Ohio | Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

MEMORANDUM

Date: June 16, 2020

To: Subrecipient agencies

From: Jolene Defiore-Hyrmer, Bureau Chief *Jolene Defiore-Hyrmer*
Bureau of Health Improvement and Wellness
Ohio Department of Health

Subject: Creating Healthy Communities (CC21) (January 1, 2021-December 31, 2021)

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 4:00 p.m., July 27 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 https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/odh-grants. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

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

Table of Contents

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: January 1, 2021-December 31, 2021 of the total project period, January 1, 2020-December 31, 2024. 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).
- Sub-recipient'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 agency 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, Preventive Health and Health Services Block Grant funds the CHC Program. The twenty-three (23) grants may be awarded for a total amount of $2,440,000 for local grant awards to the currently funded CHC projects. Only those who were awarded for the 2020 grant year are eligible to apply. Each funded CHC Program may apply for up to $100,000 for a county population of less than 200,000 or $120,000 for a county population of more than 200,000. 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 RFP. 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 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. Applicant does not owe funds in excess of $1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, July 27, 2020).**

II. PROGRAM UPDATES:

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. 2020 Quarterly Program Reports as submitted previously are accepted.

B. Program Narrative: Complete and submit a narrative statement (do not exceed n/a 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. Due to COVID-19, this is not required this year, per GSU.

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 Engagement Hub Library. **The Work Plan is the only required documentation for this section**. Since a program narrative is not required with this application, please make sure that the workplan provides enough detail for the reviewer to know what is planned for each strategy.

D. Documentation & Progress on Health Disparity/Inequity Activities: Due to COVID-19, this update is not required for the CC21 application. However, it is the expectation of this program that all subgrantees continue to address the high risk, vulnerable, and underserved populations. This should include people with disabilities, low income families, minorities, etc. The **Place Matters Documentation Spreadsheet** will be required for the next grant application and will be based on year 2 progress and activities

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

1. **Budget Narrative**:
   Provide a 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 at (the GMIS Bulletin Board, post 3/13/2020)

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. **2021 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 January 1, 2021 to December 31, 2021 Funds may be used to support personnel, staff training, travel (see OBM website http://obm.ohio.gov/TravelRule/default.aspx), 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

     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 expenditures are 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;
    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 the budget 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 and approved by ODH;
    20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio 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. Food and beverages for coalition and partner meetings.
    24. Outpatient services

    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 B2.10 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Complete and submit the following attachments.

1. Personnel/Position Form
2. CV/Resume or Position Description
3. Work Plan
4. Coalition Member Form

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

a. **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 automatically with each application via the Internet.

- **Assurances Certification**: Each subrecipient must acknowledge the Assurances (Federal and State Assurances 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 are not 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 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 obtain a Data Universal Number System (DUNS), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to https://beta.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 current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

G. Human Trafficking:

The 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

b. Agency promotes the expansion of services to identify and serve those affected by

human trafficking.

__x__Applicable ____Not 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 or expenditure 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 required attachments (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*
January 1-March 31, 2021	*April 10, 2021*
April 1-June 30, 2021	*July 10, 2021*
July 1-September 30, 2021	*October 10, 2021*
October 1-December 31, 2021	*January 10, 2022*

b. **Subrecipient Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	*Report Due Date*
January 1 – 31, 2021	*February 10, 2021*
February 1 – 28, 2021	*March 10, 2021*
March 1 – 31, 2021	*April 10, 2021*
April 1 – 30, 2021	*May 10, 2021*
May 1 – 31, 2021	*June 10, 2021*
June 1 – 30, 2021	*July 10, 2021*
July 1 – 31, 2021	*August 10, 2021*
August 1 – 31, 2021	*September 10, 2021*
September 1 – 30, 2021	*October 10, 2021*
October 1 – 31, 2021	*November 10, 2021*
November 1 – 30, 2021	*December 10, 2021*
December 1 – 31, 2021	*January 10, 2022*

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

Period	*Report Due Date*
January 1 – March 31, 2021	*April 10, 2021*
April 1 – June 30, 2021	*July 10, 2021*
July 1 – September 30, 2021	*October 10, 2021*
October 1 – December 31, 2021	*January 10, 2022*

Note: Obligations not reported on the final monthly or 4th 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 4:00 p.m. on or before *(February 5, 2022).* The information contained in this report must reflect the program's accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report 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 signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.

