Healthy Eating/Active Living (HEAL) Policy, Systems, and Environmental Change Assessment and Planning Tool

Updated July 2022

Created by Professional Data Analysts
Adapted from the Centers for Disease Control and Prevention’s
Survey of Community-Based Surveillance of Supports for Healthy Eating/Active Living.
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About This Tool

What is the purpose of this tool?
The primary purpose of this tool is to help local health departments and/or other community organizations to assess current policy, systems, and environmental (PSE) strategies for healthy eating and active living (HEAL) in their communities and use results to inform future work. Table 1 describes additional purposes and uses of this tool.

Table 1. Purposes and uses of this tool

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Use</th>
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<tbody>
<tr>
<td>Identify assets and needs in the organization’s jurisdiction in relation to healthy eating and active living policies and practices</td>
<td>Inform selection and implementation of strategies</td>
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<td>Inform local work planning in communities</td>
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<tr>
<td>Build relationships with community partners</td>
<td>Introduce community partners to HEAL PSE strategies</td>
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<td></td>
<td>Foster conversation with community partners to identify HEAL strategies of mutual benefit</td>
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<tr>
<td>Documentation</td>
<td>Use as a historical record and communication tool in the case of staff turnover</td>
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</table>

Who should complete this tool?

This tool is designed to be completed as a self-assessment by local health departments and/or other community organizations in collaboration with community partners, which may include city managers, planners, clerks, administrators, school officials, owners/human resource representatives at large worksites, and coalition members.

How should findings be used to inform action?

Completing this tool will give you and your community partners a better understanding of where the community is already implementing PSE strategies to increase opportunities for healthy living and where these efforts need additional support. Reflecting on the questions in Section 3: Taking Action (p. 20) will help you determine which strategies to prioritize, given your community context.
Instructions for completing this tool

Section 1: Active Living Assessment and Section 2: Healthy Eating Assessment

- Identify partners to help you complete the active living and healthy eating assessments (see pages 7 and 13 for guidance on who you might contact to help complete the assessments).

- Complete both assessments for each community (village/city/county) you plan to work with to get a sense of the landscape of PSE supports for active living and healthy eating.

  Note that some questions in Sections 1 and 2 are related – for example, some policies and plans may address both active living and healthy eating topics. Consider answering these questions together.

Section 3: Taking Action

- Convene your partners, at a coalition meeting or in a manner that works best in your context, to review the assessment findings (Section 1 and 2) and complete the Section 3 questions together.

- Try to answer the questions in this section in the order that they appear. Questions are designed to build on each other.

- Take notes to document key thoughts and responses. It is okay if you do not answer every question. Some questions may not be applicable to your community and some questions may not have straightforward answers. Their purpose is to foster conversation and guide you through an intentional process of decision-making.

- After completing the questions in this section, use what you learned to prioritize future HEAL strategies in your community.

Don’t wait until the end of the assessment to think about taking action!

While this tool is organized into three distinct sections, the sections overlap in multiple ways. Completing this tool should be an iterative process. What you learn from completing one section may lead you to revisit other sections. Throughout the process, you should be thinking about how to use what you are learning to take action. The “tips” and “considerations” call-out boxes integrated throughout this document are there to help you with this.

Look for the following icons throughout this tool:

- Identifies questions that focus on accessibility and health equity
- Tips for completing the assessments and prioritizing HEAL strategies
- Considerations for prioritizing HEAL strategies
Definition of terms
Below are the definitions for key terms that are used throughout this tool.

**Active commute**: Commuting solely by walking or cycling; or by walking or cycling in combination with motorized modes of travel

**ADA compliant / accessible playground**: Complies with the 2010 Americans with Disabilities Act (ADA) Standards for Accessible Design; offers a range of play experiences to children of varying abilities

**Bicycle and/or pedestrian advisory committee**: Advises government bodies on issues around bicycle and/or pedestrian safety and infrastructure

**Client choice model**: Food pantry model in which people can choose their own items; may resemble a small grocery store

**Community Supported Agriculture (CSA)**: Community members buy a share of a farm’s production and receive regular distributions of produce throughout the season

**Complete Streets**: Streets that are designed and operated to enable safe access for all users, including pedestrians, bicyclists, motorists, and transit riders of all ages and abilities

**Farm-to-institution**: Initiative that gives farmers the opportunity to sell directly to local institutions (e.g., schools, early care and education, hospitals, colleges)

**Fixed route transportation**: Uses buses, vans, light rail, and other vehicles to operate on a predetermined route according to a predetermined schedule

**Food policy council**: A group that examines how the local food system operates and provides policy recommendations to improve that system

**Mixed land use**: Development that blends residential, commercial, cultural, institutional, or entertainment uses, where those functions are physically and functionally integrated; usually incorporate pedestrian and bicycle connections and provide a more walkable environment

**On demand transportation**: Shared private transport in which vehicles alter their routes based on individual needs rather than using a fixed route

**Produce prescriptions**: A nutrition incentive program in which healthcare providers write prescriptions for fruits and vegetables that can be redeemed at participating farmers’ markets and grocery stores

**Recreational or mixed-use trail**: Supports multiple recreation and transportation opportunities (e.g., walking, bicycling, wheelchairs)

**Safe Routes to School**: A program that promotes walking and bicycling to school through infrastructure improvements, enforcement, tools, safety education, and incentives

**Senior Farmers Market Nutrition Program**: Provides low-income seniors with access to locally grown produce

**SNAP**: The Supplemental Nutrition Assistance Program provides nutrition benefits to supplement the food budget of low-income families to purchase food

**WIC**: The Special Supplemental Nutrition Program for Women, Infants, and Children that provides food, education on healthy eating, and referrals to health care for low-income women, infants, and children up to 5 years old

