MEMORANDUM

Date: March 25, 2025

To: Subrecipient agencies

From: Jennifer Voit
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Creating Healthy Communities Continuation Solicitation (CC26)
10/1/2025 – 9/30/2026

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness announces the availability of grant funds.

All electronic applications and attachments are due by 4 p.m., on Monday, May 5, 2025. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) manual rules, policy and procedure updates posted on the GMIS bulletin board, and any other program-specific requirements as outlined in the competitive solicitation. Reference the competitive solicitation for more information. The competitive solicitation for this grant program can be found on the ODH website at https://odh.ohio.gov/about-us/funding-opportunities/ODH-Grants/

If you have questions, please contact Sarah Ginnetti at 614-728-6937 or e-mail at sarah.ginnetti@odh.ohio.gov

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I. CONTINUATION FUNDING APPLICATION GUIDANCE

x Base Only Funding_____Base and Deliverable Funding

A. Policy and Procedures: The Continuation Funding Application consists of three parts: Program Updates(if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP(OGAPP) manual rules, and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: [Oct. 1, 2025 – Sept. 30, 2026] of the total project period, [Oct. 1, 2024 – Sept. 30, 2029] Reference the competitive solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS bulletin board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of the agency's policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

B. Number of Grants and Funds Available: The Centers for Disease Control and Prevention (CDC), Preventive Health and Health Services Block Grant funds the CHC Program. Thirty-one (31) grants may be awarded for a total amount of $3,150,000 for local grant awards to the currently funded CHC projects. Only those who were awarded for the 2025 grant year are eligible to apply. Each funded CHC Program may apply for the amount received in their CC25 NOA. Funding levels for all applicants will depend on the number and scope of proposals received, recommendations from the review panel, quality of each application, justification for the amount of funding requested, and adherence to the goals and objectives outlined in this solicitation. No applicant is guaranteed a certain percentage of the total funds available. ODH reserves the right to modify the amount of funding based on the applications and funds available.

*No grant award will be issued for less than **$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

C. Formatting Requirements for Attachments

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12-point Calibri font.
- Forms must be completed and submitted in the format provided by ODH.

D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. The Applicant does not owe funds to ODH and has repaid any funds due with 45 days of the invoice date.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted an application and all required attachments by **4 p.m. on Monday, May 5.**

II. PROGRAM UPDATES:

Program should review the Evidence of Health Disparity Strategies Checklist in Appendix B when drafting the program narrative, objectives, and workplan.

A. Program Progress Report: 1) Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. [**This is not a requirement for the CHC program. 2025 Quarterly Program Reports as submitted previously are accepted.]**

B. Program Narrative: Complete and submit a narrative statement (do not exceed 6 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the subrecipient wishes to share for continuation funding. The narrative statement should also include the following items.

i. **Accomplishment:** Describe at least one accomplishment achieved since the start of the CHC grant cycle. This could include, but is not limited to, forming a new partnership, identifying new community needs, or making progress towards a policy, systems, or environmental change.

ii. **Community Engagement:** Describe at least one example of how you have engaged *community residents* within your priority communities. Include where the engagement activities fell on the community engagement spectrum (see page 15).

iii. **2026 Plan:** Describe *the process* used to select strategies for year two. This can include, but is not limited to, results from assessments in year one, previously completed city or county plans (i.e. active transportation, food access, community health improvement plans), and feedback from community members. Include any barriers or challenges that you have encountered in year one, and how this has informed your plans for year two.

iv. **Budget:** Describe any budgetary limitations to completing your proposed workplan strategies. Include funds you plan to leverage from other sources, if applicable.

C. Objectives and Work Plan: Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. **Complete Work Plan Attachment in Microsoft Word format downloadable from the CHC SharePoint Library. The Work Plan is the only required documentation for this section. Please make sure that the workplan provides enough detail for a reviewer who is unfamiliar with**

your past CHC work to understand what is planned for each strategy.

D. Documentation and Progress on Health Disparity and Disparity Reduction Activities:
Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. This information must be supported by data. Continuation Solicitations should prepare a summary of activities completed, during the previous funding period, to outreach to the priority populations and / or neighborhoods specified in their plan. **[Please refer to the checklist in Appendix B and provide relevant information in the Program Narrative section outlined on page 3.]**

E. Program Budget: Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

1. **Budget Narrative:** Provide detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions.

For your convenience, a budget justification narrative example is available on the GMIS Bulletin Board, posted July 26, 2024.

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

2. **2026 Budget via GMIS:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period 10/1/2025-9/30/2026. Funds may be used to support personnel, staff training, travel (see OBM website: https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule), and supplies directly related to planning, organizing, and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum $1,000 unit cost value) to be purchased with grant funds.

Any personnel listed in the budget must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditure is authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

3. **Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fund raising or lobbying.
2. To disseminate factually incorrect or deceitful information.
3. Consulting fees for salaried program personnel to perform activities related to grant objectives.
4. Bad debts of any kind.
5. Contributions to a contingency fund.
6. Entertainment.
7. Fines and penalties.
8. Membership fees — unless related to the program and approved by ODH.
9. Interest or other financial payments (including but not limited to bank fees).
10. Contributions made by program personnel.
11. Costs to rent equipment or space owned by the funded agency.
12. Inpatient services.
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building (unless allowable by the grant).
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.
15. Travel and meals over the current state rates (see OBM website: http://obm.ohio.gov/TravelRule/default.aspx for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in thebudget narrative.
17. Training longer than one week in duration, unless otherwise approved by ODH.
18. Contracts for compensation with advisory board members.
19. Grant-related equipment costs greater than $1,000, unless justified in the budget narrative andapproved by ODH.
20. Payments to any person for influencing or attempting to influence members of Congress or theOhio General Assembly in connection with awarding of grants.
21. Promotional Items.
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated.
23. *Outpatient services.*
24. *Food and beverages for coalition or partner meetings.*
25. *Costs related to the construction of sidewalks and/or trails.*
26. *Concrete pads for installation of permanent infrastructure.*
27. *Fruit and vegetable incentives or prescription vouchers.*

Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.

4. **Indirect (Facilities and Administration):**

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMIS project number.

a. Workplan

• All Word document templates are in the CHC SharePoint Library. Attachments are submitted via GMIS. All attachments must clearly identify the authorized program name and program number.

b. Other Required Documentation:

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form and current address.

  This information is maintained on the following website: http://supplier.ohio.gov/.

  Note: Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via audits@odh.ohio.gov. Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.

- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and StateAssurances for Sub-grantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes arenot assimilated under this certification. Review the form and then press the "Complete" button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet and the FFATA reporting form match. ODH will hold all payments if an

applicant's information does not successfully upload into the federal system.

