PROGRAM: NACEDA HEALTHY PLACES CHALLENGE LOGIC MODEL

INPUTS

NACEDA staff time, expertise, and relationships with members

BHPN consulting, technical assistance, training

Comm Catalyst state/municipal policy analysis

~\$950k over two years

Program plan with health partners, NACEDA members, funders, and NACEDA Board of Directors

Doug Smith "Performance Challenge" consulting and coaching

NACEDA Members staff time, reputation, track-record of results, expertise, organizational commitment

Time, reputation, trackrecord of results, expertise, organizational commitment by NACEDA Members' health partners'

NACEDA-LEVEL (NATIONAL) OUTPUTS ACTIVITIES

ADVANCING THE NACEDA NETWORK (27-29 NACEDA members, lo-touch)

Develop "Health Partnership Needs Profiles" for 34 NACEDA members. Match profiles with resources to become 'active' in the health space.

Connect information, relationships, and funding opportunities, among other resources to 34 NACEDA members in alignment with their needs profiles with help from health partners BHPN, CC, and other partners.

Tailor capacity and resources during NACEDA's regional meetings and conferences to the needs ID'd in Health Partnership Needs Profiles.

Perform 4-10 webinars or virtual convenings to needs ID'd in assessments

NACEDA staff and partners present at workshops, panels, webinars and other convenings to help NACEDA members activate and learn.

NACEDA staff promotes lessons learned and good examples from PC to other NACEDA members

PERFORMANCE CHALLENGE (5-7 NACEDA members, hi-touch)

5-7 NACEDA members participate in a Health-oriented Performance Challenge to change local/state/ corporate policy that incentives and resources the health and CED sectors to improve health by improving places.

Advocate and develop policy at the state/local/corporate level

Develop relationships with local health institutions as locally relevant/appropriate

Ask local health institutions for contracts, grants, investors relationships, expertise, and other resources for CDCs locally

Explore potential contract opportunities with local/state public health agencies, hospitals, foundations, insurance companies, etc.

ASSUMPTIONS

- Innovation in CED/health partnership is scattered; can be better systematized
- When acted upon, social determinants of health improve health outcomes
- Cross-sector partnerships are key to changing cross-sector systems (health/CED)

PERFORMANCE CHALLENGE

in 5-7 targeted areas

over 2 years

(5-7 NACEDA members, hi-touch)

NACEDA develops services agreements

Catalyst to share information, provide

(partnerships) with BHPN and Community

consulting services, and training materials.

CC performs policy analysis of local policies

BHPN provides CD/Health 101 training to

Participating health partnerships identify

Ongoing fundraising \$950k for program

ID/recruit 5-7 NACEDA members to

participate in Impact-driven PC

and training, peer sharing

program, as needed

the most health-related needs of their region

Schedule & deliver "Performance Challenge (PC)"

Ongoing performance challenge coaching

Collect success stories, evaluate & adjust

training for 5-7 members (repeat every 10-14 weeks)

NACEDA members and health partners

- CED place-improvement activities improve health
- Expertise of health sector enhances the ability of CED actors to make places healthier
- Having local CED partners improves the credibility and effectiveness of place-based improvements made by health sector actors.
- Potential federal health policy changes have relatively small impact on the health sector's interest in improving health through the SDH
- Improving health outcomes in LMI communities will promote health equity
- Partnerships between community developers and the health sector are necessary but not sufficient to the work of advancing health equity

EXTERNAL FACTORS

Short – 2017

At least \$1m is coming through NACEDA's members annually from the health sector in some way (member dues, sponsorships, grants, contracts, etc)

80% of NACEDA's members (34 organizations) are 'active' in the health space in their geographic area

OUTCOMES

Medium – 2018

At least 5 policy changes at the state/local/corporate level that encourage and/or compel health and CED institutions to improve places such that health improves for people living there

NACEDA, BPHN, CC can count on each other for shared policy goals as the sectors change, forming an advocacy coalition that is more resistant to partisan shifts.

5-10 NACEDA members regularly participating in CHNAs

NACEDA members have the capacity to deliver health-oriented content at their CED conferences and through targeted trainings

health institutions

typically serve

CDCs have the tools to communicate their contributions to health.

State/local/corporate policy encourages CED and health institutions to improve health by developing and financing healthier places



NACEDA MEMBER-LEVEL (REGIONAL) **OUTPUTS** ACTIVITIES

ADVANCING THE NACEDA NETWORK (27-29 NACEDA members, lo-touch)

Participate in the "Health Partnership Needs Profiles" process performed by NACEDA

Act on recommendations provided in assessments from NACEDA and its partners (BHPN, CC, others)

Participate in local health needs assessments or coordinate CDC participation

Perform health-oriented sessions, workshops at local conferences with TA from NACEDA and its partners

Ask local health institutions for contracts, grants, investors relationships, expertise, and other resources for CDCs locally

• Federal health policy changes (upheaval) • Should there be massive community development policy upheaval by the federal government, NACEDA members may retrentch to community development-focused work and/or "defense" mode. Be less interested in "new" initiatives.

Long - 2019

Stronger institutional relationships among NACEDA's members and regional

Health advocates become better representative of the communities CDCs