

HEALTHY PEOPLE HEALTHY PLACES PLAN

2014-2019

*New Hampshire's Statewide Plan for
Healthy Eating and Active Living*



heal^{nh}
HEALTHY EATING ACTIVE LIVING

 HNH
FOUNDATION
Healthy Kids. Healthy Places.



Community Garden, Nashua

From our inception 17 years ago, the HNH Foundation has believed that helping children get the best possible start in life is not only one of the most critical short-term needs facing our state, but also one that promises the most beneficial long-term impact. We have focused our grant-making resources to improve the health and wellness of New Hampshire's population, with a focus on its most vulnerable children.

We are proud to be the state's leading funder for children's health, and our tag line *Healthy Kids Healthy Places* reflects those values. Since 2004, we've led efforts aimed at preventing childhood obesity in children up to age 5 and their families, and in the communities in which they live.

This publication, *Healthy People Healthy Places Plan 2014-2019: New Hampshire Statewide Plan for Healthy Eating and Active Living*, represents a milestone in a journey that began in 2006. At that time, the HNH Foundation convened state and regional funders, multi-sector state agency representatives, and other stakeholders to address the need for a New Hampshire-specific plan to prevent obesity across all populations. These stakeholders pooled resources to conduct a statewide process to identify and prioritize obesity prevention strategies in schools, municipalities, food and recreation industries, health, and business sectors. The first *HEAL Action Plan for NH*, published in 2008, included input from more than 200 statewide multi-sector individuals and organizations.

The 2014 Plan amplifies and builds on that groundwork. The HEAL Home, communities, and stakeholders have grown and developed from first-hand experience and emerging research, and have used that information to refine our thinking along the way. Those involved with HEAL have benefitted from others working at the local, state, regional, and national levels, and learned about the policy, system, and environmental changes needed to improve the conditions that help prevent obesity. We congratulate everyone involved and know that this work would not be possible without the collaborative efforts of numerous funders and stakeholders whose support has been so critical from the project's inception.

We also congratulate the new coalitions that have emerged to establish and inform this new action plan. Within these pages, you'll find compelling evidence of their synergy: tangible, specific tactics to increase access to healthy food and physical activity in our neighborhoods – grounded in strategies and resources that reflect the diverse makeup of both our urban and rural communities.

We applaud this targeted approach. We believe that this plan helps us address these fundamental questions: "What do healthy places look like?" and "How are people's lives changed by living in healthy places?"

The HNH Foundation is proud to be a leader and funder of this multi-sector, collaborative process that engages community coalitions and state-level partners throughout New Hampshire to support *Healthy People Healthy Places*. This, we believe, is the formula for lasting impact and sustainable success for all our citizens.

Patti Baum
Interim President
HNH Foundation



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HEALTHY EATING ACTIVE LIVING

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INTRODUCTION

Accelerating Progress on Healthy Eating and Active Living in New Hampshire

The Initial Call to Action

In 2008, New Hampshire's first Healthy Eating Active Living (HEAL) Action Plan was launched. The plan was developed through a collaborative effort of public- and private-sector partners concerned about the increasing overweight and obesity rates within the state's population. HEAL established a vision for a New Hampshire in which all residents improve health and quality of life through healthy eating and active living. The plan included recommended goals and strategies to support and promote healthy lifestyle choices by increasing access to healthy foods and safe places to play and be physically active.

Between 2008 and 2013, great strides were made in developing systems and infrastructure to advance healthy eating and active living strategies throughout the state. A lead organization, the HEAL Home, was established in 2008. Philanthropic and government organizations dedicated funding and resources to implement HEAL strategies at state and local levels. Partners were engaged and strategies aligned across multiple sectors, including public health, land use and planning, transportation, education, health care, and food systems. The HEAL Community Grant Program was established in 2009 to provide funding and technical support to promote healthier people and places at the local level.

HEAL and its partners have made tremendous progress over the past six years implementing strategies that support healthy eating and physical activity in New Hampshire, particularly at the community level.

The work is just beginning.

Continued Action is Needed to Accelerate Statewide Impact

Sustained resources and efforts are needed to decrease the prevalence of obesity and chronic disease in New Hampshire. Adult obesity and diabetes rates continued to increase between 2008 and 2012, as did obesity rates for children ages 10 to 17. Recent reports indicate that more than 25% of New Hampshire's adults and just over 11% of the state's high school students were obese. The trends are more pronounced among the state's low-income and rurally-isolated populations.^{1,2}

New Hampshire must continue to build on the work that was initiated with the 2008 HEAL Action Plan. The community-level work, which has been a large focus over the past six years and instrumental to changing deeply-held patterns of thought and behavior, will expand while being integrated with state-level policy, systems, and environmental change efforts to ensure that residents have the opportunity to live long, healthy lives. The New Hampshire Healthy People Healthy Places (HPHP) Plan is a guide to this important work for the next five years.

The HEAL Home will coordinate implementation of the HPHP Plan and lead a network of multi-sector partners – the Healthy People Healthy Places Network – to achieve the capacity needed for implementation of the Plan's strategies.

High Degree of Overall Health for Most, But Not All

New Hampshire was the fifth healthiest state in the nation according to the *2013 America's Health Rankings®* report by the United Health Foundation of America. However, overall health status masks pockets of great need in terms of certain health measures and certain populations. For example, New Hampshire has the 16th highest prevalence of diabetes and 22nd highest prevalence of obesity in the U.S. In fact, New Hampshire's adult obesity and diabetes rates began increasing steadily prior to the inception of the 2008 HEAL Action Plan. Since 2006, adult obesity has increased from 22.4% to 25.8% and diabetes has increased from 7.2% to 9.1%.³

These health outcomes are particularly poor in certain regions of the state and segments of the population. Adult obesity rates are highest in rural Coos County (see p. 14) and among children attending schools in the most racially and ethnically diverse inner city neighborhoods of Manchester and Nashua. Obesity and chronic disease rates are further exacerbated by higher household poverty levels in these areas.



Manchester Farmers Market, photo courtesy of ORIS Fresh Start Farms

OVERVIEW

Approach

Statewide Policy, Systems, and Environmental Strategies

Population-based approaches are required to support healthy behaviors and reverse the prevalence of obesity and chronic disease. In July 2009, the Centers for Disease Control and Prevention (CDC) released *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*. In this document, the CDC formally recommended that obesity prevention programs focus on policy, systems, and environmental change with the following statement: “Reversing the U.S. obesity epidemic requires a comprehensive and coordinated approach that uses policy and environmental change to transform communities into places that support and promote healthy lifestyle choices for all residents.” Environmental factors, such as lack of access to full-service grocery stores, increasing costs of healthy foods, the lower cost of unhealthy foods, and lack of access to safe places to play and be physically active, all contribute to the increase in obesity rates by inhibiting or preventing healthy eating and active living behaviors. The CDC and

others recognized that past efforts to address obesity and chronic disease through education and programming to encourage individual behavior change were found to be costly and ineffective in stimulating significant changes in health across the broader population.

The Healthy People Healthy Places (HPHP) Plan calls for implementing policy, systems, and environmental strategies aimed at improving the places where people live, learn, work, and play. For example, employees will be more likely to eat healthier if their workplace provides healthy food in vending machines, cafeterias, and at meetings. By changing policies and creating more supportive environments, the healthy choice becomes the default choice, and healthy behavior becomes more achievable.

