

Building Healthy Communities (BHC), Merced Goals, Objectives, and Action Plan

As with any establishment, it is of utmost importance to establish goals and objectives, and implement an action plan to achieve those goals and objectives. BHC Merced goals and objectives shall adhere to the overall BHC Merced Logic Model under the Hub Committee's direction.

The California Endowment, in consultation with the BHC Merced Hub Committee shall have final authority on approving or revising the goals and objectives and the action plan.

The following goals, objectives, and action plan are based on the BHC Merced work plan proposal prepared by the BHC Merced Hub staff while incorporating TCE revisions:

Goal/Objective 1: Enhanced collaborative focus on impacting policies and practices related to community-prioritized health issues, as evidenced by completion of a BHC community plan update by January 2014, and adoption of a framework for how the plan will be used to guide collaborative action and that establishes a process and frequency for future updates.

Action Plan

Action Item	Who's Responsible?	Timeline	Deliverables
1. Develop, plan, and implement a participatory planning process for revisiting and updating the community plan / logic model to assure it is responsive to community priorities, needs, and opportunities given the framework		Month 1 to 5	
2. Establish framework/process that assures community plan / logic model is actively used on an ongoing basis for guidance for decisions and actions taken by Hub Staff, BHC Steering Committee and BHC collaborative.		Month 1 to 5	
3. Provide Planning Update participants with orientation and background information to support the Update process. Topics to address can include:		Month 7 to 24	<ul style="list-style-type: none"> •Review of initial Plan and Logic Model and its continued development. •Summary of Implementation Grants and other advocacy activities initiated in response to the prior Plan. •Identification of new Policy Issues, key Leadership Changes, emerging Partnership opportunities, etc. that may have become more relevant to BHC Outcomes since the initial

			planning period. •Overview of TCE perspectives and focus areas for statewide and cross-site advocacy work •New information from recent data and research, best practices developed in the site and/or observed in other BHC communities, etc. that can inform the community planning update.
4.	ELS / Hub staff coordinates with TCE Learning & Evaluation regarding TCE support and coaching on logic model revision/plan development, as needed. (from L& E work plan).		Month 7 to 12
5.	ELS/Hub Manager/staff coordinates forums, meetings, retreats to share updated logic model/community plan to effectively communicate updated plan and foster collaborative focus.		Month 9 to 24

Goal/Objective 2: Improved collaborative efficacy to effectively and efficiently address prioritized Building Healthy Communities (BHC) Outcomes as evidenced by (1) ongoing facilitation, coordination, and convening of the HUB Steering Committee, its Workgroups, and grantee partnerships (and others) formed for inclusive and collective action in pursuit of local priority outcomes, through monthly meetings or in accordance with a schedule adopted by the Hub Steering Committee and communicated to all interested residents and other stakeholders, and (2) participation in BHC technical assistance offerings, to include technology capacity building assistance, and application within the Hub of tools, strategies, and other technical assistance resources as they are assessed to provide added value to Place-level BHC work and prioritized by the hub and community partners within existing empowerment, planning, and implementation processes.

Action Plan

Action Item	Who's Responsible?	Timeline	Deliverables
1. Hub staff will support ongoing operation of BHC Steering Committee through creation, implementation and necessary updates to adopted policies and procedures, bylaws, guiding principles, and member selection criteria.		Month 1 to Month 24	
2. Steering Committee will meet monthly or in accordance with adopted bylaws to fulfill Steering Committee roles and functions.		Month 1 to Month 24	