All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) go to https://sam.gov/.

Information on Federal Spending Transparency can be located at www.usaspending.gov or the Office of Management and Budget's website for Federal Spending Transparency at https://www. whitehouse.gov/.

(Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.)

- **For Non-Profit Organizations Only:**

1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.

2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating status. If changed, attach in GMIS the Internal Revenue Services (IRS) letterapproving non-tax-exempt status.

G. Human Trafficking: Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include but are not limited to lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

a. Victims of human trafficking are included in your agency's target population.
   1. At-risk population.
   2. Mental health population.
   3. Homeless population.

Agencies that promote the expansion of services to identify and serve those affected by human trafficking.

___x__Applicable to Creating Healthy Communities

H. Post Submission Requirements: Continuation applicants are required to submit subrecipient program and expenditure reports.

Note: Failure to assure quality of reporting such as submitting incomplete and/or late program orexpenditure reports will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

a. **Program Reports: Subrecipient program reports must be completed and submitted via GMIS** by the following dates. **Program reports that do not include requiredattachments (non-Internet submitted) will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.

_____X Program Reports Required _____No Program Reports Required

Period	Report Due Date
Oct. 1- Dec 31, 2025	January 10, 2026
Jan. 1- March 31, 2026	April 10, 2026
April 1-June 30, 2026	July 10, 2026
July 1- Sept. 30, 2026	Oct. 10, 2026

b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient monthly expenditure reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
October 1 – 31, 2025	November 10, 2025
November 1 – 30, 2025	December 10, 2025
December 1 – 31, 2025	January 10, 2026
January 1 – 31, 2026	February 10, 2026
February 1 – 28, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 30, 2026	July 10, 2026
July 1 – 31, 2026	August 10, 2026
August 1 – 31, 2026	September 10, 2026
September 1 – 30, 2026	October 10, 2026

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
Oct. 1- Dec 31, 2025	January 10, 2026
Jan. 1- March 31, 2026	April 10, 2026
April 1-June 30, 2026	July 10, 2026
July 1- Sept. 30, 2026	Oct. 10, 2026

Note: Obligations not reported on the final monthly or fourth quarter expenditure report will not be considered for payment with the final expenditure report.

c. **Final Expenditure Reports:** A Subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4 p.m. on or before November *5, 2025.* The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances mustbe returned with the Subrecipient final expense report, which serves as an invoice to return unused funds.

Submission of ALL Subrecipient program and expenditure reports via the ODH's GMIS system indicates acceptance of OGAPP. Clicking the "Submit" or "Approve" button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules and regulations.

III APPENDICES

A. Continuation Solicitation ReimbursementType Form
B. Evidence of Health Disparity Strategies Checklist
C. Program Overview
D. Scope of Work
E. Strategy Guide
F. Workplan
G. Training and Technical Assistance
H. Workplace Protection Policy
I. Attachments

Appendix A

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Ohio Department of Health Office of
Bureau of Health Improvement and
Wellness

ODH Program Title:
Creating Healthy Communities CC26

Reimbursement Type (check one) Monthly ☐ **OR** Quarterly ☐
(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

Please print:
Current Project Number _____

Applicant Agency/Organization _____

Applicant Agency Address _____

_____

Agency Contact Person Name and Title _____

Telephone Number _____

E-mail Address _____

_____ _____
Agency Head (Print Name) Agency Head (Signature)

Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMIS.

Due to ODH by 4/4/2025
Please email completed form to geoff.grove@odh.ohio.gov

Appendix B

ODH Evidence of Health Disparity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

Health Disparities, Health Inequities, Social Determinants of Health & Health Disparity

Racial and ethnic minorities, those living in rural communities, people with disabilities, and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death, or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location, or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health disparity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health disparity.

The ODH is committed to the elimination of health disparities and achieving health disparity for all Ohioans. The items below are requirements for all applicants to ensure health disparity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment

2) Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.

4) Identify measurable health disparity targets that demonstrate reducing disparities and improving health disparity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish disparity targets, review 2030 Target Setting Methodologies for Objectives in Healthy People 2030.

5) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices aimed at eliminating disparities and achieving health disparity. They are not required but highly encouraged to use.

1) Link proposed activities to health disparity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in Healthy People 2030, the State Health Improvement Plan (SHIP) and local Community Health Assessments .
   - State Health Improvement Plan - https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship
   - Healthy People 2030 - https://odphp.health.gov/healthypeople

2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.

3) Identify approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.

4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

Appendix C: Program Overview

The Creating Healthy Communities (CHC) program works to improve population health while addressing health disparities. Applicants will be required to work on policy, systems, and environmental (PSE) strategies that address increasing access to healthy foods and opportunities for active living. Healthy People 2030 (HP 2030) serves as guidance for program outcomes.

Healthy People 2030

HP 2030 provides 10-year, measurable public health objectives, with a mission *to promote, strengthen, and evaluate the nation's efforts to improve the health and well-being of all people*. HP 2030's vision is *A society in which all people can achieve their full potential for health and well-being across the lifespan.*

The table below lists HP 2030 objectives relevant to CHC:

Objective	Objective #
Reduce the proportion of adults with obesity	NWS-03
Reduce the proportion of children and adolescents with obesity	NWS-04
Reduce household food insecurity and hunger	NWS-01
Increase fruit consumption by people aged 2 years and over	NWS-06
Increase vegetable consumption by people aged 2 years and older	NWS-07
Increase whole grain consumption by people aged 2 years and over	NWS-09
Reduce consumption of added sugars by people aged 2 years and over	NWS-10
Reduce consumption of saturated fat by people aged 2 years and over	NWS-11
Reduce consumption of sodium by people aged 2 years and over	NWS-12
Increase the proportion of adults who do enough aerobic and muscle-strengthening activity	PA-05
Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity	PA-08
Increase the proportion of adults who walk or bike to get places	PA-10
Increase the proportion of adolescents who walk or bike to get places	PA-11

Policy, Systems and Environmental Change

Policy, systems and environmental (PSE) change approaches seek to go beyond programming and into the systems that create the structures in which we work, live and play. These approaches often work hand-in-hand, and the process is not linear. PSE change strategies are designed to promote healthy behaviors by making healthy choices readily available and easily accessible in the community. PSE change strategies are designed with sustainability in mind.