The HPHP Plan envisions that many of the outcomes, strategies, and supporting actions will be implemented by the Healthy People Healthy Places (HPHP) Network, a group of partners across multiple sectors who are committed to working collaboratively toward achieving the Plan objectives.

Equitable Access

As we create healthier environments, where healthy food and safe places to walk and bike are more available, it is important to identify who has access to these environments. Overall, New Hampshire is one of the wealthiest, healthiest states in the nation. At the same time, many of our residents are faced with significant systemic barriers when it comes to accessing healthy food and active lifestyles. Communities with little or reduced access range from rural, isolated communities without basic grocery stores, to low income urban neighborhoods where safe, active recreation opportunities are few and far between. It is therefore a priority of the HPHP Network to address communities and populations with the greatest health disparities as New Hampshire moves forward with the HPHP Plan.



Farmers Market, Portsmouth

New Hampshire's first healthy eating active living plan was launched in 2008, with a vision that all residents improve health and quality of life through increased access to healthy food and physical activity. The next five-year phase of HEAL NH will be guided by the Healthy People Healthy Places Plan.

Vision

New Hampshire Will Have
Healthy People and Healthy Places



New Hampshire Residents Will Have
Options to Make Healthy Choices

Goal for Active Transportation & Recreation

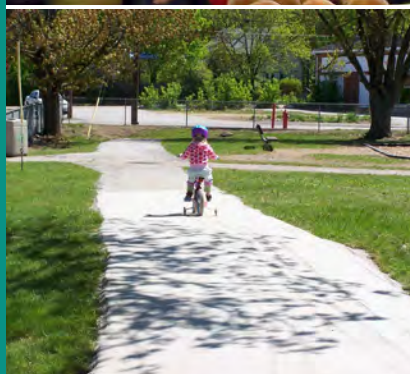
New Hampshire residents have equitable access to options for getting around, and safe, high-quality places to play and be active.

Objective 1

All New Hampshire communities are built to support walking, biking, and other active transportation options.

Objective 2

All New Hampshire communities have access to indoor and outdoor recreation facilities within a reasonable distance.



Goal for Healthy Food

New Hampshire residents have equitable access to high-quality, healthy food.

Objective 3

All New Hampshire communities have affordable, healthy food options within a reasonable distance.

Objective 4

New Hampshire institutions and businesses provide and promote healthy food and beverage options.

*Keene Restaurant, "Turn a New Leaf"
Healthy Menu Labeling Program*



The 2008-2013 HEAL Action Plan: A Collaborative Approach to Obesity Prevention

In 2006, despite New Hampshire's reputation as a healthy state, 60% of the state's residents were overweight or obese. In response to the obesity epidemic, a collaborative of state agencies and philanthropic organizations convened a broad-based panel of experts representing schools, health care, municipalities, businesses, and food systems to create New Hampshire's first statewide obesity prevention plan.

The overall goal of the 2008 HEAL Action Plan was "to improve health and quality of life for all New Hampshire residents through healthy eating and active living."

The 2008 HEAL Action Plan established three primary goals:

1. Increase the number of New Hampshire residents who improve health and quality of life through healthy eating and active living;
2. Increase the number of community and state policies, environmental support systems, and legislative actions that are planned and implemented to support healthy eating and active living; and
3. Increase the number of organizations that implement recommended healthy eating and active living interventions.

The 2008 HEAL Action Plan called for the establishment of a central organization responsible for coordinating and supporting strategies to achieve the Plan's goals. The first, and arguably most important, outcome of the HEAL Action Plan was the creation of the HEAL Home, established in 2008 with support from several New Hampshire philanthropic partners. HEAL Home's goal was to build a statewide infrastructure, including a network of partners representing multiple sectors, to implement HEAL-recommended strategies at state and community levels.

Implementing Change: Community-Level Success and State-Level Progress

The HEAL Home began its work by establishing the HEAL Community Grant Program in 2009, supported by multiple philanthropic partners. The program was designed to implement HEAL strategies at the community level. A 2012 evaluation of the Community Grant Program indicated progress toward all three primary HEAL Action Plan goals. The evaluation attributed much of the progress to HEAL community coalitions that successfully implemented strategies across all five target sectors (see Appendix III: Summary of HEAL Community Grant Program Impact). Within two years of establishing the HEAL Home, the initiative became known as the HEAL Campaign.

HEAL also made progress at the state level. In 2009, the New Hampshire Commission on the Prevention of Childhood Obesity, working with support from the HEAL Home and others in the field, released its signature report. One of the Commission's recommendations was achieved in 2011 when the New Hampshire State Board of Education adopted new rules requiring school districts to develop policies supporting the availability and distribution of healthy foods and beverages in all venues throughout the school day. In addition, strong partnerships were established with the New Hampshire Department of Transportation and Regional Planning Commissions to advance HEAL environmental change strategies at the state level.

HEAL continues to evolve, it will increase its focus on state-level systems and policies change while expanding community-based efforts in order to have a greater impact on population health in New Hampshire.

Ashland Community Garden



STATE-LEVEL SYSTEMS & POLICIES CHANGE



2013 HEAL Legislative Event

Upon reviewing several themes that emerged from the HEAL stakeholder interviews, partners representing multiple sectors worked together to define the next phase of HEAL in a broader context, reflective of the national movement toward policy, systems, and environmental change strategies. The partners concluded that a vision of “Healthy People Healthy Places” was needed for HEAL that included strategies at both the state and local levels. The result of this work is the 2014-2019 Healthy People Healthy Places Plan for New Hampshire.

The 2014-2019 Healthy People Healthy Places Plan: Stronger Networks, State-Level Change, Equitable Access

The Healthy People Healthy Places (HPHP) Plan for New Hampshire was guided in part by two evaluations:

- New Hampshire Department of Health and Human Services, Division of Public Health Services, conducted a content evaluation of the 2008 HEAL Action Plan for New Hampshire using the CDC’s guidelines for state obesity prevention plans; and
- HNH Foundation, a key leader and funder of the HEAL Home and the 2008 HEAL Action Plan, commissioned consultants to interview HEAL stakeholders and review national best practices in an effort to discern the most effective direction for the next plan.

These reviews resulted in several themes for developing the HPHP Plan (outlined in more detail on the following pages):

- Continue the community-level work;
- Change state-level systems and policies;
- Make access to healthy environments more equitable;
- Broaden the HEAL network; and
- Expand beyond obesity prevention.

Continue the Community-Level Work

A strong community network is vital to supporting healthier environments where New Hampshire's residents live, learn, work, and play.

Currently, 14 regional and municipal community coalitions are participating in HEAL work throughout the state. HEAL will continue to support community efforts by providing technical assistance and training, leveraging opportunities for sharing information and resources between the coalitions, and coordination of efforts to identify and acquire those resources.

Additionally, the impactful work being accomplished by HEAL's community coalitions will help inform change at the state level while statewide systems, policy, and environmental changes will accelerate progress at the community level.

