

Healthy Eating Active Living New Hampshire

Strategic Plan: Implementation Work Plan

July 1, 2011 – June 30, 2014

Adopted: July 28, 2011

Goal One: Increase the number and effectiveness of community coalitions to implement HEAL policy and environmental change strategies.

Goal One Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions
- (ST 6) Enhanced public and private resources for HEAL activities
- (ST 7) Best practices are documented and shared

Objective 1.1: By 2013, provide community coalition planning funding and support to 4 new community coalitions, at least 2 of which will be located in rural areas of the state. (Objective 1.1 Addresses the Following Logic Model Outcome(s):

- (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions.)

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
1.1.1	Identify and recommend at least 2 community needs assessment/action planning tools for coalitions.	By September 2011	HEAL Director		
1.1.2	Define the supports HEAL will provide to grantees and the requirements HEAL will make of grantees including: that they a) partner with an existing entity that has policy making authority; b) have a multi-sector coalition; and, c) focus on one food and one physical activity policy and/or environmental change.	By September 2011	HEAL Director		
1.1.3	Establish the criteria we will use to prioritize coalition selection.	July – December 2011	HEAL Director		
1.1.4	Develop and release a community coalition planning RFP.	July – December 2011	HEAL Director		
1.1.5	Launch community coalition planning grant program.	By March 2012	HEAL Director		

Resources Needed: DHHS OPP team, technical assistance consultants, existing community coalitions, web content consultant

Objective 1.2: By 2012, provide support to Round 1 Community Grant Program coalitions to sustain HEAL-related work after the grant period ends.

Objective 1.2 Addresses the Following Logic Model Outcome(s): (ST 6) Enhanced public and private resources for HEAL activities

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
1.2.1	Develop and implement an exit planning process with Round 1 grantees that includes a draft work plan for the next phase of their work.	October 2011 – March 2012	HEAL Director		
1.2.2	Ask experienced Round 1 coalition partners to serve as mentors and add them to the HEAL Technical Assistance Resource Matrix.	February – August 2012	HEAL Director		

Resources Needed: DHHS OPP team, existing coalitions

Objective 1.3: By 2014, provide at least 9 community coalitions across the state with ongoing access to training, technical assistance, best practices, tools and resources.

Objective 1.3 Addresses the Following Logic Model Outcome(s):

(ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals

(ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions

(ST 7) Best practices are documented and shared

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
1.3.1	Develop a community coalition resource toolkit to disseminate through the technical assistance team, website, and trainings.	By May 2012	HEAL Director		
1.3.2	Provide training opportunities annually on a minimum of at least 4 of the following: capacity building, coalition leadership, model HEAL strategies and policies, advocacy, cultural competency, communications and messaging, and role in the statewide HEAL infrastructure.	Ongoing	HEAL Director		
1.3.3	Provide 4 networking opportunities annually for sharing of best practices and lessons learned between community coalitions.	Ongoing	HEAL Director		
1.3.4	Establish pilot program for community-based policy and advocacy training.	April 2011 – December 2011	FHC Executive Director		

Resources Needed: DHHS OPP team, technical assistance consultants, existing coalitions, web design consultant, web content consultant

Goal Two: Advance a healthy eating and active living policy agenda through state level partnerships.

Goal Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established

Objective 2.1: By 2014, facilitate the adoption and implementation by the NH Board of Education minimum standards for healthy foods and beverages in schools.

Objective 2.1 Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
2.1.1	Provide education at hearings and write letters to NH Board of Education in support of minimum standards for availability and distribution of healthy foods and beverages in all schools throughout the school building during the school day.	July – August 2011	FHC Executive Director, DHHS OPP Manager		
2.1.2	Disseminate school nutrition standards (if approved) to HEAL community coalitions and partners.	January 2012 – June 2014	Communications Consultant		
2.1.3	Provide resources through the HEAL website and technical assistance process to assist HEAL community coalitions and partners to implement the school nutrition standards (if approved).	By March 2012	HEAL Director		

Resources Needed: DHHS OPP team, Community Health Institute, DOE, community coalitions, communications consultant, web content consultant

Objective 2.2: By 2014, form partnerships and provide resources to facilitate the ability of communities to incorporate healthy eating and active living strategies into land use, planning, transportation, food systems and community development processes.