**WIC Farmers Market Nutrition Program**: Provides coupons for locally grown produce to individuals in WIC

**Zoning codes**: A written regulation and law that defines how property in specific geographic zones can be used
Section 1:
Active Living Assessment
Section 1: Active Living Assessment

Name of community (village/city/county) being assessed: Delaware County (Countywide)

List the people who contributed to completing this section

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Organization</th>
<th>Phone or email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Josie Bonnette</td>
<td>Community Health Specialist</td>
<td>DPHD</td>
<td><a href="mailto:jbonnette@delawarehealth.org">jbonnette@delawarehealth.org</a></td>
</tr>
<tr>
<td>Taylor Jaggers</td>
<td>Community Health Specialist</td>
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<td><a href="mailto:Tjaggers@delawarehealth.org">Tjaggers@delawarehealth.org</a></td>
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<tr>
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<td>DPHD</td>
<td><a href="mailto:ATrimble@delawarehealth.org">ATrimble@delawarehealth.org</a></td>
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<tr>
<td>Susan Sutherland</td>
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</tr>
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</tr>
</tbody>
</table>

Who can help you complete the assessment of active living PSE supports?

Consider reaching out to individuals/organizations in the community with expertise in city planning, transportation, and land use. Examples include the City/Regional Planner, City/County Engineer, City Manager, City Administrator, Transit Authority staff, Mobility Manager, or Local Advocates.

If you do not already have an established relationship with the individuals identified, it is recommended that you schedule an introductory call with them to introduce yourself before asking them to help complete the survey. Consider how findings of this assessment may be of mutual benefit.
Community-wide planning documents and active living strategies

Complete this table to get a snapshot of where active living strategies are integrated into existing community-wide planning documents. Place an ‘X’ in the boxes to indicate if the community has each type of plan listed and if strategies are included in those plans. Leave boxes blank if none apply. If no plans exist, skip to the next page.

**Please Note:** In Delaware County, all political subdivisions (i.e., Cities, Villages & Townships) have Comprehensive Land Use Plans & Zoning Codes in Place. Some areas of the county may be covered by a combined Comprehensive Plan (Radnor, Thompson & Marlboro Twp) and some communities have adopted plans & codes but may not have been updated or considered for review for sometime considering the outstanding growth in the county. Delaware County falls within the Mid-Ohio Regional Planning Commission (MORPC) jurisdiction/region. Transportation related plans and strategies for Delaware County Transit (DCT) exist within these planning documents. Please review the HEAL Assessment Planning Matrix Excel Document for more details on individual community plans & strategies within plans: [HEAL Assessment Planning Matrix.xlsx](#)

<table>
<thead>
<tr>
<th>Community-wide planning documents</th>
<th>Comprehensive, general, master, neighborhood, or area plan</th>
<th>Zoning Code, Development Requirements or other Land Use Policy</th>
<th>Transportation plan</th>
<th>Complete Streets Policy</th>
<th>Bike, pedestrian, or active transportation plan</th>
<th>Transit plan</th>
<th>School Travel Plan</th>
<th>Parks and recreation plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community has this type of plan (list date of plan)</td>
<td>X</td>
<td>X</td>
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<td>Plan supports inclusion of people with disabilities and older adults</td>
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<td>Plan includes the following active living strategies (mark with an 'X' if included in plan)</td>
<td>New/Repaired Parks and Playgrounds</td>
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<td>X</td>
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<td>Bike Infrastructure</td>
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</tbody>
</table>

Tip: Look for policies and practices in the following places*:
- Review policies adopted by a local or regional authority
- Contact the local transportation planning agency
- Search government websites

*Recommended in CDC’s The Active Communities Tool
<table>
<thead>
<tr>
<th>Section 1: Active Living Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedestrian Infrastructure</td>
</tr>
<tr>
<td>Public Transit Improvements</td>
</tr>
<tr>
<td>Multi-Use Trails</td>
</tr>
<tr>
<td>Safe Routes to School</td>
</tr>
</tbody>
</table>
Decision-making bodies for active living support

1. What decision-making/advisory bodies exist in this community for making decisions related to active living policies, plans, and infrastructure? Check all that apply.
   - ✔ Planning and/or zoning commission
   - ☐ Bicycle and/or pedestrian advisory committee
   - ✔ Other: Delaware County Trail Committee and OPAL Trail Committee
   - ☐ None
   - ☐ Don’t know

2. Is there a designated public health representative on these decision-making/advisory bodies? Check all that apply.
   - ✔ Planning and/or zoning commission
   - ☐ Bicycle and/or pedestrian advisory committee
   - ☐ Don’t know

Consider health equity:
How representative are decision-making/advisory bodies? Do they have representation from local community members and minority populations (racial/ethnic groups, LGBTQ, people with disabilities, etc.)?

Infrastructure and environment
Includes strategies: New/Repaired Parks and Playgrounds, Multi-Use Trails, Public Transit Improvements

3. Are there any inclusive playgrounds with adapted equipment available in this community?
   - ☐ No  ✔ Yes- Some throughout county; Liberty Twp Park, Hylen Souders’ Elm School, Mingo Park in Delaware may have some adapted play equipment.

4. Does this community have recreational or mixed-use trails?
   - ☐ No  ✔ Yes Located throughout the county- DCRPC keeps Parks & Trails Map, it does not denote trailheads/parking or accessibility of the trail.
   - a. If yes, are any of these trails accessible to all community members, including people with disabilities and older adults?
No ☑ Yes  Mixed availability throughout County esp in Southern portion of county, however very limited in Ashley Village, Oxford Twp, & Harlem Twp

5. Is accessible public transportation available in this community?
☐ No ☑ Yes

   a. If yes, is the public transportation:
      ☑ On demand ‘Flex’ Service costs $1.00 or $2.00 to schedule a ride, next day on demand, same day 6a-6p in Delaware City.
      ☐ Fixed route
      ☑ Other: Starting Fall of 2022- Delaware County Transit offers an “Express” Service Route from Delaware City To Ohio Health Westerville

Policies and plans
Includes strategies: Complete Streets Policy, Bicycle/Pedestrian Master Planning, Safe Routes to School, Land Use Policy

6. Does this community have a formal Complete Streets Policy for designing and operating streets with safe access for all users?
☑ No ☐ Yes

No countywide complete streets policy- this would be something that would need to be persued by the County Commissioners & County Engineer; but Countywide CS would help with the sidewalk requirements that are part of the subdivision regs for the county.