HEAL COMMUNITY IMPACT

CATCH Kids Club & Early Sprouts



*CATCH Kids Club,
Boys & Girls Clubs of Greater Concord*

A 2012 evaluation of the four original HEAL Grant Communities indicated that in three years, HEAL coalitions implemented the CATCH Kids Club in 17 afterschool programs, bringing increased physical activity and healthy food to elementary and middle-school children. The coalitions also introduced the Early Sprouts program to nine elementary school sites. Early Sprouts, developed by Keene State College, is a seed-to-table garden curriculum used to increase young children's food preferences for and consumption of fruits, vegetables, whole grains, and low-fat dairy products. It also promotes school and family-based dietary changes to reduce the risks associated with childhood overweight and obesity.⁴ Making programs, such as Early Sprouts, available to early care centers throughout the state will accelerate progress toward decreasing childhood obesity rates.

HEAL COMMUNITY IMPACT

‘Turn A New Leaf’ Healthy Menu Labeling Program



I do not have the resources the larger chain restaurants have to do a nutritional analysis and market the healthier menu choices that customers are looking



for. Turn a New Leaf enhances what we do by taking some of our proven recipes and giving it a third-party healthy stamp of approval.”

– Luca Paris, Chef/Owner
Luca’s Mediterranean Café and
The Market at Luca’s, Keene

‘Turn a New Leaf,’ a healthy menu labeling program that launched with four restaurants in 2011, was developed by Cheshire County HEAL with support from the Keene State College Dietetic Internship Program. Five additional restaurants have since joined the program and additional communities are looking at this model for restaurants interested in providing healthier food choices. Upper Valley HEAL, in partnership with Dartmouth-Hitchcock Medical Center, launched a similar program called ‘Easy Choices’ in the cafeteria of the Dartmouth-Hitchcock Lebanon campus. Hypertherm, one of the state’s largest manufacturers, now serves healthy menu options in cafeterias at two campuses. Healthy food restaurant initiatives at a statewide level could provide guidance to other New Hampshire food institutions, giving more residents additional healthy food options when dining out.

Change State-Level Systems and Policies

Leaders involved in local HEAL work identified a need to expand efforts to change systems and policies at the state level in order to enhance access and reduce barriers to healthy food choices and opportunities for physical activity. While the innovative solutions led by local community efforts have been impactful, they require the support of system-level policies and tools if they are to be sustained and replicated. Integrating local- and state-level policy, systems, and environmental change strategies will facilitate long-term impact across the broadest population.

Make Access to Healthy Environments More Equitable

In order for individuals and families to choose healthy options and make long-term changes, there must first be access to convenient and affordable healthy food and safe places to be active in their communities. Efforts to create healthier environments must be prioritized to allow for increased access to healthy foods and physical activity in high-need communities to most effectively address populations and geographic areas with higher chronic disease burdens. Led by the theme that actively working toward equitable access to healthy environments is the most effective way the entire New Hampshire population will become healthier, equitable access became a cornerstone of the HPHP Plan.

(See Appendix V: Healthy People Healthy Places Equity Statement.)

HEAL COMMUNITY IMPACT

Heritage Rail Trail and Community Garden Project in Nashua



Heritage Rail Trail, Nashua

As reported in a 2012 community planning document, *Nashua Tree Streets Neighborhood: Analysis and Overview*, "...the neighborhood is younger, more racially diverse, and has more households living below poverty level than the rest of the City." In a 2012 HEAL asset mapping forum, lack of healthy food access and parks and active transportation corridors were identified as priority concerns in the neighborhood. Such underlying social and physical conditions play a major role in defining the health inequities and the burden of chronic diseases in Nashua. The local HEAL coalition and the Obesity Prevention Partnership are addressing these concerns through initiatives around the primary active transportation corridor in that area, the Heritage Rail Trail, including new lighting, community gardens, colorful building murals, and cleanup of overgrown areas along the trail.

HEAL COMMUNITY IMPACT

Laconia Public Works Department & Active Transportation

“We had recently done road upgrades on the street sections adjacent to Wyatt Park, but we hadn’t addressed accessibility improvements to the adjacent sidewalk. The HEAL Grant initiative prompted us to revisit the pedestrian and active transportation needs at this site, and to broaden our view to accomplish similar improvements on other city roadway upgrade projects in the future.”



Wyatt Park, Laconia

– Paul Moynihan, Director
City of Laconia Public Works Department

Between 2008 and 2013, the majority of participants in HEAL community endeavors and leadership groups had represented public health and health care fields. At the start of this process, a number of individuals from other fields, such as planning and transportation, were invited to participate. The addition of this professional expertise to the mix was a tremendous asset. Transportation and planning field experts were able to quickly offer perspective on current movements in their disciplines, and able to offer suggestions for goals and strategies that could be readily implemented in their sectors. Going forward, the HPHP Network will benefit from replicating this integrated approach and collaboration model in sectors such as business.

Broaden the Network

The number of businesses, municipalities, and other sectors engaged in HEAL community work has expanded the impact of the HEAL Campaign. However, new state-level partners will need to be at the table to increase HEAL’s impact and geographic reach.

New Hampshire’s public health challenges cut across policy areas including health, planning, transportation, education, and agriculture. It is important that the HPHP Network include strong representation, coordination, and collaboration from these and other sectors in addition to policy makers and business and industry professional groups to promote an approach to policy, systems, and environmental change efforts that consistently includes health.

Expand Beyond Obesity Prevention

The state's obesity epidemic provided the impetus for the 2008 HEAL Action Plan. While lowering obesity rates continues to be a desired long-term outcome, stakeholders determined that the next phase of HEAL must be defined in a broader context. This requires a focus on implementing strategies that address the underlying social and physical conditions that contribute to overall health and quality of life.

The result of this expanded approach is the 2014-2019 Healthy People Healthy Places Plan for New Hampshire.

COMPLETE STREETS POLICIES



Dover Community Trail

Keene, Concord, Portsmouth, and Dover have all adopted Complete Streets policies in their community planning. Complete Streets policies, which promote safe streets for pedestrian and bicycle traffic in addition to vehicle traffic (see Appendix I: Glossary), help to set the conditions that promote more physical activity. While obesity reduction might be one long-term outcome, such policies also align with other health and community planning goals.

HEALTHY PEOPLE HEALTHY PLACES PLAN

The Need

Obesity-Related Health Measures: No Appreciable Change

Obesity-related health measures for New Hampshire have not changed in a significant way.⁵ Recent reports indicate that more than 25% of New Hampshire's adults and just over 11% of high school students were obese. The trends are more pronounced among the state's low-income and rurally-isolated populations. Sustained resources and efforts are needed to reverse the prevalence of obesity and chronic disease in New Hampshire.

	2005-2009 Health Measures (NH)	Most Current Health Measures (NH)
Adults Ages 18 or Over		
NH adults who are obese	22.4% [2006]	25.8% [2012]
NH adults who are overweight	38.3 [2006]	34.9% [2012]
NH adults with diabetes	7.2% [2007]	9.1% [2012]
NH adults eating fruits and vegetables 5 times/day during past 7 days	29.1% [2005]	27.9% [2009]
NH adults with no physical activity in last 30 days	19.6% [2006]	19.9% [2010]
NH adults engaging in moderate physical activity 30 minutes/day, 5 days/week	56% [2005]	53.4% [2009]
High School Students, Grades 9-12		
NH high school students who are obese	11.4% [2005]	11.2% [2013]
NH high school students eating fruits and vegetables 5 times/day during past 7 days	22.3% [2007]	21.8% [2011]
NH high school students engaging in moderate physical activity 60 minutes/day, 5 days/week	46.9% [2007]	54.7% [2009]
Children Age 2-5, and Third Grade		
NH 2 to 5-year-olds who are obese	15.8% [2007]	14.6% [2011]
NH third-grade students who are obese	18% [2008-2009]	Will be updated in 2014

While New Hampshire ranks as one of the healthiest states in the nation, overall health status masks pockets of great need with certain health measures and populations.

