**Community Action Plan (CAP) – Category A Sub-recipients**

Community Action Plans (CAPs) are a required component of the National Implementation and Dissemination for Chronic Disease Prevention award. The CAP provides a workplan for the project period as well as provides a tool for aggregating information across Category A grantees.

Please find below three sections to guide the creation and completion of your CAP: 1) Category A CAP; 2) Local Context; 3) Individual CAP workplan.

Please find definitions of terms at the end of this document.

**Section One: Category A CAP**

All grantee CAPs will be integrated into Category A CAPs. The first table below describes the project period objective (PPO), providing a general framework for all of our work in this focus area. The second table provides space for grantees to describe the overall project goal for your primary area of focus.

**APA Details**

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| --- | --- | --- | --- | --- | --- | --- |
| **Area of Focus:** Physical Inactivity | | | | | | |
| **Goal:** Increase the number of people with access to physical activity opportunities. | | | | | | |
| **APA’s Project Period Objective (PPO):** Increase the number of people with improved access to physical activity opportunities from 0 to 3 million by September 2017. | | | | | | |
| **APA Objective (AO-02)**: Increase the number of grantee communities receiving financial support to work to increase access to physical activity opportunities from 0 to 9. | | | | | | |
| Measurement | Direction of Change | Unit of Measurement | What Will Be Measured | Baseline | Target | Data Source |
|  | Increase | Number of Communities | Grantee communities receiving financial support working to increase access to physical activity opportunities. | 0 | 9 | APA, APHA, and grantee data |
| Timeframe | April 2015 – March 2015 | | | | | |
| Intervention Description | Achieving the AO 02 milestones will result in approximately 9 communities receiving financial support for work at the intersection of planning and public health. The milestones raise awareness about the importance of integrating planning and public health as well as raise awareness about the opportunity for physical activity coalitions working at this intersection. | | | | | |
| Intervention Justification | In order to increase the number of people with improved access to physical activity opportunities, funded support of grantee communities, including planning and public health professionals, need to be established. | | | | | |
| Projected Reach (Units) | 9 communities | | | | | |
| Projected Reach (People) | 750,000 | | | | | |

**Grantee Details**

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| --- | --- | --- | --- | --- |
| **Target Community** | **Setting**  Community, Jurisdiction | **Baseline** | **Target Calculation** | **Reach** |
| **Location**  Ten small/rural towns served by the Eastern Highlands Health District (EHHD) in Eastern Connecticut | *Planning and Zoning Commissions (PZC), and other elected/appointed officials, and resident groups in ten small rural towns in Eastern Connecticut: Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington.* | *Zero.* | *100% of the population*  *Reach = 100% of the population* | *80,000 people residing in the EHHD territory through policy, systems, and environmental changes implemented as a result of the project.*  *100% Reach = 80,000 residents* |
| **Population Focus**  General population residing in the catchment area, by means of engaging local planning and zoning commissions, and citizen groups. |

**Section Two: Local Context**

All planned strategies for this project are intended to move the ten towns served by EHHD towards a more uniform approach to increasing equitable access to active living opportunities (i.e. walkability, bikeability, parks/trails connectivity, public transportation to parks/trails, equity considerations to increase equitable access). While this is a more long-term outcome that will be achieved beyond the 12-month implementation period, the short-term outcomes are linked towards strengthening a more uniform and equitable culture of health across all ten towns, by way of increasing knowledge and self-efficacy of local leaders, elected officials, and residents.

Primary Area of Focus

1. **Project Strategy: Increase the number of local leaders and elected officials who believe they are equipped with the information, tools, and resources needed to equitably increase opportunities for active living in their communities.**