APPENDICES

- **A.** Continuation Solicitation Reimbursement Type Form
- **B.** Scope of Work
- **C.** State Priorities
- **D.** Priority Communities
- **E.** Grand Requirements
- **F.** Training and Technical Assistance
- **G.** Communication
- **H.** Guidelines for Completing the Work Plan
- **I.** Sample Work Plan
- **J.** Strategies
- **K.** Glossary of Terms
- **L.** Attachments

Ohio Department of Health

Mike DeWine, Governor
Jon Husted, Lt. Governor

Amy Acton, M.D., MPH, Director

Appendix A

CONTINUATION SOLICITATION
REIMBURSEMENT TYPE FORM

Submission Required

Ohio Department of Health
Bureau of Health Improvement and Wellness

See due date below

ODH Program Title:
Creating Healthy Communities CC21

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 June 30, 2020
Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B

Scope of Work

Overview

The scope of work is specifically designed to improve population health while addressing health equity in populations experiencing health disparities. Applicants will be required to work comprehensively on healthy eating and active living strategies in the community, school, and worksite settings.

Healthy People 2020 and Ohio's State Health Improvement Plan serve as the basis for the following 5-Year outcomes:

ODH 5-Year Outcomes

- Decrease the mortality rate of heart disease
- Decrease the prevalence of coronary heart disease among adults (ages 18+)
- Decrease the prevalence of stroke among adults (ages 18+)
- Decrease the prevalence of diabetes among adults (ages 18+)
- Decrease the prevalence of obesity among adults (ages 18+)
- Decrease the prevalence of obesity among high school students (grades 9-12)
- Decrease the prevalence of multiple chronic diseases (2 or more) among adults (ages 18+)

CHC 5-Year Outcomes

- Increase the number of Ohioans following the Physical Activity Guidelines for Americans.
- Increase the number of Ohioans following the U.S. Dietary Guidelines for Americans.

Appendix C

State Priorities

There are multiple strategies listed in the RFP **(Appendix J)** where additional statewide support is available. For example, ODH contracts with an active living services vender, Toole Design Group, to provide expertise and technical assistance for active living strategies. Toolkits and branded materials for food service guidelines have also been created. In addition, CHC state staff supports grant objectives within the CDC State Physical Activity and Nutrition (SPAN) grant, https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html. A full list of strategies and support is provided in the table below. Refer to the Creating Healthy Communities website, www.odh.ohio.gov/chc, for updated resources.

Priority	Additional Support
Complete Streets*	Active Living Services Vendor, Ohio Active Transportation Emphasis Area Team
Active Transportation Planning*	Active Living Services Vendor, ODOT
Land Use interventions*	Active Living Services Vendor
Food Service Guidelines*	Good Food Here branded materials and toolkit
Disability Inclusion	Ohio Disability and Health Program

* denotes SPAN strategy

Appendix D

Priority Communities

All grantees are required to complete strategies in **3** Priority Communities. A priority community is defined as a specific group of people, often living in a defined geographical area (city or county jurisdiction, villages, townships, zip codes, census tracts, or school districts), who share a common culture, values, and norms and are arranged in a social structure according to relationships the community has developed over time. Impact is maximized when people have healthy choices available where they live, work, learn and play. Selection of priority communities should consider the following variables:

1. Presence of health inequities
2. Readiness of the priority community to advance change
3. Stakeholder buy-in
4. Total reach (i.e., how many people will be impacted by the change)
    a. City and county-wide policy adoption is encouraged
5. Adequate infrastructure for change

All grantees are approved to use their entire jurisdiction as one of the three required priority communities.

Appendix E

Grant Requirements

1. Create a 1-year Work Plan including the following Impact Objectives (total of 7)
    - Impact Objective #1: Coalition – Organize and coordinate a multi-disciplinary coalition of key stakeholders representing the 3 identified Priority Communities. Include an annual evaluation of the coalition.
    - Impact Objective #2-4: 1 Active Living strategy in each Priority Community
        - Applicants must pursue at least one SPAN Active Living Strategy
            1. Complete Streets
            2. Active Transportation Planning
            3. Land Use Intervention
        - See **Appendix J** for full list of Active Living Strategies
    - Impact Objective #5-7: 1 Healthy Eating strategy in each Priority Community
        - Applicants must pursue the SPAN Food Service Guidelines Strategy in at least one Priority Community
        - See **Appendix J** for full list of Healthy Eating Strategies
2. Submit an annual success story per guidance from ODH
3. Attend all required meetings/conference calls
4. Submit quarterly reports via GMIS

Appendix F

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, to increase opportunities for physical activity, and to reduce rates of chronic disease.