Resources

- What Is PSE Change?
- Rural Health Info Hub: PSE Change
- What is PSE Change?
- Illinois Prevention Research Center: Policy, Systems, and Environmental Change

Appendix D: Scope of Work

Staffing Requirement

- CHC applicants are required to identify a lead CHC Coordinator who will be responsible for adherence to grant requirements, including but not limited to, oversight on implementation of workplan activities, attendance at mandatory meetings and conference calls, submission of quarterly reports, and maintaining regular communication with their designated ODH program consultant.
- It is encouraged, but not required, that the CHC Coordinator be full-time (as designated by the applicant agency's internal policies). The lead CHC Coordinator should be at least 0.5 FTE. If the CHC Coordinator is not full-time, then grant funds should be put towards assistance from other staff, and/or contracted assistance from other community-based organizations, such as a regional planning organization, or individual community members (i.e community ambassadors) who will be responsible for helping to complete workplan activities.

Priority Communities

All grantees are required to complete strategies in CHC priority communities. A priority community is defined as a specific group of people, often living in a defined geographical area (Ohio Health Improvement Zones, city or county jurisdiction, villages, townships, zip codes, census tracts, or school districts). Selection of priority communities should consider the following variables: presence of health inequities, readiness of the priority community to advance change, and organizational partners have resources and the ability to contribute to the work. Resources for determining priority communities are listed below:

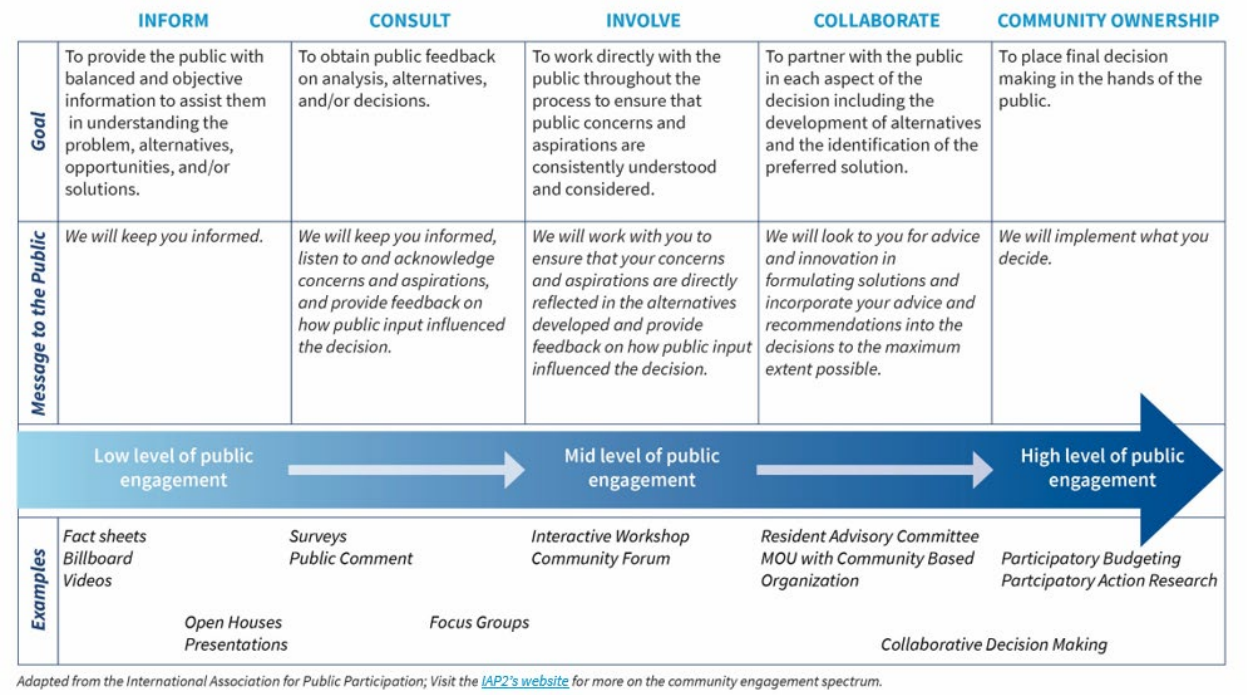
- Ohio Health Improvement Zones
- Social Determinants of Health Dashboard.
- County Health Rankings.
- Feeding America- Food Insecurity Data.

All grantees are approved to use their entire jurisdiction as one of their priority communities. Applicants are not restricted to any specific number of priority communities throughout the grant cycle. Priority communities may change throughout the grant cycle, but grantees must consult with ODH before making any changes to their scope of work. For new priority communities, it is highly encouraged to complete one or more of the assessments listed below.

Healthy Eating Assessments	Active Living Assessments
Policy, System, and Environmental (PSE) Change Assessment	
Local Foods Local Places Toolkit (appendix A)	Active Communities Tool
Voices for Food, Food Council Creation Guide.	

Community Engagement

- CHC Coordinators should facilitate and/or participate in diverse and inclusive coalition(s) of residents and organizations representing priority communities to collaborate toward completion of workplan activities.
- CHC Coordinators are not required to lead a coalition but should be involved in various community groups and foster relationships with residents and/or people who represent CHC priority communities.
- Community engagement should be included in each workplan strategy, striving for activities that align with mid to high levels of community engagement as depicted in the figure below.



Adapted from the International Association for Public Participation; Visit the IAP2's website for more on the community engagement spectrum.

Community Engagement Resources

- Center for Wellness and Nutrition's Community Engagement Toolkit.
- Safe Routes Partnership Community Engagement Guide.
- Working Toward Food Security Through Community Engagement.
- Community Commons-Engaging People with Lived Experience Toolkit.
- Nemours-Lived Experience: The Practice of Engagement in Policy.

Disability Engagement

The Creating Healthy Communities program recognizes the importance of working with individuals with disabilities, whether physical, intellectual, or other. CHC works with the Ohio Disability and Health Program to provide additional technical assistance and resources on disability inclusion work related to CHC. Within community coalitions, it is highly recommended for people with disabilities to be present and provide input on CHC projects. Disability Inclusion Frequently Asked Questions (FAQ)