<p>3. Work groups will be convened to pursue prioritized outcomes over the course of implementation, which will meet at a minimum, quarterly. Workgroups will also plan and develop a timeline for pursuing remainder of 10 TCE outcomes in each place.</p>		<p>Month 1 to Month 24</p>	
<p>4. BHC Steering Committee and Collaborative will meet in accordance with adopted meeting schedule to discuss the overall BHC vision, develop and refine local strategies, promote continuous learning, and receive community input on a regular basis.</p>		<p>Month 1 to Month 24</p>	
<p>5. Steering Committee, with support from Hub staff, will identify and prioritize technical assistance (TA) needs and establish a TA plan with timelines for provision of identified assistance and resources; implement and/or facilitate implementation of TA offerings, e.g., ZeroDivide/Aspiration technology capacity building. Note: Hub Steering Committee may elect to establish criteria and a process for reviewing technical assistance and training opportunities to determine which resource best fit local BHC priorities and timeframes. The TA Plan will incorporate technical assistance specified in Outcomes 3, 4, 5 of this Work Plan.</p>		<p>Month 1 to Month 24</p>	
<p>6. Steering BHC Community Grants Sub-Committee will continue implementing the BHC Community Grants Program to support limited scale, local BHC-consistent efforts; revisit and update the grant review/awarding process periodically, as necessary.</p>		<p>Month 1 to Month 24</p>	

Goal/Objective 3: Strengthened empowerment of residents in BHC Hub functions, as evidenced by adoption of a strategy that increases youth and adult resident leadership opportunities, strengthens resident participation in decision-

making, and supports high levels of engagement of youth and adults in planning, priority-setting, convening, learning, communications, and other Hub activities, and by implementation of processes that (1) provide orientation and training for new youth and adult resident participants, (2) actively recruits youth and adult resident participants through a variety of engagement opportunities and settings, and (3) routinely assesses progress in promoting resident empowerment, with revisions to the strategy as needed.

Action Plan

Action Item	Who's Responsible?	Timeline	Deliverables
1. Hub Mgr leads Collaborative in periodic planned network analyses to ID gaps in membership and key stakeholders that are missing from the steering committee, work groups and larger collaborative; plan and conduct recruitment efforts to fill identified gaps.		Month 1 to Month 24	
2. Hub staff and Collaborative partners engage & recruit identified stakeholders and provide standardized orientation for participation for new members to relevant committee, work group.		Month 1 to Month 24	
3. Agency and resident representatives sign MOUs and SOC's, respectively, regarding their commitment and participation in relevant groups.		Month 1 to Month 24	
4. Hub staff / contractor(s) develop TA offerings / resources to enhance a common understanding among committee/work group participants about health equity, social determinants of health, and BHC underpinnings; TA offerings are incorporated and integrated into the Place's Technical Assistance Plan specified in Outcome 2.		Month 1 to Month 24	
5. Hub Mgr / staff stays abreast of other local and regional initiatives, networks, and collaboratives (either directly or through representation of Hub Steering Committee /		Month 1 to Month 24	

Collaborative members) to identify collaboration opportunities and leverage resources, and to share relevant information and opportunities with the Hub Steering Committee, Collaborative, and other partners, as appropriate.			
6. Collaborative partner agencies, grantees, provide regular updates on implementation work in place and attend Hub meetings on a regular basis.		Month 1 to Month 24	
7. Hub staff develops process to incorporate residents and youth in all sub-committees/work groups. Youth Coordinator works closely with Hub Manager to integrate youth voice in all aspects of BHC vision and daily work. Hub Coordinator works closely with Hub Manager and to integrate residents into the vision and activities as well.		Month 1 to Month 24	
8. ELS, in conjunction with, and subject to the review and approval by, the Hub Manager develops an assessment and learning strategy to assess youth and resident empowerment (tie to Learning and Eval WP outcome)		Month 1 to Month 24	

Goal/Objective 4: Increased awareness among residents, community stakeholders, media, elected officials, and others of community health and BHC strategies and successes, as evidenced by completion and implementation of a communications strategy designed to support a broad range of Hub and resident communications activities (e.g., information sharing within the Hub network; one-on-one briefings with elected officials and systems leaders; story-telling through social media; op-eds and other community-generated messages in mainstream media) and to influence external media’s approach in covering BHC-related stories through the perspectives of equity and social determinants of health..