7. Which of the following features are included in community development policy (including zoning codes and design/development guidelines) for new or retrofit development covering this community? Check all that apply.

☐ Requiring short to medium pedestrian-scale block sizes
☑ Requiring continuous sidewalk coverage
☑ Requiring minimum sidewalk widths to promote walking in groups (e.g., 5 ft wide)
☐ Requiring that buildings relate to the street (e.g., entrances facing streets, reduced building setbacks, or reduced parking requirements)
☐ Requiring that street trees or street furniture separate pedestrian zones from streets
☐ Requiring audible and visual crosswalk beacons and tactile warning surfaces at crosswalks
☐ Allowing mixed land uses (e.g., zoning that combines residential land use with one or more commercial, institutional, or public land uses)

Consider safe routes to healthy food:
How do the community’s trails and transit systems support access to healthy foods (e.g., grocery stores, farmers’ markets, community gardens)? See Q8 in Healthy Eating section.
Other: Per DCRPC, there are sidewalk regulations for subdevelopments; crosswalks/RRFBs, street design and engineering standards for things like street trees, setbacks, and other related topics are covered on an individual community basis and would be included in their zoning regulations. There is some planned mixed use permitted by the communities such as Evans Farm, but this is also on community-by-community basis.

This community is *not* covered by policies for new or infill development

8. Have any school districts in this community applied for Safe Routes to School funding in the past 5 years?
   - [ ] No   - [x] Yes

No knowledge of any application for funds from any of big school districts (Delaware, Olentangy, Buckeye Valley, Big Walnut). Previously when considering SRTS due to suburban & rural environment many schools were not eligible for capital funds due to student population within 2 mile radius of the school. Many schools experience the barrier in putting forth the efforts towards development of school travel plan & required data gathering that is necessary to apply, when unable to apply for capital improvement type projects. That said, on an individual school level basis, there are ongoing concerns with traffic and congestion around the school throughout the county.

There are changes to SRTS funding requirements and eligibility coming that may help with ability to apply to SRTS funds in the future.
Active commute support

9. Does the community have active commute supports and/or policies that allow residents to easily and safely walk, bike, or take transit to reach everyday destinations?

☐ No  ☑ Yes

The use of the supports and policies listed below exist minimally throughout the county, there is not a known intentional and/or coordinated effort to ensure these supports exist or are sustained. Some communities (Cities, Villages, Townships) may have recommendations in comprehensive planning documents, zoning ordinances, or even have adopted specific ordinances or proclamations for these supports, would be case-by-case & likely in larger communities if they do exist.

10. If yes, which active commute supports/policies does the community have? Check all that apply.

☐ Designated on-street bike lanes

☑ Bike racks at common destinations (i.e. grocery store, pharmacy, workplaces, schools, libraries, etc)

☑ Bike racks on transit vehicles

☐ Bike share program

☑ Bike repair stations

☐ Bike friendly businesses

☑ Free/subsidized transit options

☐ Travel ambassador/ride buddy program

☐ Guaranteed ride home programs

☐ Organized encouragement activities (i.e Bike to Work/School Day)

☐ Other: _______________________

**Identified Opportunities:** Ensure all libraries, schools, large worksites, and grocery stores have bike racks; Organized Encouragement Activities (Walk/Bike to Work/School); Bike Shares or Bike Library/Lending Programs; Bicycle Friendly Businesses, especially the communities that are along the OTET in the Eastern portion of the county; Bicycle Fixit Stations in Strategic locations.
Section 2: Healthy Eating Assessment
Section 2: Healthy Eating Assessment

Name of community (village/city/county) being assessed: Delaware County, Ohio

List the people who contributed to completing this section

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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</table>

Who can help you complete the assessment of healthy eating PSE supports?

Consider reaching out to individuals/organizations in the community with expertise in food systems planning. Examples include food policy councils, local non-profits, community or advocacy groups, transportation planning, farmers/producers, and grocery store associations.

If you do not already have an established relationship with the individuals identified, it is recommended that you schedule an introductory call with them to introduce yourself before asking them to help complete the survey. Consider how findings of this assessment may be of mutual benefit.
**Community-wide planning documents and healthy eating strategies**

Complete this table to get a snapshot of where healthy eating strategies are integrated into existing community-wide planning documents. Place an ‘X’ in the boxes to indicate if the community has each type of plan listed and if healthy eating strategies are included in those plans. Leave boxes blank if none apply. If no plans exist, skip to the next page.