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|  | **Milestone** | **Considerations** |
| 1.1 | **Develop a toolkit for local rural planning and zoning commissions, elected officials and advisory boards by October 2015. The purpose of the toolkit is to increase awareness about steps and actions that can be taken to equitably increase opportunities for physical activity within local small/rural communities.** | * Volunteers serving in these leadership positions may have varying degrees of expertise, training, and background on these topics and issues. * Need to increase the intended audience’s understanding of the power they hold in making these important planning decisions (their role can be more than solely a regulatory role) * Need to acknowledge that they may already be doing some of the things that will be included in the toolkit (i.e. building trails) but making the connection to the fact that while they may have been doing it because “they like” trails (recreation), it also fulfills another benefit which is connected to improving health outcomes such as preventing chronic disease through greater access to active living opportunities (even from the perspective of active transportation beyond recreation purposes). We can now focus on the opportunity to increase equity in access to these trails (connectivity of trails, access by public transport routes, etc.) * Not all towns are equipped with permanent full time staff to assist local leaders with their community planning and zoning functions. The gap is often bridged through the use of consultants, resulting in opportunities for sustainability of efforts and consistency of approach over time. * Most towns do not have a formalized or institutionalized process for training and orienting new elected/appointed officials and leaders about relevant planning and zoning functions, issues, topics, and resources. * Many of the potential decisions that could improve the built environment go beyond the scope of local PZCs, hence the need to engage other elected/appointed officials, advisory boards, and resident groups (e.g. funding a new bikeway would need town council approval in most towns.) |
| 1.2 | **Partner with local rural planning and zoning commissions, and other elected officials and advisory boards to disseminate the toolkit and promote policy, systems, and environmental change.** | * Need to get on meeting agenda ahead of time * May be hard to keep the audience attention and focus if meeting agenda is full with other topics * May be worthwhile considering to meet with commission members 30 minutes before official meetings start, and hold focus group/discussion with them during formative phase of the project, as well as one-on-one meetings over coffee to get engagement at the very beginning. They will become the key informants for toolkit development, as well as champions for dissemination later on. This will be particularly important in those communities who do not benefit from the support of P&Z staff to help chaperone this project along. Members of PZAC shared names of other local people whom we should share this project with and possibly invite to sit on the PZAC or at least serve as a key informant. * Membership changes over time, so we need to plan for sustainability of effort and institutionalization of training process and toolkit utilization. What can we do to ensure the toolkit is passed on to and used by new officials as they begin their service after the project life? * May not be able to attend a seminar, workshop, training, or conference outside of already scheduled commission meetings (remember they are volunteers, not staff)🡪 ask them! Involve them in the plan making from the very beginning! * Consider using available technology to disseminate product: webinar in which people can participate live as well as stream at a later time? Their time availability is limited and they all function as volunteers. We cannot ask too much of them, in addition to what they already contribute! Perhaps we can ask SOPHE/DHPE for TA on creating webinars. * How do we make this toolkit and dissemination process engaging and compelling? 🡪 Communication piece is crucial. Can we use a multimedia approach (video clip)? Should we use experiential learning methods? Active and engaging methods are effective in creating personal connection and relevance to the issues. Also connected to the issue of relevance, we need to think about how to change our residents’ inclination from being “reactive” to “proactive” in their involvement in local planning decisions. We do so by finding alternative ways to connect to different sectors of our local population and broadening the lenses to this being a “community” issue, rather than a regulatory property by property issue (i.e. focus on walkability, bikeability, connectivity of trails, etc.) * Tone is key. Because of varying experience levels, the tone needs to be basic enough for everyone to understand, but not too basic to disengage those with higher levels of experience and expertise. Including members of the priority population in the planning of the dissemination will be key in ensuring that the dissemination efforts are effective. * With elections coming up in November, can we find champions who are set on building a legacy and tradition of health in all policies? |

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|  | **Milestone** | **Resources/Supports** | **Setting & Population** | **Reach**  *(baseline, target)* |
| 1.1 | **Develop a toolkit for local rural planning and zoning commissions, elected officials and advisory boards by October 2015. The purpose of the toolkit is to increase awareness about steps and actions that can be taken to equitably increase opportunities for physical activity within local small/rural communities.** | *EHHD staff*  *CHART Planning and Zoning Advisory Committee (PZAC)*  *PZC members/key informants*  *Content expert consultant*  *Published resources, toolkits, and resources from other organizations*  *Planning and Community Health Center (APA)* | *10 small/rural towns in Eastern Connecticut.* | *0 🡪 10 towns in Eastern Connecticut will have access to the developed toolkit.* |
| 1.2 | **Partner with local rural planning and zoning commissions, and other elected officials and advisory boards to disseminate the toolkit and promote policy, systems, and environmental change.** | *EHHD staff*  *CHART Planning and Zoning Advisory Committee (PZAC)*  *CHART PR and Communications Committee (PCC)*  *PZC members/key informants*  *Local towns IT departments*  *Town managers/first selectmen/mayors*  *SOPHE/DHPE Technical Assistance on effective dissemination strategies (i.e. webinars, experiential learning modalities, website development, blogging, etc.)* | *10 small/rural towns in Eastern Connecticut. Dissemination channels will include online tools (i.e. coalition, EHHD, and town websites, webinars, social media channels)and in person meetings with individual and small groups of local officials, as well as more formal workshops and meetings as applicable.* | *Elected and appointed officials in 10 towns in Eastern Connecticut will be reached through seminars, workshops, webinars, online resources and printed copies of the toolkit. Baseline 0, Target 100 officials. The toolkit will then be shared with other similar communities across the state through various dissemination channels.* |