Appendix E: Strategy Guide

Healthy Eating			
Main Strategy	**Strategy Suggestions (not an exhaustive list)**	**Resources**	**Budget Item Suggestions (not an exhaustive list)**
Community Gardens	Community gardens can take many shapes and forms. From a 50-by-50-foot church garden that supplies a local food pantry with fresh produce to a vacant city lot divided into plots and gardened by neighbors, community gardens reflect the needs, and the desires of people directly involved in their management and upkeep. Suggestions for strategy implementation include: • Implementing season extension supplies (i.e., high tunnels/hoop houses). • Creating new community gardens. • Expanding/improving existing community gardens • Ensuring gardens are inclusive to people with disabilities and/or mobility issues. • Developing gardens for specific populations (i.e. school gardens, gardens at shelters or facilities, teen gardening program, etc.). • Implementing hydroponic gardens for year-round use. • Implementing container/porch gardens.	• Food Safety in gardens. • Community Gardens Toolkit. • Community Gardens Worksheets. • Ohio Gardening Calendar. • Ohio State University (OSU) Extension Community Garden Start Up Guide.	• Seeds, starter plants. • Small gardening tools (shovels, etc.). • Garden hose, rain barrels. • Water line. • Lumber for raised beds. • Soil. • Season extension supplies. • Protective fencing. • Garden supply storage. • Hydroponic equipment. • Contract with local organization/master gardener to run/oversee garden work.
Community Supported Agriculture (CSA)	A system that connects the producer and consumers within the food system more closely by allowing the consumer to subscribe to the harvest of a certain farm or group of farms. Consumers pay in advance for a weekly/bi-weekly share of the harvest through the growing season. CSA subscriptions can be set up to accept the Supplemental Nutrition Assistance Program (SNAP) as a form of payment. Suggestions for strategy implementation include: • Subsidized memberships. • Enable SNAP acceptance with CSA. • Connect farmers with organizations to promote CSA.	• CSA Resource Guide. • US Department of Agriculture (USDA) CSA Resources. • CSA: What is in it for me?	• Advertising. • Bins/boxes for storage. • Refrigeration for transporting goods. • Contract with partner organization.

Farmers Market	A farmers' market is a public and recurring assembly of farmers or their representatives selling the food that they produced directly to consumers. Implementing this strategy could include tasks such as: • Setting up Electronic Benefits Transfer (EBT) machine or Point of Sale (POS) system to accept SNAP, Produce Perks, WIC, and Senior Vouchers. • Creating a new farmers' market or expanding an existing one (including promotion). • Establishing a mobile farmers' market (produce van). • Establishing a mobile ordering for farmers' market.	• Ohio Dept of Job and Family Services SNAP Application. • Accepting SNAP Benefits at Ohio Farmers Markets. • Management of Nutrition Incentives at Farmers' Markets. • Types of Nutrition Incentives Offered at Ohio Farmers Markets and How They Are Funded. • Farmers' Market Resource Library. • Mobile Market Coalition.	• Signage. • Advertising. • Produce stands/baskets. • Shelving. • EBT machine or POS system to accept SNAP. • Tents, tables, refrigerated bags (no logos). • Portable handwashing stations.
Farm to Institution	Programs and policies that support sourcing local and regional foods for schools, hospitals, faith-based organizations, worksites, and other public service venues that can benefit institutional customers and their families, farmers, the local community, and the economy. Suggestions for strategy implementation include: • Farm to School. • Farm to Early Childcare Education (ECE) Centers. • Farm to Institution (worksite, hospital, etc.). • Farm to Pantry. • Establishing micro-farm onsite.	• Farm to School USDA Fact Sheets. • Farm to ECE State Resource Directory. • USDA Procuring Local Foods Guide for Farm to School. • Ohio Farm to School – OSU Extension. • Farm to Preschool Toolkit. • Buying Local Foods for Early Care and Education • Selling Local Foods to Early Care and Education Providers	• Food service equipment. • Garden supplies (see community gardens). • Signage. • Contract for mileage/drive time to transport produce.
Food Access Policy and Planning	Transforms the local food systems by working on the following: identifying and filling gaps in local food system infrastructure and promoting a policy landscape that cultivates sustainable, equitable local food systems. Strategy ideas include: • Develop a local food coalition/council. • Include local governments in advancement and support of local food planning. • Community food assessments. • Local food plan development. • Local food policy implementation.	• Columbus & Franklin County Local Food Action Plan. • Local Food Council Formation Planning Guide- OSU Extension. • Voices for Food, Food Council Creation Guide. • Municipal Implementation Tool – Food System Planning. • USDA Food and Nutrition Security Resources.	• Printing for maps/lists of local food access locations. • Contract with local food access agencies/partners. • Materials for community engagement.

Food Banks/Pantries	A food pantry is an individual site that distributes food directly to those in need who reside in a specified area. A food pantry often is a member agency of, and obtains food from, a food bank. The client choice pantry model allows clients to select their food from the pantry's food stock instead of receiving a pre-packed or standard bag of groceries. Strategy ideas include: • Expanding food availability through purchase of refrigeration/freezers, produce stands/baskets, shelving. • Converting an existing pantry to a client-choice model. • Establishing a new client choice food pantry. • Developing a food bank nutrition policy (see FSG strategy). • Implementing a food pantry for designated populations- (e.g., students facing food insecurity, senior center pantry). • Establishing travel/Pop-up pantry/Blessing boxes. • Facilitating culinary training programs and community kitchens, promoting food access, nutrition, and shared skills. • Cooking demonstrations to engage the community. • Setting up a food rescue program.	• Healthy Eating Research (HER) Nutrition Guidelines for the Charitable Food System. • HER Guidelines Summary Table. • Supporting Wellness at Pantries (SWAP) Resources. • Feeding America. • Ohio Association of Foodbanks. • Cultural Food Preferences in Food Service. • Guidelines to Help Categorize Food.	• Signage. • Advertising. • Produce stands/baskets. • Shelving. • Refrigerators/freezers. • Shopping carts (for client choice). • Supporting Wellness at Pantries (SWAP) promotional materials.
Food Service Guidelines (FSG)	Improving food and beverage offerings in vending machines, catered meetings, cafés, cafeterias, snack carts, micro markets, or charitable food system procurement in various settings through adoption of food and beverage guidelines policies. • Healthy vending options in worksite or community setting (libraries, parks & recreation facilities, higher education campuses, museums, hospitals, city & county buildings, etc.). • Nutrition standards in correction facilities (e.g., commissary options, vending). • Nutrition standards at concession stands (sporting events, pools, etc.). • Healthier catering or healthy meetings. • Nutrition standards at food banks/pantries.	• Good Food Here (GFH) Toolkits. • FSG for federal facilities toolkit. • A Roadmap for Comprehensive Food Service Guidelines. • Center for Science in the Public Interest FSG Resource Page.	• Food service equipment. • Vending machine equipment. • Refrigeration unit. • Water bottle filling station. • Retro-fit faucet for water fountains. • Shelving. • Bins. • Produce displays. • Signage (check with ODH first for GFH materials). • Taste tests items for employees and/or customers (i.e. food purchased specifically for taste test, food prep gloves, serving items such as cups or plates, etc.).

