

CITY OF VINELAND

RESOLUTION NO. 2014-546

A RESOLUTION AUTHORIZING A LETTER OF AGREEMENT BETWEEN THE CUMBERLAND CAPE ATLANTIC YMCA AND THE CITY OF VINELAND FOR SERVICES PROVIDED BY THE VINELAND DEPARTMENT OF HEALTH FOR IMPLEMENTATION OF PROJECTS AS REQUIRED UNDER THE CDC PARTNERSHIP TO IMPROVE COMMUNITY HEALTH GRANT.

WHEREAS, the Center for Disease Control (CDC) has awarded grant funding, in the amount of \$137,081.00, to the Cumberland Cape Atlantic YMCA for implementation of projects under the Partnership to Improve Community Health grant and

WHEREAS, the Cumberland Cape Atlantic YMCA has agreed to award to the City of Vineland Department of Health, a total of \$137,081.00 for services required to support the Collective Impact for Health Equity in Vineland during the 1st year of implementation in accordance with the agreement; and

WHEREAS, it is the desire of the Department of Health to accept the grant award and enter into an agreement with Cumberland Cape Atlantic YMCA;

NOW, THEREFORE BE IT RESOLVED, by the Council of the City of Vineland that the Health Director or his designee are hereby authorized and directed to execute the Letter of Agreement and such other documents as required between Cumberland Cape Atlantic YMCA and the City of Vineland for services provided by the Vineland Department of Health for implementation of projects under the Center for Disease Control (CDC) Partnership to Improve Community Health grant program.


Adopted:

President of Council

ATTEST:

Deputy City Clerk

Memorandum

To: Robert Dickenson, Asst. Business Administrator
From: Emma Lopez, Health Educator 
Date: December 10, 2014
Re: Cumberland Cape Atlantic YMCA Grant

Attached please find the Letter of Agreement between the Vineland Department of Health and the Cumberland Cape Atlantic YMCA detailing the contract agreement for The CDC's Partnership to Improve Community Health Grant.

As the agreement stipulates, the Cumberland Cape Atlantic YMCA agrees to award the City of Vineland Department of Health a total of \$137,081 for deliverables spelled out in the agreement from January 1, 2015 through September 30, 2015.

Thank you.

C: Dale Jones, Health Director



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

November 3, 2014

Letter of Agreement

Re: Vineland Department of Public Health

This letter details the terms of agreement between the Cumberland-Cape-Atlantic YMCA and the Vineland Department of Health for \$137,081 beginning January 1, 2015 through September 30, 2015.

- The Center for Disease Control under the Partnership to Improve Community Health grant has approved all implementation grants; we are awaiting final sign-offs.

The Vineland Health Department will provide the services required to support the Collective Impact for Health Equity in Vineland City during the 1st year of implementation in accordance with the following:

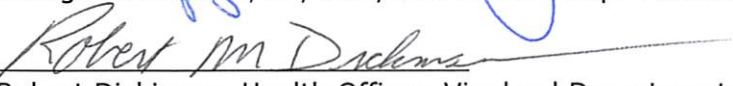
- Assist the local Vineland partnership in identifying and prioritizing school-specific implementation strategies based on the strategic plan submitted to the CDC.
- Assist the local Vineland partnership in identifying strategic community stakeholders (Community Partnership members) that may assist with the implementation of the strategic plan.
- Attend local partnership meetings as requested and provide ongoing consultative support;
- Provide ongoing implementation support to the local partnership, Core Team/Steering Committee;
- Provide one full time Healthy Kids Champion, two FTE positions consisting of Health Educators and one bilingual outreach worker to combined working full time in the schools and the target community.

The Healthy Kids Champion and the Vineland Health Department key goal is to bring all the resources to create an awareness education as it relates to childhood obesity. They will be used to assist in collecting data, surveys and coordinating the various projects that will create environmental and policy change.

It is understood that this agreement is contingent upon the successful award and continuation of grant funding from the CDC- Partnership to Improve Community Health Grant. This agreement may be reviewed and amended as deemed necessary by both parties to assure that the consultative services meet the project's emerging needs. Any significant changes will be documented and incorporated herein.


George Steinbronn, Jr., CEO, Cumberland Cape Atlantic YMCA

12/2/14
Date


Robert Dickinson, Health Officer, Vineland Department of Public Health

11/19/2014
Date

BUDGET JUSTIFICATION**January 1, 2015 – September 30, 2015**

Organization City of Vineland Department of Health

640 E. Wood Street, PO Box 1508

Vineland, NJ 08362-1508

Name/ Title of Person(s)

Completing This Form

Emma Lopez

Health Educator

Category

a. Personnel

Staff Titles:	Salary	% FTE	Total Needed
<u>Chelsea Welch- Health Education- Field Rep.</u>	<u>\$44,672</u>	<u>50 %</u>	<u>\$ 22,336</u>
<u>Sara Williams – Health Education- Field Rep.</u>	<u>\$44,672</u>	<u>40 %</u>	<u>\$ 17,868</u>
<u>Vacant - Health Education- Field Rep.</u>	<u>\$44,672</u>	<u>100 %</u>	<u>\$ 44,672</u>
<u>Vacant – Bil. Outreach Worker (part-time)</u>	<u>\$22,336</u>	<u>100 %</u>	<u>\$ 11,168</u>

Personnel Total \$ 96,044

b. Fringe Benefits \$ 23,823

Health Benefits & FICA

c. Travel Expenses \$ 2,891

Travel for 2 FTE professional staff x 9 months x 90 miles per month X .55 cents a mile \$ 891.

