



**Ohio Department of Health (ODH)
DOH55178 SFY25 Capacity Building for Healthy Eating and
Active Living (HEAL) Funding Opportunity**

Background:

The ODH Health Promotion Section is providing support for local communities to build capacity for healthy eating and active living policy, systems, and environmental (PSE) changes.

Training and technical assistance (TA) will be provided to help build the capacity of staff and partners (as appropriate and as funding allows) to ensure they have the foundational skills and resources needed to successfully implement HEAL strategies. Each agency/entity will be assigned an ODH Program Consultant, who will conduct as-needed site visits (in person or virtual) and provide feedback on progress toward meeting deliverables. Training and TA will be delivered by ODH in the following ways:

1. Statewide in-person or virtual meetings
2. Webinars and conference calls
3. Printed and digital materials and other resources (e.g., toolkits, policy templates, etc.)
4. Engagement Hub (SharePoint group site)

Project Objective:

The objective of this project is to provide funding for community assessment and engagement with local community residents while working toward sustainability and expansion of these efforts within the county/jurisdiction.

Applicants who have never received HEAL or Creating Healthy Communities (CHC) awards are eligible for a HEAL Assessment & Photovoice award. Photovoice is a collaborative method of gathering information within a community ([Photovoice Worldwide](#)). Applicants who are not receiving CHC 2025 funds and have recently completed the PSE Assessment tool or a community health assessment with resident engagement can apply for a HEAL Policy, Systems, and

Environmental Change (PSE) Strategy award. The assessment and PSE strategy are directed toward, but not exclusive to governmental agencies.

Project Budget: \$200,000.00

Project Award: Awards will be subject to available funding with approximately 10 – 15 awards. Applicants must select either an Assessment or PSE Strategy scope of work.

HEAL Assessment & Photovoice - \$12,000.00

HEAL PSE Strategy - \$15,000.00 - \$20,000.00

Agreement Term: 10/15/2024-9/29/2025

Project Period: 10/15/2024-9/29/2025

ODH reserves the right to execute multiple agreements with awarded recipient to fulfill the entire project period, subject to and contingent on the discretionary decision of the Ohio General Assembly to appropriate funds (if needed) for the biennium, satisfactory performance of the awarded recipients and the needs of the Ohio Department of Health.

Subrecipient Requirements:

Priority will be given to applications that identify working in and/or with communities and/or census tracts categorized as High Vulnerability in **Ohio Health Improvement Zones 2020:** <https://data.ohio.gov/wps/portal/gov/data/view/ohio-health-improvement-zone-> .

Subrecipient must be an organization eligible to receive this funding from ODH by certifying it is either a State, Local and Indian Tribal Government, institution of higher education, non-profit organization (including faith-based, community-based, or tribal organization), or hospital. Non-Local Health District (LHD) applicants must include a letter of support from the LHD responsible for the jurisdiction.

Candidate Expertise Preferred:

Ideal candidates should have experience in identifying community assets/needs, have project management skills, and the ability to collaborate with partners to complete project deliverables. A signed letter of support (LOS) from an external community partner is required for the PSE Strategy award.

Registering with Ohio Shared Services:

Your organization must be registered to conduct business with the state of Ohio in the Ohio Shared Services/Ohio|Buys/OAKS payment system. If you encounter an issue or have a question regarding Ohio|Buys, please contact the Ohio Shared Services Help Desk through one of the options listed below:

- Email at obm.sharedservices@obm.ohio.gov - please put "Ohio|Buys" in the subject line.
Phone at 614-338-4761 or 877-644-6771

Ohio|Buys Supplier Training Resources:

<https://das.ohio.gov/Divisions/General-Services/Procurement-Services/Ohio-Buys#52261220-supplier-training>.

If you are not already registered with Ohio Shared Services and are considering applying for this funding opportunity, it is recommended that you start this process immediately.

Application Process:

Applicants are eligible for the HEAL Assessment & Photovoice award if they have never received HEAL or CHC funds and seek to build relationships within a specific community.

Assessment & Photovoice: Readiness Statement & Work Plan

Readiness Statement: Assessment applicants should submit a 1-page description of the proposed priority community and what the community will gain through a PSE Assessment and Photovoice activity. The document should be single spaced, with 12-point font. The statement should identify potential agencies and resident group partners for Healthy Eating and Active Living. Please address the following items in the Statement:

- Identify the priority community (city/village/census tract).
- What is the social vulnerability index (SVI) for the community?
- Who are the potential agency and resident group partners completing the assessment and photovoice activities?
- Describe the mutual benefits of conducting photovoice activities with residents.