Achieving Equity

Correctly identifying areas of greatest need will be the most important step in prioritizing actions that will lead to increased access to healthy food and safe, active environments. Working Groups comprised of members of the HPHP Network will identify highest-need communities for each target objective as the first step in determining detailed strategies and activities. The HPHP Network will prioritize communities using existing methods already defined within the HEAL Community Grant Program criteria, including socioeconomic and chronic disease burden thresholds.

Data indicate that New Hampshire's rural, lower-income communities have higher rates of obesity and diabetes, lower rates of leisure physical activity, and less access to healthy food.

Socioeconomic and Chronic Disease Indicators						
Geographic Areas	Persons Below Poverty Level ⁶	Minority Rates ⁷	Adult Obesity ⁸	Adult Diabetes ⁹	No Leisure Time Physical Activity Adults ¹⁰	Food Insecurity ¹¹
New Hampshire	8.4%	5.6%	25.8%	9.1%	21.2%	13%
Belknap County	9.7%	3.4%	34.3%	9.5%	27.5%	16%
Carroll County	10.3%	2.6%	24.3%	8.5%	17.1%	6%
Cheshire County	10.6%	3.7%	23.8%	14.9%	16.7%	11%
Coos County	13.0%	2.9%	31.9%	14.9%	29.5%	20%
Grafton County	11.0%	6.4%	25.6%	8.0%	19.0%	13%
Hillsborough County	8.0%	8.1%	26.9%	8.7%	21.0%	13%
Merrimack County	8.9%	4.6%	29.6%	8.8%	17.1%	11%
Rockingham County	5.2%	4.2%	26.7%	9.4%	18.3%	14%
Strafford County	11.2%	6.1%	27.5%	9.8%	21.5%	21%
Sullivan County	10.2%	2.9%	26.3%	11.2%	20.9%	15%

HEALTHY PEOPLE HEALTHY PLACES PLAN

The Need

Ethnic Minority Populations

New Hampshire's ethnic minority populations tend to be concentrated in larger communities, most notably Manchester and Nashua (in Hillsborough County). In *Health and Equity in New Hampshire: 2013 Report Card*, data on basic health measures for ethnic minority populations reveal that many health indicators for adult minorities across the state lag behind white counterparts.¹² As the data illustrate, prioritizing strategies and activities to effectively address these health disparities will be complex work, as many population and geographic characteristics are at play. For instance, a strategy to increase options for walking, biking, and other forms of active transportation will need to be implemented differently in an urban Manchester neighborhood than in rural Coos County. Creating a food system that makes healthy food physically and financially accessible must also take into account what access means for people with differing economic means, transportation options, and cultural preferences.

The HPHP Network is committed to prioritizing work that promotes improved access to healthy foods and places for physical activity in communities and populations with the greatest health disparities.

	NH Men Age 18-64	NH White Men Age 18-64	NH Minority Men Age 18-64	NH Women Age 18-64	NH White Women Age 18-64	NH Minority Women Age 18-64
Poverty	8.5%	7.9%	18.0%	9.2%	8.7%	17.2%
Limited Activity Days	3%	2.9%	4.6%	3.2%	3.2%	4.1%
Diabetes	3.2%	3.1%	5.4%	3.0%	2.9%	5.4%
Obesity	23.2%	23.3%	21.0%	20.4%	20.4%	20.5%

Response

The reasons for slow improvement and population variation in health indicators are many and are complex. They likely include genetic, behavioral, and socioeconomic factors. The HPHP Network will focus on one family of contributing factors to poor health outcomes: access to healthy food and physical activity.

The HPHP Plan Theory of Change (see Appendix II) and Principles & Assumptions (see Appendix IV) informed the goals and strategies outlined in the HPHP Plan while providing a guide for strategies that support more equitable access to opportunities for healthy eating and active living throughout the state. This important work will be accomplished by building upon and expanding HEAL's ongoing community-level success, while working on policy, systems, and environmental changes at the state level. These combined efforts will amplify the HPHP Network's impact and accelerate its progress toward achieving the objectives outlined in the HPHP Plan.

Littleton, Courtesy of NH Safe Routes to School



CATCH Kids Club, Keene



The Healthy People Healthy Places Network

The Healthy People Healthy Places (HPHP) Network includes people and organizations representing multiple sectors in New Hampshire. Some have been working on healthy eating and active living work for years – including HEAL stakeholders involved in creating and implementing the 2008 HEAL Action Plan and members of the HEAL community coalitions. Many have been working in the field or in the many fields that relate to the HPHP Plan's objectives prior to joining the HPHP Network, while others are new to the work.

Managing for Results

A key ingredient for complex, multi-sector change efforts is the designation of an organization to serve as the network leader. The network leader is charged with coordinating, supporting, and stimulating endeavors of a network of people from institutions with aligned missions. This includes engaging and supporting network members around a common agenda, shared measurement practices, mutually-reinforcing activities, and continuous communication.

The HEAL Home will serve as the network leader working to coordinate implementation of the HPHP Plan. The HEAL Home has developed deep relationships across the state with leaders at all levels, knowledge of the issues, and experience effecting change. During the planning process, HPHP Network partners acknowledged that the HEAL Home is the most qualified organization to manage the HPHP Plan and HPHP Network.

Community Garden, Ashland

Building the Healthy People Healthy Places Network

Increasing the number and diversity of the partners participating in the HPHP Network was identified as a primary goal of the HPHP Plan because it will allow for the capacity needed for implementation of the Plan's strategies. Many current members of the HPHP Network have been engaged at the community level through the HEAL Campaign. The HEAL Home will grow this network of partners, engaging new members from a variety of sectors, including health, transportation, planning, recreation, agriculture, education, and others in a position to support progress toward the Plan's goals.

Managing Resources

A key role of the HEAL Home as HPHP Network leader is identification of resource needs, funding, new partners, technical assistance and training, leveraging opportunities, and coordination of efforts to acquire those resources. Network membership, as referenced above, is a core resource for implementation. The HPHP Plan envisions that many of the outcomes, strategies, and supporting actions will be accomplished by Network members through their own organizations, partnerships, and operational budgets.

On an ongoing basis, the HEAL Home will support the process of identifying additional financial and other resource needs – including organizational partners – to advance the Network and its impact. The HEAL Home will commit and build staff capacity and infrastructure to ensure the HPHP Network has strong communications and collaboration systems, as well as operational support for the Network's infrastructure.



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Infrastructure

Wyatt Park Revitalization, Laconia



Communications

Successfully communicating the goals and objectives of the HPHP Plan will be critical to partner engagement and Plan implementation. An HPHP Communications Plan was developed outlining several strategies and specific tactics to help promote the Plan and progress being made by the HPHP Network. The Communications Plan also calls for developing and supporting a communications infrastructure that provides customizable tools that can be easily distributed through HPHP Network channels to help amplify the message and support progress toward the goals outlined in the Plan.

