

**ATTACHMENT B**

**Tool for Connecting Local Health Priorities with Healthy Kansans 2020**

Name \_\_\_\_\_ Agency \_\_\_\_\_

Identified Local Objective or Strategy (from CHA/CHIP or other process)

\_\_\_\_\_

Target audience: \_\_\_\_\_

1. Who is the lead organization(s) for this objective or strategy, if identified?

\_\_\_\_\_

What organizations in your community are collaborating to implement this strategy?

\_\_\_\_\_

2. Work on this objective or strategy is:

in planning stages of development.

in the first 0 – 6 months of implementation.

> 6 months of implementation.

3. Is this objective or strategy identified in your Community Health Assessment/ Health Improvement Plan?

We have not completed a CHA/CHIP

Yes, it was identified in the CHA/CHIP

This need was identified in another process: \_\_\_\_\_

No. We have done a CHA but this objective was not identified as a priority.

4. Does this local objective or strategy align with a HK2020 Strategy? (See HK 2020 handout)

Yes - related to the Priority Strategy? (top set of boxes on Themes and Strategies)

Please select which strategy:

HL-1	HL-2	HC-1	AS-1	AS-2
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Yes - related to the Other Strategy? (lower set of boxes on Themes and Strategies)

Please select which strategy:

HL-3	HL-4	HC-2	HC-3	AS-3
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No - Our community objective or strategy does NOT fit in any of the identified statewide strategies.

5. What barriers are you encountering in getting started or making progress?

6. Tell us one thing that is working.

7. Where is this objective or strategy documented (Website, in the CHA/CHIP document, etc.)?