Community Action Plan

University of Colorado
REACH 2012

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Overview

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- Requirements for a Community Action Plan Revisited
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  - Activities/Milestones
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Why the Need for a Community Action Plan?

- CDC required Infrastructure component
- Haven’t we done this already?
  - Yes and No
  - Community Action Plan must be informed by your CAPS
  - Preliminary plans were proposed work plans/proposed Scope of Work
  - Action Plan may change bases on you CAPs, but may not
  - Changes should not effect your Scope of Work
    - Same requirements as before.
    - Scope of work does not change only potential PSE strategies
    - CAPS can provide ideas for alternative/optional PSE strategies
Requirements of Community Action Plan Revisited

- **Requirements of REACH FOA**
  - Sub-recipients must develop and implement a local community action plan that includes specific objectives (2-3 PPOs and 6 AMOs) and related milestone activities.
  - The Community Action Plan must be finalized within 60 days of sub-recipient award (execution of award not start date)
  - The Community Action Plan should address gaps identified by the sub-recipients local CAPs
  - Community Action Plans should be completed using the approved CDC template, we will review later.
Project Period Objective (PPO):

- Describes work to be accomplished during the entire project period and the manner in which results will be achieved.
- The targeted outcome should be physical activity, nutrition and obesity among urban AIANs.
- Targeted outcomes must be measurable using BRFSS, NHANES or other national datasets.
Example PPOs

- **Physical Activity**
  - Reduce the proportion of urban AI/AN who engage in no leisure-time physical activity from 40% to 35% by September 29, 2017.

- **Nutrition**
  - Increase the consumption of healthy foods (fruits and vegetables 5 or more times a day) among urban AIAN from 10% to 15% By September 29, 2017

- **Obesity**
  - Decrease the number of urban AIAN who are obese (BMI > 30) from 30% to 25% by September 29, 2017
    - This PPO may be duplicative since impacting physical activity and nutrition should also impact obesity.
    - Obesity is a higher level outcome so we would recommend targeting physical activity and nutrition for your PPOs.
**AMOs**

- **Annual/Multi-year Objectives (AMO):**
  - Describes work to be accomplished in one or more years and the manner in which results will be achieved.
  - AMOs should be a PSE strategy.
  - Each AMO should relate to only one PPO, however, most will impact physical activity and obesity and nutrition and obesity.
  - This website provides excellent descriptions and evidence for your strategies and can be used in the “description” section of your Community Action Plans.
Example AMOs: Physical Activity

- PPO 1: Reduce the proportion of urban AI/AN who engage in no leisure-time physical activity from 40% to 35% by September 29, 2017.

- Potential AMOs to target this PPO:
  - Increase the number of worksites offering wellness programs focused on increasing physical activity from (baseline) to 5 by September 29, 2013.
  - Increase the number schools that develop policies to increase the quality and amount of physical education and physical from (baseline) to 5 by September 29, 2013.
  - Increase the number of child care centers that provide child care for AIAN children to encourage the centers to adopt physical activity policies and practices from (baseline) to 5 by September 29, 2013.
  - Increase the number of child care centers that provide child care for AIAN children to encourage the centers to adopt screen time (TV and video games) policies and practices from (baseline) to 5 by September 29, 2013.
  - Increase the number of schools and other public venues offering greater access to recreational facilities and places for physical activity through joint-use agreements from (baseline) to 5 by September 29, 2013.
  - Increase the number of local governments that adopt policies to improve community design (e.g., Complete Streets) to enhance walking and bicycling and active transportation and make streets safer for all users including pedestrians and bicyclists from (baseline) to 1 by September 29, 2013.
Example AMOs: Nutrition

- PPO 2: Increase the consumption of healthy foods (fruits and vegetables 5 or more times a day) among urban AIAN from 10% to 15% By September 29, 2017

- Potential AMOs to target this PPO:
  - Increase accessibility, availability, affordability and identification of healthy foods in communities, including provision of full service grocery stores, farmers markets, small store initiatives, mobile vending carts, and restaurant initiatives from (baseline) to 5 by September 29, 2013.
  - Increase media based education programs to educate urban AIAN about the importance of healthy eating and receiving nutrition counseling from (baseline) to 1 by September, 2013.
  - Increase the number of worksites offering healthy food choices for employees from (baseline) to 5 by September 29, 2013.
  - Increase the number schools that adopt policies to improve nutrition quality of foods and beverages served or available from (baseline) to 5 by September 29, 2013.
  - Increase the number of child care centers that adopt healthy nutrition policies and practices from (baseline) to 5 by September 29, 2013.
  - Increase the number of institutional settings, such as workplaces, senior centers, and governmental facilities that increase availability and affordability of healthful foods from (baseline) to 5 by September 29, 2013.
  - Increase the number of restaurants that list nutrition information on menus and offer healthier options from (baseline) to 5 by September 29, 2013.
  - Increase the purchase of fruits, vegetables, and other healthy foods through incentives associated with food assistance programs from (baseline) to 1 by September 29, 2013.
Activities/Milestones

- These are the most significant accomplishments that are needed to achieve your AMOs
- Should not include daily tasks.
- Examples: AMO: Increase the number of worksites offering healthy food choices for employees from (baseline) to 5 by September 29, 2013.

Activities:

- Develop partnerships with 5 worksites (recruit rep from worksites for coalition)
- Educate worksites on the importance of worksite wellness
- Assist worksite in developing healthy food policy
- Assist worksite in advertising and launching healthy food policy with employees.
Final template has not been received from CDC yet
Continue using the template you used for your initial work plans
Once we receive the CDC template, you will need to cut and paste from your work plan templates to input the information into the new template.
UCD will need to enter your Community Action Plans into the CDC CDMIS system using this template.
Questions?

“Will I ever run out of questions?”