

New Hampshire Intergroup Strategic Plan

The NHI strategic plan was developed in response to the NHI member survey taken last year and, secondly, to OA's general trend of declining membership. The overall objective of the plan is to strengthen and grow the OA fellowship within New Hampshire and, in the process, contribute to a strengthening of OA worldwide.

Member Survey

More than 100 members responded to the NHI survey. THANK YOU! Responders represented all lengths of service and abstinence. How did they get to OA? Most learned about OA from a friend or family. About 73% came to OA for the physical, but kept coming back because of the emotional and spiritual. About half have left the program at some point, but came back after again hitting bottom. Although many responders are able to attend a variety of meetings in size and format, a significant number have only small meetings available. Members who attend small meetings see intimacy as an asset. Those that attend large meetings see more physical recovery. In identifying OA weaknesses, the largest response was the small size of many meetings, followed by lack of recovery and lack of newcomers. Although there were a variety of responses on what members felt they needed to strengthen their personal recovery, at the top of the list was more, stronger and larger meetings. The other major responses to the question included: using or working the steps and/or tools, attaining more physical recovery, becoming more involved in service, working with a sponsor. There was a clear mandate for New Hampshire Intergroup to become more proactive in helping strengthen OA, to promote unity within the fellowship, to help groups attract more newcomers, and to promote a better understanding of OA as a whole.

Assumptions Underlying Strategic Plan

It's important to clearly state the assumptions underlying the plan's goals and activities. These include:

1. OA's overall membership is in decline. More people leave than join. We have lost many to relapse, and many to splinter programs that have broken away from the fellowship. On the other hand, we are not attracting and retaining enough newcomers to replace the losses, much less grow OA. Many meetings have closed, many are shrinking in size. We need to take a serious look at ourselves.
2. This is a three-fold disease. Sustained recovery requires work on all three levels: physical, emotional, spiritual. One without the other two doesn't work long-term.
3. This is a 12-step program. Personal recovery in OA is based on the 12-steps. We use the 8 tools to help us get through the days while we learn to live by the principles of the steps. Following a plan-of-eating and using the other tools, without learning to live the 12-steps, may bring short-term relief, but not sustained recovery and the full measure of the Promises.
4. This is Overeaters Anonymous. We exist to help people stop overeating. One result of stopping is a healthy body weight. The "how" we do it is physical, emotional and spiritual, but the measure of success to the rest of the world is physical appearance. It is physical recovery that is the initial attraction for newcomers. Role models in meetings give hope and keep

newcomers coming back long enough to discover there's much more to the program than the physical. A sensible food plan gets us to a healthy body weight, but staying there requires the emotional and spiritual change that comes from the 12-steps.

5. We have less referrals from healthcare professions than we used to: partly because of a credibility problem (less physical recovery) and partly a result of not enough public information effort on our part.

6. Another important factor in less newcomers is a decline in efforts by individual members to carry the message, sometimes because of confusion about anonymity. "Passing it on" is crucial to personal recovery (step 12) and to keeping OA a vital organization.

7. OA meetings need to focus on the answer (steps, traditions and tools) rather than the problem. We do not go to meetings to share our problems. We go to meetings to hear the answer and be inspired to do it.

8. We have everything that we need to strengthen and grow OA in New Hampshire, including excellent literature. Two examples: a Member Handbook that answers all questions about organizing and running good meetings, and a Guide for Sponsors pamphlet that answers almost every conceivable question on the subject.

NHI Strategic Goals and Activities to Achieve Those Goals

The strategic plan sets the direction for the activities that New Hampshire Intergroup will promote or undertake for the next few years. We have attempted to map out a timeline for the activities, but the reality is that what we do and when we do it always depends on people volunteering to do the work. Intergroup reps are at the core of this effort. They are each group's link to Intergroup; they volunteer their own efforts for the various committees at Intergroup; they seek volunteers from their responsive groups. People do not need to be intergroup reps or attend intergroup to be involved in giving service. See your respective intergroup rep and tell him/her that you want to help.