Preventative Maintenance/Repairs for Mobile Unit \$ 2,000

d. Program Expenses \$ 14,323

Office Supplies \$ 1,756

Faxing \$ 4.00/mo. x 9 mo. \$ 36

Telephone \$ 45.00 x 9 mo. \$ 405

Postage \$ 15.00/mo. x 9 mo. \$ 135

Xeroxing \$ 20.00/mo. x 9 mo. \$ 180

Office supplies (paper, folders, printer ink, etc.) \$ 1,000

Program Supplies \$12,567

Workplace Toolkit

Facility Rental for Health Corner Store Trainings

Print and Electronic Media for Workplace and Healthy Corner Store Promotion

Healthy Corner Store Promotion Toolkit

Total Direct Charges \$ 137,081

Organizational Contract with Vineland Health Department

1. **Method of Selection:** Sole source. Vineland Health Department has been an instrumental partner for the past four years of our NJ Partnership for Healthy Kids- Vineland. Many of the projects we are funded to deliver are programs in which the health department has developed and implemented since the inception of the partnership. Our worksite wellness program incorporates the use of the mobile unit owned and operated by the health department. The unit comes equipped with screening mechanisms in place to aid in the efforts of reducing the burden of chronic disease in the city.
2. **Period of Performance:** January 1, 2015 – September 30, 2015
3. **Itemized Budget and Justification: \$137,081** Provide and itemized budget with appropriate justification.

Work Plan: New Jersey Partnership for Healthy Kids-Vineland

Key partner acronyms:

AHG (Alliance for a Healthier Generation), CC (Complete Care), CCDOH (Cumberland County Department of Health), FHI (Family Health Initiatives), HS (Gateway Head Start), IHN (Inspira Health Network), LFA (Living Faith Alliance), PA Sub (Physical Activity Subcommittee), RFIC (Rutgers Food Innovation Center), TFT (The Food Trust), VHA (Vineland Housing Authority), VHD (Health Department), VPD (Police Department), VDPW (Public Works-Divisions of Planning & Engineering), SC (Steering Committee), VPL (Vineland Public Library), VPS (Vineland Public Schools), VRec (Recreation Dept.), WC (Wellness Council), YMCA (Cumberland, Cape, Atlantic YMCA)

Environments with Healthy Food and Beverage Options

Project Period Objective 1.0 Increase the number of people with increased access to environments with healthy food or beverages from 46,350 to 71,250 by September 2017.

Measurement	Increase the number of Vineland residents who have access to healthy foods Baseline: 46,350 (38.19% of total residents) Target: 71,250 (95% of residents) Data Source: Community Commons (2010 USDA Food Access Research Atlas)		
Start Date	October 1, 2014	End Date	September 29, 2017
PPO Description	A healthy diet is critical to prevention and management of chronic disease and risk factors for disease. Increasing the number of healthy food environments in school and community settings will increase the number of children and adults with access to healthy food and beverage environments.		

Annual Objective: 1.1 Increase the number of schools in the Vineland Public Schools participate in the AHG "Healthy Schools Program" from 1 to 5 by 9/29/2015

Measurement	Increase the number of Vineland Public School District (VPS) schools who participate in the Alliance for a Healthier Generation Healthy Schools Programs (AHG) Baseline: 1 elementary school Target: 5 in year 1 (4 new) Data Source: VPS				
Start Date	October 1, 2014	End Date	September 29, 2015	Setting/Sector	School
Related Strategy	Increase access to healthy food in schools				
Justify the selection of this strategy	VPS provides lunch to 70% of students every day and breakfast to almost 59%. Offering fresh, healthy, local food options at school meals has the potential to impact choices of 7,350 students daily. School Wellness Councils are a critical component in the implementation of wellness policies at each school within the district. They drive change in the school environment and foster a culture of health in the school. Creation of wellness councils is a recommended strategy for creating supportive school nutrition environments. ¹				
Estimated # of Units	Year 1 target: District-wide council Year 2 target: 7 schools (including high school) Year 3 target: 6 schools (including alternative schools)		Population Focus	Specific Population: children 4-11 years & 12-17 years	
Est. # of people reached	Year 1: 10,000 students Year 2: 10,000 students Year 3: 10,000 Total: 10,000 over 3 years				
Objective description	NJPHK-V has seen prior success in changing school food as well as the school environment with the passage of a comprehensive wellness policy. The AHG's "Healthy Schools Program Framework" offers criteria for creating supportive nutrition environments in school. Using expertise from AHG, the Rutgers Food Innovation Center, school food service vendor, Sodexo, will be supported to develop menu items that will move the targeted schools towards AHG recognition. The primary vehicle for changing the school nutrition environment is through the Wellness Council (WC). Because of NJPHK-V's past success and relationships with key partners, WC development and menu changes can occur simultaneously with the WC guiding implementation of the AHG Healthy Schools Framework, including additional changes to the school nutrition environment in years 2 and 3.				