**Tip:** Look for policies and practices in the following places:
- Review policies adopted by a local or regional authority
- Local school districts
- Local restaurant associations
- Regional/county/city/village government websites

During the policy & plan review portions of the Delaware Countywide HEAL Assessment there were no policies or plans in place that referenced any of the strategies below at the county level. There is not a countywide local food action plan adopted in Delaware County. On a limited basis, some communities (Galena) identified wanting to sustain & grow their community garden program in their comprehensive plans. Some of the strategies below exist in various forms on a community-by-community basis, but may not be included in any policy, plan, or procedure. Please review the HEAL Assessment Planning Matrix Excel Document for more details on individual community plans & strategies within plans: HEAL Assessment Matrix Internal DPHD Access Only

<table>
<thead>
<tr>
<th>Healthy Eating Strategy</th>
<th>Comprehensive Plan/Zoning Code</th>
<th>Master, Area, or Neighborhood Plan</th>
<th>Parks and recreation plan</th>
<th>Active Transportation plan</th>
<th>Local Food Action Plan</th>
<th>Sustainability Plan</th>
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<td>Food Bank/Pantries</td>
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<td>Community Gardens</td>
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<td>Farm-to-Institution</td>
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<td>Community Supported Agriculture (CSA)</td>
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<td>Food Access Policy and Planning</td>
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</table>
Infrastructure and environment

Includes strategies: Farmers’ Markets, Healthy Food Retail, Food Bank/Pantries, Community Gardens, Farm-to-Institution, Community Supported Agriculture, Safe Routes to Healthy Food, Produce Prescriptions

1. Does this community have a farmers’ market?
   - Yes: There are at least 3 Farmers’ Markets in DPHD Jurisdiction: Main Street Delaware, Powell Chamber Farmers’ Market, Sunbury Farmers’ Market, Ostrander Farmers’ Market. Many others in surrounding areas.
   - If yes, is the farmers’ market accessible to people with disabilities and older adults?
     - Yes: There is mixed accessibility depending on the market location, could be improved.
   - Does the farmers’ market provide any of the following assistance programs? Check all that apply. Only Main Street Delaware FM has all assistance programs below- Powell FM has WIC but unsure of others.
     - Acceptance of SNAP/EBT
     - Senior Farmers Market Nutrition Program
     - Produce Perks
     - WIC Farmers Market Nutrition Program
       - Other: ________________________________

2. Does your community have any of the following policies or practices related to farmers’ markets, farm stands, or green/produce carts? Check all that apply.
   - Online ordering and contactless pickup (for both SNAP/EBT and conventional payment)
   - Operating a farmers’ market or allowing the sale of fresh produce on city property
   - Offering streamlined processes for obtaining health and food safety permits and licenses
   - Extending waivers of required business permits or retail licensing fees or taxes
   - Encouraging or incentivizing fresh food vending locations in areas lacking supermarkets and full-service grocery stores
   - Providing funds or in-kind services for personnel, signage, or advertising
   - Offered at locations that are accessible to people with disabilities, and older adults
     - Other: ____________________________________________

   No specific policies or practices related to Farmers’ Markets, Farm Markets & Stands, or Produce Carts were identified. Cottage laws in effect for goods sold at Farmers’ Markets & Farm Markets. DPHD offers Food Safety Course for Home Cooks and Volunteers.
3. Does this community currently use any of the following to encourage supermarkets and other full-service grocery stores to open stores? *Check all that apply.*

- [ ] Tax incentives (e.g., tax abatement, tax credit, property tax exemption)
- [ ] Grant or loan programs to provide funding to encourage store openings
- [ ] Waivers of certain zoning or ordinance requirements
- [ ] Other: ____________________________________________

☑ This community does *not* have policies or programs that incentivize supermarkets and other full-service grocery stores to open in the community

a. If such policies or programs exist in this community, do any of them explicitly prioritize low income or economically depressed areas?

- [ ] No  - [ ] Yes

In addition to supermarkets and full-service grocery stores, food can be sold in smaller venues such as convenience or corner stores.

4. Does this community currently have any of the following programs to help convenience or corner stores sell healthier foods? *Check all that apply.*

- [ ] Grant or low-interest loan programs to purchase/upgrade store equipment or furnishings to properly store and sell healthy foods and beverages (e.g., fresh produce, low fat milk, whole grains)
- [ ] Technical assistance or training programs that increase the ability to sell healthier foods (e.g., marketing, promotion materials, product placement)
- [ ] Programs to link stores to broader neighborhood revitalization projects (e.g., improvements to lighting, signage, safety, accessibility, walkability in the surrounding commercial corridor)
- [ ] Other: ____________________________________________

☑ This community does *not* provide these types of programs or assistance to convenience or corner stores

**Identified Opportunity:** The Small-Grant Opportunity for HE&AL through the DPHD’s CHC program could be utilized for this purpose, although there are not many corner stores- there are more drive throughs and gas stations...
5. Do community food pantries have policies that support the procurement of healthier foods through either purchasing from foodbanks and/or donations received from the community?

☑ No ☐ Yes  **No policies in place that could be identified.**

5a. If yes, do community food pantries provide healthy food options through a client choice model?

☐ No ☑ Yes

**This is mixed- PIN pantry used to be client choice, LSS & Pacer Pantry are Client Choice but ordered online. Vineyard Church is preparing to open to client choice, BVFP is client choice.**

6. Indicate whether the community has each of the following and whether they are accessible to people with disabilities and older adults.

<table>
<thead>
<tr>
<th>Does the community have this?</th>
<th>Community gardens</th>
<th>Farm-to-institution</th>
<th>Community Supported Agriculture (CSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No ☑ Yes</td>
<td>☑ No ☐ Yes</td>
<td>☑ No ☑ Yes</td>
<td></td>
</tr>
<tr>
<td>☑ No ☐ Yes</td>
<td>☐ No ☑ Yes</td>
<td>☑ No ☑ Yes</td>
<td></td>
</tr>
</tbody>
</table>

If yes, is it accessible to people with disabilities and older adults?

<table>
<thead>
<tr>
<th>Does the community have this?</th>
<th>Community gardens</th>
<th>Farm-to-institution</th>
<th>Community Supported Agriculture (CSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ No ☐ Yes</td>
<td>☑ No ☐ Yes</td>
<td>☑ No ☑ Yes</td>
<td></td>
</tr>
<tr>
<td>☑ No ☐ Yes</td>
<td>☐ No ☑ Yes</td>
<td>☑ No ☑ Yes</td>
<td></td>
</tr>
</tbody>
</table>

Some residents may not have easy access to supermarkets or full-service grocery stores because they do not have access to a car or public transportation or cannot easily walk to them.