Action Plan

Action Item	Who’s Responsible?	Timeline	Deliverables
1. Hub Communications Specialist and Hub Manager develop	Communications Specialists	Month 1 to Month 24	

and put into action a Communications plan/strategy, including goals, timelines, and plans for advancing community health work in the place, including external and internal communications activities. These include developing effective messaging, conducting media outreach, building relationships, and helping collaborative telling the stories of the place.			
2. Hub Communications Specialist regularly updates and supports use of BHC Connect and other selected media channels (e.g., local BHC website, social media) with pertinent content and information and work to assure Collaborative members are utilizing the site to communicate internally and across BHC Sites.	Communications Specialists	Month 1 to Month 24	
3. Hub Communications Specialist coordinates with TCE Communications staff as point of contact; works with youth and residents to document either through video, blog or other forms of communication their BHC efforts; and maintains a master calendar of all meetings, learning opportunities, and community BHC-related events.	Communications Specialists	Month 1 to Month 24	
4. Hub manager and staff implement annual/semi-annual community celebrations to recognize accomplishments made by BHC, BHC Collaborative, and community.		Month 1 to Month 24	
5. Hub Communications Specialist implements and provides linkages to TA and necessary training to BHC participants to activate key elements of communications plan/strategy; TA offerings are incorporated and integrated into the Place's Technical Assistance Plan specified in Outcome 2. Hub staff requests and draws upon TCE support for skill building	Communications Specialists	Month 1 to Month 24	

as appropriate.			
6. Hub Communications Specialist creates targeted media messaging and materials for supporting and communicating the work of BHC to local, area/region partners, and social media outlets, including flyers, press releases, and other publicity and communications materials.	Communications Specialists	Month 1 to Month 24	
7. Hub Communications Specialist develops and maintains media relationships / partnerships to advance outcomes and communication strategies/plan goals, including coordination with New America Media (NAM) youth-led media and other TCE supported media efforts where appropriate.	Communications Specialists	Month 1 to Month 24	
8. Hub Communications Specialist in consultation with Hub Manager, initiates, coordinates with and participates in TCE statewide communication activities as appropriate to local BHC priorities and timeframes.	Communications Specialists	Month 1 to Month 24	

Goal/Objective 5: Increased capacity of the Hub and community partners to understand, document, and communicate the process and impact of BHC activities in affecting policy and systems change and improving community health, as evidenced by completion and implementation of a BHC community learning and evaluation strategy by October 1, 2013, to include a retrospective narrative of site-specific development and participation in the development of a “mega-narrative” encompassing all 14 BHC sites

Action Plan

Action Item	Who's Responsible?	Timeline	Deliverables
1. The Evaluation and Learning Specialist staff/contractor will work closely with TCE Learning & Evaluation staff, Hub staff, and Program Manager to develop and implement, at the direction of the Hub Manager, a learning and evaluation plan/strategy to assess BHC impacts, meet evaluation capacity building and learning		Month 1 to Month 24	

needs, disseminate existing evaluation capacity building resources, and develop better local systems and practices for evaluation and learning.			
2. The Evaluation and Learning Specialist staff/contractor in consultation with and at the direction of the Hub Manager will ensure that relevant evaluation data, research, and other resources are shared to inform learning among Hub participants.		Month 1 to Month 24	
3. The ELS contractor will identify the steering committee's, work groups', and Collaborative's technical assistance and training needs and at the direction of the Hub Manager, will communicate and coordinate with Hub Coordinator to provide necessary trainings, presentations, site visits, etc. TA offerings are incorporated and integrated into the Place's Technical Assistance Plan specified in Outcome 2.		Month 1 to Month 24	
4. The Evaluation and Learning Specialist staff/contractor and the Hub Manager will review the Collaborative's progress in implementing the community plan / logic model, and present periodic updates on a determined frequency to Hub Committee and Collaborative on progress and recommendations for future action.		Month 1 to Month 24	
5. The Evaluation and Learning Specialist in consultation with the Hub Manager and TCE Learning and Evaluation staff, will produce a retrospective narrative of site-specific development for inclusion in a statewide mega-narrative to be developed under the guidance and leadership of Manuel Pastor of all 14 BHC sites.		Month 1 to Month 24	
6. The ELS will work with Hub staff and the TCE		Month 1 to Month 24	

PM to develop and disseminate reports/briefs that describe the status of data and information and related impacts of BHC efforts, specific to the prioritized outcomes in the Community Plan/Logic Model.			
7. The ELS staff/contractor will coordinate with TCE Evaluation and Learning in consultation with the Hub Manager, as necessary, to ensure activities are developed in concert with TCE's theory of change, 5 drivers of change, and Campaign efforts.		Month 1 to Month 24	