Healthy Food Retail	A retail store that sells nutritious food such as fruits and vegetables (fresh, canned, and frozen), whole grains, lean meats, and low-fat dairy. Healthy food retail interventions can include: • Expanding food availability through purchase of refrigeration or freezer units, produce stands/baskets, shelving, etc. • Setting up EBT machine or POS system to accept SNAP. • Developing a sustainable method for distribution of fresh produce at corner stores. • Implementing a healthy checkout lane. • Increasing accessibility to store (awnings, doors to accommodate wheelchairs, etc.). • Assisting in opening a new grocery store (grant writing, community engagement, partnership development, etc.). • Working with stores to set up nutrition incentives.	• Bringing Nutrition Incentives to Corner Stores. • Sell Healthy Guide. • CDC's Healthy Food Retail Action Guide. • PRCHN Healthy Food Retail Implementation Guide. • Public Policy and the Grocery Store: Improving Access to Healthy Foods - A Toolkit for Advocates.	• Signage. • Advertising. • Refrigeration/freezer units. • Produce stands/baskets. • Shelving. • Lighting improvements. • New store awning (to eliminate awnings that have unhealthy food advertising). • EBT machine or POS system to accept SNAP. • Flowers, landscaping for beautification. • Upgrade to food service license for prepared foods. • Contract w/ local artist for mural on side of store (This could be painted by a volunteer, but funds could be used to purchase paint/mural supplies).
Nutrition Incentives	Nutrition incentives provide extra food dollars to help low-income shoppers purchase more fruits and vegetables. In Ohio, the nutrition incentive program is Produce Perks, managed by Produce Perks Midwest (PPM). Produce Perks provides a $25 match on SNAP/EBT purchases of fruits and vegetables at participating farmers' markets and grocery stores across the state. Example strategies include: • Work with farmers' market(s) and PPM to establish the Produce Perks program at the farmers' market. • Work with brick-and-mortar store(s) and PPM to establish the Produce Perks program at the store.	• Introduction to Nutrition Incentives. • Marketing and Promotion of Nutrition Incentives. • Management of Nutrition Incentives at Farmers' Markets. • Types of Nutrition Incentives Offered at Ohio Farmers Markets and How They Are Funded.	• Signage. • Advertising. • EBT machine or POS system to accept SNAP. • Contract with partner organization. *CHC funds may not be used for fruit and vegetable incentives.
Produce Prescriptions	Produce Prescription Programs leverage clinical care systems to improve the health of patients diagnosed with chronic diet-related disease by increasing access to healthy foods and providing healthy eating and nutrition counseling. The program allows practitioners to "prescribe" fruits and vegetables for select patients, redeemable at participating farmers' markets and grocery retail.	• Rural Produce Prescription Toolkit. • Food Rx Replication Guide for Health Centers. • Promising Practices: Implementing a Produce Prescription Program in the Health Care Setting. • Wholesome Wave: FED Principle. • Produce Perks Midwest PRx.	• Printing for educational materials, vouchers, signage. • Contract with local agency/medical center to implement program. *CHC funds may not be used for fruit and vegetable prescriptions.

Safe Routes to Healthy Food	Helping communities become places where it is easy and safe for people to walk, bike, or use public transit to buy and obtain healthy food. Example strategies include: • Work with local transit agencies to improve healthy food access (improved routes, etc.). • Additions of grocery stores or markets in walkable/bikeable areas • Improvement to walkability and/or bikeability to a grocery store. • Transportation to farmers' markets.	• Safe Routes to Healthy Food FAQ. • Safe Routes to Healthy Food Overview. • Safe Routes to Healthy Food Report and Action Agenda.	• Paint (cross walks). • Signage. • Healthy food access map development, printing. • Walk audit materials. • Bike racks for in front of the store.

Active Living			
Main Strategy	**Strategy Suggestions**	**Resources**	**Budget Item Suggestions**
Active Commute Support	This strategy focuses on supporting and encouraging active commute (walking, biking, rolling, public transit) to everyday destinations such as work, retail, or services. Suggestions for strategy implementation include: • Travel Ambassador Program. • Convenient, covered, and secure bicycle parking. • Bicycle repair stands, tools, and tire pumps are available at the place of business. • Access to changing rooms, lockers, and showers. • Sidewalks, pathways, and bicycle routes leading to the worksite. These should focus on connecting to existing infrastructure to make it easier and safer for active commute. • Worksite-specific bike share programs. • Create an active commute policy with the employer. This can include flexible start times, allowing bicycle parking indoors, or other employee-sponsored incentives for active commute. • Create an Emergency Ride Home program. Such a program can be used to guarantee a ride home, at no extra cost, for an employee that walked, biked, or used transit to get to work but is unable to do so on the way home.	• Worksite Active Commute Support. • Best Practices for Bike Parking, Association of Pedestrian and Bicycle Professionals. • Gohio Commute Emergency Ride Home program. • Travel Ambassador Toolkit	• American League of Bicyclist designations application fee. • Bike racks. • Bike shelters. • Bike lockers. • Fix-it stations. • Bike-to-Work day event supplies. • Worksite lockers.

Active Transportation Planning (ATP)	Active Transportation Plans are a tool to help communities determine current gaps in the pedestrian and bicycle network and determine short and long-term improvements to the network. ATPs can be created at the local, county, or regional level depending on the context of your community. ATPs are also typically required to apply for many transportation grants. There are other types of plans, listed below, that also address safety and the bicycle and pedestrian network in your community. Strategies include the following: • Create an ATP which includes existing conditions, community engagement, and recommendations for both infrastructure and non-infrastructure. • Master Plan development (including feasibility studies, focus groups, reports, forecasting, etc.). There should be a section focusing on AT planning. • Vision Zero Plan. • Safe Streets and Roads for All (SS4A) Safety Action Plan.	• Active Transportation Planning. • Ohio Department of Transportation (ODOT) Active Transportation Development Guide. • ODOT Active Transportation Academy. • Fostering Healthy Communities through Planning and Public Health Collaboration. • Marion County AT Concepts Map and Memorandum. • Mid-Ohio Regional Planning Commission (MORPC) ATP. • Meigs County ATP. • Lawrence County Bicycle & Pedestrian Plan. • Newark-Heath ATP. • Knox County ATP. • Huron County ATP. • Dayton ATP.	• Contracts with local Metropolitan Planning Organization (MPO) or planning organization or consultant. • Local workshops. • Roadway safety studies.
Bike Share	This strategy is focused on creating a bike share system within your community. There are several different bike share models, so it's recommended to research each and work with your community to pick the right fit. Potential models include: • 'Book a Bike' - typically run by a local library or other partner. • Docked systems. • Dockless systems.	• Bike Libraries. • Better Bike Share Partnership.	• Bikes. • Bike racks and locks for storage. • Bikeshare software. • Helmets. • Bike baskets or trailers.
Complete Streets (CS) Policy	Complete Streets policies can be at the local, county, or regional level and are created to ensure that all current and potential future users of a road are considered when newly constructing or performing maintenance projects. Complete Streets policies are sensitive to the local context. Voices that should be included in developing the policy include residents, city staff (engineering, public works, planning/development), elected officials, people with disabilities, and people who have been traditionally left out of decision-making.	• Complete Streets Policy. • A Guide to Building Healthy Streets. • National Complete Streets Coalition.	• Contracts with local MPO or planning organization or consultant. • Materials for community engagement. • Local workshops. • Supplies for demonstration projects.

