**TABLE 1: WHAT ARE WE DOING?**

(Please share this document with your County liaison)

|  |  |
| --- | --- |
| GOAL/OBJECTIVE NUMBER: | |
| GOAL/OBJECTIVE: | |
| WHAT are we trying to achieve?  Describe what you are planning to do in terms of this Goal/Objective. |  |
| WHY are we doing this?  Describe why you are doing this project, and what the community need is. |  |
| WHICH activities will we undertake?  Identify activities that are critical to achieving the Goal/Objective. |  |
| WHO will play a role?  Identify the person(s) responsible for each activity. |  |
| HOW will this be funded?  Describe the financial resources that are needed to complete this Goal/Objective. |  |
| WHEN will it be done by?  Identify the timeframe or target date by which you hope to achieve this Goal/ Objective. |  |

**TABLE 2: WHAT CHANGES ARE WE SEEKING?**

|  |  |  |  |
| --- | --- | --- | --- |
| GOAL/OBJECTIVE NUMBER: | | | |
| HOW will you know if you have made progress? | | **WHAT are some opportunities to share or engage others in your efforts?** | **HOW does this Goal/Objective advance the Regional Community Health Improvement plans?** |
| Identify performance or outcome measures that you will use—for example, # and types of sidewalk or signage enhancements, increase in park visits, # of community gardens opened, # volunteers walking kids to school. | | Identify events, communications or media opportunities to raise awareness and/or promote your activities and/or celebrate results. | See the Community Health Improvement Plans, prepared by HHSA, County of San Diego for your Region. Identify the Priority Area that this activity advances. |
| Baseline  Where you are at the beginning of the project. | **Target**  Where you want to be when you complete the project. |  | **CHIP Priority Area** |
|  |  |  | Access to Health &  Social Services  Active Living/Physical Activity  Behavioral Health  Food Equity/Access to  Healthy Food  Healthy Eating/Nutrition  Improve Security  & Decrease Violence  Healthcare Access  Preventive Healthcare  Safety & Built Environment  Substance Abuse  Prevention  Tobacco  Worksite Wellness |

**TABLE 3: HOW ARE WE DOING? HOW HAS THE RLA IMPACTED MY COMMUNITY?**

|  |  |
| --- | --- |
| GOAL/OBJECTIVE NUMBER: | |
| Date  (by Month or Quarter) | **RLA Stories & Status Updates**  (Use this space to provide updates on Project Status, Guest Speakers, and Stories stemming from the RLA.  Be sure to make any changes to Table 1 above, as needed, as the Project is implemented.  Please include a 6 month update on this form.) |
| Month/Year |  |
| Month/Year |  |
| Month/Year |  |
| Month/Year |  |
| Month/Year |  |
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