Each subgrantee will be assigned an ODH Program Consultant. Program Consultants will conduct quarterly site visits (in person or via conference call) 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.

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

1. Statewide in-person or virtual full day meetings
2. Train-the-trainer opportunities
3. Webinars, conference calls, etc.
4. Printed and digital materials and other resources (e.g., toolkits, policy templates, etc.)
5. CHC Engagement Hub (internal program website with library of resources and discussion forum)

Grantees are required to:

1. Attend trainings, which include the following:
    a. 3 CHC All-Project Meetings (virtual or in person)
    b. 1 Additional training (to be determined by ODH)
2. Participate in monthly All-Project conference calls
    a. Participation in monthly conference calls requires access to Skype
3. Remain in regular contact with their Program Consultant in between quarterly reporting
4. Participate in the CHC Engagement Hub

Appendix G

Communication

Communication is critical to building support with the public and connecting with stakeholders. All grants will be expected to follow CHC communications procedures. ODH will provide informal and formal training on communications and media.

Grantees will be required to:

1. Collect and submit at least one print success story per year.
2. Create an account on the CHC Engagement Hub and ensure technological capability to access the site.
3. Communicate with ODH regarding creation of original education materials for approval and ensure that communication pieces funded by CHC such as advertisements, signage, printed materials, and websites, conform to uniform communication standards that will be provided by ODH. These standards include visual cues such as logos, graphics, PowerPoint templates, colors and fonts, as well as standardized terminology and key messages, to create a consistent look and message for the CHC brand across the state.
4. Utilize local health department resources to ensure that program information (both print and electronic) is accessible to all individuals, including people with disabilities.
5. Subgrantees will be expected to represent the CHC program throughout the state by using the above materials. When programs are identified in the public such as through media articles it is required to clearly state "The Creating Healthy Communities Program at the (health department name)".
6. CHC project logos are required on all forms of communication.
7. Create and/or maintain a webpage for the local CHC program which is housed within the applicant agency's website.
8. The CDC funding statement must be placed on all educational materials developed by CHC subgrantees (see Ownership Copyright section and funding statement on pages 9-10 of the competitive RFP).

Appendix H

Guidelines for Completing the Work Plan

Guidelines for how to complete the various parts of the Work Plan are described below. Specific examples of each component can be found in the sample Work Plan in **Appendix I**.

Long-Term Objective

For consistency and evaluation purposes, all subgrantees are required to use the provided Long-Term Objectives, found in **Appendix J**, throughout the 5-year grant cycle.

Impact Objective

For consistency and evaluation purposes, all grantees are required to use the provided Impact Objectives, found in **Appendix J**. One Impact Objective should be selected and identified for an in-depth evaluation and the creation of a success story.

Outcome Evaluation

Identify the ultimate outcome for the PSE change that occurs for each Impact Objective. These Outcome Evaluations should address the behavior change (when applicable) that occurs as a result of the intervention. For strategies in which behavior change is not an appropriate measure of success, such as a policy change, the outcome evaluation statement can address the immediate goal of the policy. These strategies include: Complete Streets, Active Transportation Planning, Land Use, Shared Use, Food Service Guidelines, and Food Access Policy/Planning. The impact should be measurable through data collection and the method of collection should be identified. Examples are provided below.

Behavior Change Example
Surveys and observations will show a 10% increase in park utilizations as a result of improved playground equipment.

Policy Change Example
Monitoring and observations will indicate that 50% of products offered in vending machines meet food services guidelines.

Process Objectives

For each Impact Objective, write the intermediate steps or specific, measurable actions that need to be completed in a specific timeframe. Process Objectives explain what is to be done and when it is going to be completed. There should be a minimum of **five** Process Objectives to accomplish each Impact Objective.

Related Activities

List steps to accomplish each Process Objective. Related Activities should be unique to each Strategy and priority community.

Agency or Person Responsible

Identify the person(s) and/or agency (ies) responsible for each Process Objective.

Specific Dates

List specific beginning and ending dates throughout the year for planning and measuring progress. Process Objectives and Related Activities should be properly tailored to each strategy. *Having Process Objectives that span a full year is discouraged.*

Evaluation Measure(s)

Evaluation can help identify needed changes, find out how well objectives are being met, determine the effects of the program, and identify ways to improve to the program. In the Work Plan, include a brief description of the Evaluation Measures for each Process Objective. After the measures are developed, gather and record the data. This information will be included in Quarterly Reports and may be shared with stakeholders.