Work Plan: Applicants should submit a work plan that includes the following activities:

A. Policy, Systems, and Environmental Change Assessment

Background/Purpose:

Policy, systems, and environmental change make healthier choices a real, feasible option for every community member. This is done by looking at the laws, rules, and environment that impact behaviors. Policy changes include the passing of laws, ordinances, resolutions, mandates, regulation, or rules. Government bodies (federal, state, local level), school districts and schools, park districts, healthcare organizations, worksites and other community institutions all make policy changes. Systems change involves changes made to the rules within an organization. Systems change and policy change often work hand-in-hand.

Environmental change is a change made to the physical environment, such as installing bike signage or bike racks to indicate a bicycle friendly community. Identifying assets and needs in communities in relation to healthy eating and active living (HEAL) policies and practices is an important step in informing selection and implementation of future HEAL strategies. This can also help build relationships with community partners, and foster conversation with community partners to identify strategies of mutual benefit.

RESOURCES:

- [PSE Video](#)
- [PSE Assessment & Planning Tool](#)

Project Activities:

1. Complete a PSE Assessment.
 - Complete the Policy, Systems, and Environmental Change Assessment and Planning Tool per township/village/city.
2. Partner with a community organization to share PSE Assessment results with community residents for feedback and prioritization of potential HEAL strategies and to identify potential photovoice volunteers (i.e., open house, round table, virtual town hall).
 - Discuss the findings with residents who will select/rank HEAL strategies by order of importance.

B. Community Engagement with Photovoice

Background/Purpose:

Community engagement is about ensuring that those most impacted by challenges and inequities have an equal voice in designing and implementing solutions. In community engagement, public health departments and other agencies work collaboratively on community-driven projects. These grass-root approaches are meant to let residents tackle community issues using their own united voice and actions. When an agency works with residents, it increases the likelihood of their buy-in and ongoing efforts. Drawing on local knowledge from a diverse group forms solutions that are practical, effective, and rooted in the realities of the community. Being in control places community residents in a position to feel empowered as they build leadership, local capacity, and trust. Inclusion and involvement in decision-making supports empowering community members to improve the conditions of their community. Communication is critical to building support with the community residents and connecting with organizational partners. Funded agencies/entities must ensure that program information (both print and electronic) is accessible to all individuals, including people with disabilities. Funded agencies/entities should also familiarize themselves with the CDC's [Health Equity Guiding Principles for Inclusive Communication](#) and incorporate key principles and preferred terms into regular communication.

Photovoice is a collaborative method of gathering information within a community. Residents use cameras to, “explore and share their perspectives on health, family, community, and their futures,” (Photovoice Worldwide). It is a form of community-based participatory research (CBPR) and a way to visualize lived-experiences and discuss potential or needed change.

RESOURCES:

- [CWN Community Engagement Toolkit](#)
- [Photovoice Worldwide](#)
- [HEAL MAPPS](#)
- [Recommendations for Strengthening Partnerships](#)

Project Activities:

1. Organize and complete a photovoice activity, led by residents who have completed the activity training.
 - Host or coordinate local photovoice training for residents.
 - Trainees will then conduct photovoice to record existing HEAL conditions in their neighborhoods.
2. Share the findings of the photovoice activity at a community conversation event that includes city/county officials, resident leaders, and community members most affected by proposed HEAL improvements/PSE changes. Create a list of priority actions based on the feedback provided by resident participants and other input provided during the conversation event.

Deliverables	Due Date	Compensation
<u>HEAL Assessment & Photovoice</u> <ol style="list-style-type: none">1. Complete the PSE Assessment.2. Partner with a community organization to share findings with residents to identify priority HEAL strategies as evidenced by meeting minutes, attendance sheets, and roles assigned.3. Conduct a photovoice activity led by residents who have completed training, as evidenced by activity photos, attendance sheets, and notes.4. Share the findings of the photovoice activity at a community conversation event. Create a list of priority actions based on the findings. Supporting evidence should include an attendance list, event photos, presentation slides, and a summary report.	9/29/2025	\$3,000/each Total not to exceed \$12,000.00

HEAL Policy, Systems, and Environmental Change (PSE) Strategy: Collaboration Statement and PSE Strategy Work Plan

Applicants are eligible for the HEAL PSE Strategy award if a PSE Assessment was completed recently (2022 – 2024) or a similar community health needs assessment was completed with resident feedback within the past three years.

