports provided by National	Baseline being established; no baseline yet.	A baseline established	Increase over the 2009 numbers

## 2008-2011 Strategic Work

1. Establish valid baselines for each market segment regarding aided and unaided awareness and research effective message points for each audience.
2. Develop marketing plan to raise awareness among the 5 target audiences. Use a consultant to survey and poll, and that information will be used to develop a clear, specific marketing plan to reach the target audiences.
3. Position ourselves as a service providing organization, not just a fundraising organization, thus raising public awareness. We expand our services and increase our involvement with service providers who have similar goals. One example of this is our partnership with Wesley Woods & Emory University. National is currently helping us do this by collaborating with the American Heart Association to reach the African-American population with the message that what's good for the heart is also good for the brain. We will be kicking off this publicity campaign in the next few days and weeks.
4. Establish a plan for recruiting corporate partners, as well as establishing a contract of sorts with those partners. The contract is mutually beneficial; it establishes a financial goal for the corporation and allows the corporation to encourage volunteerism & participation among employees & corporate leadership. In return, the Association makes commitments to the corporation; this could be naming events or "ads" in newsletters, etc.
5. Refine our primary core message. Distribute that specific target message to all Association employees, volunteers, Board members in the form of talking points, message wheels, etc. to ensure that they're well prepared to spread the core message.
6. Market our message to our already-established audience and raise awareness through them by empowering them to raise awareness in their life: grassroots approach. For example, ask & encourage each volunteer, Board member, advocate, etc. to write letters to the editor of their local newspaper, hold a Maintain Your Brain class in their workplace, sell event tickets to their friends, recruit friends and coworkers to do Memory Walk, etc.
7. Use entertainment opportunities to reach a new audience. This is currently being done statewide and we must build on it. Continue holding Celebration of Champions & *better start livin'* events throughout the state and vary the genre of entertainment to reach a broader audience. Ask venues (like comedy clubs, community theatres, etc) to collaborate with us and donate proceeds from their already-planned events to the Association; that gives us a public awareness opportunity with little or no resources from the Association.
8. Leverage corporate partners to reach more individuals and get them actively involved. Relationships with corporations will benefit both the corporation and the Association. This will accomplish many things, but 2 main ones are: 1) to increasing the corporate dollars, underwriting & sponsorship of events and 2) encouraging employees to volunteer regularly, donate money and participate in events. These companies provide resources, support and manpower, as well as lend credibility and name recognition to our cause. Every area of the Association can use the corporate partners. Programs can offer services to employees, development can use the dollars and resources and communications can raise awareness through the partnership.

## 2008-9 Priority Work

1. Use an expert researcher to gather vital information about each of the 5 target audiences; that information gathered will be used to develop specifically targeted awareness campaigns.
2. Using the information gathered from the researcher, work with Vice Presidents of Programs and Development to develop an intensive, targeted awareness campaign that will be used throughout the year; a statewide campaign that each region can buy into and promote in their particular region. This may also include hiring a consultant to assist with the development and execution of the campaigns.
3. Help the Development team establish a contract of sorts with corporate partners. The contract is mutually beneficial; it establishes a financial goal for the corporation and allows the corporation to encourage volunteerism & participation among employees & corporate leadership. In return, the Association makes commitments to the corporation; this could be naming events or “ads” in newsletters, etc.
4. Work with VP of Programs to solidify our core message and determine how the Communications department can assist, internally and externally, with clarifying the message and then distributing it. This may be in the form of a specific project (ie. Brain Health, Clinical Trials initiative, etc), or it may be more general, based on the Programs department’s needs assessment.
5. Speak to our current constituency and Champions often—keep them updated on awareness campaigns, etc and give them tools (brochures, encouragement, training) to move the message forward on a grassroots level—in their workplace, neighborhood associations, churches, etc.
6. The Development team often holds entertainment fundraisers and the Communications department will assist regions with their media relations, public relations materials, etc.
7. Communicate with VP of Development to decide how public awareness can enhance the Development team’s game plan in response to corporate partners and come up with a plan specifically for public awareness.