Progress

Each quarter, provide in narrative or bullet form, the progress to date for each Process Objective. This section should be left blank for the initial application.

Appendix I

SAMPLE: 2021 CREATING HEALTHY COMMUNITIES WORK PLAN

Priority Community: Riverport

Long-Term Objective: By December 31, 2024, Hampton County will increase the number of Ohioans following the U.S. Physical Activity Guidelines for Americans.					
Program Impact Objective: By December 31, 2021, Riverport will increase the number of adults/youth who have access to places for physical activity as evidenced by an increase in 1 Worksite Active Commute Support.					
4th Quarter Only: Has this Impact Objective been met? (Please indicate Yes/No, if No explain):					
# of Process Objectives: 7	**# of Process Objectives Met:**				
Outcome Evaluation: Staff surveys will show a 5% increase in the number of employees walking, biking, or taking transit to work. *Selected as success story					
Process Objectives	Related Activities	Agency or Person Responsible	Specific Dates for Each Activity		Evaluation Measures
			Start	End	
1. Identify a worksite with the potential to support active commute in a community where physical activity is limited	● Work with coalition to identify potential worksites ● Contact/meet with worksite representative to assess interest ● Provide introductory packet of information regarding active commute ● Set time to assess current commute infrastructure, policies, etc.	-CHC Staff -Coalition Members -Worksite HR/Wellness point person	1/1/21	3/31/21	Meeting notes List of recourses from introductory packet.
Q1:					
Q2:					
Q3:					

Q4:					
2. Meet with HR to develop plan and timeline to implement active commute strategies	● Schedule meeting with HR or representative ● Share tools and best practices for making improvements such as the Ohio Active Commute Toolkit ● Discuss on-road bike training opportunities ● Develop timeline for strategy implementation ● Discuss survey of staff and visitors ● Sign MOU	CHC Staff Worksite HR/Wellness point person	2/1/21	3/31/21	Implementation plan Implementation timeline Signed MOU
Q1:					
Q2:					
Q3:					
Q4:					

3. Conduct pre-assessment of commute infrastructure and staff.	● Set time for assessment of worksite infrastructure and possible location for needed additions ● Meet with members of the disability community to identify and remedy barriers to accessibility ● Implement survey of staff and visitors and review ● Share results of survey and infrastructure assessment with HR Representative	CHC Staff CHC Coalition Disability community Worksite Wellness/HR/Champion/Staff	4/1/21	6/1/21	Observations and documentation of infrastructure, policies, etc. Survey results (# who report ever actively commuting, etc.) Meeting notes
Q1:					
Q2:					
Q3:					
Q4:					
4. Provide TA to facilitate infrastructure changes needed for actively commuting	● Purchase infrastructure (bike racks, lockers, fix-it stations, etc.) ● Assistance in placement and utilization of new infrastructure ● Arrange for installation of infrastructure as needed ● Confirm installation	CHC Staff Worksite Staff/HR/Bldg mgmt	5/1/21	8/1/21	Pre Photos Meeting notes Purchase orders Post Photos

Q1:					
Q2:					
Q3:					
Q4:					
5. Provide education to staff on active commute	● Promote new infrastructure via worksite newsletter, signage and social media ● Schedule an educational Lunch and Learn ● Organize a Bike to Work Day ● Provide Ride Buddy opportunity to staff members ● Promote and recruit participation for events ● Share resources related to route-planning or anything else that will help (riding tips, rules of the road, how to put bike on bus, how to use certain infrastructure)	CHC Staff Local active transportation advocacy group Worksite staff/HR/champion	5/1/21	8/1/21	Post in newsletter Photos Lunch and Learn sign in Ride Buddy Sign Up and Sign in Sheet
Q1:					
Q2:					
Q3:					
Q4:					

6. Provide TA in adoption of active commute policy	● Review current policy that could impact commute choice (clothing, flex time, breaks) ● Provide model policy language and revise with worksite staff to fit needs. ● Present final policy to board or administration meeting for adoption.	CHC Staff Worksite HR/Staff	6/1/21	8/1/21	Signed Policy
Q1:					
Q2:					
Q3:					
Q4:					
7. Evaluate active commute policy and systems changes within the worksite.	● Conduct pre and post surveys for ride buddy program participants ● Conduct follow-up survey for all employees ● Assist worksite in applying for the Bicycle Friendly Business Award	CHC Staff	9/1/21	12/31/21	Survey Results Award application