Activities AO 1.1 Increase the number of schools within the Vineland Public Schools participate in the AHG "Healthy Schools Program" from 1 to 5 by 9/29/2015

	Milestone Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
1.1.1	Recruit Council	Identify stakeholders for District wide Wellness Council	10/2014	12/2014	NJPHK-V Associate	VPS, VHD	Council Roster

1.1.2	Convene internal stakeholders	Identify and convene district wide lead food service personnel and food service/admin team to prioritize changes to food environment	10/2014	12/2014	NJPHK-V Associate	VHD	Meeting minutes
1.1.3	Train Council	Provide training of wellness policy issues and overview of responsibilities to Council.	1/2015	3/2015	Project Director	VHD, VPS, AHG	Agenda, lesson plan, & attendance at training
1.1.4	Training	Provide periodic training to food service staff on various topics ie: encouraging students to choose healthy food, product handling, nutrition, School Wellness Policy etc.	1/2015	5/15 plus yrs 2 and 3	NJPHK-V Associate	VHD, Sodexo	Training agenda and attendance, feedback from food service staff
1.1.5	Prioritize concerns	Conduct meeting with new Wellness Council to assess current efforts and prioritize concerns	4/2015	5/2015	Project Director	VHD, VPS, AHG	Agenda, attendance and meeting minutes
1.1.6	Connect food service with local expertise	Convene Rutgers Center for Food Innovation, Sodexo and local producers to develop new menu products	3/2015	9/2015 plus yrs 2 and 3	NJPHK-V Associate	VHD, RFIC Sodexo	Meeting minutes
1.1.7	Taste testing	Conduct taste testing of new menu items with students	6/2015	6/2015	NJPHK-V Associate	VHD, RFIC Sodexo	Record of student preferences
1.1.8	Meet criteria for schools	Submit accomplishments to AHG Healthy Schools Program to record progress and achieve national recognition.	6/2015	9/2015 plus yrs 2 and 3	NJPHK-V Associate	WC Chair, VPS,VDH, AHG	Completed application
1.1.9	Meet Criteria for District	Submit district accomplishments to AHG Healthy Schools Program to record progress and achieve national recognition	6/2015	9/2017	NJPHK-V Associate	District WC Chair, VPS,VHD, AHG	Completed application
1.1.10	Ongoing meetings	Meet every other month to address wellness policies and practices	9/2015	9/2015 plus yrs 2 and 3	NJPHK-V Associate	WC Chair, VPS,VHD, AHG	Agenda and meeting minutes
1.1.11	Recruit School Councils	Identify stakeholders for Wellness Councils at each of the year 2 target schools	10/2015	12/2016	NJPHK-V Associate	VPS, VHD	Council Roster
1.1.12	Convene internal stakeholders	Identify and convene lead food service personnel and food service/admin team at year 2 target schools to prioritize changes to food environment	10/2015	12/2016	NJPHK-V Associate	VHD	Meeting minutes
1.1.13	Train Council	Provide training of wellness policy issues and overview of responsibilities to Council.	1/2016	3/2016	Project Director	VHD, VPS, AHG	Agenda, lesson plan, & attendance at training
1.1.14	Training	Provide periodic training to food service staff on various topics ie: encouraging students to choose healthy food, product handling, nutrition, School Wellness Policy etc.	1/2016	5/16 plus yr 3	NJPHK-V Associate	VHD, Sodexo	Training agenda and attendance, feedback from food service staff
1.1.15	Prioritize concerns	Conduct meeting with new Wellness Council to assess current efforts and prioritize concerns	4/2016	5/2016	Project Director	VHD, VPS, AHG	Agenda, attendance and meeting minutes
1.1.16	Ongoing meetings	Meet every other month to address wellness policies and practices	9/2016	9/2017	NJPHK-V Associate	WC Chair, VPS,VHD, AHG	Agenda and meeting minutes

1.1.17	Work with year 3 target schools	Establish councils at year 3 target schools. Provide training and activities as in year 2.	10/2016	9/2017	NJPHK-V Associate	VHD	Meeting minutes, attendance at training, etc. as in year 2
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Annual Objective: 1.2 Increase the number of corner stores, restaurants, and food pantries offering and/or promoting healthy food options to 25 by September 29, 2015

Measurement	Increase the number of corner stores, restaurants, and food pantries participating in the Vineland Healthy Food Network Baseline: 0 retail food establishments Target: 25 Data Source: Healthy Food Network participation						
Start Date	October 1, 2014		End Date		September 29, 2015		
Setting/Sector	Other: corner stores, small markets, restaurants/eateries and food pantries		Related Strategy		Increase availability of healthy foods in communities		
Justify the selection of this strategy	The presence of retail venues including corner stores, restaurants, and other retail food establishments that provide healthier foods and beverages is associated with better nutrition. Cross-sectional studies indicate that the presence of retail venues offering healthier food and beverage choices is associated with increased consumption of fruits and vegetables and lower BMI. ² In neighborhoods with limited access to supermarkets, families depend on corner stores or often food pantries for food. Most offer very little if any fresh produce and often have limited healthy food choices. Reducing barriers to vendors increases the likelihood of sustainability of efforts and long-term change in the food environment in communities. Participation in the Vineland Healthy Food Network will support a wide variety of food retail establishments as well as pantries in their efforts to offer and promote selection of healthy food.						
Estimated # of Units	<i>Year 1: 25 establishments participating; Year 2: 65 establishments participating Year 3: 100 establishments participating Total: 100 establishments participating over 3 years</i>						
Estimated # of people reached	<p><i>Estimates may duplicate individuals as one person may shop at multiple small and large Food Retail Establishments (FRE) over the course of the year. Estimate based on 1/2 of participating establishments being smaller businesses.</i></p> <p><i>Year 1 Total: 399,600 customers</i> <i>Each smaller FRE reaches approximately 900 customers/month (10,800/year) * 13 FREs in year 1= 140,400 customers. Each larger FRE reaches 1,800 visitors/month (21,600/year) *12 FREs=259,200 customers in Year 1</i></p> <p><i>Year 2 Total: 648,000 additional customers</i> <i>Each smaller FRE reaches approximately 900 customers/month (10,800/year) * 20 new small FREs in year 2= 216,000 customers. Each larger FRE reaching 1,800 visitors/month (21,600/year) *20 new larger FREs=432,000 customers in Year 2</i></p> <p><i>Year 3 Total: 561,600 additional customers</i> <i>Each smaller FRE reaches approximately 900 customers/month (10,800/year) * 18 new small FREs in year 3= 194,400 customers. Each larger FRE reaching 1,800 visitors/month (21,600/year) *17 new larger FREs=367,200 customers in Year 3</i></p> <p><i>Total: Because of duplication, the estimate over 3 years is not a sum of each years reach. At minimum 100,000 customers, including at least 60,000 who reside in Vineland would be reached over 3 years.</i></p>				Population Focus	General Population throughout Vineland with emphasis on stores and pantries located in and around Census Tract 411, 403 and 405 (low income, low educational attainment)	
Objective	The Healthy Food Network will provide technical assistance and support to groups of food retailers and vendors interested in providing healthy						