Specific HPHP communications tactics include:

- Develop HPHP-branded materials that can be easily accessed and distributed;
- Provide communications tools for current stakeholders and HPHP Network members;
- Develop strategy-specific messaging and communications tools to support new partner engagement and policy changes;
- Develop an internal communications infrastructure and customizable tools that facilitate partner engagement and collaboration;
- Develop an external communications infrastructure, including web and social media presence, to promote the HPHP Network work and inform the community-at-large;
- Inform the media and community-at-large of the HPHP Plan and its progress with press releases that Network members can customize for their organizations and distribute to their own media contacts and constituent newsletters; and
- Identify opportunities for grassroots engagement and media outreach to support policy changes.

Implementing and Evaluating Progress

Implementation and evaluation of the HPHP Plan will occur in the stages outlined below.

- **Define Objectives, Strategies, and Outcomes**

As one of the first steps in implementation, the HEAL Home will support the HPHP Network to refine the objectives and identify clear and achievable benchmarks linked to each goal. Subsequently, each Work Group will determine realistic and achievable measures when action is initiated on a new outcome.

- **Evaluate Goals and Objectives**

The HEAL Home will facilitate the process of periodic evaluation of progress toward goals. The HEAL Home will work with HPHP Network partners taking primary action on each recommendation to measure progress. Evaluation methodologies will be established once final objectives and benchmarks are identified.

- **Evaluate Healthy People Healthy Places Network**

The HEAL Home will annually evaluate progress in HPHP Network development, functionality, and sustainability, as well as its role as the Network leader. The evaluation will be conducted through an HPHP Network membership survey. The survey will include indicators for assessing the effectiveness of the Network in advancing the HPHP Plan's objectives and the effectiveness of the HEAL Home in supporting the Network. The HEAL Home will publish a regular report on these evaluation results; the HEAL Home Leadership Council will assess the results and offer guidance on indicated improvements as necessary.

- **Evaluate Community Coalition Work**

As noted above, the policy, systems, and environmental-level work of the HPHP Plan is designed to enhance and complement the community-level activity already being successfully implemented. The HEAL Home will conduct a regular survey of all HEAL communities to assess continued progress on community-level work. The survey will include an assessment of the extent to which HPHP activity is supporting HEAL community strategies.

- **Evaluate HPHP Indicators**

Evaluation of outcomes will be determined by the availability of existing data sets that can inform identified actions. In order to measure progress of remaining actions, the correlating network will be required to identify a baseline measure and a recommended timeline for surveying progress.



HEALTHY PEOPLE HEALTHY PLACES PLAN

Goals & Objectives

GOAL FOR ACTIVE TRANSPORTATION & RECREATION

New Hampshire residents will have equitable access to options for getting around and safe, high quality places to play and be active.

OBJECTIVE 1: All New Hampshire communities are built to support walking, biking, and other active transportation options.

A. STRATEGY: Coordinate state-level education and advocacy efforts for community design that supports biking, walking, and other active transportation options.

- **Outcome 1:** By 2015, establish a coordinated multi-sector state-level bike pedestrian advocacy network.
- **Outcome 2:** By 2019, increase by 10% public support for active transportation investment.

B. STRATEGY: Increase investments in bike and pedestrian infrastructure in New Hampshire communities with an emphasis on highest-need communities and neighborhoods.

- **Outcome 1:** By 2015, establish communities of need as a criterion for NH DOT Transportation Alternative Program (TAP) funding.
- **Outcome 2:** By 2019, increase by 10% the number of all New Hampshire public and private bike-pedestrian projects that are complete or underway.



Heritage Rail Trail, Nashua

OBJECTIVE 2: All New Hampshire communities have access to indoor and outdoor recreation facilities within a reasonable distance.

A. STRATEGY: Increase access to public and community facilities for physical activity through coordinated state-level education and advocacy for joint use agreements, with a priority for highest-need communities and neighborhoods.

- **Outcome 1:** By 2016, establish a database of the public and community facilities throughout New Hampshire, and identify those with joint use agreements.
- **Outcome 2:** By 2016, establish an advocacy network to enact a state-level joint use agreement policy.

B. STRATEGY: Increase public and private investment to create and improve access to healthy and safe parks, playgrounds, and open spaces and other places for community recreation.

- **Outcome 1:** By 2016, complete assessment of public and private investment in local recreation infrastructure.
- **Outcome 2:** By 2018, establish and begin initial implementation of a strategy for increasing public and private support for recreation investment.

C. STRATEGY: Increase use of parks, playgrounds, open spaces, and other places for community recreation by highest-need communities and neighborhoods through coordination and collaboration of staff, resources, and incentives.

- **Outcome 1:** By 2015, develop a multi-sector state-level network comprised of community recreation managers, program staff, and others to inform the use of state and local recreation and parks by highest-need communities and neighborhoods.
- **Outcome 2:** By 2017, establish guidance for increasing use of parks, playgrounds, open spaces, and other community recreation places in high-need communities and neighborhoods.

GOAL FOR HEALTHY FOOD

New Hampshire residents will have equitable access to high quality, healthy food.

OBJECTIVE 3: All New Hampshire communities will have affordable, healthy food options within a reasonable distance.

A. STRATEGY: Increase access to, and promotion of, healthy food in grocery stores, convenience stores, and restaurants through coordinated state-level education and advocacy with an emphasis on highest-need communities and neighborhoods.

- **Outcome 1:** By 2016, assess the availability of WIC vendors to improve access to affordable, local healthy food options.
- **Outcome 2:** By 2016, assess the capacity of independent New Hampshire convenience stores to promote healthy foods.

B. STRATEGY: Increase access to, and affordability of, fruits and vegetables in and near highest-need communities and neighborhoods.

- **Outcome 1:** By 2016, establish a statewide infrastructure to provide Electronic Benefits Transfer (EBT) use support and incentives to convenience stores, farmers markets, and CSAs to increase fruit and vegetable purchase by federal benefit program participants.
- **Outcome 2:** By 2016, assess the number of high-need communities and neighborhoods with access to locally-grown produce (farmers markets, CSAs) and community gardens.

C. STRATEGY: Increase allocation of innovative and nontraditional financing mechanisms for increasing equitable access to healthy food in highest-need communities and neighborhoods.

- **Outcome 1:** By 2016, 100% of New Hampshire community development finance institutions provide financing for healthy food access in highest-need communities and neighborhoods.
- **Outcome 2:** By 2019, increase by 20% the philanthropic and community development investment in healthy food in highest-need communities and neighborhoods.

OBJECTIVE 4: New Hampshire institutions and businesses will provide and promote healthy food and beverage options.

A. STRATEGY: Increase healthy food and beverage availability in K-12 schools, early care, and afterschool settings through coordinated state-level education and advocacy.

- **Outcome 1:** By 2016, the New Hampshire Afterschool Network will develop a plan for implementing Healthy Out of School Time (HOST) Eating and Physical Activity Standards.
- **Outcome 2:** By 2016, evaluate access to culturally-appropriate healthy food options at early care centers and K-12 public schools, especially those serving highest-need communities and neighborhoods.

B. STRATEGY: Decrease access to sugar-sweetened beverages in K-12 public schools, early care centers, afterschool programs with 25 or more enrollees, and hospitals through coordinated state-level education and advocacy.