Appendix J

Strategies

Many of the strategies below require extensive planning and collaboration with partners and therefore may take more than one year to complete. **If necessary, an Impact Objective may take 2 years to complete.**

A complete list of references is included at the end of the appendix. Evidence-based sources include the following:

- CDC Community Guide
- CDC Community Measures for Obesity Prevention (COCOMO)
- CDC A Practitioner's Guide for Advancing Health Equity
- Institute of Medicine (IOM) Accelerating Progress in Obesity Prevention
- Robert Wood Johnson Foundation (RWJF) Action Strategies Toolkit
- NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) Resource Guide for Disability Inclusion

Please reference the glossary for more information on certain strategies.

Coalition

Long-Term Objective

- By December 31, 2024, the (x county) CHC Coalition will be a high functioning coalition.

Impact Objective

- By December 31, 2021, the (x county) CHC Coalition will increase (choose from below) as evidenced by a coalition assessment and evaluation.
    - Membership (diversity, number, and participation)
    - Member satisfaction
    - Funding leveraged
    - PSE knowledge and skills

Active Living

Long-Term Objective
By December 31, 2024, x county will increase the number of Ohioans following the Physical Activity Guidelines for Americans.

Impact Objectives

- By December 31, 2021, x priority community will increase the number of adults/youth who have access to places for physical activity as evidenced by an increase in (include number) (of specify strategy).
    - Strategies
        - New/Repaired Parks and Playgrounds
        - Worksite Active Commute Support
        - Bike Infrastructure
        - Pedestrian Infrastructure
        - Public Transit Improvements
        - Multi-Use Trails
        - Safe Routes to School

- By December 31, 2021, x priority community will implement and/or enforce physical activity policies/practices as evidenced by an increase in (include number) (of specify strategy).
    - Strategies
        - Complete Streets Policy
        - Active Transportation Planning
        - Land Use Policy
        - Shared Use

Healthy Eating

Long-Term Objective

- By December 31, 2024, x county will increase the number of Ohioans following the U.S. Dietary Guidelines for Americans.

Impact Objectives

- By December 31, 2021, x priority community will increase access to healthy food options as evidenced by an increase in (include number) (of specify strategy).
    - Strategies
        - Farmers' Markets
        - Healthy Food Retail
        - Food Bank/Pantries
        - Community Gardens
        - Farm-to-Institution
        - Community Supported Agriculture (CSA)
        - Safe Routes to Healthy Food
        - Produce Prescriptions

- By December 31, 2021, x priority community will implement and/or enforce healthy eating policies/practices as evidenced by an increase in (include number) (of specify strategy).
    - Strategies
        - Food Service Guidelines
        - Food Access Policy & Planning

Appendix K

Glossary of Terms

Active Transportation	Refers to any form of transportation that involves increased physical activity levels –notably walking, biking, or taking transit. (According to Active Living Research, public transportation users take 30% more steps per day and are less likely to be sedentary and obese.)
Active Commute Support	Active Commute Support creates PSE changes that encourage employees to replace car trips to work with alternative modes that increase physical activity. Employers can incentivize walking, biking, or taking transit to increase their employees' physical activity. Examples of commute support include: changing rooms or lockers with showers, bicycle parking, bicycle racks/shelters in safe, convenient, and accessible locations.
Bike and Pedestrian Infrastructure	Ensures that a network of infrastructure is in place to make bicycling or walking viable modes of travel. It also means ensuring that the infrastructure is safe and comfortable to use. This approach can promote health by providing added opportunity for physical activity from transportation. This strategy is related to, and supportive of, the Safe Routes to School, Complete Streets, and encouraging bicycling and walking programs. Elements of bicycle and pedestrian infrastructure may include: •Bicycle lanes •Bicycle parking and storage facilities •Curb extensions •Intersection treatments for bicycles – bicycle boxes, stop bars, lead signal indicators •Landscaping •Paved shoulders •Pedestrian and bicyclist-scale lighting •Pedestrian overpass or underpass •Separation/buffers •Shared-lane markings ("sharrows") •Sidewalks •Signage, especially high-visibility signage •Signalized pedestrian crossings and mid-block crossings •Trails or shared-use paths https://www.transportation.gov/mission/health/Expand-and-Improve-Bicycle-and-Pedestrian-Infrastructure