Objective 2.2 Addresses the Following Logic Model Outcome(s):

(ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals

(ST 2) Effective cross-sector collaborations and partnerships are established

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
2.2.1	Partner with all NH Regional Planning Commissions to integrate HEAL strategies into municipal land use, planning and transportation processes.	July 2011 – June 2014	HEAL Director		
2.2.2	Provide representation on the NH Food Systems Advisory Council to integrate HEAL strategies into food systems.	July 2011 – June 2014	HEAL Director, Executive Director or DHHS OPP Manager		
2.2.3	Post land use, planning, transportation and food systems resources on HEAL website.	By January 2013	Web Content Consult		
2.2.4	Provide land use, planning, transportation and food systems resources to HEAL community coalitions and partners through the technical assistance process.	January 2013 – June 2014	HEAL Director		
2.2.5	Reach out to and educate at least 2 local community development authorities about HEAL strategies and activities.	January – December 2012	Foundation for Healthy Communities Executive Director		

Resources Needed: RPCs, DOT, DHHS, Dept. of Agriculture, food outlets, community development organizations, community coalitions, web content consultant, communications consultant

Goal Three: Deliver healthy eating and active living policy and environmental change messages to target audiences using the *HEAL Communications Strategy 2011* document as a blueprint.

Goal Addresses the Following Logic Model Outcome(s):

(ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals

Objective 3.1: By 2014, develop and implement a marketing campaign to communicate HEAL vision, mission and strategies.

Objective 3.1 Addresses the Following Logic Model Outcome(s):

(ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
3.1.1	Conduct editorial board meetings with at least 5 media outlets throughout the state.	July 2011 – June 2014	Communications Consultant		
3.1.2	Develop and distribute at least 12 media releases and op-eds annually from the HEAL Home and community coalitions.	Ongoing	Communications Consultant		
3.1.3	Drive traffic to the HEAL website through distribution of monthly e-newsletter, Facebook and Twitter.	Ongoing	Web Content Consultant		

Resources Needed: DHHS OPP team, community coalitions, web content consultant, communications consultant, Speakers Bureau panelists

Objective 3.2: By 2014, provide communication tools, resources and support to community coalitions and stakeholders.

Objective 3.2 Addresses the Following Logic Model Outcome(s):

(ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
3.2.1	Post the HEAL communication toolkit and other media resources on HEAL website.	July 2011 – June 2012	Web Content Consultant		
3.2.2	Provide electronic networking opportunities, in addition to HEAL Facebook and Twitter, for community coalitions and stakeholders to share information.	January 2012 – December 2012	Web Content Consultant		
3.2.3	Develop a HEAL website media resource section and make available to HEAL community coalitions and partners.	January 2013 – June 2014	Web Content Consultant		
3.2.4	Conduct annual trainings for community coalitions and partners on HEAL messaging and communication strategies.	Ongoing	Communications Consultant		
3.2.5	Provide communications support and technical assistance to community coalitions.	Ongoing	Communications Consultant		
3.2.6	Develop and embed HEAL awards in at least 3 partner organizations.	July 2011 – June 2014	HEAL Director		
3.2.7	Disseminate HEAL brochure, and develop and disseminate a minimum of 3 healthy eating active living fact sheets/policy briefs to HEAL coalitions and partners.	July 2011 – June 2014	HEAL Director		
3.2.8	Engage at least 3 new partnerships per year through HEAL presentations at conferences, meetings and events throughout the state.	July 2011 – June 2014	HEAL Director		
3.2.9	Conduct annual HEAL events at regular intervals to provide up-to-date information on best practices for implementing healthy eating and active living interventions at the state and community level.	Ongoing	Conference Planning Consultant		

Resources Needed: DHHS OPP team, community coalitions, web content consultant, communications consultant, DOE, NH Hospital Association, BIA, RPC

Goal Four: Secure the necessary people, finances and organizational supports to achieve HEAL’s strategic goals.

Goal Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established
- (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions
- (ST 4) Enhanced capacity to conduct advocacy at the state and local levels
- (ST 5) HEAL committees are effective in implementing workplans
- (ST 6) Enhanced public and private resources for HEAL activities

Note that this goal also addresses Long Term Outcome re. the Sustainability of HEAL coalitions and institutionalization of HEAL programs and policies

Objective 4.1: By 2012, fully define the role of the Leadership Council in advancing the HEAL policy and environmental change agenda.