**Projected Costs of Strategic Initiatives**

STRATEGIC INITIATIVES WITH COST IMPLICATIONS	2009 Expense	2010 Expense	2011 Expense	TOTAL Expense
1. Hire expert researcher to gather vital information on each of the 5 target audiences	\$10,000	\$10,000	\$10,000	\$30,000
2. Hire a consultant to guide us in the development and establishment of a major statewide public awareness campaign, as well as media buying.	\$20,000	\$20,000	20,000	\$60,000
3. Radio & TV ads; for awareness campaign	\$40,000	\$85,000	\$85,000	\$210,000
4. Newspaper advertisements for awareness campaign	\$30,000	\$85,000	\$85,000	\$200,000
<b>TOTALS</b>	<b>\$100,000</b>	<b>\$200,000</b>	<b>\$200,000</b>	<b>\$500,000</b>

**KRA 3 PUBLIC AWARENESS: TARGET MARKET GRID**

<b>TARGET MARKET SEGMENT</b>	<b>ATTITUDE AND/OR BEHAVIOR WE WANT FROM THEM</b>	<b>CORE MESSAGE (CONTENT)</b>	<b>BEST METHODS FOR REACHING GOING FORWARD (“DO DIFFERENTLIES/DO MORES”)</b>
<p><b>1. THOSE WITH DISEASE AND PEOPLE TOUCHED BY THE DISEASE WHO DON'T YET KNOW ABOUT US</b></p>	<p>Again, we want them to turn to us for help. We want them to feel comfortable coming to us for help and support.</p>	<p>Our services are for everyone and we are the leading organization to serve and support people living with the disease, as well as their families. We're here to help. We can educate, provide necessary services, referrals, and provide emotional and physical support. Care givers and family members are not alone in this journey.</p>	<p>Working with facilities, area agencies on the aging, etc to teach people about our services. This is one area where that trickle-down effect will help us. The healthcare professionals refer people to us and we follow up with excellent services and information. These are most likely people who make lots of doctor visits, but depending on the disease stage of their loved one, they may not do much socially. To reach these people we may want to put materials, brochures, etc in doctor's offices, churches, etc. Many of these people rely on information that comes to them, so stories, advertisements, etc in magazines/publications like AARP and other targeted media is a good way to spread awareness.</p>
<p><b>2. THE AFFLUENT IN OUR COMMUNITY</b></p>	<p>We want them to be donors. They have many financial resources so they may not come to us for help, but they do need information about the disease. These people are already philanthropists but they don't currently give to us; we want them to include us in their charitable giving.</p>	<p>There are many ways they can use their money to help others. They can donate through an estate planning gift, charitable gift annuity, life insurance gift, major gifts, charitable remainder trust, etc.</p>	<p>These are people we need to cultivate one-on-one. A representative of the Association meets with them and outlines the message as well as the plans for becoming donors...or we hold small intimate dinners/get-togethers for prospective major donors. That's our chance to reach a defined income level group with both the message and the “ask.”</p>