7. Is there dedicated accessible transportation (e.g., community vans or shuttle buses) to supermarkets, other full-service grocery stores, or farmers’ markets for residents of this community? **Note: Do not include public transportation in your response.**

☑ No ☐ Yes

8. Does your transit agency consider accessibility to supermarkets or other full-service grocery stores in their assessment of public transportation routes? **See Q5 in Active Living section.**

☐ No ☑ Yes  ☐ This community does not have public transportation

**Delaware County Transit only offers on-demand rides at this time. Grocery stores are assessed when determining need for fixed routes.**
9. Are there any healthcare institutions in this community that offer produce prescriptions to their patients?

☐ No  ✓ Yes

From our discussions with partners, Produce Rx exist in Delaware but the program is not widely known/available. Information on the program is limited. OSU Wexner is listed on the Mid-Ohio Farmacy Page, but there are no Delaware County locations on their maps, however the Main Street Delaware Farmers’ Market does accept Produce Rx. In discussion with Kroger- they also accept Produce Prescriptions at some locations through nutrition services offered at Little Clinics.

Policies and practices

Includes strategies: Food Access Policy and Planning, Food Service Guidelines

10. Does this community have a local or regional food policy council, food security coalition, or similar entity?

☐ No  ✓ Yes Delaware County Hunger Alliance

   a. If yes, is there a designated public health representative on the regional food policy council, food security coalition, or similar entity?

      ☐ No  ✓ Yes

The next page asks about nutrition standards and pricing incentives to promote healthy eating in the following settings:

- Local government facilities (e.g., libraries, police stations, government service centers; excludes public school district or school-level policies)
- Largest worksite in the community
- Community settings (e.g., parks, swimming pools, sports facilities)
### Local government facilities - County Building

<table>
<thead>
<tr>
<th>Section 2: Healthy Eating Assessment</th>
</tr>
</thead>
</table>

11. Does the setting have written **nutrition standards** for foods sold or served, including meals, a la carte items, or vending machines?

<table>
<thead>
<tr>
<th></th>
<th>Local government facilities - County Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ] No ![ ] Yes</td>
</tr>
</tbody>
</table>

12. Which **nutrition standards** exist for each setting? *Check all that apply.*

<table>
<thead>
<tr>
<th><strong>Nutrition Standards</strong></th>
<th>Local government facilities - County Building</th>
<th>Largest worksite - Showa (No reply yet)</th>
<th>Community settings - Parks, Pools, Concessions</th>
</tr>
</thead>
</table>
| Limiting foods high in added sugar (e.g., cookies, candies)                            | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Limiting sugar-sweetened beverages (e.g., soda, sports drinks, sweetened tea)         | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Limiting foods high in sodium/salt content                                             | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Limiting foods high in fat (e.g., fried foods)                                         | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Increasing availability of fruits and vegetables                                       | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Providing lower calorie options                                                       | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  
| Other: *(add)*                                                                         | ![ ] No ![ ] Yes                               | ![ ] No ![ ] Yes                       | ![ ] Yes ![ ] Yes  

### Pricing incentives

13. Does the setting have **pricing incentives** *(e.g., intentionally pricing healthier items to be less expensive)* to promote the purchase of healthier foods and beverages sold, including in cafeterias or vending machines?

<table>
<thead>
<tr>
<th></th>
<th>Local government facilities - County Building</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ] No ![ ] Yes</td>
</tr>
</tbody>
</table>

Some- there are a few vending machines with mostly junk food- may have a leaf sticker or have smaller portion size for less healthy snacks. Nothing

<table>
<thead>
<tr>
<th></th>
<th>Largest worksite - Showa (No reply yet)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>![ ] No ![ ] Yes</td>
</tr>
</tbody>
</table>

DPHD’s CHC Program previously worked with Oxford Twp Concession Stand for healthy concessions policy in 2018, sustainability needs evaluated.
| Local government facilities-  
  County Building | Largest worksite  
  Showa (No reply yet) | Community settings:  
  Parks, Pools, Concessions |
|-------------------|-------------------|-------------------|
| coordinated &  
  sustained. Several  
  Depts are moving into  
  old DACC building off  
  St Rt 521- may be an  
  opportunity once the  
  move has happened  
  depending what break  
  area looks like. | Previously tried to get healthy pool concessions in Ashley- no policy & not sustained. Unsure if there are any vending or concessions at Pres Parks locations. Unsure of school district concession stand policies/ offerings. |
Section 3: Taking Action
Section 3: Taking Action

The purpose of this section is to help communities reflect and act on results of the healthy eating and active living PSE assessments. The assessment results are intended to inform the selection of future HEAL strategies based on the resources and needs of specific communities.

Instructions for completing this section

1. Review results from the Active Living and Healthy Eating assessments above and reflect on findings using the questions on page 21 as a guide.

2. Answer the questions in this section, in order, to get a sense for how community context may support or hinder implementation of HEAL strategies (a list of HEAL strategies is provided in the table on page 22 for reference).

3. Complete the tables on page 28 and 29.

4. Use what you learn to inform your future work and support decision making.
Reflect on assessment findings

Review results from the Active Living and Healthy Eating assessments above and reflect on the following questions:

a. What stands out to you from the assessment results?

There are many planning docs and parks advisory committees in the county throughout the villages, townships & cities- but countywide planning docs are limited. The countywide trail committee doesn’t have a big community engagement focus, and there is limited infrastructure across the board for HE, including accessibility for people with limited access or disabilities.

b. What, if anything, surprised you?

Similarly, to the answer above, additionally however- Many comp & zoning plans/regulations are old and have not been amended for population growth, there are few planning documents for HE strategies, including no policies/practices for farmers’ markets, stands, or produce carts.

c. What concerns you about the results?