description	food options. This will increase the availability of healthy food in communities. This support includes activities that impact both supply of healthy food and demand for healthy food so that retailers realize sustained economic benefits and changes are maintained.
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Activities AO 1.2 Increase the number of corner stores, restaurants, and food pantries offering and/or promoting healthy food options to 25 by September 29, 2015

	Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
1.2.1	Recruit	Recruit stores, restaurants, pantries and other food retail establishments	10/14	9/15 & yrs 2,3	NJPHK-V Assoc.	VHD, TFT	Healthy Food Network roster
1.2.2	Trouble shoot	Individualized consulting and trouble shooting as needed	1/15	9/15 & yrs 2,3	NJPHK-V Assoc.	VHD	Consulting log
1.2.3	Convene	Convene partnering food retail establishments to provide periodic training, gather input, networking and other support	3/15	9/15 & yrs 2,3	NJPHK-V Assoc.	VHD	Attendance at Healthy Food Network meetings
1.2.4	Develop Toolkit	Develop Network toolkit with promotional materials, guidelines for healthy food retail etc.	1/15	4/15	NJPHK-V Communications	VHD, TFT	Completed toolkit
1.2.5	Train	Product handling and store infrastructure training (citywide)	4/15	4/15 and yrs 2,3	NJPHK-V Assoc.	VHD, TFT	Attendance
1.2.6	Build demand	Support healthy food marketing in store and community including Spanish language TV and radio	4/15	9/15 plus yrs 2 and 3	NJPHK-V Assoc.	VHD, TFT YMCA,	promotion & advertising
1.2.7	Leverage funds	Facilitate application for TFT corner store conversion mini-grants (\$1500/store; \$5000/city)	6/15	6/15	NJPHK-V Assoc.	VHD	Applications from Vineland stores
1.2.8	Train	Training participating members on use of toolkit	9/15	9/15, ongoing in yrs 2,3	NJPHK-V Communications	VHD	Attendance
1.2.9	Explore options	Explore possible ways to institutionalize healthy food vending through work with Health Inspector	9/15	Year 2	NJPHK-V Assoc.	VHD	Meeting notes
1.2.10	Offer and Promote	Retail food establishments begin to offer and promote healthy products.	6/15	Beyond 2017	NJPHK-V Assoc.	VHD, retail food estab.	Number of products offered

Physical Activity Opportunities

Project Period Objective 2 : Increase the number of people with increased access to physical activity opportunities from 41,888 to 53,042 by September 2017.

Measurement	Increase the number of Vineland children 3-18 active at least 30 minutes a day, 6-7 days a week and the number of Vineland adults who are physically active during leisure time. Baseline: 41,888 (55% of residents) (5100 (51%) school children; 36,788 (71% of adult population 51,815 includes an estimate of 73% of undocumented population) Target: 53,042 (70% of residents) (9000 (90% of children) and 44,042 (85% of adults)) Data Source: <i>Children:</i> New Jersey Childhood Obesity Study <i>Adults:</i> Online Community Health Needs Assessment BRFSS data, CommunityCommons.org.		
Start Date	October 1, 2014	End Date	September 29, 2017
PPO Description	Only 55% of Vineland residents are physically active. The culture of inactivity is supported by: limited access to parks, recreation and fitness facilities for physical activity, limited opportunities for physical activity for youth and adults beyond organized sports, heavy dependence on cars and		

perceived lack of safety in walking and biking. Increasing the number of joint-use agreements will provide increased access to the limited resources available. Creating school travel plans lays the foundation for infrastructure improvements to encourage more biking and walking to schools. Training and support for community institutions and organizations increases the number of opportunities in community settings, including broadly attended festivals. Together these strategies encourage active living and support a culture of healthy by sidestepping the barrier of limited facilities and offering residents greater options for physical activity during leisure or out-of-school time.

Annual Objective 2.1 Increase the number of Safe Routes to School travel plans approved by the Vineland City Engineering Department from 1 to 4 by September 29, 2015