- **Outcome 1:** By 2016, New Hampshire K-12 and Child Care Licensing rules have standards that define no soda and sugar-sweetened beverage policies.
- **Outcome 2:** By 2016, the New Hampshire Afterschool Network will develop a plan for eliminating sugar-sweetened beverages from afterschool programs, in alignment with HOST nutrition and physical activity standards.

C. STRATEGY: Engage businesses to develop achievable strategies to provide meals consistent with the Dietary Guidelines for Americans through coordinated state-level education and advocacy.

- **Outcome 1:** By 2016, complete an assessment of New Hampshire private and public businesses with more than 500 employees, to determine the availability of foods for employee meals that are consistent with the Dietary Guidelines for Americans.
- **Outcome 2:** By 2016, assess interest by New Hampshire private and public employers to participate in improving the healthy food environment for employees.

NEXT STEPS

How to get involved

Join the Healthy People Healthy Places Network!

HEAL NH will serve as the coordinator for the Healthy People Healthy Places (HPHP) Network. The Network will establish Working Groups for each goal, ensuring that each group includes members with the field expertise needed to ensure quality strategies and results.

The Working Groups will convene during 2014 to refine goals, strategies, and objectives, and to begin establishing baseline measures where needed.

The HPHP Plan will be released broadly to the public in Fall 2014 and work will be ongoing through 2019. The Network will be in a continuous expansion phase during that time, as new expertise and perspective is needed to carry goals forward.

Get involved with the Healthy People Healthy Places Network!

CONTACT: info@HealNH.org

GO ONLINE: www.HealNH.org



Community Garden, Nashua



Endnotes

1. NH Department of Health and Human Services, Division of Public Health Services, "NH Behavioral Risk Factor Surveillance System," 2013 (Concord, NH), 1-2.
2. Centers for Disease Control and Prevention (CDC), "NH Youth Risk Behavior Survey (YRBS)," 2013.
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5. Data Sources: "NH Behavioral Risk Factor Surveillance System"; "NH Youth Risk Behavior Survey"; CDC, "Pediatric Nutrition Surveillance Report," 2011 (for children ages 2-5); New Hampshire Department of Health and Human Services, Division of Public Health Services, "Third Grade Healthy Smiles – Healthy Growth Survey," 2008-2009.
6. U.S. Census Bureau, "State and County Quickfacts," Data derived from Population Estimates, 2012.
7. U.S. Census Bureau, "State and County Quickfacts," Data derived from Population Estimates, 2012.
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9. "NH Behavioral Risk Factor Surveillance System," 2.
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11. Stacuzzi and Ward, University of New Hampshire Carsey Institute, "What's for Dinner? Finding and Affording Healthy Foods in New Hampshire Communities, Issue Brief No. 21," 2010.
12. Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System," 2006-2008; Kaiser Family Foundation, "Putting Women's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," 2009; Kaiser Family Foundation, "Putting Men's Health Care Disparities on the Map: Examining Racial and Ethnic Disparities at the State Level," 2012. (For both men and women, Minority includes Black, Hispanic, Asian American and Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and people of two or more races. Information for women is a synthesis of data between 2004 and 2006. Information for men is a synthesis of data between 2006 and 2008.)



APPENDIX I

Healthy People Healthy Places Glossary

Access: For the purposes of this plan, access refers to both physical access and affordability.

Active Recreation: For the purposes of this plan, active recreation refers to recreational activities that require physical activity to participate, such as sports or dance.

Active Transportation: For the purposes of this plan, active transportation refers to any form of travel that is self-propelled, for example walking, cycling, in-line skating, using a wheelchair, or riding a skateboard.

Businesses: For the purposes of this plan, businesses are defined as those with food services and/or cafeterias.

Complete Streets: For the purposes of this plan, Complete Streets is a transportation policy and design approach that requires streets to be planned, designed, operated, and maintained to enable safe, convenient, and comfortable travel and access for users of all ages and abilities regardless of their mode of transportation. Complete Streets allow for safe travel by those walking, bicycling, driving automobiles, riding public transportation, or delivering goods.

Food Deserts: For the purposes of this plan, food deserts are defined as communities and neighborhoods identified as at moderate to highest risk of food insecurity based on poverty, proximity to food programs and retail food outlets (Wauchope and Ward, “Mapping Food

Insecurity and Food sources in NH Cities and Towns,” Carsey Institute, 2012).

Healthy Food Options: For the purposes of this plan, healthy food options are defined as non/low-calorie beverages, fruits and vegetables, and lower fat items.

Highest Need Communities: For the purposes of this plan, the term high-need communities includes demographic characteristics (e.g., poverty, age, race, ethnicity, language), health status characteristics (e.g., heart disease and diabetes rates), and geographic characteristics (e.g., rural or urban isolation). For example, in some goal areas, rural, isolated communities or citizens might have the least access. In others, urban neighborhoods might have the least access. (See Appendix V: Healthy People Healthy Places Equity Statement.)

Indoor and Outdoor Recreation

Infrastructure: For the purposes of this plan, recreation infrastructure includes both built infrastructure (e.g., buildings, playgrounds, trails, and sidewalks) and natural infrastructure (e.g., parks, community forests, etc.) that can be used to support physical activity, sports, and other forms of active recreation.

Institutions: For the purposes of this plan, institutions are defined as early care and afterschool programs serving 25 or more enrollees, K-12 public schools, and hospitals.

Joint Use Agreements: For the purposes of this plan, joint use agreements are defined as legal contracts that set the terms for sharing of public property or facilities by schools, communities, and/or community-based entities.

Policy, Systems, and Environmental

Change: The Cook County, Illinois public health department offers the following definition: Policy, systems, and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws and shaping physical landscapes, a big impact can be made with little time and resources. By changing policies, systems, and/or environments, communities can help tackle health issues like obesity, diabetes, cancer, and other chronic diseases.

Reasonable Distance: For the purposes of this plan, reasonable distance is defined as 1 mile or less for urban areas and 10 miles or less for rural areas. (Treuhaft and Karpyn, “The Grocery Store Gap: Who Has Access to Food and Why it Matters,” Policy Link & The Food Trust, 2010.)

Strategic Framework Timeframe

Vision:	Forever
Goal:	20+ years
Outcome:	Up to 5 years
Strategy:	5-year focus
Actions:	2-5 years

Healthy People Healthy Places Theory of Change

Endorsed by HPHP Network, July 11, 2013

Inspirational Vision for NH

NH Will Have Healthy People and Healthy Places
NH Residents Will Have Options to Make Healthy Choices

HPHP Preconditions for Inspirational Vision

NH residents will have equitable access to options for getting around and safe, high-quality places to play and be active