Collaboration Statement: PSE strategy applicants should submit a 2-page description of their collaboration efforts within a particular community or census tract and how the selected HEAL PSE strategy will strengthen existing partnerships between local officials and residents. The document

should be single-spaced, with 12-point font. Please address the following items in the Collaboration Statement:

- Identify the priority community (city/village/census tract).
- What is the social vulnerability index (SVI) for the community?
- Identify community partners and resident leaders who are ready to advance the HEAL strategy selected.
- Provide background as to why a specific strategy was selected and how it relates to PSE Assessment findings or other community assessment results.
- Provide details about how you will engage residents throughout the process.

PSE Strategy Work Plan: Applicants should select one PSE strategy and draft a work plan with the related activities outlined below.

The strategies are: Active Transportation Planning (ATP), Safe Routes to Everyday Destinations, Healthy Eating Research (HER) Guidelines for Charitable Food Settings, and Local Food Council.

Active Transportation Planning (ATP)

Background:

Active transportation (AT) is an umbrella term used to describe ways of moving people around without the use of motor vehicles. Walking, biking, and using mobility devices such as wheelchairs are the most commonly practiced forms of AT. However, AT also includes unorthodox and innovative modes of transportation such as scooting, skateboarding, and rollerblading. AT also includes transit, since many people reach transit stops by walking or bicycling.

Conventional planning processes have prioritized the speed and safety of motor vehicle users above all other roadway users. Active transportation planning is the process by which jurisdictions can plan for non-motorized users to have safe and equitable access to a transportation network. Active transportation planning can take place at the regional, county, city, village, or neighborhood level. The AT planning process includes steps for gathering input, building community support, and laying the groundwork for implementing a wide variety of AT interventions.

Purpose:

The purpose of the strategy and deliverables included in this funding opportunity is to complete the initial steps in the Ohio Department of Transportation's (ODOT) AT Development Guide. The final product includes an inventory of existing conditions in the planning area. Further work to develop a full ATP will require additional funds and time beyond the scope of this funding opportunity.

RESOURCES:

- [Ohio Department of Transportation's Active Transportation Plan \(ATP\) Development Guide](#)
- [ODOT Walk.Bike.Ohio](#)

Project Activities (from ODOT ATP Development Guide):

- Steps 2-4 can and should occur simultaneously and are not necessarily to be done in the order listed below.
1. Define the scope and form/join a steering committee.
 - Work with ODH to finalize a timeline and workplan for this project.
 - Form a demographically diverse steering committee to ensure representation of all members of the community. Invite people who walk, bike, or take transit regularly, especially people that have disabilities, have limited or no access to cars, and/or identify as historically marginalized populations.
 2. Engage the Community.
 - Conduct community engagement activities that reach underrepresented communities. Using Table 4 (Chapter 3, page 41) of the ODOT AT Development Guide as a resource, focus on one high and one medium community engagement activity.
 - Recruit and/or include members of the public that have disabilities, have limited or no access to cars, and/or identify as historically marginalized populations.
 3. Develop Vision & Goals Referencing Walk.Bike.Ohio's vision and goals on page 6 of the ATP Development Guide, and with your steering committee and feedback from residents, develop community specific vision and goals statements.
 - Vision: develop a statement that builds a clear picture of the finished product in the community's mind.

- Goals should include both non-infrastructure and infrastructure elements.
4. Inventory of Existing Conditions.
- Review existing plans, policies, and supportive programs that affect the planning area.
Complete Table 2 and 3 of the ATP Development Guide template.
 - Prepare data, including but not limited to, non-motorized crash data; complete AT facility inventory (appendix D); roadway inventory; non-motorized volume data (streetlight activity metrics and/or count data if available); motorized volume data; local land use data; points of interest (schools, parks, community destinations, transit stops, etc.); demographic data; community data on transportation gaps and barriers.