1. **Project Strategy: Increase the number of local residents engaged in the democratic process influencing local planning and zoning decisions.**

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|  | **Milestone** | **Considerations** |
| 2.1 | **Engage local residents to increase civic engagement and influence over local planning and zoning decisions.** | * How do you motivate local residents to show up at trainings and workshops? Do we show up at meetings they are already going to and get on their agenda (instead or in addition to ad-hoc meetings/workshops)? * How do you make the message compelling enough to get residents passionate about the issue? How do we shift from a reactive to a proactive resident culture surrounding planning and zoning issues? We need to broaden the lens from a property-based perception of planning and zoning, to the value of community-based planning and zoning, increasing the relevance for more community members. * How can we involve the local UCONN student population to engage? (Undergrad student government and PIRG group) * How do we fire up our social media channels with engaged residents? * We need to invest in coalition branding and communication strategy to become more accessible and appealing to residents * How do we ensure diversity in our CHART membership and in the resident groups we reach, in terms of socioeconomics, race/ethnicity, language and needs? Who needs to be at the table, and is not yet? * Where are the social networks created and sustained in our towns? Libraries, grocery stores, community centers, schools, community playgrounds, annual town festivals, farmers markets… How do we integrate these places and the people running these places into our coalition’s effort? What’s in it for them? |

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| --- | --- | --- | --- | --- |
|  | **Milestone** | **Resources/Supports** | **Setting & Population** | **Reach**  *(baseline, target)* |
| 2.1 | **Engage local residents to increase civic engagement and influence over local planning and zoning decisions.** | *EHHD Staff*  *CHART PR & Communications Committee (PCC)*  *CHART Consumer Advisory Committee (CAC)*  *Local Parent Teachers Organizations (PTO)*  *Local Early Childhood Collaboratives*  *Local relevant advocacy groups*  *Local Facebook page groups*  *SOPHE/DHPE Technical Assistance on effective community engagement and advocacy strategies (ie. Social media, press releases, op eds, letters to the editors, message framing, website development, blogging, experiential learning modalities, etc.)* | *10 small/rural towns in Eastern Connecticut.* | *0 🡪20 resident groups*  *70 🡪200 social media followers* |

**Section Three: Workplan**

The final section of tables provides a clear workplan, mapping specific tasks with the project timeline.