TARGET MARKET SEGMENT	ATTITUDE AND/OR BEHAVIOR WE WANT FROM THEM	CORE MESSAGE (CONTENT)	BEST METHODS FOR REACHING GOING FORWARD (“DO DIFFERENTIALS/DO MORES”)
<p><b>3. COMMUNITY ACTIVISTS/ ADVOCATES</b> (these are people who are cause-oriented, very culturally aware, politically aware and have money to support a cause)</p>	<p>We want them to realize AD is not an “old person’s disease) and support our cause. This is a group of working professionals who have money to spend and they want to spend it well. They want to make a difference in the world. They’re very politically conscious and culturally aware. We want them to be motivated for us.</p>	<p>Young professionals should care because the numbers of Alzheimer’s disease patients is on the rise, and the AD population is getting younger. Many people will have parents, not just grandparents, affected by AD. Funding for vital research is stagnant. We need a younger, motivated, activist population to champion our cause and make a difference.</p>	<p>New Marketing concepts. This group is a computer-savvy age; they like being reached in unusual ways; viral marketing, cause marketing, entertainment marketing (like Better Start Livin’), internet marketing and activity-oriented publicity.</p>
<p><b>4. HEALTH PROFESSIONALS</b></p>	<p>We want them to work cooperatively with us. We want health professionals to rely on us for information and services and to see us as the leader in our field. Simply by them utilizing our services, they will spread our message and raise awareness as they help others in their jobs; it’s a trickle-down effect.</p>	<p>We are THE source for Alzheimer’s disease services, resources, research and support. We can help—if you or those you know are touched by AD, you need to come to us.</p>	<p>Memory Walk, partnerships like our Clinical Trials initiative, seminars, educational opportunities, health fairs, our partnership with Wesley Woods &amp; Emory. We already reach MANY healthcare professionals effectively, so I think in this area we need to continue doing what we’re doing.</p>
<p><b>5. OUR OWN CONSTITUENCY</b></p>	<p>We want them to continue plugging away for us. These people make us our biggest group of Memory Walk-ers and ticket buyers for events. We want them to continue that. They’re our core group and are vital to our success this far. We want them to encourage their friends to join them in getting involved.</p>	<p>Again, we are the place to come for education, services and support. Many of these people have been touched by AD in their family and they believe in what we do. We need to continue to offer them excellent services and educational opportunities. We also need to continue to offer them excellent support.</p>	<p>Keeping them involved, even after their loved one is gone, is critical. Again, these are our core supporters and we need to keep them engaged. We need to show them appreciation for helping us get to this point and keep them updated on where we’re going from here and why they need to stay engaged. A big motivator for these people is to make sure future families don’t have to go through what they are going through/have just been through. They want to help us make sure this disease doesn’t devastate others.</p>

## KRA 4 PEOPLE/FACILITIES/SYSTEMS

### 2011 Key Results

1. An integrated board leadership model that allows board members to fulfill their obligation of accountability for governance of the association.
2. Utilization of advances in technology, including digital video recording and distribution capability, to produce and distribute developmental, educational and promotional materials that will increase users.
3. A full service human resource function that supports staffing, benefits and compensation management, employee review and evaluation, gathering of employee input and employee relations.
4. Up to date, well-documented policy and procedure manuals, job descriptions and training programs for every major departmental function.
5. The resources and remote personnel needed to increase market penetration in all counties in the State.
6. Effective utilization of regional and state office staff so that Regional staff are involved in more program/services and local fundraising activities and less administrative tasks.

Key Result Statement (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
1. An integrated board leadership model that allows board members to fulfill their obligation of accountability for governance of the association.	<p>“Integrated board leadership model” = an outline of board leadership that eliminates ambiguity between roles of staff and the board</p> <p>“Obligation of accountability” = individual responsibility to take seriously one’s performance as a board member</p> <p>“Governance of the association” = ethical and lawful direction-setting according to the association’s mission and vision</p>	<p>Bennett Watts or designee to be responsible.</p> <p>Provide semi-annual progress reports to CEO for incorporation into Strategic Plan Tracking document.</p>	<p>1) Bd members w inadequate participation.</p> <p>2) Bd members w over-zealous involvement.</p> <p>3) Inadequate definition of Bd member role and responsibility.</p> <p>4) Inadequate process for identification, selection, review and retention for Bd members and officer selection.</p>	1) BOG-level implementation of a comprehensive board governance model.	1) Regional board level implementation of a comprehensive board governance model.