Active Transportation Planning	Active Transportation plans establish a framework to increase walking and biking trails and improve connectivity of non-auto paths and trails in a particular locality. Plans typically include policies and planning methods to encourage alternative modes of travel, land use plans, bicycle and pedestrian infrastructure development, and address traffic and safety concerns. Bicycle and pedestrian master plans can be developed and implemented by city, county, regional, and state governments and are often implemented in stages over time.
Built Environment	Human-made (versus natural) resources and infrastructure designed to support human activity, such as buildings, roads, parks, restaurants, grocery stores and other amenities.
Coalition	A formal alliance of organizations or an organized group of people in a community that come together to work for a common goal. The coalition can have individual, group, institutional, community, and/or public policy goals.
Community	A group of people who have common characteristics or shared identity. Communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action.
Community Supported Agriculture (CSA)	Community supported agriculture is 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 SNAP as a form of payment.
Complete Streets Policy	A resolution, ordinance or other organizational policy which provides a framework for street design that supports all road users emphasizing safety for those walking, biking and taking public transportation.
Dietary Guidelines for Americans	Evidence-based nutrition information and advice for people age two and older. The Guidelines serve as the basis of Federal food and nutrition education programs. The Dietary Guidelines for Americans, 2015-2020 are the current Federal policy.
Disability	Disability as an umbrella term for impairments, activity limitations, and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome and depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports). Disability is extremely diverse, and may include people with physical, functional, cognitive, sensory, or invisible disabilities. While some health conditions associated with disability result in poor health and extensive health

	care needs, others do not. However, all people with disabilities can benefit from community assets and resources, if they are accessible. Therefore, it is critical to consider accessibility and inclusion in the scope of work for this grant.
Environmental Change	Changes in both the social, cultural, and political environment, as well as the physical environment at the community level; a change in organizational practice or policy. Examples: sidewalks, walking paths, and recreation areas are included into community development design; or worksite vending machines contain only healthy snacks and beverages.
Evaluation	The systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.
Evidence-Based Strategies	Effective approaches based on principles of scientific evidence, including systematic uses of data and information systems, and appropriate use of behavioral science theory.
Farm to Institution	One approach to align food service operations with health and sustainability guidelines. 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.
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. Markets can be set up to accept SNAP, WIC Farmers' Market Nutrition Program Vouchers, and Senior Vouchers as forms of payment, as well as, offer nutrition incentives (Produce Perks) where SNAP shoppers can receive a $1 – for – $1, up to $20 per day match to spend on fruits and vegetables. https://produceperks.org/
Food Access Policy and Planning	Transforms the local food systems by working on the following: identifying and filling gaps in local food system infrastructure, campaigning for public-policy change, and strategizing to cultivate a policy landscape that cultivates sustainable, equitable local food systems. http://ohiofpn.org/ https://www.planning.org/policy/guides/adopted/food.htm
Food Bank/Pantry	A food pantry is an individual site that distributes food directly to those in need who reside in a specified area. A food pantry is a member agency of, and obtains food from, a food bank. CHC promotes the Client Choice Pantry model, which allows clients to select their food from the pantry's food stock instead of receiving a pre-packed or standard bag of groceries.

Food Service Guidelines	Improving food and beverage offerings in the following venues; vending machines, catered meetings, cafés, cafeterias, snack carts, and micro markets in community and worksite settings including libraries, parks and recreation facilities, higher education campuses, hospitals, and city and county buildings through adoption of food and beverage guidelines policies. Ohio Food and Beverage Guidelines are based on American Heart Association Standards.
Health Disparities	A difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have progressively experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, disability status, or geographic location. Other characteristics include cognitive, sensory, or physical disability.
Health Equity	Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allows them to reach their full health potential.
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 assisting a corner or convenience store to sell a variety of healthy food items, establishing a healthy checkout lane in a full service grocery store, or supporting the opening of a new full service grocery store in a food desert area.
High-Risk Populations	Groups of individuals that experience disparities in the social determinants of health, quality of life, and/or health outcomes. Disparities are related to race, ethnicity, economic status, age, sex, sexual orientation, disability, and geographic location.
Implementation	The process of developing, adopting, executing, enforcing, maintaining, and evaluating CHC strategies.
Indicators	A measurable index that shows progress in meeting desired outcomes. • Population: percent of individuals who report/exhibit some change • Threshold: minimum progress to confirm that outcomes are being achieved • Timeline: period in which this will be reported
Land Use Policy	Land Use policies are used by communities to protect the health and safety of residents while safeguarding the community's economic, social, and environmental well-being. Communities with balanced, self-contained neighborhoods which have a sufficient mix of land uses (such as residential,

