

Community Health Improvement Plan – Short Term (1-3 years)

Priority:

INSERT LHD LOGO

Alignment:

CHA/CHNA Year:

LHD:

Result 1: What result do you want?					
What does it look like when you achieve this result?					
Why is this important?					
What partners will address this priority?					
How will you measure success?					
List each strategy/intervention, partners, measures, and level					
Result 1	Name of Strategy/Intervention	Responsible Partners	Outcome (s) (What will you measure and report in the SOTCH?)	Output(s) (What you will do and report in the SOTCH?)	Level of Intervention
1.1					
1.2					
1.3					
1.4					
1.5					
1.6					
1.7					
1.8					
1.9					

Add rows as needed					
Result 2: What result do you want?					
What does it look like when you achieve this result?					
Why is this important?					
What partners will address this priority?					
How will you measure success?					
List each strategy/intervention, partners, measures, and level					
Result 2	Name of Strategy/Intervention	Responsible Partners	Outcome (s) (What will you measure and report in the SOTCH?)	Output(s) (What you will do and report in the SOTCH?)	Level of Intervention
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					
2.7					
2.8					
2.9					
Add rows as needed					

Instructions:

- Add new section(s) if more than two results and number accordingly
- Add more rows if more than 9 interventions are needed and number accordingly.
- Level of Intervention: Individual, Organizational, or Policy

Instructions for use of this form can be found on the DHHS/DPH website: <https://publichealth.nc.gov/lhd/>