Key Result Statement (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
2. Utilization of advances in technology, including digital video recording and distribution capability, to produce and distribute developmental, educational and promotional materials that will increase users.	"Users" = Clients that receive one or more services from the association.	<p>Dan Griggs to be responsible.</p> <p>Ginny Helms &amp; Dave Houston to identify opportunities.</p> <p>Provide semi-annual progress reports to CEO for incorporation into Strategic Plan Tracking document.</p>	<p>1) The association has participated in some limited production of video educational material in the past.</p> <p>2) The association owns a digital video recorder.</p> <p>3) The association has participated in some webinar conferences conducted over the internet.</p> <p>4) Microsoft has introduced Microsoft Office Live Workspace, an internet-based environ for hosting educational or meeting events.</p>	<p>1) Remotely accessible file and application server environment.</p> <p>2) Established computer skills training function.</p>	1) Established web-based meeting capability.
3. A full service human resource function that supports staffing, benefits and compensation management, employee review and evaluation, gathering of employee input and employee relations.	Self explanatory	Dan Griggs and/or CEO to be responsible.	<p>1) Association has never employed an HR professional.</p> <p>2) Unique HR employee management issues encountered in 2007.</p>	1) Established full-service Human Resource function.	

Key Result Statement (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
4. Up to date, well-documented policy and procedure manuals, job descriptions and training programs for every major departmental function.	See milestones	CEO, VP-Prog, VP-Dev, VP-Fin	1) Policy & Procedures for Board, P&S, Dev, Finance, IT, HR either do not exist or are incomplete and mostly out-of-date. 2) Job descriptions are out-of-date. 3) Job procedures for the primary components of all jobs either do not exist or are out-of-date.	1) Updated, clear and complete job descriptions. 2) Written policies and procedures for all departmental functions.	1) Board approved P&P manuals. 2) Updated compensation plan. 3) Updated performance management/revi ew system.
5. The resources and remote personnel needed to reach 50% of the counties in Georgia with at least a “B” level of services	“Awareness” = In our case, having knowledge or cognizance of the association and our business purpose. “Remote areas of state” = Seven region offices service 159 cities with an average driving distance of 60 miles.	CEO, VP-Prog, VP-Dev	1) The Alzheimer’s Association struggles nationally and within the Georgia as being the leading organization promoting research, providing services and advocating for the disease.	1) Increase name-recognition and service capabilities throughout the non-metro areas of the state through the addition of one satellite office for each region.	1) Add an additional satellite office or personal representative in a rural area for each region through the use of volunteer personnel.
6. Effective utilization of regional and state office staff so that Regional staff are involved in more program/services and local fundraising activities and less administrative tasks.	“Efficiencies in time management” = Ability to stay on task “Overall productivity” = Ratio of a series of production values and their collective costs of input. “Reduction in errors and wasted time” = A product of creating efficiencies that increase productivity.	CEO, VP-Prog, VP-Dev, VP-Fin	1) The Georgia chapter is growing to the size where duplication of multiple operational activities in each region office site places a burden on maintaining consistency and yields inefficient results in task accomplishment.	1) Centralized fundraising data entry. 2) Centralized banking activities.	1) Centralized Atlanta-based grant writing and grant administration function. 2) Study Centralizing some aspects of Helpline.

### **2008-2011 Strategic Work**

1. Select and implement a comprehensive board governance model that addresses 1) role and responsibility, 2) identification, selection, review and retention of quality board members, 3) committee structures and 4) board officer-level succession planning.
2. Install ProPalms software and server environment that allows secure, fast, remote access to an employee's files and applications over any internet connection.
3. Establish a Microsoft Office Live Workspace that will allow interactive work and training (or educational) sessions to be conducted over the internet.
4. Establish a digital video recording studio capable of recording and producing long-term use video recordings, i.e., new employee orientation, job training, Program and Service family and professional education.
5. Create a distribution capability for all of the digital video content (Item 4) using website download, CD and DVD media.
6. Hire an experienced Human Resources professional to establish a full service HR function, including but not limited to, pay and benefit administration, performance management, employee relations, employee communications and job training.
7. Purchase signage to promote awareness for the Alzheimer's Association – Georgia Chapter along with contact information in remote areas of large geographic regions.
8. Establish satellite offices and/or employees to penetrate large geographic regions.
9. Expand Atlanta office to accommodate centralization of activities that will benefit the regional areas in productivity.
10. Establish a grant-writing/grant administration function.