	commercial, industrial, and green space) and incomes to support the housing, employment, shopping, and recreational needs of the community provide increased opportunities for physical activity. https://www.thecommunityguide.org/findings/physical-activity-built-environment-approaches https://americas.uli.org/research/centers-initiatives/building-healthy-places-initiative/
Monitoring	The ongoing tracking of achieving the plan's goals and the initiation of corrective action if needed.
Observations	A way of gathering data by watching behaviors, events, or noting physical characteristics in their natural setting. Observations can be either direct or indirect. Direct observation is when you watch interactions, processes, or behaviors as they occur. Indirect observations are when you watch the results of interactions, processes, or behaviors. Examples include: • Behavior (smoking on grounds, bike helmet usage, food choices, amount of time spent in activity during physical education class, plate waste, purchasing healthy vending items) • Environment (educational messages, posters, cleanliness, safety, improved lighting) • Photographs (before and after pictures of walking paths/ recreation areas)
Ordinance	A formally-adopted law, rule or regulation that is enacted by the governing body of a city or county.
Outcomes	The intended/desired or unintended changes in individuals, policies, or environments. A major component of an objective that describes what will change as a result of the program.
Partnerships	A collaborative alliance or union of businesses, organizations, policy makers, individuals etc., concerned with similar goals and strategies that cooperates in joint action and unites together for a common purpose or cause. Partnerships allow members to combine resources and become more impactful than when they each act alone.
Physical Activity Guidelines for Americans	Science-based guidance to help Americans age six and older improve their health through appropriate physical activity. The 2018 Physical Activity Guidelines for Americans is the current document.
Policy Change	A shift in the formal operations of organizations and/or governmental institutions that allows new or different activities to occur. These shifts may arise from information-sharing, community participation, professional input, compromise, and consensus-building, and are usually the result of effective advocacy.
Policy Strategies	A law, ordinance, resolution, mandate, regulation, or rule (both formal and informal). Examples are laws and regulations that restrict smoking in public buildings and organizational rules that provide time off during work hours for physical activity. Sub-types of policies include: • Public Policy: A set of agreements about how government shall address societal needs and

	spend public funds that are articulated by leaders in all three branches of government and embedded in many different policy instruments (e.g., ordinances and resolutions). • Organizational Policies: A set of rules and understandings that govern behavior and practice within a business, nonprofit or government agency. • Regulatory Policies: Rules and regulations created, approved, and enforced by governmental agencies, generally at a federal or state level.
Policy, System and Environmental (PSE) Changes	Increases widespread and sustainable community change with regard to public health, reaching beyond individual behavior change by creating multi-level interactions to significantly impact a community's norms and values. Focuses on improving socioeconomic factors as well as physical and social environments and has a greater impact on a community's health and economic vitality.
Population-Based Health	A health promotion approach that aims to address social and structural factors that affect behaviors. Population-based approaches focus on communities, neighborhoods, cities, states and even entire nations instead of concentrating solely on individual responsibility and behavior. This approach seeks to alter our environment through policy, regulation, changes in practices, or forging new social norms to create a culture of wellness and an environment that support healthy choices.
Population-Based Interventions	Planned and systematic activities that create change in social systems and environmental conditions at the community level that will influence and support individual behavior change.
Produce Prescriptions	Produce Prescription Programs leverage clinical care systems to improve the health of patients suffering from 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.
Public Transit Improvements	Enhancements to existing transportation system or development of new systems that can support a healthy lifestyle. Examples may include: providing trips to grocery stores in rural areas for people with limited mobility, allowing bicycles to be placed on the front of busses, adding bus stops in areas where fresh food is sold, bike share programs, etc.
Safe Routes to Healthy Foods	Safely connecting people to places to buy and obtain healthy food. https://www.saferoutespartnership.org/healthy-communities/101/safe-routes-healthy-food
Safe Routes to School	Safe Routes to School programs aim to make it safer for students to walk and bike to school and encourage more walking and biking where safety is not a barrier. http://www.saferoutesinfo.org/
SMART Objectives	**Specific**–Identifies a specific event or action that will take place or change that will occur. Who is expected to change or benefit? **Measurable**–Quantifies the number of events or the amount of