First, zoning regs vary community to community, and therefore countywide plans and policies can be difficult to pursue. Secondly, there are lost of different planning documents but priority for active transportation, or Bike/Ped infrastructure such as standardized requirements for crosswalks seem to be lacking.

d. Where do you see opportunities to improve?

Improve partnership between DPHD & DCRPC to develop language for comprehensive plan updates that are HiAP focused and include a commitment to growing a healthy, accessible, and inclusive, community- this can then include priority projects in HE/AL. Delaware City Together Plan (Comp) is a good example.

Considerations for prioritizing strategies

Communities must consider multiple factors when deciding what PSE strategies to prioritize in their communities including: alignment with community priorities, existing partnerships, available resources, etc. Another consideration is whether to implement a new PSE change, or to build on/strengthen existing PSE by improving the quality and/or enforcement of existing efforts.

The questions in this section are designed to guide your community through the process of moving from assessment to action. Questions are organized around criteria that individuals working and living in communities may consider important for decision-making, including:

- Alignment with community priorities
- Momentum for change
- Existing community assets, strengths, resources
- Gaps in plans, policies, environment, or infrastructure
List the HEAL strategies you are considering implementing

Write down a few of the HEAL strategies you are considering implementing below. Keep these strategies in mind when answering the questions on pages 23-27.

HEAL Strategy List

<table>
<thead>
<tr>
<th>Active Living Strategies</th>
<th>Healthy Eating Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New/Repaired Parks and Playgrounds</td>
<td>• Farmers’ Markets</td>
</tr>
<tr>
<td>• Worksite Active Commute Support</td>
<td>• Healthy Food Retail</td>
</tr>
<tr>
<td>• Bike Infrastructure</td>
<td>• Food Bank/Pantries</td>
</tr>
<tr>
<td>• Pedestrian infrastructure</td>
<td>• Community Gardens</td>
</tr>
<tr>
<td>• Public Transit Improvements</td>
<td>• Farm-to-Institution</td>
</tr>
<tr>
<td>• Multi-Use Trails</td>
<td>• Community Supported Agriculture (CSA)</td>
</tr>
<tr>
<td>• Safe Routes to School</td>
<td>• Safe Routes to Healthy Food</td>
</tr>
<tr>
<td>• Complete Streets Policy</td>
<td>• Produce Prescriptions</td>
</tr>
<tr>
<td>• Active Transportation Planning</td>
<td>• Food Service Guidelines</td>
</tr>
<tr>
<td>• Land Use Policy</td>
<td>• Food Access Policy &amp; Planning</td>
</tr>
</tbody>
</table>

Candidate Active Living Strategies | Candidate Healthy Eating Strategies

| Bike & Pedestrian Infrastructure | Food Service Guidelines (Community sites, worksites, corner stores/cafes) |
| New/Repaired Parks/Playground & Access to parks | Farmers’ Markets, Community Gardens, & CSAs |
| Active Transportation Planning | Food Access Policies & Planning- including Safe Routes to Healthy Food |
| Complete Streets (Countywide or w. Individual Communities) | Cooking skill building & education for children, perhaps in schools or w. Cooking Matters Program |
| Safe Routes to School & Walk/Bike Promotional Events | Dedicated subsidized transportation for supermarkets or food pantry trips |

SWAP/HER Guidelines & Improved Environments at Food Pantries
Alignment with community priorities

Aligning HEAL strategies with community priorities increases the chances of successful implementation. Communities are more likely to buy-in to and support the work when it reflects their priorities.

1. What are community priorities around active living and healthy living (see tips in sidebar for identifying priorities)?
   - Trails and linking common destinations between neighborhoods
   - Sustainability & Preservation of Green & Open Spaces: keeping rural atmosphere is common
   - Park development/re-development

   a. How do you know these are community priorities? What evidence do you have to suggest that the HEAL strategies you are considering are community priorities?

      **These are included in most if not all comprehensive plans for the different communities, additionally the DPHD has been involved with ongoing multi-year discussions and efforts towards park improvements, development, and trail connectivity: examples include- Sunbury MORPC TA Grant for OTET, OPAL Group, Delco Trail Committee, Ashley Parks, Harlem Twp Parks.**

   b. Whose voices were included in setting these priorities?

      - **DCRPC process for updating and developing comp plans includes a resident survey and community open houses.**
      - **Some parks planning groups are resident led: ie) OPAL Group & Harlem Twp Parks**

   c. Do those voices include perspectives of populations disproportionately burdened by chronic disease and populations farthest from justice (e.g., people with low-income, people with disabilities, rural residents, youth, racial and/or ethnic minorities, Ohioans living in Appalachia, etc.).

      **No, not always- it is a goal but can be lacking in actually happening. However more recently, activities are being intentionally planned and implemented to include these populations.**
Momentum for change
Where is there energy to create change? Where is there resistance? Think strategically about how to anticipate and take advantage of windows of opportunity for implementing specific HEAL strategies.

2. What windows of opportunity exist in your community to build on momentum of local, regional, statewide, or national activities and successes? (Examples: new policies, businesses, construction projects, newsworthy events, etc. that you could tag onto or that have advanced specific HEAL strategies)

- Growth of county represents approximately ¼ of growth of all Ohio- so this makes bigger opportunity to promote HiAP and education about HEAL PSE Strategies
- Specific local projects & priorities- ODOT needs to completely restructure 229 in Ashley, Housing Alliance Study & Youth Transitional Housing Project interest in bike library. Hunger Alliance & Strengthening Families Grants. Local Delaware County Foundation & other potentially untapped fund opportunities
- Nationally there is the passing of the Federal Infrastructure Bill and potential ongoing changes stemming from the White House Conference on hunger and nutrition.