### **2008-9 Priority Work**

1. Initiate board governance training.
2. Implement hardware and software to provide remote access to file servers.
3. Implement Human Resource management function.
4. Update job descriptions.
5. Initiate writing of job procedures for all positions.
6. Centralize banking services for operating account.
7. Implement grant writing and administration function.

**Projected Costs of Strategic Initiatives**

<b>STRATEGIC INITIATIVES WITH COST IMPLICATIONS</b>	<b>2009 Expense</b>	<b>2010 Expense</b>	<b>2011 Expense</b>	<b>TOTAL Expense</b>
1. Board Governance Training. (Facilitator, facility and travel costs.)	\$20,000	\$30,000		\$50,000
2. Provide remote access to computer network. (Hardware, software and implementation.)	\$20,000			\$20,000
3. Establish Human Resource management function. (.5 FTE Sal & Ben)	\$32,500	\$35,000	\$37,500	\$105,000
4. Establish grant administration function. (1.0 FTE Sal & Ben)	\$65,000	\$70,000	\$75,000	\$210,000
5. Atlanta Office Expansion (endowment)	\$106,500	\$62,000	\$64,000	\$232,500
<b>TOTALS</b>	<b>\$244,000</b>	<b>\$197,000</b>	<b>\$176,500</b>	<b>\$617,500</b>

## KRA 5 FUND DEVELOPMENT

### 2011 Key Results

1. Increase in Gross Annual Revenue from \$4.4M to \$6.2M (12% per year).
2. Increase in annual revenue from Individual Giving from \$860K to \$1.3M (15% per year) with it representing an increase as a percentage of Gross Annual Revenue from 19.5% to 21.1%
3. Increase in revenue from Special Events from \$2.4M to \$3.2M (10% per year) with it representing a decrease as a percentage of Gross Annual Revenue from 54.5% to 51.6%.
4. Doubling of the number of e-mail addresses on file from 32,000 to 64,000 and an increase in overall online giving from \$315K to \$500K.
5. Recruitment, nomination and training programs for volunteer leadership and fully recruited regional development, distinguished gifts, event committee and sub-committee structure & rosters.

Key Result (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
1. Increase in Gross Annual Revenue from \$4.4M to \$6.2M (12% per year)	Gross Annual Revenue = "Total Annual Revenue plus Special Events benefit to donor expense as presented in annual Georgia Chapter budget comparison document."  Per Year = "Fiscal year beginning July 1 and ending June 30 annually."	Tracked through chapter financials produced by Vice President of Finance.	\$4,414,189 Gross Annual Revenue as projected in FY08 budget.	\$4,949,891 Gross Annual Revenue	\$5,537,158 Gross Annual Revenue
2. Increase in annual revenue from Individual Giving from \$860K to \$1.3M (15% per year) with it representing an increase as a percentage of Gross Annual Revenue from 19.5% to 21.1%	Individual Giving = "Individual, direct marketing and organized giving revenue streams as coded and tracked in chapter financial systems."  Percent of Gross Annual Revenue = "Revenue from Individual Giving divided by Gross Annual Revenue."	Tracked by donor database reports provided by Vice President of Development.	\$859,085 Individual annual revenue as projected in FY08 budget.  19.5% of FY08 Gross Annual Revenue is projected to come from individuals.	\$987,947 Individual Annual Revenue.  20% of Gross Annual Individual Revenue	\$1,136,140 Individual Annual Revenue.  20.5% of Gross Annual Individual Revenue