Objective 4.1 Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established
- (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions
- (ST 4) Enhanced capacity to conduct advocacy at the state and local levels

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
4.1.1	Identify the Leadership Council’s function, structure and relationship to HEAL committees and in advancing HEAL’s strategic goals.	January – September 2012	Leadership Council		
4.1.2	Leadership Council to endorse criteria for supporting policy and advocacy efforts.	January – December 2012	FHC Executive Director		
4.1.3	Recruit at least one leader/champion to the Leadership Council for each of the policy and environmental change priorities we are addressing through our statewide initiatives and local coalitions.	January – September 2012	HEAL Director		
4.1.4	Engage each Leadership Council member to identify at least one way s/he can influence HEAL policy priorities.	June – December 2012	HEAL Director		

Objective 4.1 (con't.): By 2012, fully define the role of the Leadership Council in advancing the HEAL policy and environmental change agenda.

4.1.5	Engage 25% of Leadership Council members to participate in Speakers Bureau training.	July – December 2011	HEAL Director		
4.1.6	Ask Leadership Council members to report on any work they have done since the last meeting to engage individuals from their sectors with the HEAL work.	July 2011 and On-Going	HEAL Director		

Resources Needed: Leadership Council, community coalitions, DHHS, communications consultant

Objective 4.2: By 2014, reassess and revise the committee structure to function more effectively in relation to HEAL’s strategic goals.

Objective 4.2 Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established
- (ST 4) Enhanced capacity to conduct advocacy at the state and local levels
- (ST 5) HEAL committees are effective in implementing workplans

(Note – this objective also addresses Long Term Outcome #5: Sustainability of HEAL coalitions and institutionalization of HEAL programs and policies)

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
4.2.1	Annually revisit the roles and responsibilities of the Evaluation and Sustainability Committees as standing committees to address ongoing operational priorities.	September 2011 – December 2014	HEAL Director		
4.2.2	Convene committees as needed to fulfill annual HEAL goals and Leadership Council Decisions.	September 2011 – June 2014	HEAL Director		
4.2.3	Provide representation on the NH Diversity Task Force to assure HEAL is aligned with equity-focused priorities.	July 2011 – June 2014	HEAL Director and FHC Cultural Diversity Project Director		

Resources Needed: Leadership Council, DHHS, RPC, DOE, DOT, Dept. of Agriculture, community development organizations, NH Diversity Task Force

Objective 4.3: By 2014, implement a multi-year diversified revenue strategy that ensures financial stability.

Objective 4.3 Addresses the Following Logic Model Outcome(s):
 (ST 6) Enhanced public and private resources for HEAL activities

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
4.3.1	Define annually level of funding needed and create a fund development plan, using the resources of the Finance Project sustainability training.	September 2011 – March 2012	HEAL Director		
4.3.2	Obtain funding commitments through 2014 from HEAL's <u>current</u> private and public funders.	July 2011 – June 2012	HEAL Director, FHC Executive Director		
4.3.3	Work with HEAL partners to secure <u>additional funding from federal sources</u> to support HEAL activities (e.g., ARRA grants, Health Care Reform Act, Sustainable Communities etc.).	July 2011 – June 2012	HEAL Director		
4.3.4	Identify and distribute funding opportunities to coalitions.	July 2011 – June 2014	HEAL Director, DHHS OPP		
4.3.5	Persuade 2 or more funders in the state to incorporate HEAL strategies into grant requirements and give preference to HEAL communities in their grant RFPs.	July 2011 – December 2012	HEAL Director		

Resources Needed: Current HEAL funders, DHHS, Sustainability Committee, community coalitions, academic partners

Goal Five: Develop and implement an evaluation system to make informed decisions about future direction of HEAL.

Objective 5.1: By 2012, develop and begin execution of an evaluation plan to determine the impact of HEAL strategic plan goals and objectives.

Goal Addresses the Following Logic Model Outcome(s):

- (ST 1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals
- (ST 2) Effective cross-sector collaborations and partnerships are established
- (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions
- (ST 4) Enhanced capacity to conduct advocacy at the state and local levels
- (ST5) HEAL committees are effective in implementing workplans.
- (ST 6) Enhanced public and private resources for HEAL activities
- (ST 7) Best practices are documented and shared

Objective 5.1 Addresses the Following Logic Model Outcome(s): ST 1-7 (see list above)