Measurement	Increase number of Safe Routes to Schools (SRTS) Travel Plans Approved by the Vineland City Engineering Department Baseline: 1 Target: 4 total schools (25% of district) with plans Data Source: City of Vineland Engineering Department				
Start Date	October 1, 2014	End Date	September 29, 2015	Setting/Sector	School
Related Strategy	<i>Encourage active transport to school</i>				
Justify the selection of this strategy	25% of the parents of children 3-18 report that their neighborhood is unsafe due to traffic. In addition, nearly 50% of Vineland families live in neighborhoods do not have sidewalks. The Community Preventive Services Task Force recommends design and land use polices and practices that support physical activity in urban areas of several square miles or more based on sufficient evidence of effectiveness in facilitating an increase in physical activity. ⁵ Programs that promote active transport to school have the potential to increase physical activity and improve health among a large number of youth on a regular basis.				
Estimated # of Units	<i>Year 1: 3 schools (1 middle, 2 elementary); Year 2: 5 schools; Year 3: 5 schools</i>				
Estimated # of people reached	<i>Year 1: 3500 students (the 3 schools targeted in 1st year reach approximately 35% of VPS population)</i> <i>Year 2: 3500 students</i> <i>Year 3: 3000 students</i> <i>Total: 10,000 students over 3 years</i>	Population Focus	Specific Population: children 4-11 and 12-17 years attending VPS		
Objective description	<i>This objective lays the groundwork for future SRTS improvements. In 2014 NJPHK-V worked with Vineland City, school staff and Vineland PD to create a SRTS travel plan for one school. These key partners are familiar with the process and are ready to evaluate the needs of additional schools. In addition to guiding improvements, the resulting travel plan will be used to ease parent concerns about traffic safety and engage them in advocacy.</i>				

Activities AO 2.1 Increase the number of Safe Routes to School travel plans approved by the Vineland City Engineering Department from 1 to 4 by September 29, 2015

	Milestone Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
2.1.1	Convene	Bring partners together	10/14	11/14	Project Director	VHD, VPD, VPS, VDPW	Meeting attendance, minutes
2.1.2	Engage schools	Identify & engage champions at schools	11/14	1/15	NJPHK-V Assoc.	VPS, VHD	Roster of champions
2.1.3	Gather input	Hold school community discussions	1/15	3/15	NJPHK-V Assoc.	VPS, VHD	Attendance & minutes
2.1.4	Draft plan	City of Vineland to draft plan	4/15	7/15	Project Director	VDPW, VPD, VHD	Draft of plan
2.1.5	Provide feedback	NJPHK-Vineland provide feedback	7/15	8/15	Project Director	Steering Comm., PA Sub	Feedback submitted
2.1.6	Inform the community	Keep leaders, neighborhood groups and others informed and involved	4/15	9/15	NJPHK-V Associate	VHD, PA Sub	Communications record

2.1.7	Approve plan	SRTS travel plans approved	8/15	9/15	Project Director	VDPW: Engineering	Approved Plans
2.1.8	Promote plan findings	Promote plan findings regarding safety to parents, advocates, and Wellness Councils	9/15	9/15	NJPHK-V Associate	VHD, VPS	Log of media coverage, presentations, etc.
2.1.9	Expand throughout VPS District	Continue activities from Year 1 in Years 2 and 3 to generate plans for all schools in the Vineland Public School District	10/15	9/17	Project Director and NJPHK-V Associate	VHD, VPD, VPS, VDPW	Meeting attendance, minutes as in Year 1

Annual Objective (2.2 Increase the of number of community organizations offering structured physical activity opportunities from 10 to 14 by 9/29/2015

Measurement	Increase the number of community organizations offering structured physical activity opportunities. Baseline:10 Target: 14 (4 new, year 1) Data Source: NJPHK-V survey of community organizations.						
Start Date	October 1, 2014	End Date	September 29, 2015	Setting/Sector	Community Institution/Organization		
Related Strategy	<i>Increase physical education and activity among children during out-of-school time</i>				Estimated number of Units	<i>Year 1: 4 (camps and child care) Year 2: 5 (faith-based) Year 3: 5 (other community groups)</i>	
Justify the selection of this strategy	<i>Engaging youth in enjoyable physical activity that is moderate to vigorous intensity in community settings compliments phys. ed. in school. Enhanced physical education strategies can be applied in different youth oriented settings outside of school. Providing training and curriculum to community and faith based organizations builds their capacity to support physical activity among youth.</i>						
Estimated number of people reached	<i>Year 1: 560 (children attending after-school programs and summer camps run by the 4 targeted organizations) Year 2: 1000 (children attending programs at the 5 largest faith-based organizations in Vineland) Year 3: 650 children attending after-school programs and summer camps run by various community organizations and groups Total: 2,210 over 3 years</i>				Population Focus	Specific Population: children age 3-11	
Objective description	<i>Because physical education and physical activity in school is frequently limited or does not engage children not interested in organized sports, this objective prepares organizations that serve youth (from faith based groups to community orgs.) to offer physical activity and physical education using the evidence based CATCH curriculum. It expands efforts currently only based in schools</i>						

Activities AO 2.2 Increase the number of number of community organizations offering structured physical activity opportunities from 10 to 14 by 9/29/2015

	Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
2.2.1	Convene	Recruit and convene interested community organizations, faith based organizations, and preschools	1/15	3/15	NJPHK-V Associate	YMCA, VHD, VPS	Attendance and meeting minutes
2.2.2	Train	Train and provide access to evidence based CATCH curricula through the YMCA "Healthy U" program.	4/15	4/15	Project Director	YMCA	Attendance
2.2.3	Technical Assistance	Provide technical assistance to determine necessary resources for increasing physical activity opportunities including facility, equipment and staffing needs.	5/15	9/15 plus yrs 2 & 3	Project Director	YMCA	Contact log
2.2.4	Promote	Publicize and promote through NJPHK-V partners and involved organizations	5/15	9/15 plus yrs 2 & 3	NJPHK-V Associate	YMCA	Log of media coverage, presentations, etc

2.2.5	Expand	Continue activity as in Year 1 to target additional organizations in Years 2 and 3	10/15	9/17	NJPHK-V Associate	YMCA	Attendance and contact information as in Yr. 1
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Annual Objective 2.3 Increase the number of join- use agreements for space for physical activity from 17 to 18 by September 29, 2015.