Deliverables	Due Date	Compensation
Active Transportation Planning (ATP) 1. Steering committee formed, timeline drafted, and workplan approved by ODH. 2. Community engagement completed as evidenced by meeting agendas, sign in sheets, and/or minutes; photographs of community engagement activities; post-engagement evaluations of community priorities. 3. Community's Vision and Goals for active transportation are drafted. 4. Inventory of Existing Conditions Completed.	9/29/2025	\$5,000.00/each Total not to exceed \$20,000.00

Safe Routes to Everyday Destinations

Background:

Car-centric cities can make it more difficult to get the recommended amount of physical activity each day. If the destinations community members frequently travel to are accessible by safe AT, it makes it easier to walk/ bike/ roll there. Equity considerations are a factor when planning safe routes – not everyone owns a car or can drive. An equity-centered approach improves access to necessary destinations such as jobs, grocery stores and other shops, medical appointments, etc.

Purpose:

A safe routes strategy seeks to engage the community to learn what barriers exist in using AT to get to everyday destinations. The strategy helps create a roadmap/plan to address specific infrastructure improvements that eliminate the identified barriers. The strategy also tests one intervention with a demonstration project that allows for resident feedback.

RESOURCES:

- [AARP Walk Audit Toolkit](#)
- [CDC Connecting Activity Friendly Routes Visual Guide](#)
- [Power Mapping 101](#)
- [NOACA Street Supplies Community Guidance](#)
- [Smart Growth America Fact Sheets](#)

Project Activities:

1. Form a steering committee, create a project timeline, and finalize the workplan.
 - The steering committee should be multi-disciplinary in nature and include representatives from planning, engineering or public works, and elected officials. The committee should also include residents, including those who don't drive, people with disabilities, or identify as historically marginalized populations.
 - The timeline should include all deliverables and any other steps necessary for completing the work, including steering committee meetings, engagement activities, time to review and prioritize Safe Routes projects, and time to plan and implement a demonstration project.
 - The finalized workplan will be submitted to ODH for approval. This is a working document and can change throughout the grant period as needed.
2. Work with the steering committee and residents to determine areas where barriers exist and identify them on a map.
 - Using print out maps of the identified priority community, allow residents to mark where barriers that prevent safe routes to everyday destinations exist. Barriers can include, but are not limited to, missing or unsafe sidewalks, unmarked crossings, minimal or no street lighting, high-speed roads with little separation, etc.
 - Mapping exercises should be combined with community conversations to learn more about each barrier, and to ensure the proposed changes address and acknowledge community concerns.
 - Utilize a combination of in-person and online engagement to ensure everyone has the opportunity to provide input.
 - Allow time for follow-up discussions as needed to ensure the project team understands all potential project areas.
3. Conduct a walk audit of the project areas.
 - Using the maps with barriers identified, work with the community to prioritize areas to conduct a walk audit.

- Use the [AARP Walk Audit Toolkit](#) to help plan the walk audit.
 - Walk audit teams should include elected officials, planning staff, engineering or public works staff, and residents. Ensure the walk audit team members have diverse lived experiences.
 - Create a walk audit report that includes a summary of the event, findings from each participant, and pictures of opportunities or barriers to everyday AT.
4. Draft an improvement plan with relevant partners identified, roles defined, and a funding plan.
- With the steering committee, use information from initial community discussions and walk audit results to draft an improvement plan for a selected project area. The project area should be one that the community has provided input on and has been demonstrated as an area that experiences significant barriers to AT.
 - The plan should identify all relevant partners and the roles they will play in completing the improvement project. Use [Power Mapping](#) to assist with this portion.
 - The plan should also address a demonstration project to test out the proposed improvement. Included should be references to all necessary technical engineering designs and permits to complete the demonstration project, and any materials that may be needed. Please note, the engineering designs and permits do not need to be completed at this step, but you should be aware of what will be needed in order to complete deliverable #5.
 - Identify relevant funding streams that can help with implementation in the future.
5. Complete a demonstration project to showcase the potential improvement.
- Using the improvement plan, complete the building of the demonstration project. Consider using a project implementation team to ensure timeliness and safety while setting the project site up.
 - Document the process with photos and other written logs.
 - Include a way for residents or those who travel through the project area to provide feedback on the design, how it impacts safety of bicyclists and pedestrians, and/ or concerns about the project area.