3. Who has power to change the policy/practice?

- Locally elected officials: County Commissioners, Village Council Members, City Councils and Township Trustees.
- Local boards: Transportation, Building Safety, Regional Planning & Rural Zoning

a. How strong is their ability to create the change (see sidebar)?

Depends- there can be conservative mindsets regarding health and social equity and distrust/concerns of “big government”, additionally there tends to be an awareness of the problems and potential solutions but there’s lack of a priority on HEAL strategies specifically- there tends to be a favor to quick continued growth & development over equitable/smart growth which takes more time
Existing community assets, strengths, resources, partnerships

Approaching community change through an assets-based framework respects the existing human, social, and physical capital in communities. Implementing HEAL activities through an assets-based framework also promotes advancing health equity and creating sustainable change. Understanding the landscape of existing community assets may provide insight into community priorities and uncover opportunities for which there is positive momentum for change.

4. What are some of the community assets you could draw upon to implement HEAL strategies (see sidebar for ideas)?

- **Local grants and funders:** United Way & Delaware Foundation
- **Cross-sector partnerships that already exist with PPDC, DCRPC, & Schools**

5. What community groups, coalitions, or other partners are already organizing to create change in the community? How can you support this existing work?

- **The Partnership**
- **United Way Coalitions**
- **Delaware African American Heritage Council**
- **Ashley Wornstaff Lib**

Tip: Identify community assets

Community resources can take various forms. Examples of community resources may include:

- A strong volunteer base
- Physical space and land (to hold meetings/events/equipment)
- Human resources (people with content expertise to provide technical assistance, volunteers, people with cultural knowledge/wisdom)
- Funding (e.g., local foundations)
- Farms and food
- Social relationships/social capital
- Trust

6. Where do you already have a cross-sector of partners in place to implement specific HEAL strategies? List them here.

The Partnership- (DPHD Led Coalition that facilitates the CHA & CHIP Implementation), Strengthening Families Coalition, Delaware County Hunger Alliance, Delaware County Housing Alliance, Delaware County Trail Commission
Gaps in plans, policies, environment, or infrastructure

Review the community assessment results to identify opportunities for addressing gaps in PSE change to support healthy eating and active living in the community. Questions to identify gaps are asked last because prioritizing activities from a deficit-based approach (starting with the gaps), without consideration of community priorities and community strengths and assets, not only decreases the chances of success, but may cause harm by exacerbating inequities and diverting resources away from what the community actually wants and needs. Thus, while understanding gaps in opportunities for healthy eating and active living is important for determining priorities, it should not be the only factor driving decisions.

For each of the HEAL strategies you are considering for implementation, consider both the status of and quality of implementation.

7. What is the status of implementation for the HEAL strategy in this community (refer to pages 8 and 14 for snapshots of community-wide planning documents)?

- Is included in a plan, but not yet implemented
- Plans are in place to implement
- Implementation in process
- Fully implemented
- Not planning to implement
- Other (specify) There are a lot of plans, some have strategies that are not yet implemented or are in-progress completed.

8. If implemented, what is the quality of the policy/practice?

- Poor: Unusable and/or inaccessible to residents in the community; not maintained
- Fair: Usable and/or accessible to some residents in the community; somewhat maintained
- Good: Usable and/or accessible to most or all residents in the community; well maintained

9. If implemented, how is the policy/practice enforced or monitored?

This is one of the things that needs to be improved upon as it relates to sustainability. For example- there’s not a well-developed process for updating the plans over time; even with comprehensive planning- DCRPC has their own goals for time between updates, but sometimes individual communities want updates sooner or later & for some they only help when approached.

10. Is the policy/practice implemented or enforced equitably across all neighborhoods in the community? If not, where are there gaps?

Not all communities have the same plans & they aren’t all updated recently to consider the growth that has happened. Not all communities have the same economic situation to pay for updating plans or implementing HEAL changes.
11. What populations in this community experience a disproportionate burden of chronic disease and/or lack access to opportunities for healthy living (e.g., live in food deserts, lack access to parks or fresh affordable produce, etc.)?

- Review Delaware City PSE Assessment for specifics on community with highest disproportionate burden of chronic disease in the county.

- Outside of the City of Delaware: PLACES: Local Data for Better Health (arcgis.com)
  - Census Tract 111.01 - Village of Ashley & Oxford Twp
  - Census Tract 123.00 - East of Sunbury along border with Licking Co.
  - Census Tract 117.60 - SE Corner of County, Harlem Twp

- Per 2022 Delaware County CHA, households with income of $55,000 or less per year scored worse across all health indicators.

a. Does the policy/practice reach these populations? If so, how do you know?

Yes & No - Because it will depend on the needs and community engagement that needs to occur with the above referenced communities to ensure that the policies, plans, and implemented projects are useful and desired by that community. Again, not all communities in the county have all of the same resources. The DPHD may need to complete specific PSE Assessments within those above defined communities to get specific.

Tip: Use data to identify gaps

Below are some examples of where to find community-level data on social determinants of health and health outcomes. Be sure to disaggregate data by race and/or ethnicity, income, zip code, etc. to identify and subsequently address health inequities.

- Community health needs assessments
- County Health Rankings
- Ohio Health Improvement Zones
- Ohio Public Health Data Warehouse
- Feeding America county map on food insecurity
HEAL strategies selected for implementation

After reviewing and discussing responses to the questions above with your partners and members of the community, use the tables on the next two pages to document the HEAL strategies to prioritize. Add notes in the columns to document some of the key points you considered when selecting these strategies.
### Selected Active Living Strategies

List the strategy in first column and notes about the key points you considered when selecting these strategies in subsequent columns.