	Activity	Timeframe	Responsible Person	Progress Reporting	✓
5.1.1	Develop case studies of coalitions receiving support through community grants program.	Sept 2012 (Round 1) Apr Sept 2014 (Round 2)	Evaluation Consultant		
5.1.2	Establish criteria for and evaluate effectiveness of state level partnerships in advancing HEAL policy changes.	April 2012 – June 2014	Evaluation Consultant		
5.1.3	Administer and analyze post-training/conference surveys	July 2011 – June 2014	HEAL Director		
5.1.4	Administer and analyze survey of coalition leadership/membership about TA and training support model.	Oct 2012-June 2014	Evaluation Consultant		
5.1.5	Administer and analyze annual coalition member survey.	Mar 2012 – June 2014	Evaluation Consultant		
5.1.6	Monitor statewide obesity related indicators.	April 2012 – June 2014 (biannually)	DHHS Epidemiologist		
5.1.7	Update the HEAL strategic and evaluation plan based on evaluation results.	December 2013 – June 2014	HEAL Director		

Resources Needed: DHHS, CDC, Evaluation Committee

Objective 5.2: By 2014, disseminate evaluation findings to HEAL stakeholders and partners to share lessons learned and promote best practices.

Objective 5.2 Addresses the Following Logic Model Outcome(s):
 (ST 3) Communities and organizations are using HEAL resources to implement HEAL interventions
 (ST 4) Enhanced capacity to conduct advocacy at the state and local levels
 (ST 7) Best practices are documented and shared

	Activity	Timeframe	Responsible Person	Progress Reporting	
5.2.1	Disseminate coalition case study report and related materials [TBD].	Sept-Nov 2012 Sept-Nov 2014	HEAL Director		
5.2.2	Report outcomes annually to funders, Leadership Council, and state and community level partners.	February 2012 – June 2014	HEAL Director		
5.2.3	Publicize “lessons learned” on HEAL website, and at presentations, trainings, and networking sessions.	February 2012 – June 2014	HEAL Director		
5.2.4	Publicize DHHS obesity reports.	July 2011 – June 2014	HEAL Director		

Resources Needed: DHHS, CDC, Evaluation Committee, evaluation consultant, community coalitions, communications consultant, web content consultant

HEAL LOGIC MODEL

HEAL Vision: All New Hampshire residents enjoy health and quality of life through healthy eating and active living.

STRATEGIES & ACTIVITIES

Communications Campaign:

- Website
- Annual statewide conference
- PSAs and media messages
- Outreach to media
- Speaking engagements

Partnership Building:

- Identify & involve stakeholders from diverse sectors
- Engage partner organizations to recognize HEAL in their professional organizations

Policy & Environmental Change Agenda:

- Support stakeholders in developing policies to address healthy eating and active living
- Advocacy training

Community Investments:

- Develop, implement & evaluate CGP
- Coalition building workshops
- Provide TA and tools to communities

Program Development:

- Tools, templates and resources on web

Capacity Building:

- HEAL Home & committees
- Establish and implement sustainability strategies
- Undertake continuous improvement process

SHORT-TERM OUTCOMES

(ST1) Increased awareness of HEAL and priority interventions among organizations, communities, and individuals (See Obj. 1.3; 2.1; 2.2; 3.1; 3.2; 4.1; 4.2; 5.1)

(ST2) Effective cross-sector collaborations and partnerships are established (See Obj. 2.1; 2.2; 4.1; 4.2; 5.1)

(ST3) Communities and organizations are using HEAL resources to **implement HEAL interventions** (See Obj. 1.1; 1.3; 4.1; 5.1; 5.2)

(ST4) Enhanced capacity to conduct advocacy at the state and local levels (See Obj. 4.1; 4.2; 5.1; 5.2)

(ST5) HEAL committees are effective in implementing workplans. (See Obj. 4.2, 5.1, 5.2)

(ST6) Enhanced public and private resources for HEAL activities (See Obj. 1.2; 4.3, 5.1)

(ST7) Best practices are documented and shared (See Obj. 1.3; 5.1; 5.2)

INTERMEDIATE OUTCOMES

Increase practice changes within schools, worksites, food establishments, health providers and cities & towns in HEAL-funded communities

Increase in the number, reach and quality of programs in place to support healthy eating and active living in HEAL-funded communities

Increase in number, reach and quality of policies and standards in place to support healthy eating and active living in HEAL-funded communities

LONG-TERM OUTCOMES

Increased levels of physical activity

Increased fruit and vegetable consumption

Increased proportion of youth and adults maintaining a healthy weight

Decreased obesity prevalence

Sustainability of HEAL coalitions and institutionalization of HEAL programs and policies