Land Use Policy	Land use and zoning can impact the built environment of an area, thus making it either easier or more difficult to walk and bike places or access amenities such as parks. These strategies may take several years to fully complete and can include the following: • Developing a Comprehensive Plan or a full zoning code update. • Reviewing existing code to assess the impact on active living and health. • Implementing zoning code changes that prioritize compact, walkable development. • Updating parking codes to be more pedestrian and bike friendly (bicycle parking minimums, car parking maximums). • Addressing ordinances or codes, such as subdivision or downtown districts, to ensure compliance with a CS Policy. • Developing new design standards for development.	• Zoning 101 fact sheet. • Fostering Healthy Communities through Planning and Public Health Collaboration.	• Contract for planning or zoning code re-write.
Multiuse trails	This strategy is intended to provide supporting infrastructure for multi-use trails. These supports should help in making the trail more accessible and easier to use or navigate. Multi-use trail projects should focus on areas that enhance connectivity to everyday destinations, or that enhance opportunities for physical activity at destinations. Specific activities can include: • Grant application assistance for multi-use trails. • Assessment of existing trail network and usage and identification of where gaps exist. • Identification and installation of trail supportive infrastructure.	• ODOT Multi-Modal Design Guide-- Ch. 5: Shared Use Paths.	• Trail counters for evaluation. • Signage. • Wayfinding. • Rest and hydration stations. • Lighting. *CHC funds may not be used for materials or construction of trails.
Parks and Playground	A public space within the local community for people of all ages to enjoy outdoor recreation. Specific activities may include: • Establishment of a new park or playground which could be for specific use (i.e. bike or skateboard park, basketball court).	• Park Access and Inclusion. • National Recreation and Park Association (NRPA) Resource on Evaluating Parks.	• Playground Equipment. • Water Fountains. • Trash Cans. • Benches. • Lighting.

	• Completing updates to an existing park or playground. This can include new playground equipment, surfacing, lighting, or sunshades. • Focus on enhancements that are inclusive of all ages and abilities.		• Shade structure. • Fencing.
Public Transit	The public transit strategy can cover the traditional fixed-route system, paratransit, or on-demand public transportation. Strategies should work to increase access to transit, whether that's impacting the supporting infrastructure or working to make routes more accessible. Activities include: • Demonstration projects for safe access to transit. • Bus stop improvements. • Bus stop audits and improvement plans. • Bus route improvements to increase access or increase the destinations reached (i.e. food, healthcare, workplace). • Convenient, comfortable public transit with accommodations for taking bicycles on the bus.	• Public Transit Improvements. • Transit Center Bus Stop Design Guide. • Public Right of Way Accessibility Guidelines (PROWAG) Standards for Accessible Bus Stops. • Americans with Disabilities Act (ADA) Standards for Public Transportation Facilities. • National Association of City Transportation Officials Passenger Information and Wayfinding. • ODOT Multi-Modal Design Guide Ch.10: Transit Facilities.	• Demonstration project supplies (paint, potted plants, etc.) for safe access to a transit stop. • Signage. • Wayfinding. • Benches for bus stop. • Lighting. • Bike racks for front of buses.
Safe Routes to Schools (SRTS)	SRTS strategies are focused specifically on addressing barriers to walking or biking to school. Typically, these consist of infrastructure (safe crossings, sidewalks, lighting, etc.) and non-infrastructure programs (walking school bus or bike train). CHC activities may include: • Assistance with the development of a School Travel Plan (STP). • Assisting with an application to the ODOT SRTS funding for either infrastructure or non-infrastructure projects. • Infrastructure change—crossings, road diet, designated bike parking at the school.	• Safe Routes to School. • ODOT- SRTS website. Please visit the information page on ODOT's website for more information about the program and their funding assistance.	• Walk/Bike to school supplies (reflective vests, signage). • Bikes to raffle off. • Helmets. • Contract for STP development. • Demonstration project supplies. • Bike racks for school. • Supplies for STP engagement (large maps/foam boards, sidewalk chalk, etc.). *CHC funds may not be used for materials or construction of sidewalks, trails, or other permanent infrastructure.
Shared Use	Shared Use policies are agreements with a school, church, or other entity that allow for public use of recreation facilities such as playgrounds, sports fields, or gymnasiums. The policy outlines the	• Change Lab Solutions Shared Use Playbook.	• Physical activity supplies such as sports equipment (sports balls, rackets, etc.).

	rules around shared use, including eligible activities and times the facilities are open to the public. Activities may include: • Creating MOU with a school, church, or other entity that owns the shared use property. • Create a "lending library" of sports equipment to use at the shared-use facilities.		
Supportive Bicycle Infrastructure	This strategy refers to smaller-scale additions that supplements larger trail or bike infrastructure projects that are either already constructed or underway. Some strategy ideas are: • Bike racks, or safe and convenient bicycle parking. • Striping bike lanes. • Signage and wayfinding. • Fix-it Stations. • Demonstration projects. • Assisting with grant applications that fund bicycle infrastructure projects.	• Bike Infrastructure. • Wayfinding FAQ. • Best Practices for Bike Parking-- Association of Pedestrian and Bicycle Professionals.	• Bike racks. • Demonstration project supplies (paint, potted plants, etc). • Paint for striping bike lanes. • Signage and wayfinding. *CHC funds may not be used for materials or construction of bicycle infrastructure such as trails or shared use paths.
Supportive Pedestrian Infrastructure	This strategy refers to smaller-scale additions that supplements larger sidewalk or other pedestrian projects that are either already constructed or underway. Some strategy ideas are: • Wayfinding and signage. • Demonstration project. • Shoulders or pedestrian lanes. • Shared streets. • Streetscapes. • Road crossing safety- crosswalks, pedestrian signs, flashing beacons, traffic signals, curb extensions, pedestrian crossing islands, and raised crosswalks. • Assist with applications for grants that fund pedestrian infrastructure improvements other improvements for ADA accessibility.	• Pedestrian Infrastructure. • Wayfinding FAQ. • ODOT Multi-Modal Design Guide-- Ch. 4: Pedestrian Facilities.	• Paint for striping crosswalks, shoulders, or pedestrian lanes. • Signage. • Wayfinding. • Demonstration project supplies (paint, potted plants, etc.). • Lighting. *CHC funds may not be used for materials or construction of pedestrian infrastructure such as sidewalks.