Deliverables	Due Date	Compensation
<u>Safe Routes to Everyday Destinations</u> 1. Steering committee formed, timeline drafted, and workplan approved by ODH.	9/29/2025	\$4,000/each Total not to exceed \$20,000.00

2. Maps of the community with identified barriers preventing safe and active travel to everyday destinations have been completed through resident engagement. 3. A walk audit of the selected project area and a write-up of the audit results have been completed. 4. The improvement plan is drafted with relevant partners identified, roles defined, and a funding plan. Power mapping activity is completed. 5. Conduct a demonstration project to showcase the potential access improvement with pictures as evidence – allowing time to capture resident feedback on the proposed design change.		
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HER Guidelines for Charitable Food Settings

Background:

Healthy Eating Research (HER) Guidelines were developed in 2020 to rank foods and beverages at food banks and pantries. HER focuses on the reduction of three ingredients for a healthier diet: saturated fat, sodium, and added sugar.

Purpose:

Categorizing foods and beverages with nutrient rankings that make sense for pantry volunteers and visitors. Items are ranked within Green (Choose often), Yellow (Choose sometimes), and Red (Choose rarely) categories. This strategy focuses on introducing and implementing the HER guidelines within a local, charitable food setting

.RESOURCES:

- [Nutrition in Food Banking Toolkit](#)
- [Increasing Access to Healthy Food: Implementing SWAP in Pantries \(Webinar Recording\)](#)
- [Healthy Eating Research Nutrition Guidelines](#)
- [Supporting Wellness at Pantries \(SWAP\)](#)

Project Activities

1. HER Guidelines Partner Identified.

- Identify a charitable food setting serving at least 50 people with whom to develop a partnership to implement nutrition standards and create a Memorandum of Understanding to be signed by the organization.

2. Pre-Assessment.

- Conduct a baseline assessment of initial food and beverage offerings using the Healthy Food Pantry Assessment Tool (HFPAT). Identify opportunities to incorporate healthier options.

3. Policy Adopted.

- Facilitate a signed policy within the organization. The policy must address compliance to and the sustainability of the HER guidelines.

4. Environmental Changes Implemented and Post-Assessment Completed.

- Increase the quantity of healthier foods and beverages offered and/or (see next bullet).
- Implement behavioral design improvements that increase selection of healthier foods and beverages. Examples of behavioral design improvements include strategic placement of healthier food and beverages, promotion strategies using SWAP materials, and nutrition education.
- Complete a post-assessment to ensure compliance with the improvements outlined in the policy.

Deliverables	Due Date	Compensation
<u>HER Guidelines for Charitable Food Settings</u> 1. Signed MOU between applicant agency and partner site. 2. Completed Healthy Food Pantry Assessment Tool (HFPAT). 3. Submitted copy of the signed HER guideline/policy. 4. Written summary of environmental changes along with proof of environmental/behavioral intervention, such as photos, signage in place, and/or increased quantity of healthier foods and beverages. Completed post-assessment using the HFPAT tool.	9/29/2025	\$3,750/each Total not to exceed \$15,000.00

Local Food Council

Background:

Food councils are diverse, cross-sector groups of food-system stakeholders who collaborate to transform their local food systems (Ohio Food Policy Network). Individuals can represent many institutions or grassroots groups while serving on a local food council. Councils should include people from all six sectors of the food system (Voices for Food). The sectors that comprise a food system are growing, processing, distributing, preparing, retailing, and eating food.

Purpose:

To build partnerships to improve access to nutritious foods and increase coordination across multiple local sectors. Council members should include, “hunger relief and food justice advocates, educators, representatives from nonprofit organizations, health care industry, concerned residents, government officials, farmers, grocers, chefs, food service workers, food processors, and food distributors.” (Voices for Food). This strategy focuses on creating, renewing, or significantly enhancing a local food council.

RESOURCES

- [Ohio Food Policy Network](#)
- [FPC Action Guide](#)
- [Voices for Food – Food Council Creation Guide](#)
- [Food Dignity](#)

Project Activities:

1. Gauge readiness with current partners and community resident leaders by completing the Food Council Scorecard.
 - Meet with partners and resident leaders to determine community assets and resources already available and identify gaps or barriers to food access.
 - Complete the Food Council Scorecard with partners and resident leaders to assess opportunities for forming a new food council or determine if an existing local group can be strengthened.
2. Identify and recruit members for the council including diverse representation (see suggestions below) and convene meetings with new members in attendance to discuss the council's potential scope of work.
 - Determine a transparent membership recruitment and selection process. Recruit for a variety of perspectives necessary for representative council membership, including individuals and communities who are most directly affected by food systems issues such as farmers and individuals experiencing food insecurity, as well as having representation from public, private, and charitable sectors.
 - Consider representation from the following sectors: community members, anti-hunger/emergency food organizations, cooperative extension, food production, food retail, food processing/distribution, food waste/disposal, healthcare, education (PreK – 16), faith-based organizations, planners, nutrition and public health organizations, food justice organizations, economic development, and more.
 - Convene meetings with new members in attendance and document the meetings with sign-in sheets, agendas, and meeting notes/minutes.
3. Organize and host community conversations to understand local needs, existing resources, priorities, and barriers to food access. Host community conversations to speak with residents and local officials while building awareness of the emerging or renewed food council. (Reference Voices for Food: Food Council Creation Guide pages 8-9 for sample questions to ask during community conversations).
 - Document the conversations with photos and a summary report.
4. Establish new or updated Mission and Vision statements for the council and identify shared values with the community. Based on community conversations, identify the community's shared values.
 - Host council meetings to draft mission and vision statements using shared values as a guide.

- Collect community member feedback on draft mission and vision statements.
 - Finalize mission and vision statements based on community input.
5. Create a food system informational brief/policy brief on at least one food system issue that was identified by council members and residents for improvement. The brief should have sources cited and a public release date determined.
- Describe the food access issue and show how improvements can be made (through policy, systems, or environmental changes).
 - Include local data, policy examples, cited sources, and resource links. An example brief can be found [here](#).
 - A public release date should be determined for the finalized brief.

Deliverables	Due Date	Compensation
<u>Local Food Council</u> <ol style="list-style-type: none"> 1. Food Council Scorecard is completed with partners. 2. Council meetings are convened with new members, as evidenced by sign-in sheets, agendas, and meeting minutes. 3. Community conversations are held and documented with photos and a summary report. 4. Mission and Vision statements are drafted, based on a list of shared values. 5. A food system informational/policy brief is drafted, with recommended PSE changes identified, sources cited, and a planned public release date. 	9/29/2025	\$3,000/each Total not to exceed \$15,000.00

Evaluation Criterion: HEAL Assessment & Photovoice and HEAL PSE Strategy applications will be evaluated according to the completeness of each respective table of elements shown below:

HEAL Assessment & Photovoice

Assessment & Photovoice Readiness Statement	MAXIMUM SCORE
Demonstrated ability to engage partners across the selected community, captured in a single page statement .	35
SVI Identification	MAXIMUM SCORE
Social vulnerability index number (SVI) is identified for the priority community/census tract(s). Points assigned by quartile: <ul style="list-style-type: none"> • 0 - .25 = 0 • .2501 - .5 = 5 • .501 - .75 = 10 • .7501 - 1 = 15 	15
Assessment & Photovoice Work Plan	MAXIMUM SCORE
Work plan fully completed (12-months) within the template, including necessary steps and deliverables.	50
TOTAL POSSIBLE SCORE	100

HEAL PSE Strategy

PSE Strategy Collaboration Statement	MAXIMUM SCORE
A two-page statement describing community and resident partnerships, recent assessment findings, and how residents will be engaged throughout the process.	35
SVI Identification	MAXIMUM SCORE
Social vulnerability index number (SVI) is identified for the priority community/census tract(s). Points assigned by quartile: <ul style="list-style-type: none"> • 0 - .25 = 0 • .2501 - .5 = 5 • .501 - .75 = 10 • .7501 - 1 = 15 	15
PSE Strategy Work Plan	MAXIMUM SCORE
Work plan fully completed (12-months) within the template, demonstrating necessary steps and deliverables.	45
PSE Strategy LOS	MAXIMUM SCORE
A signed letter of a support from an external community partner is provided.	5
TOTAL POSSIBLE SCORE	100

Inquiry Period**Due Date: Tuesday, September 17, 2024**

All questions must be submitted via email to Procurement@odh.ohio.gov. Please include “DOH55178” in the subject line and can be addressed to Natasha McDaniel. Questions received after this date will not receive a response.

Application**Due Date: Tuesday, September 24, 2024, by 3:00 p.m.**

To apply, email a brief statement (see details above), 12-month work plan, and a signed Letter of Support (LOS) for PSE Strategy applications only to danielle.dillon@odh.ohio.gov. All documents must be submitted to be considered for this Funding Opportunity.