Measurement	Increase the number of joint-use agreements for space for physical activity. Baseline: 1 (VPS) Target: 3 Data Source: NJPHK-V					
Start Date	October 1, 2014	End Date	September 29, 2015	Setting/Sector	Community	
Related Strategy	Enhance access to places for physical activity		Estimated number of Units	Year 1: 2 (Housing Authority, Vineland Public Library) and 1 festival Year 2: 5 (5 largest faith based organizations) and 2 festivals Year 3: 5 (other community organizations) and 2 festivals		
Justify the selection of this strategy	The Community Preventive Services Task Force recommends the creation of or enhanced access to places for physical activity based on strong evidence of their effectiveness in increasing physical activity and improving physical fitness. ⁷					
Approx. # of people reached	Year 1 total: 7,200 450 residents (25% of Housing Authority (600 units *3 persons/unit) 3750 library patrons (5% of residents) 3,000 (adults and children attending the Puerto Rican Day Festival) Year 2 total: 3,000 1000 (25% population at largest faith based organizations) 2000 (adults and children attending the Greek and the Seafood Festivals) Year 3 total: 4000 3000 (adults and children impacted by agreements with other community organizations) 1000 (adults and children attending Vineland Downtown Development events and the Founder's Day festivals) Total: 14,200 adults and children over 3 years			Population Focus	Low SES	
Objective description	Vineland residents have limited access to places for physical activity. People can more easily access existing facilities when those facilities are made available to the public whenever possible. Organizations that have space for physical activity, including community rooms can integrate physical activity in programming thereby increasing the "stock" of space for physical activity. This objective also engages community organizations that host festivals to integrate structured physical activity into scheduled entertainment and activities. In Vineland, festivals draw large numbers of community residents.					

Activities AO 2.3 Increase the number of join- use agreements for space for physical from 17 to 18 by September 29, 2015.

	Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
2.3.1	Inventory	Inventory community physical activity resources including properties/facilities of the Housing Authority, Vineland Public Library Vineland City, YMCA, VPS, & large faith communities	10/14	12/14 plus yrs 2 and 3	NJPHK-V Associate	YMCA, VHD, VHA, VRec, LFA	Listing of property owners & amenities

2.3.2	Prioritize targets	Prioritize facilities to target for joint-use agreements	2/15	2/15	Project Director	Steering Committee	Targets identified for each year
2.3.3	Joint-use agreements	Negotiate joint use agreements among targets and partners	3/15	9/15 plus yrs 2 and 3	Project Director	YMCA, VHA, VPL, LFA, VHD	Signed joint use agreements
2.3.4	Toolkit	Create toolkit to facilitate creation of joint use agreements between other community organizations and groups	3/15	4/15	Project Director and NJPHK-V Associate	YMCA	Toolkit created
2.3.5	Training	Training for community org. on accessing facilities with existing or pending joint-use agreements	4/15	5/15 plus yrs 2 and 3	NJPHK-V Associate	YMCA, LFA, VRec	Attendance and training agenda
2.3.6	Training	Training for community festival hosts to encourage utilization of nearby facilities and/or integration of physical activity in festival schedule	3/15	9/15 plus yrs 2 and 3	Project Director and NJPHK-V Associate	YMCA	Toolkit created
2.3.7	Provide technical assistance	Provide technical assistance to faith-based and community organizations to integrate physical activity in programming	3/15	9/15 plus yrs 2 and 3	NJPHK-V Associate	YMCA	Log of assistance provided
2.3.8	Promote	Publicize and promote new and existing programs and facilities through NJPHK-V partners, involved orgs. and other communication strategies	6/15	9/15 plus yrs 2 and 3	YMCA Communications Director	YMCA	Log of media coverage, presentations, etc

Opportunities for prevention of chronic diseases through clinical and community linkages

Project Period Objective (PPO) 3.0 : Increase the number of people with increased access to opportunities for prevention of chronic diseases through clinical and community linkages from 26,067 to 45,075 by September 2017.

Measurement	Increase the number of residents ages 18-64 reporting medical insurance Baseline: 26,067 (77% of residents 18-64 for whom insurance status could be determined) Target: 45,075 (85% of 60% of population of 75,000, 60% of the population is 18-24) Data Source: Community Commons, US Census Bureau, Small Area Health Insurance Estimates		
Start Date	October 2014	End Date	September 29, 2017
PPO Description	<p>Residents in Vineland suffer disproportionately from childhood (in particular early childhood) and adult obesity, diabetes and heart disease. Limited access to a healthy food environment and limited access to opportunities for physical activity contribute to the burden of chronic disease. These are compounded by inadequate health screening, low clinical care ranking and lack of insurance. Measuring "Health Related Quality of Life" helps characterize the burden of disabilities and chronic disease.</p> <p><i>AO 3.1</i> connects worksites with those clinical and community prevention services that will support health as well as policy, systems, and environmental change that create a healthier workplace for both employees and temporary workers. This broad objective aims to touch large numbers of the general population.</p> <p><i>AO 3.2</i> increases access to prevention opportunities for parents of children ages 2-5, in particular low-income Hispanic women. Both interventions use a similar strategy: creating linkages for services where people gather as part of daily living. By incorporating wellness and access to opportunities for chronic disease prevention both at work and at community locations, prevention and care delivery systems will shift to settings that play a regular role in the daily lives of residents.</p>		

Annual Objective (AO) 3.1 Increase the number of workplaces with linkages to clinical and community prevention services from 7 to 50 by September 29, 2015