Overarching			
Main Strategy	**Strategy Suggestions**	**Resources**	**Budget Item Suggestions**
Community Ambassadors	Create a program that involves hiring community residents to help with CHC strategies. Community Ambassadors help ensure the voice of the community is included in all steps of a strategy. Programs should include a formal position description with expectations and compensation.	• Community Ambassador Resource Guide.	• Fees to cover workshops and/ or training for ambassadors. • Compensation for community ambassadors.
Grant Writing/ Fundraising	Assist your priority community in applying for funding (or raising match funds) for planning and/or implementation of CHC strategies, such as transportation infrastructure projects or produce prescription programs.	• USDOT Grants Dashboard. • ODOT Funding Search. • USDA Grant Training Resources.	• Training/education fees for professional development for grant writing. • Materials for community engagement. • Contract for grant writer.
Partnership Building	Building trust within a new community takes time. CHC time can be spent attending existing community meetings and talking to community residents to build rapport within the community before embarking on strategy implementation.	• Fostering Healthy Communities through Planning and Public Health Collaboration. • Building Non-Traditional Public Health Multisector Partnerships.	• Materials for community engagement.
Planning	Participation in a city/county-wide health assessment and/or improvement plan with specific focus on increasing access to healthy food and opportunities for active living and/or safe/accessible transportation.	• National Association of City and County Health Officials: Community Health Assessments and Community Health Improvement Plans. • CDC: Community Health Assessments & Health Improvement Plans	• Materials for community engagement.
Social Connectedness	Social connectedness strategies aim to provide organic opportunities for people to interact with one another. If selected, these strategies should work towards PSE change and should not be strictly programmatic. Some examples include: • Intergenerational partnerships that connect older adults with younger adults, such as through a community garden. • Enhance public spaces with amenities such as benches and shade cover that encourages all ages to spend time there.	• Action Guide for Building Socially Connected Communities. • CDC Social Connectedness. • Solutions for Social Isolation. • Age Friendly Communities.	Expenses will vary based on the type of strategy. Refer to the list in the strategy guide and contact your program consultant for guidance.

Appendix F: Workplan

- Applicants will create a Workplan that addresses the following:
    - Strategy #1: Healthy Eating PSE Strategy. *
    - Strategy #2: Active Living PSE Strategy. *
    - Strategy #3: One Healthy Eating, Active Living, or Overarching Strategy. *
      *Strategy selection must be from the approved list in Appendix E.

- Other workplan requirements
    - Proposed Healthy Eating and Active Living PSE strategies should build upon previous work and/or be based on existing community need.
    - Incorporate community engagement into each strategy. See appendix D for more information and resources.
    - It is expected that new strategies may span multiple years and focus on sustainability before the strategy is considered 'complete'.

- See pages 28-30 for a sample workplan.

Guidelines for Completing the Workplan
Guidelines for how to complete the various parts of the workplan are described below. **Specific examples of each component can be found in the sample workplan.**

Strategy
Select a strategy from Appendix E.

Healthy People 2030 Objective
Select one or more Healthy People 2030 Objectives (listed in Appendix C) that align with your selected strategy.

Target Outcome
A target outcome describes the ultimate goal of a completed strategy. It shows that behavior change has taken place within the community and/or a policy or plan has been adopted. Additionally, the target outcome states how the strategy will be sustained.

Examples

Behavior Change (Community Garden)
• What behavior change will occur? *Residents of Apple City participating in the community garden will increase their consumption of fruits and/or vegetables by 2 servings per week.* • How will the change be measured? *Pre and post surveys, focus groups, and/or interviews with garden participants.* • How will the change be sustained? *Garden Coordinator/Leader identified to be responsible for maintaining the garden and garden leadership.*
Policy/Plan Change (Active Transportation Plan)
• What policy/plan change will occur? *ATP adopted by Apple City Council.* • How will the change be measured? *List of prioritized infrastructure projects.* • How will the change be sustained? *Funding opportunities for infrastructure projects are identified.*

Partners Involved
Identify the person(s) and/or agency (ies) that will be key to implementing the strategy.

Action Steps
For each strategy, write the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. Action steps explain what is to be done and when it is going to be completed. There should be an adequate number of action steps to accomplish each strategy. The suggested action steps include assessment; community engagement; planning/fundraising; second round of community engagement; implementation; promotion; evaluation; sustainability. If the strategy takes two years to complete, only include action steps for the upcoming grant year.

Related Activities
List activities to accomplish each action step. Related activities should be unique to each strategy and priority community. **The related activity should not repeat the action step.**

*Note: Action steps are mini-goals or milestones and should have 3-6 related activities. If an action step has only one or two related activities, then more detail is needed, or the action step may be a related activity for a different, larger goal.

Evaluation Measure(s)
Evaluation can help identify how well objectives are being met, determine the effects of the program, and identify ways to improve the program. In the workplan, include a brief description of the evaluation measures for each action step. After the measures are developed, gather and record the data.

Estimated Timeline
List estimated beginning and ending dates throughout the year for planning and measuring progress. **Having action steps that span a full year is discouraged.**

Quarterly Reporting Form
Each quarter, provide in narrative form the progress to date for each strategy. This section should be left blank for the initial application.

Calculating Potential Reach
Potential reach is an estimate of the number of people for whom access to healthy, affordable foods and/or physical activity opportunities has been improved due to the implementation of a CHC strategy. Potential reach numbers will be due with Q4 program reporting. **Calculating potential reach is not a requirement for the application.**

Sustainability Efforts
At the end of your workplan, there is space to report on ongoing efforts related to past CHC work that does not meet the criteria for a full strategy in your workplan, but continued time and effort, as well as additional CHC funds are needed to ensure the strategy is sustainable long-term. If you are unsure if strategies should be included in this section, please reach out to your program consultant.

WORKPLAN EXAMPLE

2026 CREATING HEALTHY COMMUNITIES WORK PLAN

Agency:	Gala County Health Department	Priority Community:	Apple City
Grant#:	00000000000	SVI Score:	.999

Strategy: New/Repaired Parks and Playgrounds

Healthy People 2030 Objective(s):

- Reduce the proportion of adults with obesity – NWS-03.
- Reduce the proportion of children and adolescents with obesity – NWS-04.
- Increase the proportion of adolescents who do enough aerobic and muscle-strengthening activity – PA-08.
- Increase the proportion of adults who do enough aerobic and muscle-strengthening activity — PA-05.