NH residents will have equitable access to high-quality, healthy food

HPHP Long-Term Outcomes

1
NH communities are designed to support safe active transportation

2
Diverse, safe, and available indoor and outdoor spaces are in close proximity to NH residents

3
Communities have capacity and resources to professionally manage and promote active recreation

4
Fruits and vegetables are easier to choose than unhealthy options

5
NH residents have physical access to fruits and vegetables (there are no produce deserts in NH)

6
NH institutions make available more water and unsweetened beverages, less soda and sugar-sweetened beverages

7
There is increased investment in bike and pedestrian infrastructure

8
Existing active recreation facilities (built and natural) are improved and realigned for broader use

9
There is increased investment in active recreation operational capacity

10
A broad range of institutions see physical activity as essential to achieving their goals

11
A broad range of institutional partners see healthy eating as essential to achieving their goals

12
NH residents are able to easily use federal nutrition benefits for fruits and vegetables at local outlets

13
Fruit and vegetable distribution outlets are located near transportation nodes

14
NH institutions make available more fruits and vegetables

15
NH institutional standards and policies define no soda and less sugar-sweetened beverages

Specific Strategies for Intermediate Outcomes



APPENDIX III

Summary of HEAL Community Grant Program Impact

REACH	<p>In total, HEAL coalitions targeted efforts in 57 towns, representing 24% of the 237 cities and towns in the state. The four coalitions potentially reached as many as 203,941 New Hampshire (NH) residents through direct contact with HEAL-sponsored interventions, or indirect contact through increasing awareness. With an estimated population of 1.3 million people in the state of NH, HEAL efforts may have influenced almost 16% of the population. Within their respective regions, the four coalitions selected the following target sectors for HEAL interventions:</p> <p>Lakes Region HEAL Schools, health care settings, municipalities Upper Valley HEAL Schools and early care, worksites, food outlets, recreation industry, health care settings, municipalities Greater Franklin HEAL Schools, municipalities, food outlets Cheshire County HEAL Schools, worksites, food outlets</p>
EFFECTIVENESS	<p>HEAL coalitions employed proven best practices in five targeted sectors. Examples of HEAL interventions by sector are described below.</p> <p>HEALTHCARE Coalitions incorporated BMI assessment into Electronic Medical Records (EMR) and trained providers to provide resources and education for patients to achieve and maintain a healthy weight.</p> <p>WORKSITES Coalitions promoted worksite wellness programs and supported businesses to adopt wellness policies. Examples of programs implemented in selected worksites include healthy food and beverage options on worksite menus, incentives for annual health screenings, walking meetings, adult recesses, healthy vending machine options, bike racks/pedometers for employees, and onsite farmers market.</p> <p>MUNICIPALITIES Coalitions increased and improved access to public spaces including trails and parks, and engaged community agencies and leaders to adopt HEAL priorities in town planning.</p> <p>SCHOOLS & EARLY CARE Coalitions promoted wellness policies in public schools and early care centers. Coalitions also implemented CATCH Kids Club and Early Sprouts interventions, among other school-based programs.</p> <p>FOOD OUTLETS & RECREATION INDUSTRY Coalitions promoted wellness policies at recreation/afterschool sites, and increased access to healthy foods by encouraging farmers markets, restaurants, and food retailers to adopt HEAL priorities. Examples of programs to promote healthy eating in food outlets included provision of discounted water, use of swipe debit/EBT cards to purchase fresh produce in farmers markets, financial incentives to lower-income customers to shop at farmers markets, and the relocation of farmers markets to be more accessible to town residents.</p>
ADOPTION	<p>HEAL interventions were successfully adopted in every sector in the following settings:</p> <p>HEALTHCARE 38 primary care practices adopted HEAL interventions.</p> <p>WORKSITES Large and small employers in 2 of the 4 regions implemented workplace wellness programs, including Dartmouth-Hitchcock Medical Center (8,000 employees), Hypertherm (900), Cheshire Medical Center (630), Hamshaw Lumber (82), Keene Beauty Academy (12), True North Network (7), and Insurance Source (7).</p> <p>MUNICIPALITIES A total of 57 towns were directly or indirectly targeted by HEAL efforts. HEAL interventions specifically designed to increase access to public spaces were implemented in approximately 20 towns.</p> <p>SCHOOLS & EARLY CARE School wellness policies were adopted by 5 school districts and 1 youth center. 11 early care center sites implemented healthy policies. 12 sites implemented CATCH programming to increase physical activity and 12 sites implemented Early Sprouts to improve nutrition habits. Additionally, 1 coalition worked with a school food service provider.</p> <p>FOOD OUTLETS & RECREATION INDUSTRY 5 restaurants, 3 food retailers, and at least 15 farmers markets were targeted by HEAL efforts, and have been influenced by HEAL priorities. 1 regional recreation association (that oversees 19 recreation centers) and 17 afterschool programs adopted healthy eating and active living priorities.</p>

HEAL interventions were successfully implemented completely and consistently. Below is the degree to which HEAL interventions were implemented in each sector.

HEALTHCARE	20 Dartmouth-Hitchcock and 18 LRGHealthcare affiliated primary care practices implemented EMR screens to support BMI measurement and assessment. Preliminary data from LRGHealthcare practices suggests EMR screen increases assessment and advice on diet, exercise, and screen time for children. 60+ providers were trained to identify and assess BMI, and provide advice on nutrition, physical activity, and obesity. 6-8 medical students per year will continue to be trained on best practices for obesity prevention.
WORKSITES	Of the 8 worksites directly involved with HEAL, all have wellness committees, 3 implemented no-tobacco campus policies, 1 eliminated fried foods and sugar-sweetened beverages. Additionally, HEAL has engaged with Timken (21,000 worldwide) about adopting wellness policies at their NH office in the future.
MUNICIPALITIES	HEAL led efforts to increase community walkability in 3 regions. Efforts included sidewalk construction, trail murals, walking school buses, development and improvement of trails and parks, promotion of Safe Routes to School, and online trail database. Additionally, 2 coalitions worked with regional planning commissions to ensure HEAL priorities are considered in future planning efforts.
SCHOOLS & EARLY CARE	Wellness policies that address nutrition and physical activity goals were adopted or invigorated in schools and early care centers. In total, HEAL potentially influenced 8,339 students through wellness policy changes in schools, and 555 children through policy and environmental changes in early care sites. CATCH programming potentially influenced more than 360 children and Early Sprouts may have influenced as many as 517 children. Preliminary results show that wellness policies have decreased soda and junk food consumption and increased physical activity among high school students, and increased fruit and vegetable consumption and daily activity among children in early care centers. Working with a food service provider, HEAL inspired the service provider to implement incentives for students to eat a balanced diet in 42 school districts.
FOOD OUTLETS & RECREATION INDUSTRY	HEAL's influence on the regional recreation association has the potential to impact more than 28,000 children and families. Preliminary data shows that, as a result of physical activity and nutrition policies adopted by some of the recreation sites, participants are eating more fruits and vegetables, and engaging in more physical activity. Additionally, 4 restaurants have menus labeled with healthy entrees and more Lebanon residents are using their local farmers market as a result of an EBT/Debit card reader and incentive fund.

Significant policy and environmental changes are documented as a result of HEAL. Many of these programs are sustainable because they have been incorporated into routine practice and because the intervention site is enthusiastic about healthy eating and active living as a result of involvement with HEAL.

IMPLEMENTATION

MAINTENANCE

APPENDIX IV

Healthy People Healthy Places Principles & Assumptions

The Healthy People Healthy Places (HPHP) Plan was developed collaboratively by a group of New Hampshire organizations with a commitment to equitable access to healthy food and safe places to play and be active. While the concept of “Healthy People and Healthy Places” allows for broad interpretation, the collaborators chose to focus on a set of key principles as a way to organize their shared work. These organizing principles are outlined below.