Primary Area of Focus

**Milestones 1.1 – 1.2**

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| **ID** | **Tasks** | **Lead Staff** | **Support Staff** | **Completion Date** | **Outputs/Measures** |
| 1.1 | *Engage coalition members and identify members for subcommittees (PZAC, CAC, and PCC)* | *Rob* | *Executive Leadership Team* | *Ongoing* | * *Coalition meeting sign-up sheets* * *Coalition meeting notes and communication messages* |
| *Hire and engage content expert consultant* | *Executive Leadership Team* | *Jordana* | *04/27/15* | * *CV of hired consultant* * *Contract with hired consultant* |
| *Consult Planning and Zoning Advisory committee (PZAC) -a subcommittee of the CHART coalition - on topics, priorities, and resources, as well as recommendations for key informants* | *Jordana* | *PZAC members* | *04/28/15* | * *Identified 10 or more key informants* * *Identified resources to be reviewed and vetted for inclusion in the toolkit* * *Identified proposed priorities and topics to be developed in toolkit* |
| *Conduct key informant interviews* | *Jordana* | *PZAC members* | *04/30/15* | * *At least 10 de-identified interview transcripts, analyzed for emerging themes* |
| *Learn about “healthy by design” concepts, attend PZC meetings, research, gather, and evaluate available resources and tools pertinent to small/rural communities.* | *Jordana* | *Joanna M. (EHHD intern) and PZAC members* | *05/29/15* | * *Systematic review chart of available resources and tools* * *Glossary of key planning/public health terms and concepts* * *Details of PZC meetings attended (#, location, dates, observations, etc.)* |
| *Obtain approval from CHART coalition at large on tentative outline of toolkit* | *Jordana* | *CHART members* | *04/28/15* | * *Draft outline of toolkit and meeting notes documenting coalition approval* |
| *Write draft of toolkit* | *Jordana* | *Joanna M. (EHHD intern)* | *06/30/15* | * *Draft of toolkit* |
| *Review and revise toolkit draft* | *EHHD members* | *Jordana* | *07/15/15* | * *Revised draft of toolkit* |
| *Identify and engage graphic designer for overall toolkit layout and look* | *Executive Leadership Team* | *CHART members* | *07/30/15* | * *Contract with hired graphic designer* |
| *Identify and engage IT solutions for online and multimedia publishing* | *Executive Leadership Team* | *Town of Mansfield IT department and SOPHE/DHPE Technical Assistance* | *08/28/15* | * *Products from online launch of toolkit (website, toolkit for download, webinar, video clips, etc.)* |
| *Share draft of toolkit with members of the priority population for beta-testing* | *PZAC members* | *Jordana* | *08/28/15* | * *Revised toolkit draft* |
|  | *Revise draft based on beta-testing feedback* | *Jordana* | *Graphic Designer* | *09/30/15* | * *Final draft of toolkit* |
|  | *Print hard copies of toolkit* | *Jordana* | *Millie* | *10/15/15* |  |
| 1.2 | *Plan content and format of dissemination workshops and other relevant/appropriate dissemination channels* | *PZAC* | *Jordana* | *08/28/15* | * *Agenda of meetings and outline of session plans* |
| *Identify and secure speakers/facilitators of workshops* | *Executive Leadership Team* | *CHART members* | *08/28/15* | * *CV of speakers* * *Contract/invoices* |
| *Schedule workshops and meetings* | *Jordana* | *PCAC and CAC members* | *08/28/15* | * *Scheduling details and locations* |
| *Promote workshops and pre-register participants* | *CHART Members* | *Jordana* | *12/01/15* | * *Documentation of promotion efforts* |
| *Prepare workshop materials* | *Executive Leadership Team* | *Jordana* | *10/15/15* | * *Copies of materials* |
| *Hold dissemination workshops and meetings* | *Jordana* | *Executive Leadership Team, CHART members* | *01/31/16* | * *Record of meetings attended and workshops held, including reach and notes as applicable* * *Pre- and post- assessments as appropriate* |
| *Collaborative with local towns to institute a protocol for continued use of toolkit beyond project life* | *PZAC members* | *Jordana* | *03/31/16* | * *Sustainability plan* |

**Milestones 2.1 – 2.2**

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| --- | --- | --- | --- | --- | --- |
| **ID** | **Tasks** | **Lead Staff** | **Support Staff** | **Completion Date** | **Outputs/Measures** |
| 2.1 | *Identify dissemination channels appropriate for local residents* | *CHART members, PCC members, CAC members* | *Jordana* | *07/30/15* | * *Dissemination plan/strategy with identified channels, dates, locations, contact people, local champions, etc.* |
| *Plan content and format of dissemination workshops and meetings* | *CAC members* | *Jordana* | *12/31/15* | * *Agenda of meetings and outline of session plans* |
| *Hold dissemination workshops and participate in already scheduled meetings for local resident groups* | *Jordana* | *CHART members* | *03/31/16* | * *Record of meetings attended and workshops held, including reach* * *Pre- and post- assessments?* |
| *Engage residents through online platforms (i.e. social media, website, webinars, blogging)* | *Jordana* | *PCC members* | *03/31/16* | * *Record of products from online outreach effort (blog, social media posts, webinar, video clips, etc.)* * *Estimated reach* |
| *Engage residents through traditional media outreach (press releases, media interviews, tabling at events and farmers markets, etc.)* | *Jordana* | *PCC members*  *CAC members*  *Executive Leadership Team*  *PZAC members and PZC FR key informants* | *03/31/16* | * *Record of outreach details and documentations of relevant efforts* * *Estimated reach* |

**CAP TERMS AND DEFINITIONS**

**Annual Objective (AO)** is a measureable change in supportive policy, systems, or environment that affects healthy behavior. Each AO relates to only one Project Period Objective (PPO). Because grantees are working on a 12-month implementation timeline, all grantee goals will be considered AOs.

