

Insert County Logo here

Community Health Action Plan ____ (year)

County: _____

Period Covered: _____

Partnership/Health Steering Committee, if applicable: _____

Community Health Priority identified in the most recent CHA: _____

Local Community Objective: *(Working description/name of community objective)*

(check one): _____ **New** _____ **Ongoing** *(addressed in previous Action Plan)*

- Baseline Data:** *(State measure/numerical value. Include date and source of current information):*
- For continuing objective provide the updated information:** *(State measure/numerical value. Include date and source of current information):*
- Healthy NC 2020 Objective** that most closely aligns with focus area chosen below:

Population(s)

I. Describe the local target population that will be impacted by this community objective:

A. Total number of persons in the target population specific to this action plan: _____

B. Total number of persons in the target population to be reached by this action plan: _____

C. Calculate the impact of this action plan:

(Total # in B divided by total # in A) X 100% = _____ of the target population reached by the action plan.)

Healthy North Carolina 2020 Focus Area Addressed: Each of the two CHA priorities selected for submission must have a corresponding *Healthy NC 2020* focus area that aligns with your local community objectives.

Check below the applicable Healthy NC 2020 focus area(s) for this action plan.

For more detailed information and explanation of each focus area, please visit the following websites:

<http://publichealth.nc.gov/hnc2020/foesummary.htm> AND <http://publichealth.nc.gov/hnc2020/>

- | | | |
|---|---|--|
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Maternal & Infant Health | <input type="checkbox"/> Social Determinants of Health |
| <input type="checkbox"/> Physical Activity & Nutrition | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Environmental Health |
| <input type="checkbox"/> Injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Chronic Disease |
| <input type="checkbox"/> Sexually Transmitted Diseases/Unintended Pregnancy | <input type="checkbox"/> Infectious Disease/Foodborne Illness | <input type="checkbox"/> Cross-cutting |
| | <input type="checkbox"/> Oral Health | |

Selection of Strategy/Intervention Table

- Complete this table for all strategies/interventions that you plan to implement.
- At least two of the three selected community health priorities must be from the 13 Healthy North Carolina 2020 (HNC 2020) focus areas. For these 2 priorities, there must be 2 evidence based strategies (EBS) for each action plan. (Insert rows as needed if you choose more than 2 EBS.)

Strategy/Intervention(s)	Strategy/Intervention Goal(s)	Implementation Venue(s)	Resources Utilized/Needed for Implementation
Name of Intervention: Community Strengths/Assets:	S.M.A.R.T Goals:	Target Population(s): Venue:	Resources Needed:
Name of Intervention: Community Strengths/Assets:	S.M.A.R.T Goals:	Target Population(s): Venue:	Resources Needed:

Interventions Specifically Addressing Chosen Health Priority *(Insert rows as needed.)*

<u>INTERVENTIONS: SETTING, & TIMEFRAME</u>	<u>LEVEL OF INTERVENTION CHANGE</u>	<u>COMMUNITY PARTNERS' Roles and Responsibilities</u>	<u>PLAN HOW YOU WILL EVALUATE EFFECTIVENESS</u>
<p>Intervention: _____</p> <p><input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Completed</p> <p>Setting: _____</p> <p>Target population: _____</p> <p>New Target Population: <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Start Date – End Date (mm/yy): _____</p> <p>Targets health disparities: <input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p><input type="checkbox"/> Individual/Interpersonal Behavior</p> <p><input type="checkbox"/> Organizational/Policy</p> <p><input type="checkbox"/> Environmental Change</p>	<p>Lead Agency: _____</p> <p>Role: _____</p> <p><input type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p>Target population representative: _____</p> <p>Role: _____</p> <p><input type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p>Partners: _____</p> <p>Role: _____</p> <p><input type="checkbox"/> New partner <input type="checkbox"/> Established partner</p> <p>How you market the intervention: _____</p>	<p>Expected outcomes: _____</p> <p>Anticipated barriers: Any potential barriers? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, explain how intervention will be adapted: _____</p> <p>List anticipated intervention team members: _____</p> <p>Do intervention team members need additional training? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, list training plan: _____</p> <p>Quantify what you will do: _____</p> <p>List how agency will monitor intervention activities and feedback from participants/stakeholders: _____</p> <p>Evaluation: Please provide plan for evaluating intervention: _____</p>