Measurement	Increase the number of workplaces with linkages to clinical and community prevention services including services supporting PSE change at the worksite Baseline: 7 Target: 50 (43 new) Data Source: Vineland Health Dept.						
Start Date	10/1/2014	End Date	9/29/2015	Setting	Worksite	Related Strategy	Provide workplace wellness support
Justify the selection of this strategy	The Community Preventive Services Task Force recommends worksite programs for obesity prevention and control. ⁸ These are intended to improve diet and/or physical activity behaviors based on strong evidence of their effectiveness for reducing weight among employees and include policy and environmental approaches to make healthy choices easier for the entire workforce.						
Estimated # of Units	Year 1: 43 workplaces Year 2: 50 workplaces Year 3: 50 workplaces						
Est. # of people reached	Year 1: 2,515 (estimate 35 sites with < 50 employees, 8 sites with 100+ employees) Year 2: 2,960 (estimate 40 sites with < 50 employees, 10 sites with 100+ employees) Year 3: 2,960 (estimate 40 sites with < 50 employees, 10 sites with 100+ employees) Total: 8,435 over 3 years 28 sites with 100+ employees (53% of all employers with 100+)				Population Focus		General Population
Objective description	Assess employer needs, provide technical assistance, create toolkit with local resources and support policy changes in order to connect workplaces to existing community linkages. These include screening, referrals, and health education, as well as local, state and national resources for disease prevention and health promotion. Workplace wellness is a priority strategy for both the Cumberland/Salem Health and Wellness Alliance and the Cumberland County Department of Health. NJPHK-V will coordinate efforts and share resources with these entities in order to amplify the efforts of NJPHK-V by expanding the potential reach of information, referrals and screening to worksites outside of Vineland where Vineland residents work.						

Activities AO 3.1 Increase the number of workplaces with linkages to clinical and community prevention services from 7 to 50 by September 29, 2015

	Milestone Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
3.1.1	Recruit worksites	Recruit workplaces through presentations to Chamber of Commerce, insurance brokers, and business associations	10/14	9/15 plus yrs 2 & 3	Project Director	VHD, YMCA,	# of presentations, size of audience
3.1.2	Compile toolkit	Compile toolkit and other supporting materials from existing local, state and national resources	10/14	1/15	NJPHK-V Associate	VHD, FHI	Completed toolkit
3.1.3	Technical assistance	Conduct assessment with customized recommendations for policies and programs for employers with no existing program	1/15	9/15 plus yrs 2 & 3	Project Director	VHD	Log of technical assistance provided
3.1.4	Distribute toolkit	Distribute toolkit to worksites receiving technical assistance and use to recruit others	2/15	9/15 plus yrs 2 & 3	NJPHK-V Associate	VHD, CCDOH	Log of worksites receiving toolkit
3.1.5	Coordinate Health screening	Connect workplace with partners to provide health screening, in particular for diabetes	2/15	9/15 plus yrs 2 & 3	Project Director	VHD, IHN,CC	# of health screening events at worksites
3.1.6	Support tobacco cessation	Connect workplace with partners to provide additional tobacco cessation support	10/14	9/15 plus yrs 2 & 3	NJPHK-V Associate	VHD	# of worksites offering tobacco cessation
3.1.7	Support diabetes prevention	Connect workplace with partners to provide additional diabetes prevention program	1/15	9/15 plus yrs 2 & 3	Project Director	YMCA	# of worksites offering diabetes prevention

Annual Objective (AO) 3.2 Increase the number of community institutions offering components of “Strong Mothers/Madre Fuertes” from 0-4 by September 29, 2015

Measurement	Increase the number of community orgs. offering elements of “Strong Mother/Madre Fuerte” Baseline: 0 Target: 4 Data Source: NJPHK-V				
Start Date	October 1, 2014	End Date	September 29, 2015	Setting/Sector	Community Institutions
Related Strategy	Facilitate infrastructure development to increase access to evidence-informed lifestyle change & prevention programs in the community.				
Justify the selection of this strategy	Increasing the capacity of community institution staff to function as health-care extenders creates an infrastructure that improves the engagement of disparate populations in evidence-informed lifestyle change programs and increases opportunities to access clinical and prevention services. Creating a bridge between clinical and prevention services in locations where parents are already coming with their children for services increases the likelihood of parent engagement and minimizes distractions from children.				
Estimated # of Units	Year 1: 4 community institutions (Head Start and Vineland Public Schools- Abbot funded preschools) serving children ages 3-5 Year 2: 1 community institution (WIC Program) serving children ages 3-5 Year 3: 2 community institutions (hospitals/medical centers) serving children ages 3-5				
Estimated number of people reached	Year 1: 750 (approx. 25% of 3,000 3-5 year old population, assuming 1 caregiver/ child involved) Year 2: 1,629 estimated Vineland WIC eligible caseload for children up to 5 years old Year 3: 700 Total: 3,079	Population Focus	Low income women, primarily Hispanic with children between the ages of 3-5		
Objective description	<p>Using a culturally competent lens, increase access to prevention opportunities for parents of children ages 2-5, in particular low-income Hispanic women. “<i>Mamas fuertes para familias fuertes/Strong Moms for Strong Families</i>” (MFFF) creates linkages for services where mothers gather to access services for their children and as part of daily living.</p> <p>This effort aims to</p> <ol style="list-style-type: none"> 1. Improve the ability of staff in community organizations to serve as care extenders by providing training and support to staff and volunteers at community organizations 2. To introduce mothers with young children to available resources and moderate lifestyle behavior changes that will positively impact the future health of their children, while still respecting family and cultural traditions. <p>Deliverables include:</p> <ol style="list-style-type: none"> 1. Conduct focus groups among Latina and other high risk mothers of 2-5 year olds to identify culturally learned behaviors that contribute to high incidence of chronic disease, barriers to accessing community resources and to identify preferred methods of communication/learning. 2. Conduct focus groups among staff and volunteers at community organizations to identify current service delivery models and preferences for integrating new information and resources as well as preferred methods of communication/learning. 3. Findings and input from these focus groups will then be used to develop a series of training workshops and technical assistance for staff and volunteers of community organizations to coordinate the delivery of lifestyle change programs and referrals to mothers/grandmothers of children 3-5 years old. 4. Provide training and technical assistance to strengthen linkages to smoking cessation services, YMCA diabetes prevention, Cumberland County Department of Health Improved Pregnancy Outcomes program for women of childbearing age, prevention programming to encourage physical activity and HEPA policy. 5. Integrate all Partnership efforts (ie joint use agreements, corner store work) to encourage additional collaboration and cross coordination of efforts and increase collective impact. 				