**Baseline** is the starting point for your measurement of change. If you’re introducing a new strategy, the baseline will be zero. If you are continuing work, you may need to spend time thinking about how to capture a starting point that will help you articulate what you are adding through this project.

**Community Action Plan (CAP)** is a combination of project period and annual objectives that, when considered together, will lead to successful accomplishment of the short-term objectives outlined by the CDC.

**Goals** are broad categories of approaches to change health behaviors (e.g. improving access to health foods and beverages or improving access to physical activity).

**Milestones** break the strategies down into more manageable steps. Milestones (or activities) connect the work to the challenges and opportunities of your local context and start to build a workplan for your project.

**Output/Measures** are the products of all your work. Each task will lead to something—and that something is what we will count and evaluate. In some cases, task outputs are clear numbers or a definitive product. But, in many cases, you will produce a range of output types and spend time building systems and relationships that aren’t easy to quantify—and that’s okay. We want to understand your work; a more complete picture is a more realistic picture, even if it involves lots of different parts.

**Population Focus** is who, in your jurisdiction (county, city, neighborhood), will be the focus of interventions. *General/Population Wide* implies that everyone in the funded geographic area will be equally impacted as opposed to only addressing the needs of specific population with higher risk. *Specific Population* means that you are intentionally targeting your strategies.

Please see population categories below:

Gender

* Female
* Male

Race

* African American or Black
* American Indian or Alaska Native
* Asian Indian
* Chinese
* Filipino
* Japanese
* Korean
* Vietnamese
* Other Asian (Specify)
* Native Hawaiian or other Pacific Islander
* White
* Other (Specify)

Ethnicity

* Hispanic or Latino
* Not Hispanic or Latino

Age

* Infants and Toddlers
* Children
* Adolescents
* Adults
* Older Adults

Geography

* Rural
* Urban
* Frontier

Other Populations

* Low Socioeconomic Status (SES)
* Disability
* Other (Specify)

**Project Period Objectives (PPOs)** are the big picture outcomes for entire project—and capture the measureable change that will result from the implementation of one or more AOs over the course of the funding period. We are all united about increasing health equity around one of the key areas: access to healthy food or beverage options, access to physical activity opportunities, access to care, and access to tobacco-free environments. Category A organizations have determined their PPOs for this project; our PPOs will connect all of your individual work.

**How do we figure out our reach?**

Reach is the estimated number of unique new individuals potentially impacted by program interventions. Reach only counts one person one time. Reach will never be more than the total population of your settings. For this project, we require you to reach 50% of the target community.

If you are not sure how to develop a realistic estimate of reach, please use one of the following data sources:

* Alteryx Analytics Gallery (formerly Free Demographics): <https://gallery.alteryx.com/demographics/>
* Community Commons: <http://www.communitycommons.org/>
* United States Census Bureau: <http://www.census.gov/>

**Reach** is the estimated number of unique new individuals potentially impacted by program interventions. Reach is often challenging to capture; please see the box below for additional details and resources.

**Settings** are where the work takes place. All projects have a designated geographic area and are working in the community at a jurisdiction level (county, city, municipality or neighborhoods). Settings could include more specific places (schools, worksites, hospitals, or childcare centers), depending on your particular project goals.

**Strategies** start to articulate the main ways the project will be implemented. We anticipate a few strategies for each project, including one focused on communications and dissemination. Each strategy has a setting and an estimated reach with a baseline and target measurement.

**To create a SMART strategy, consider the following:**

**Direction of Change**: Select the direction of change that will be measured and indicate if you plan to increase, decrease, or maintain the objective.

**What will be measured**: Determine what will be measured in the strategy, only one indicator and setting/sector should be measured per objective (e.g. schools that offer 30-minutes of physical activity).

**Baseline**: Identify the baseline figure for what will be measured. The baseline should be related to the setting or sector where the policy, system or environmental improvement is occurring.

**Target**: Identify the target figure for what will be measured. The target should be related to the setting or sector where the policy, system or environmental improvement is occurring.

**Tasks** capture the day-to-day work of your project.

**Target** is the ending point for your measurement of change and is meant to capture a realistic estimate of growth during the project period.