The plan establishes seven major goals and a specific set of activities aimed at accomplishing each goal. The ideas flow from the member survey, the assumptions outlined above, ideas found in OA literature, ideas used successfully elsewhere in OA, and the individual suggestions of each group's Intergroup Rep. Although many of the activities listed below can be linked with a specific goal, many cut across several goals. Obviously, for example, everything begins with personal recovery – physical, emotional and spiritual. The more individual recovery in a meeting, the more attractive it is to newcomers and the more sponsors it has.

Strategic Goals

1. Strengthen recovery in the rooms.
2. Promote unity with diversity.
3. Increase the number of sponsors.
4. Increase the number of newcomers.
5. Increase the retention of newcomers.
6. Help those in relapse.
7. Inspire people to give more service.

Activities to Achieve Goals

1. Back-to-Basics workshops covering some of the following subjects: Plans of Eating; Using the Tools; The Surrender Steps (1-3); The Change Steps (4-7); The Amends Steps (8,9); The Maintenance Steps (10-12); Passing It On; Relapse; Sponsoring and Being Sponsored; Working and Living the Steps; Practicing These Principles In All Our Affairs; Attracting and Retaining Newcomers.
2. Promote use of a “We Care” book to encourage more fellowship and service.
3. Promote group inventories.
4. Conduct an New Hampshire Intergroup inventory.
5. Organize or promote Big Book workshops.
6. Organize or promote First Tradition workshops.
7. Promote plan-of-eating workshops to demonstrate that different ways work.
8. Promote use of OA’s Guide for Sponsors.
9. Organize or promote sponsorship workshops at meetings.
10. Increase community service announcements in the media.
11. Promote “passing it on” as the basis for ensuring our gift of recovery.
12. Promote public information nights.
13. Participate in health fairs and similar public information events (such as Women’s Expo).
14. Promote the OA Handbook
15. Encourage meetings to formalize their process of welcoming newcomers.
16. Promote the value of newcomer orientations.
17. Use the Promises newsletter as a vehicle for passing on ideas that have been successful. Some of the subjects for articles: the strategic plan, the OA Handbook, nurturing newcomers, things that make a group strong, service is not optional, where our \$2.00 goes, 12th step within, anonymity, a traditions column, how to start the program if you’re a newcomer, what makes a good IR, what makes a great sponsor.
18. Encourage groups to use the Twelfth-Step-Within Handbook.
19. Organize workshops on recovery from relapse.
20. Promote a “missing faces” campaign.
21. Develop/update a speakers’ list.
22. Promote the “bring a meeting to a meeting” concept.
23. Get “everyone” involved in service work of some kind.
24. Remind people they can visit NHI without being Intergroup Reps.
25. Promote the idea, “Service is not optional. It’s the 12th step.”
26. Encourage sponsors to emphasize service and “passing it on” with their sponsees.
27. Develop sharathon and workshop guidelines.
28. Implement orientation/training for new Intergroup Reps.
29. Provide new Intergroup Reps with: NHI Bylaws, Policies & Procedures Manual, OA Handbook, Intergroup Rep job description, OA Literature Catalog and order form, Lifeline subscription pad, NHI calendar, What is NHI? pamphlet, and other pertinent information.
30. Clarify job descriptions at NHI for the various committees.
31. Provide OA Handbooks and Literature Catalogs to Intergroup Reps for distribution to their groups. Strongly encourage members to become more familiar with the Handbooks’ suggestions.
32. Ensure latest version of OA preamble and OA information/literature being used at meetings.
33. Encourage groups to use the service position descriptions in the OA Handbook.

34. Investigate feasibility of an NHI web site.
35. The least each of us can do:
 - a. Work our program; OA is a program of attraction. Each of us is the message.
 - b. Pick a home group and commit to making it a strong meeting.
 - c. Make sure our group has a process in place for befriending newcomers.
 - d. Make sure our group is represented at NHI by the right person.
 - e. Pass it on. We can't keep it if we don't give it away.

Conclusion

OA's 12-step program of recovery works just as well today as it did 40 years ago, if we work it as it is given. Is our membership falling because what worked in the past doesn't work anymore? Or is it more the result of a "drifting away" or "diluting" of the message? We believe the latter, and thus the theme of the strategic plan, "Back-to-Basics. Let's re-focus on what it means to fully "work the program."