Activities AO 3.2 Increase the number of community institutions offering components of “Strong Mother/Madre Fuertes” from 0-4 by September 29, 2015

Key partner acronyms AO 3.2: CC (Complete Care), CCDOH (Cumberland County Department of Health), FHI (Family Health Initiatives), HS (Head Start), VPS (Vineland Public Schools), VHD (Vineland Health Department), YMCA (Cumberland, Cape, Atlantic YMCA)

	Milestone Title	Milestone Description	Start	End	Lead Staff	Key Partners	Output/ Measure
3.2.1	Gather key partners	FHI to convene meetings with Head Start, Vineland Public Schools and Complete Care to discuss project detail, confirm timeline and deliverables with leadership at both organizations	11/14	1/15	Project Director	FHI, CC, HS, VPS	Finalized project description and action plan
3.2.2	Sign letters of agreement	Key parties formally agree to collaboration with a letter of agreement	11/14	1/15	Project Director	FHI, CC, HS, VPS	Signed letter of agreement between parties
3.2.3	Gather staff input	Conduct listening sessions with frontline and leadership staff at FQHC and community organizations to determine agency specific requirements, knowledge of existing resources, current service delivery systems and preferences for learning etc.	2/15	3/15	Project Director	FHI, CC, HS	Session notes and conclusions
3.2.4	Establish focus group protocol	Develop and test questions for community listening sessions. VHD to facilitate gathering of test groups	11/14	2/15	Project Director	FHI, VHD	Finalized protocol for listening sessions in English & Spanish
3.2.5	Gather community input	Conduct bilingual listening sessions with clients at FQHC in target area and clients of community organizations on barriers to implementing MD recommendations for lifestyle change and other input to inform training for staff at community orgs.	2/15	3/15	Project Director	FHI, CC, HS	Session notes and conclusions
3.2.6	Convene clinical “gatekeepers”	Convene sessions with “gatekeepers” of key clinical preventive services and other partners to share results of listening sessions and collect feedback to inform training of staff at community organizations	3/15	5/15	Project Director	FHI, CC, IHN, VHD, CCDOH, YMCA and others	Session notes and conclusions
3.2.7	Develop training materials	Use focus groups, evidence based physical activity programs, information about local linkage resources to develop training lesson plans.	3/15	5/15	Project Director	FHI, VHD, CCDOH, YMCA and others	Training timeline, objectives and session outline
3.2.8	Pilot training	Using lesson plans, pilot training with staff at one community institution, gather feedback and make necessary adjustments	5/15	9/15	Project Director		
3.2.9	Train staff at community institutions	Train community institutions on a variety of evidence informed prevention programs. i.e. ideas for incorporating exercise and stress reduction for adults, linkages “101” etc.	Year 2		Project Director	FHI, YMCA, VHD	Attendance at training sessions

3.2.10	Technical assistance to community orgs.	Conduct assessment with customized recommendations for how to integrate training information into existing organizational systems and infrastructure	Year 2	Project Director	FHI, VHD, YMCA	Log of technical assistance provided
3.2.11	Support health screening and case mgmt.	Connect community institutions with CCDOH to connect women to "improved pregnancy outcomes" (IPO) program for women of childbearing age (both pregnant and not pregnant)	Year 2	Project Director	FHI, CCDOH	# of women from community orgs. enrolled in IPO
3.2.12	Support Tobacco cessation	Connect community institutions with partners to provide additional tobacco cessation support	Year 2	Project Director	FHI, VHD	# of community orgs. offering tobacco cessation
3.2.13	Support diabetes prevention	Connect community institutions with partners to provide additional diabetes prevention program	Year 2	Project Director	FHI, YMCA	# of community orgs. offering diabetes prevention
3.2.14	Provide programs and linkages	Community institutions provide exercise and other prevention service opportunities, and referrals to screening, case management etc.	10/15-9/17 (years 2 and 3)	Project Director	CC, HS, VPS (1 st year partners)	Community institutions report participation
3.2.14	Recruit additional organizations	Identify, recruit and train additional organizations providing services to children ages 2-5. Year 2: Focus on WIC Program Year 3: Focus on pediatric care providers	Years 2 and 3	Project Director	FHI and NJPHK-V partners	Additional institutions participate
3.2.15	Facilitate problem solving	Engage community with resource gatekeepers to identify solutions to common barriers and necessary course corrections	Years 2 and 3	Project Director	FHI and NJPHK-V partners	Discussions and resulting actions documented