	change to be achieved. What or how much is expected? Measurable objectives use action verbs such as, “establish,” “enact,” train,” “adopt,” “commit,” “institute,” or “organize.” **Achievable**–Realistic given available resources and plans for implementation yet challenging enough to accelerate program efforts. Uses baseline measures to assist in estimating potential success. **Relevant**–Logical and relates to the program’s goals. It is sufficiently meaningful and important. Considers the financial and human resources and the cost benefit of the intervention. **Time**–Specifies a time by which the objective will be achieved. When will the event or change occur?
Social Determinants of Health	Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a range of health, functioning, and quality-of-life outcomes and risks. • Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods • Social norms and attitudes, such as discrimination • Exposure to crime, violence, and social disorder, such as the presence of trash • Social support and social interactions • Exposure to mass media and emerging technologies, such as the Internet or cell phones • Socioeconomic conditions, such as concentrated poverty • Quality schools • Transportation options • Public safety • Residential segregation
Stakeholders	Any person or organization with a vested interest in a common initiative. Usually decision makers, program partners, or clients. Individuals or groups affected by the issue.
Sustainability	Ensuring that an effort or change lasts. Sustainability is often misunderstood as securing further or ongoing funding for a program that otherwise would end. Note that sustainability can be achieved without ongoing funding by changing policies, norms, attitudes, etc. For example, a health day that discourages smoking at a park will likely not effect permanent change, whereas a tobacco-free park policy will create a sustainable change without future investments/resources.

System	A group of independent but interrelated and interacting elements etc., individuals, institutions or infrastructures that form a unified whole or network system. A system may include structure, behavior, procedures, or processes. Examples include: • A classification or arrangement • A network or communication, transportation or distribution • A method or process of doing things • An assembly of interdependent units • A point of view or doctrine used to interpret knowledge
Systems Change	A permanent change to the policies, practices, and decisions of related organizations or institutions in the public and/or private sector. Changes that impact all elements of an organization, institution, or system; they may include a policy or environmental change strategy. Examples include: • A local health department reviews all community development plans to make recommendations that improve the health impact of the plan (e.g. walkability, location of food resources, etc.) • A preschool chain establishes a minimum standard for how many minutes of physical activity will be offered at all sites each day

Appendix L

Attachment 1

Personnel/Position Form

Person/Position	% of Time on CHC	% of Time Paid by the Grant	Function

Attachment 2

Attach a CV/Resume for each existing staff person on this grant.
Attach a Position Description for proposed positions on the grant not currently filled.

Attachment 3

2021 CREATING HEALTHY COMMUNITIES IMPLEMENTATION WORK PLAN

Agency:_____ Grant #:_____ Priority Community:_____ County Served: _____

Long Term Objective #1: By December 31, 2024, the (x county) CHC Coalition will be a high functioning coalition.					
Program Impact Objective #1:					
4th Quarter Only: Has this Impact Objective been met? (Please indicate Yes/No, if No explain):					
# of Process Objectives:	**# of Process Objectives Met:**				
Outcome Evaluation:					
Process Objectives	Related Activities	Agency or Person Responsible	Specific Dates for Each Activity		Evaluation Measures
			Start	End	
1.					
Q1:					
Q2:					
Q3:					
Q4:					

Attachment 4

Coalition Member Form

All grantees are required to complete this form listing current or proposed coalition members along with their organizational affiliation. Coalition members should represent various sectors of the community such as schools, planning, transportation, healthcare, non-profits, community residents, the disability community, council members, and others that will provide insight on improvements that need made within the three priority communities.

Coalition Member	Organizational Affiliation	Proposed	Current	Priority Community Representation

References

Centers for Disease Control and Prevention – Division of Community Health. A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Atlanta, GA: US Department of Health and Human Services; 2013.

Guide to Community Preventive Services:. Atlanta: Community Guide Branch, National Center for Health Marketing, Centers for Disease Control and Prevention, February 2009.

Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.* Washington, DC: The National Academies Press, 2012.

Khan, L., Sobush, K., Keener D., Goodman, K., Lowry, A., Kakietek, J., Zaro, S. (2009). *Recommended Community Strategies and Measurements to Prevent Obesity in the United States*: Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Robert Wood Johnson Foundation. *Advancing Policies to Support Healthy Eating and Active Living Action Strategies Toolkit, A Guide for Local and State Leaders Working to Create Healthy Communities and Prevent Childhood Obesity:* Leadership for Healthy Communities. Updated February 2011.