- 1. Healthy eating and active living provide the foundation for healthy people and healthy places.** The quality and nutritional content of the food we eat and the amount and intensity of our physical activity matters. Disease and related conditions including heart disease, stroke, type 2 diabetes, and certain types of cancer that are directly related to diet and activity.
- 2. Equitable access to both is essential.** If New Hampshire residents are to make more healthy choices, they must first have access – physical and financial – to those healthy options, particularly those with the highest need. To that end, the group has created an Equity Statement (see Appendix V) as a guiding principle for the goals, strategies, and objectives.
- 3. System-level change to enhance access and reduce barriers is needed.** In New Hampshire, thanks to the HEAL NH Campaign and others, such as regional planning commissions, community HEAL coalitions, and municipalities, many local efforts are leading to innovative solutions that reflect the needs of the community. These local efforts require the support of system-level policies and tools if they are to be sustained and replicated.
- 4. Policy, systems, and environmental change offer the greatest opportunity for impact.** There are many paths to integrate lasting improvement in the health behaviors of New Hampshire residents: public education, research, and enabling policies that result in changes to our built environment. After review of best practices nationally and vigorous dialogue, the Healthy People Healthy Places collaborators agreed to focus their efforts on policy, systems, and environmental changes to facilitate long-term impact across the broadest population.
- 5. Change is accelerated through leveraging multi-sector partnerships.** People’s ability to make healthy choices is influenced by state and local policies in many areas, including health, education, transportation, land use and planning, environment, business, government, and agriculture. Coordination and collaboration across these sectors will promote an approach to policy, systems, and environmental changes that consistently include health.



As the Healthy People Healthy Places Network began to identify strategies, it reflected on a set of assumptions to guide prioritization, listed below.

1. **The road(s) to creating Healthy People and Healthy Places are many.** This plan will be centered upon strategies that are considered to be achievable in NH within a 5-year period, with the recognition that the timeframe to achieve long-term outcomes and the vision are much longer. This means, by definition, that not every strategy, activity, or “actor” needed to achieve fully healthy communities and people will be contained in this version of the plan, and there is an assumed need for an updated set of strategies after successful implementation of this 5- year plan.
2. **The local-level Healthy Eating Active Living (HEAL) work already occurring in New Hampshire is effective and powerful.** This plan assumes it will continue to be funded, and its continuation will be recognized explicitly in the plan. The policy, systems, and environmental-level focus of this plan will supplement the excellent local-level work occurring.
3. **Greater connectivity and interaction between local action and system-level policy efforts will improve outcomes for both.** Leaders of the local work have identified statewide policy, system, and environmental level change as a gap in the New Hampshire field. This plan focuses at this higher level as a means of strengthening the local-level work as well as making some broader-scale change for the state.
4. **New Hampshire will continue to operate with a preference for a slim state and federal government.** Although the plan will be focused on policy, system, and environmental-level change, strategies will be developed with recognition and respect for this principle of small government.
5. **New Hampshire’s culture highly values local decision-making and action.** The plan will work within this culture, rather than attempting to change it. The plan assumes policy change and authority for this field rests, and will continue to rest, at the local level (for example, select boards and planning boards). This does not preclude strategies targeted at federal- or state-level policy and systems where appropriate.
6. **Progress is most likely if individual communities (geographic, populations, etc.) determine their own needs and strategies at some level.** Although the focus of this plan is policy, systems, and environmental change, strategies are designed to promote local decision-making and authority within them.
7. **Progress is most likely if existing network member institutions lead the work.** This plan does not anticipate or designate any new organizations or institutions, instead focusing on integration of the work into the efforts of existing committed institutions.
8. **Progress is most likely if strategies are designed to work within existing systems wherever possible.** This plan promotes strategies that can be implemented within existing field-related systems without fundamental change proposed for those systems.

A mix of objectives identified during the planning process include those with existing data and those that require baseline data to inform next steps. HPHP Network working groups, supported by the HEAL Home, will create benchmarks within the first six months of implementation where possible, while others may remain aspirational. By including aspirational actions in this plan, the planning partners lift up policies, systems, and environmental changes that are thought to be necessary to achieve healthy people and healthy places.

APPENDIX V

Healthy People Healthy Places Equity Statement

Equitable access is essential to the Healthy People Healthy Places Theory of Change. We believe that for individuals and families to choose healthy options, there must first be access. This plan focuses on creating the access that will ultimately set the stage for long-term behavior change.

Strategies for achieving agreed-upon outcomes should intentionally and explicitly reflect the following principles of Equitable Access:

1. Strategies and interventions are context-sensitive, data-driven, and evidence-supported.
2. Investments are intentionally scaled and directed to support populations, communities, and neighborhoods with highest need.
3. Strategy and investment decisions are driven by those who will be directly impacted.
4. System-level change initiatives are informed by local actors, grounded in local realities and support equitable access decisions at the local level.



Farmers Market, Lebanon

1. Strategies and interventions are context-sensitive, data-driven, and evidence-supported. For example:
 - Based on population and/or neighborhood characteristics such as income levels, health status, language, educational status, etc.
 - Interventions are flexible, creative, and customized to the community context.
 - Local systems, tools, and institutions already in place and informed by the experiences of other New Hampshire communities.
 - Identify and track success measures targeted to specific audiences, including broad-based outcome indicators as well as indicators for specific communities/populations as needed.

2. Investments are intentionally directed and scaled to support populations, communities, and neighborhoods with highest need. For example:
 - Utilizing policies or strategies that allow needs to be met in an equitable way (which means those with the biggest challenges may need the most help) versus those that meet the needs of most (the majority).
 - Identifying and tracking equity indicators as well as cost and other outcome measures for programs and interventions.
 - Increase focus on communities that would not otherwise have access to healthy foods and safe physical activity; communities with highest needs are given priority for increased investment and support to seek funding sources.
 - While it will vary by community and program, highest-need communities will include those with specific demographic characteristics (poverty, age, race, and ethnicity), health status characteristics (heart disease and diabetes rates), and/or geographic characteristics (e.g. rural or urban isolation).

3. Strategy and investment decisions are driven by those who will be impacted. For example:
 - Community input and decision-making through formal engagement of community leaders and residents can and should help to direct public, private, and philanthropic investments.
 - Use solutions/interventions identified by people who will use or be affected by them.
 - Build commitment to, and investment in, those impacted through true engagement of opinion leaders and others in the community; support for building trust and social capital; providing time, information, and resources to bridge communication and experience differences.
 - Seek to define “leaders” broadly to encompass multiple cultural definitions of “who” and “what” a good leader is.
4. System-level change initiatives are informed by local actors, grounded in local realities and support equitable access decisions at the local level. For example:
 - Policies developed at the system level should intentionally encourage, support, and enable equitable access decisions at the local level.
 - State- and system-level structures and policies should prioritize investment in higher-need communities.
 - Build a culture that intentionally supports and promotes equitable access and inclusion.
 - Policies that create preconditions to enable solutions that would otherwise not happen.

Acknowledgments

A network of HEAL partners from a variety of sectors, including health, transportation, planning, recreation, agriculture, and education, participated in the development of the Healthy People Healthy Places Plan. We would like to acknowledge the importance of these partners in providing their passions, knowledge, and perspectives to help guide statewide efforts to ensure that New Hampshire residents have the opportunity to live long, healthy lives.

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HEALTHY PEOPLE HEALTHY PLACES PLAN



New Hampshire's Statewide Plan for Healthy Eating and Active Living