



**Ohio Department of Health (DOH)
DOH59019-SFY26-27 Bureau of Health Improvement and
Wellness (BHIW)-Capacity Building for Healthy Eating and
Active Living (HEAL) Funding Opportunity**

Background:

The ODH Health Promotion Section provides 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.).

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 are not receiving Creating Healthy Community (CHC) funds are eligible for HEAL awards. The funding opportunity is not exclusive to governmental agencies.

Project Award: 6 - 12 awards.

Applicants must select one scope of work option below:

1. HEAL Assessment & Photovoice – award up to \$12,500.00
2. HEAL PSE Strategy - award range \$15,000.00 - \$20,000.00

Project Budget: \$100,000.00

*Awards will be subject to available funding split between approximately 6-12 awards. Applicants *must* select either an Assessment or PSE Strategy scope of work.

Agreement Term: 01/02/2026-09/29/2026

Renewal Term: Optional Ninety (90) day extension through 12/31/2026.

Project Period: 01/02/2026-09/29/2026

ODH reserves the right to execute multiple agreements with awarded recipients 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 2022**: <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 (Policy, Systems, & Environmental) Strategy award. The community partner will play an integral role within the project (Ex. city planner, food pantry director, extension educator, civic club officer, etc.).

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://procure.ohio.gov/bidders-and-suppliers/resources/bidder-and-supplier-training/04-ob-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.

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 using the HEAL work plan template. An example of a completed workplan can be found below on Appendix A. A submitted work plan should include 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 Change – Rural Health Information Hub](#)
- [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 health disparities 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.

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:

- [Photovoice Worldwide](#)
- [HEAL MAPPS](#)

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> 1. Complete the PSE Assessment.	9/29/2026	\$3,000.00 each plus \$500.00 for #4. Total not to exceed \$12,500.00

2. Partner with a community organization to share findings with residents to identify priority HEAL strategies as evidenced by photos, resident feedback, and activity notes. 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.		
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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 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.

Applicants should submit a work plan using the HEAL work plan template. Contact Danielle Dillon, Danielle.Dillon@odh.ohio.gov, to receive a template. 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 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 experience health disparities.

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 experience health disparities.

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.	9/29/2026	\$5,000.00/each Total not to exceed \$20,000.00

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.		

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. It is important to recognize when planning safe routes that not everyone owns a car or can drive. Safe Routes to Everyday Destinations 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 resident feedback.

RESOURCES:

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

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 people who experience health disparities.
 - 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.
- Use [Power Mapping](#) to identify all relevant partners.
- 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. Complete a demonstration project to showcase the potential improvement.

- Using information from the walk audit, identify relevant partners and necessary steps to complete a demonstration project that enhances safety for non-motorized road users.
- Consider the project materials needed, duration of the demonstration, and permits for the road.
- Build a demonstration project. Form 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. 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. 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.	9/29/2026	\$5,000.00/each Total not to exceed \$20,000.00

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> <ol style="list-style-type: none"> 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. 	9/29/2026	\$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](#)
- [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.
- If a council already exists, are they open to expanding or enhancing local efforts?
- Complete the Food Council Scorecard with partners, resident leaders, and the existing council 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 a community conversation or workshop to understand local needs, existing resources, priorities, and barriers to food access. Host the community conversation and/or workshop 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 conversation with photos and a summary report.
- Collect community feedback on shared values.
- Develop a list of shared values and food access priorities.

4. 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 and/or an existing council. 2. Council meetings are convened with new members, as evidenced by sign-in sheets, agendas, and meeting minutes. 3. A community conversation/workshop is held with shared values and priorities identified and documented with photos and a summary report. 4. A food system informational/policy brief is drafted, with recommended PSE changes identified, sources cited, and a planned public release date. 	9/29/2026	\$3,750.00/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 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 within the template, demonstrating necessary steps and deliverables.	45
PSE Strategy LOS	MAXIMUM SCORE
A signed letter of support from an external community partner who will be integral to the project scope.	5
TOTAL POSSIBLE SCORE	100

Important Dates

Inquiry Period:

Due Date: 12/05/2025

All questions must be submitted via email to procurement@odh.ohio.gov by 12/05/2025 at 3PM.

Questions received after this date will not receive a response.

Application

Due Date: 12/12/2025 at 3PM

To apply, email a brief statement (see details above), 9-month work plan (using the HEAL work plan template), and a signed Letter of Support (LOS) for PSE Strategy applications only to

Danielle.Dillon@odh.ohio.gov. All required documents must be complete to be considered for this Funding Opportunity.



Appendix A: 2026 HEAL WORK PLAN (Example)

Agency:

Hawkins City Health Department

Priority Community:

Hawkins

SVI Score: .7999
Strategy: PSE Assessment & Photovoice
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. January – April 2026).
Share PSE findings with partners and residents.	<ul style="list-style-type: none">	<ul style="list-style-type: none">	April - June 2026
Plan and host a local photovoice training.	<ul style="list-style-type: none">	<ul style="list-style-type: none">	June 2026

Complete a photovoice activity with residents.	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•	July – August 2026
Share photovoice findings at a community conversation event and create a list of priority actions.	<ul style="list-style-type: none">•	<ul style="list-style-type: none">•	September 2026