Key Result (2011 Target)	Definitions	Approach to Tracking	2007-8 Baseline	2009 Target	2010 Target
3. Increase in revenue from Special Events from \$2.4M to \$3.2M (10% per year) with it representing a <u>decrease</u> as a percentage of Gross Annual Revenue from 54.5% to 51.6%.	<p>Special Events Giving =  “Memory Walk, golf, gala and other special events revenue streams as coded and tracked in chapter financial systems.”</p> <p>Percent of Gross Annual Revenue =  “Revenue from Special Events divided by Gross Annual Revenue.”</p>	Tracked by donor database reports provided by Vice President of Development.	<p>\$2,405,532 Special Event annual revenue as projected in FY08 budget.</p> <p>54.5% of FY08 Gross Annual Revenue is projected to come from special events.</p>	<p>\$2,646,085 Gross Special Events Revenue.</p> <p>53.5% of Gross Annual Special Event Revenue</p>	<p>\$2,910,693 Gross Special Events Revenue.</p> <p>52.6% of Gross Annual Special Event Revenue</p>
4. Doubling of the number of e-mail addresses on file from 32,000 to 64,000 and increase overall online giving from \$315K to \$500K.	<p>Email Addresses =  “Active email addresses stored in chapter donor database.”</p> <p>Online Giving =  “Gift received by Georgia Chapter given through an online source.”</p>	Tracked by donor database reports provided by Vice President of Development.	<p>31,745 current email addresses are on file and \$315,000 of FY08 revenue is projected to come from online sources.</p>	<p>41,268 Email addresses on file.</p> <p>\$378,000 from online revenue</p>	<p>53,648 Email addresses on file.</p> <p>\$453,600 from online revenue</p>
5. Recruitment, nomination and training programs for volunteer leadership and fully recruited regional development, distinguished gifts, event committee and sub-committee structure & rosters.	Fully staffed = “Through regional assessment and after program implementation having all volunteer leadership positions occupied.”	Tracked by annual regional development plans created by development team.	There is currently no baseline in place. The assessment portion of this KRA will establish the baseline.	Assessment and development of program materials.	Program deployed, staff trained.

### **2008-2011 Strategic Work**

1. Launch and maintain the Georgia Chapter web-based Monthly Giving Program.
2. Hire, train and deploy the Georgia-based Major Gifts Officer.
3. Retool organization to collect email addresses/ preferences at all points of contact.
4. Form a Shared Fundraising Task Force to monitor progress and make recommendations to Development Committee as necessary.
5. Re-design and further prioritize and personalize an enhanced mail program (Founder's Club).
6. Participate as development team in permanent awareness initiative.
7. Create and implement special events approval and review process for both Alzheimer's Association and third party events.
8. Develop and launch volunteer recruitment program.
9. Create and implement Georgia specific planned giving marketing plan in conjunction with national office.
10. Form E-philanthropy work group to construct test and implement E-philanthropy initiatives.

### **2008-9 Priority Work**

1. Recruit and form E-Philanthropy Workgroup to provide strategic guidance and oversight of web-based fundraising initiatives.
2. Develop Monthly Giving Program brand and collateral materials.
3. Develop Monthly Giving Program gift processing and management structure.
4. Test Monthly Giving Program solicitation in two to three regions, and launch web-based portion of the program statewide; Assess, retool as needed and prepare for full statewide launch no later than July 1, 2009.
5. Hire, train and deploy Georgia based Major Gifts Officer.
6. Begin development of Volunteer Recruitment and Retention Program through best practices assessment and current practice analysis.
7. Form Shared Fundraising Workgroup consisting of key Georgia Chapter and National stakeholders to monitor progress, make recommendations, and communicate results.
8. Create and rollout special event assessment tools that will serve as the basis for a future and more formal special events approval and review process.