<table>
<thead>
<tr>
<th>Active Living Strategy</th>
<th>Alignment with community priorities</th>
<th>Momentum for change</th>
<th>Existing community assets, strengths, resources, partnerships</th>
<th>Gaps in plans, policies, environment, infrastructure</th>
</tr>
</thead>
</table>
| Bike & Pedestrian Improvements | Most if not all comprehensive plans have reference to pedestrian and bicycle infrastructure. Sidewalks in many places aren’t as great as they could be, if they exist.                                      | Delaware County Master Trail Plan  
ODOT needs to completely reconstruct OH-229 in the Village of Ashley and has presented a plan for getting funds from Ohio Public Works Commission to the Village | Preservation Parks grant for Trails and updated eligibility for community walking paths not just interconnected.  
Harlem Parks Committee successful with Fundraising Efforts  
Delaware County Trail Committee has funding                                                               | Ashley Village Comp Plan is outdated (2005)                                                        |
| New & Repaired Parks/Playgrounds | Parks & need for additional park amenities/spaces is included in plans esp. with growth to maintain green spaces                                                                                                                      | Kilbourne wants to do park updates per DPHD Subdivision Liaison  
Ashley Ongoing Park Access on 229 & Central Park Space with hopeful skatepark or adolescent amenities  
Harlem Township Parks Committee ongoing efforts to update park amenities  
Sunbury now a city- has a newer park plan                                                                   | CHC Program at DPHD Preservation Parks Partnerships (planning, storywalks, etc)                                                                 | Need to Develop stronger partnerships with PTO groups  
Education for Subdivision Partners on ability to help assist with park planning & finding potential funding opps. |

**Community: Delaware County- At Large/County Wide**
<table>
<thead>
<tr>
<th>Active Transportation Planning or Complete Streets</th>
<th>It not a focus of any of the plans, however anecdotally we constantly are reminded of transportation barriers. DCT currently operated on-demand with one fixed route exception. Only a few CS policies exist in different communities: Liberty Twp, City of Delaware, Maybe Sunbury?</th>
<th>Delaware County Master Trail Plan exists. Regional ATX Planning MORPC Encouragement/Priority</th>
<th>DCRPC, DCT, MORPC, ODOT, Political Subdivision Partnership,</th>
<th>Doesn't exist at county level for either strategy. Countywide policies or plans would be most impactful if there was buy-in from County Commissioners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Routes to Schools</td>
<td>In Ashley- many ongoing council discussions &amp; resident concerns about BV East Elm. Number of Teen Crashes Outdated School Travel Plans (if they exist)</td>
<td>Growth, Changes to SRTS Program from ODOT may increase eligibility for infrastructure funds. People don't want their kids to get hurt on their way to school,</td>
<td>Strong school partnerships, Lots of trails throughout county</td>
<td>need more protected lanes for bikes to increase BTS Audits &amp; Counts need completed Education about SRTS possibilities with PTOs and Schools Rural</td>
</tr>
</tbody>
</table>
## Section 3: Taking Action

### Selected Healthy Eating Strategies

List the strategy in first column and notes about the key points you considered when selecting these strategies in subsequent columns.

<table>
<thead>
<tr>
<th>Healthy Eating Strategy</th>
<th>Alignment with community priorities</th>
<th>Momentum for change</th>
<th>Existing community assets, strengths, resources, partnerships</th>
<th>Gaps in plans, policies, environment, infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Access Policy &amp; Planning</td>
<td>Delaware County Community Health Improvement Plan, Delaware County Hunger Alliance is drafting a plan</td>
<td>Franklin Co has adopted a Food Access Policy, Hunger Alliance is drafting a policy, lots of partners involved with Hunger Alliance</td>
<td>Hunger Alliance has Collective Impact Grant Opp, Cooking Matters &amp; Programs at OWU, potential for some local encouragement through economic development such as community revitalization efforts</td>
<td>Limited participation from partners outside of the City of Delaware in Hunger Alliance, Delaware County Commissioners would need to adopt Countywide Food Access Policy, Need for education about food access and food insecurity</td>
</tr>
<tr>
<td>Food Service Guidelines (Community Sites, Food Pantries, and Worksites)</td>
<td>As previously stated, there is not a strong influence on healthy eating or food access in adopted plans but information from food pantry partners indicates a growing need for addressing food security &amp; access</td>
<td>There is a focus on this nationally from CDC &amp; downward. Food Pantry partners &amp; Feeding America have prioritized this as well. At government worksite level-some county offices are relocating their physical building.</td>
<td>Hunger Alliance Grant and Subcommittees, Partnerships with political subdivisions who may have concession &amp; vending machines, school partnerships to help us identify key stakeholders for school concessions, ODH CHC Program</td>
<td>Education on FSG and the different ways that the guidelines can be implemented, misunderstanding that FSG takes away all the fun foods, no fully implemented changes have happened at this time that have been sustained.</td>
</tr>
<tr>
<td>Farmers’ Markets, Community Gardens &amp; CSAs</td>
<td>They exist in different capacities throughout the county but most successful is within City of Delaware. There are CSAs/Farm Markets that already exist as well (Galena, Radnor &amp; Sunbury).</td>
<td>Desire for Increased SNAP/EBT, WIC, Senior Voucher acceptance at Farmers’ Markets &amp; Farm Markets, Ongoing desire for community gardens in different locations. Successful implementation of multiple garden projects through DPHD’s CHC Program.</td>
<td>MTSO has successful CSA, Main Street Delaware has successful Farmers’ Market-MTSO &amp; Stratford Ecological Center donate food to PIN pantry.</td>
<td>MainStreet Del FM is managed by different org than manages the SNAP acceptance &amp; Produce Perks Program, Vendor reluctance for participating in benefit programs, Lack of coordinated efforts among various FM Partners in the County, Misunderstanding that local ag creates human-grade food when our main ag exports are for animal feed. CSA is expensive.</td>
</tr>
</tbody>
</table>