Goal/Objective 6: Increased engagement of Hub staff and community partners in cross-site and statewide peer learning, dialogues and other communication, and policy advocacy activities with an intent to improve the usefulness and effectiveness of these activities, and increased knowledge about and participation in TCE statewide priorities and campaigns as evidenced by (1) active engagement in shared measurement activities around the assessment of collaborative, resident power, youth leadership, and tracking policy change, (2) active engagement in the development of methods and tools for data collection, utilizing at least two common shared measurement tools and using a common database to facilitate cross-site data analysis, (3) identification and communication with TCE program staff of local emerging issues and trends that align with or can inform statewide TCE priorities and campaigns, and (4) diverse engagement in learning, professional development, communications, and policy advocacy partnership opportunities with other Hub leadership and with TCE program staff and statewide policy grantees as appropriate, including Place-relevant participation in policy advocacy and learning opportunities related to Health Happens in Neighborhoods, Schools, and with Prevention campaigns.

Action Plan

Action Item	Who's Responsible?	Timeline	Deliverables
1. Hub staff meet regularly with TCE program manager via in person meetings and conference calls; Hub manager and staff will take steps to develop individual plans to ensure maximum efficiency in communication and demonstrating role delineations and contributions to the Hub's work plan and the Collaborative's strategic plan.			

<p>2. ELS contractor and/or other appropriate Hub staff will participate in convenings and/or learning subcommittees of BHC site learning/evaluation consultants at regional / state levels to participate in peer learning and planning of shared measurement activities, including the development of tools and methods for at least two shared measurement instruments. Shared measurement will occur around: assessment of collaborative, resident power, youth leadership, and policy change.</p>			
<p>3. ELS contractor, other appropriate Hub staff, and/or Collaborative members will provide input on key local community health indicators for each site to TCE Learning and Evaluation for TCE's data "dashboard" system for the Health Happens in Neighborhoods, Schools, and with Prevention Campaigns.</p>			
<p>4. ELS staff or contractor, with regular communication with the Hub Manager, will function as single point of contact for Place for TCE Learning and Evaluation for regular communications, guidance on data collection / methodology.</p>			
<p>5. Hub staff will work with TCE program staff to become aware of statewide priorities and grantees, share information about emerging local issues and trends, identify opportunities for collaborations and partnerships and participate in activities to advance the Health Happens Here campaigns.</p>			
<p>6. Hub staff, ELS / contractor, and/or other relevant Hub collaborative members participate in cross-site and statewide</p>			

<p>opportunities for communication and policy advocacy activities, including relevant partnerships with TCE and/or statewide policy grantees regarding Place-relevant Health Happens campaigns (Neighborhoods, Schools, Prevention). Note: Hub Steering Committee may elect to establish criteria and a process for reviewing opportunities to determine which efforts best fit local BHC priorities and timeframes.</p>			
<p>7. Hub Staff and the TCE PM will explore opportunities to learn from other BHC sites through regional convenings, site visits, conference calls and sharing of information on BHC Connect and other social media forums.</p>			
<p>8. Hub staff, ELS / contractor, and/or other relevant Collaborative members participate in cross-site and statewide opportunities for peer learning, dialogue and other communication. Note: Hub Steering Committee may elect to establish criteria and a process for reviewing opportunities to determine which efforts best fit local BHC priorities and timeframes.</p>			
<p>9. Hub Steering Committee and staff participate and host regional convenings of BHC participants (e.g., youth, Hub Collaborative members), as regions identify need, resources, and opportunity for such convenings.</p>			
<p>10. Hub staff will participate in cross-site convenings / work groups including meetings of Hub Managers and Communications/media staff.</p>			
<p>11. Hub managers will</p>			

<p>participate in Leaderspring leadership development meetings, webinars and retreats to support their professional development and strengthen peer learning and networking among hub managers.</p>			
<p>12. Hub staff will assist program manager with TCE initiated site visits by TCE board or other key stakeholders.</p>			