**Projected Costs of Strategic Initiatives**

STRATEGIC INITIATIVES WITH COST IMPLICATIONS	2009 Expense	2010 Expense	2011 Expense	TOTAL Expense
1. Launch Monthly Giving Program	\$10,000	\$25,000	\$75,000	\$90,000
2. <i>Deployment of Georgia Based Major Gifts Officer (to be funded by national as part of shared fundraising)</i>	\$90,000	\$80,000	\$85,000	\$255,000
3. Create and Rollout Statewide Volunteer Recruitment and Retention Program	\$5,000	\$15,000	\$15,000	\$35,000
4. Create and Implement Planned Giving Marketing Plan	\$0	\$5,000	\$50,000	\$55,000
5. Fund Awareness Initiative as determined by KRA3.	*	*	*	*
6. Add Atlanta Metro Walk Manager	\$50K	\$55K	\$60K	\$165
<b>TOTALS</b>	<b>\$65,000</b>	<b>\$100,000</b>	<b>\$200,000</b>	<b>\$365,000</b>

## KRA INVESTMENT SUMMARY

<b>STRATEGIC INITIATIVES WITH COST IMPLICATIONS</b>	<b>2009 Expense</b>	<b>2010 Expense</b>	<b>2011 Expense</b>	<b>TOTAL Expense</b>
1. Advance Research	\$73K	\$73K	\$73K	\$221K
2. Enhance Care & Support	\$463K	\$549K	\$585K	\$1.597M
3. Raise Public Awareness	\$100K	\$200K	\$200K	\$500K
4. Build Capacity: People, Facilities & Systems	\$244K	\$197K	\$177K	\$618K
5. Build Capacity: Fund Development	\$65K	\$100K	\$200K	\$365K
<b>TOTAL "DO DIFFERNTLY COSTS" OVER 2007-8</b>	\$945K	\$1.119M	\$1.235M	\$3.301M
<b>REVENUE GAINS IN THIS PLAN OVER 2007-8</b>	\$435K	\$1.023M	\$1.686M	\$3.214M

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## KEYS TO IMPLEMENTATION

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1. It will be *The Plan*: Implementing our strategic plan is not a “side project.” It will be the essential template for the Chapter. Implementation will be led by the Board and the Executive Director so it is clear that it is *the Plan*.
2. We will communicate our *Written Plan*: The strategic plan is an opportunity to let everyone know where the Chapter is headed. We will make sure every stakeholder gets a summary copy of the plan in the appropriate format.
3. We will make the *Story of the Plan Visible*: The Vision, Mission, and Dashboard all lend themselves to being captured on mailers, board agendas, etc., i.e., visibly. The more the strategic plan is seen as a kind of “campaign” and given notoriety, the better.
4. We will *Integrate the Plan into our Budget*: The strategic plan has to be integrated into the budget and its priorities.
5. We will have *Up-to-Date Action Plans*: The strategic plan must be backed up by actions plans with clear timeframes and accountabilities at the staff and committee level. Action plans need to be updated at regular intervals during the year (at least semi-annually). Current status should be reported through the last column of an action plan grid.
6. We will *Integrate the Plan with Performance Management*: The accountability and work assigned in the strategic plan and action plan has to be integrated into performance goals, evaluation and incentives on both the staff and board sides. Without this integration, the strategic plan is like a car without fuel.
7. We will *organize Board Meetings and Management Meetings around the Plan*: The fundamental structure of all major executive meetings should be the same as the Key Result Areas (KRA’s) in the strategic plan. The strategic plan (and the corresponding action plan) needs to be monitored at such meetings regularly.
8. We will *Implement Visible, Do-Able Actions Early to Gain Momentum*: People will be watching to see if this is really going to happen or not. Early successes that are visible and that matter will let people know that leadership is serious about the plan.
9. We will *do Regular and Honest Reports on our Progress*. All stakeholders should get simple, easy to understand one page written updates on the Chapter’s performance on the Key Results at least semi-annually.
10. We will *Take Advantage of Every Opportunity to Celebrate Progress*: All opportunities for recognizing, celebrating and rewarding progress and achievement should be taken advantage of, e.g., verbal praise at meetings, e-mail and voice mail congratulations, blurbs in written material, recognition at major events or meetings, etc.