Target Outcome:

Upon completion of the CHC strategy:

- **What behavior change will occur?**
  - Residents of Apple City visiting the park will increase their physical activity by 30 minutes per week.
- **How will the change be measured?**
  - Surveys and observations.
- **How will the change be sustained?**
  - Apple City Parks and Recreation will routinely monitor the park and provide maintenance as needed. 'Friends of Apple City Park' group is established.

Partners involved: CHC Staff, Apple City Parks and Recreation, McIntosh Elementary Schools, ODH Disability Specialist, Honeycrisp Park Planning Group, and Selected Playground Vendor.

Action Step	Related Activities	Evaluation Measures	Estimated Timeline
1. Conduct a pre-assessment of Honeycrisp Park.	• Meet with community members and local partners to form a park planning group. • Conduct CHII assessment. • Review results of CHII assessment with ODH's Inclusion/Disability Specialist, and Honeycrisp Park planning group. • Develop evaluation questions to collect qualitative data from community members. • Gather park usage data prior to improvements.	• CHII Results. • Evaluation Questions. • Meeting(s) Summary.	October - December

2. Develop Park design with community residents and partners.	• Reference ODH community engagement resources. • Coordinate with planning group to draft a community engagement plan. • Obtain community input on desired park enhancements through mid to high level of public engagement (involve, collaborate, and empower). • Generate a list of community priorities identified from engagement activities/events. • Ensure that inclusive enhancements are included in the park layout and equipment. • Consult ODH's Inclusion/Disability Specialist as needed. • Draft a layout of the park.	• Engagement Plan. • Copy of engagement strategies. • List of Community Priorities. • Drafted layout.	November - December
3. Finalize Honeycrisp Park design.	• Hold community input meeting with planning group. • Coordinate with potential playground vendor(s) to revise draft layout based on input from community and planning group. • Consult ODH's Inclusion/Disability Specialist as needed. • Finalize design.	• Finalized Layout.	January
4. Purchase materials and identify additional funding resources.	• Solicit playground vendors, obtain quotes. • Choose playground vendor, sign contract. • Analyze the cost of suggested enhancements and reassess budget. • Research grant opportunities, leveraged funds, and share with partners.	• Vendor Quotes. • Copy of Contract.	February
5. Prepare for build week.	• Determine build week date(s) and schedule. • Recruit resident volunteers for build week. • Coordinate additional supplies needed for the build week. • Conduct site preparations to ensure utility checks are complete.	• Volunteer Registration. • Materials List.	February - April
6. Install park/ playground equipment.	• Coordinate installation with community residents and partners. • Ensure installers conduct equipment checks to verify park/playground equipment is safe before opening. • Document installation process with photographs.	• List of playground enhancements. • Photographs.	March - April

7. Promote refurbished Honeycrisp Park.	• Develop marketing materials to announce playground enhancements. • Draft media release and distribute to media outlets. • Promote the playground using strategies outlined in the engagement plan. • Document opening events with photographs. Hold opening event.	• Copies of marketing materials. • Media release. • Photographs of the opening event. Media coverage.	May - June
8. Evaluate park usage.	• Gather qualitative data from community members using evaluation questions developed during pre-improvement evaluation. • Observe park usage post-improvements. • Compare pre-improvement data with post-improvement data. • Summarize results.	• Evaluation Results.	July - September
9. Ensure sustainability of the new park.	• Meet with community members and partners to discuss sustainability options. • Identify entity that will routinely monitor the park and provide maintenance as needed. • Convene community members from build day and engagement activities to create a 'Friends of Apple City Park' group. • Draft a sustainability plan.	• Sustainability Plan.	August - September

Sustainability Efforts			
Strategy/Priority Community/Year Started	Related Activities	Relevant Partners	Evaluation Measures
1.			
2.			

Appendix G: Training and Technical Assistance (TA)

The purpose of training and TA is to build the capacity of CHC grantee staff and partners (as appropriate and as funding allows) to ensure they have the foundational skills and resources they need to successfully implement CHC strategies. ODH's approach to training and TA will support both strategy-specific and foundational skills to advance PSE changes to improve access to and affordability of healthy food, and to increase opportunities for physical activity through authentic community engagement.

Each subgrantee will be assigned an ODH program consultant. Program consultants will conduct quarterly conference calls, at least one in-person site visit per year, and provide verbal and written feedback on quarterly program and expenditure reports. Sub-grantees are encouraged to call or e-mail their program consultant at any time for programmatic or budgetary questions. In addition, ODH contracts with Toole Design to provide additional technical assistance and training on Active Living and Active Transportation Strategies. ODH's Food Access Coordinator is available for technical assistance related to specific healthy eating strategies.

Training and TA will be delivered by ODH in the following ways:

- Statewide in-person or virtual full day meetings.
- Webinars and conference calls.
- Printed and digital materials and other resources (e.g., toolkits, policy templates, etc.).
- CHC Engagement Hub (internal program website with library of resources).

Grantees are required to:

- Attend trainings, which include the following:
    - Up to two CHC All-Project Meetings (in person, Columbus, OH).
    - Up to one additional training (to be determined by ODH).
- Participate in bi-monthly All-Project conference calls (requires access to MS Teams).
- Remain in regular contact with their program consultant in between quarterly reporting.
- Participate in the CHC Engagement Hub.

Appendix H: Attachments

Attachment 1: Workplan Template

2026 CREATING HEALTHY COMMUNITIES WORK PLAN

Agency: _____ Priority Community: _____

Grant#: _____ SVI Score: _____

Strategy:			
Healthy People 2030 Objective(s):			
Target Outcome: • **What behavior/policy/plan change will occur?** ○ • **How will the change be measured?** ○ • **How will the change be sustained?** ○			
Partners involved:			
Action Step	Related Activities	Evaluation Measures	Estimated Timeline
1.			
2.			
3.			
4.			

*A complete template of the workplan is available on the CHC Hub (SharePoint)

Attachment 2: Personnel/Position Form

Person/Position	% of Time on CHC	% of Time Paid by the Grant	Function
Example: John Smith, CHC Coordinator	*75%*	*75%*	*Responsible for grant reporting, mandatory meetings, community assessments, and healthy eating strategies*
Example: Jane Appleton, Physical Activity Coordinator	*25%*	*25%*	*Responsible for active living workplan strategies*

Attachment 3

Attach a Position Description for proposed positions on the grant not currently filled.