Appendix A: HEAL Work Plan Sample and Template

Appendix A: 2025 HEAL WORK PLAN (Example)

Agency: Hawkins City Health Department Priority Community: Hawkins

SVI Score: .7999
Strategy: PSE Assessment & Photovoice
Target Outcome: <ul style="list-style-type: none"> • What behavior/policy/plan change will occur? <ul style="list-style-type: none"> ○ • How will the change be measured? <ul style="list-style-type: none"> ○ • How will the change be sustained? <ul style="list-style-type: none"> ○
Partners involved: Potential partners include Hawkins City Planning, Hawkins Parks and Recreation, Hawkins City School District, Hawkins Community Resource Center, Bike Hawkins, Hawkins Farmers’ Market, and Hawkins Food Pantry.

Action Step	Related Activities	Evaluation Measures	Estimated Timeline
Complete a Policy, Systems, and Environmental (PSE) change assessment for the town of Hawkins.	<ul style="list-style-type: none"> Fill in with 3-6 related activities per action step. 	<ul style="list-style-type: none"> Fill in with measures, including the corresponding deliverable (Ex. Completed PSE Assessment Tool, Deliverable #1). 	Provide a time range (Ex. October 2024 – January 2025).
Share PSE findings with partners and residents.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	

Plan a local photovoice training.	•	•	
Complete a photovoice activity with residents.	•	•	
Share photovoice findings at a community conversation event and create a list of priority actions.	•	•	

Appendix B: Glossary of Terms

Active Transportation	Refers to any form of transportation that involves increased physical activity levels –notably walking, biking, or taking transit.
Active Transportation Plan	Active transportation plans (ATPs) are documents that provide a roadmap for improved walking and bicycling conditions. The planning process includes steps for gathering input and building community support and lays the groundwork for funding and implementing a wide variety of projects, programs, and policies. Active transportation planning can take place at the regional, county, city, village, or neighborhood level. Plans may also address access to transit through active travel modes.
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.
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 issues, or other similar common bonds.
Community Engagement	The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources

	and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices.
Demonstration Project	Quick build process that uses low-cost materials to temporarily improve a public or private space. This type of project relies on collaboration with community members to demonstrate a desired change.
Dietary Guidelines for Americans	The U.S. Department of Agriculture Dietary Guidelines for Americans, 2020-2025 provides advice on what to eat and drink to meet nutrient needs, promote health, and help prevent chronic disease. This edition of the Dietary Guidelines is the first to provide guidance for healthy dietary patterns by life stage, from birth through older adulthood, including women who are pregnant or lactating.
Disability	A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
Food Service Guidelines	Improving food and beverage offerings in the following venues: food banks/food pantries, 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.
HER Guidelines	Healthy Eating Research (HER) Nutrition Guidelines are evidence-based nutrition guidelines tailored to the needs and capacity of the charitable food system.
Local Food Council	Diverse, cross-sector groups of food-system stakeholders who collaborate to transform their local food systems (Ohio Food Policy Network). https://ohiofpn.org/local-councils/

Physical Activity Guidelines for Americans	Science-based guidance to help Americans ages six and older improve their health through appropriate physical activity. The U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion 2018 Physical Activity Guidelines for Americans is the current document.
Photovoice	A method of community-based participatory research. See the definition provided: https://www.photovoiceworldwide.com/what-is-photovoice/
Policy Brief	A clear, comprehensive, and impartial summary of a topic that includes research and recommendations. The brief should be easily understood and relevant to a general audience.
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 supports 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.
Safe Routes to Everyday Destinations	Safe walking and rolling conditions to and from everyday destinations for people of all ages, races, income levels, and abilities. Everyday destinations can include grocery stores, healthcare facilities, libraries, parks, schools, and worksites.
Social Determinants of Health (SDOH)	The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH can be grouped into 5

	domains: economic stability; education access and quality; healthcare access and quality; neighborhood and built environment; social and community context.
Social Vulnerability Index (SVI)	Created by the US Centers for Disease Control and Prevention. It is comprised of 16 indicators, grouped into four themes. The themes are socioeconomic status, household characteristics, racial and ethnic minority status, and housing and transportation. An SVI score ranges from 0 – 1, with scores closer to 1 indicating higher vulnerability.
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.
Walk Audit	An activity that can be used to assess street conditions, engage residents, and help gather data for safety plans or other neighborhood improvement projects.

2025 HEAL WORK PLAN

Agency:

Priority Community:

SVI Score:

Strategy:

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.			

5.			
6.			
7.			
8.			