LHIC Name: Click or tap here to enter text.

Person(s) completing the form: Click or tap here to enter text.

Date completed: Click or tap here to enter text.

LHIC Diabetes Strategy

LHIC leaders, please use this form to report your coalition's diabetes strategy to the Maryland Department of Health (MDH) and the Maryland Community Health Resources Commission (CHRC) as part of your interim report.

Reach out to your assigned Public Health Fellow with questions or concerns.

Please also attach proof of your presentation to community stakeholders. This can include presentation slides, meeting agendas, or meeting notes.

|  |
| --- |
| **Description of diabetes strategy** |
| Click or tap here to enter text. |
| **Core components or activities of the strategy** |
| Click or tap here to enter text. |
| **Presentation date to community stakeholders (anticipated or actual)** |
| Click or tap here to enter text. |
| **If you’ve presented the strategy to community stakeholders, use the space below for reflections on the presentation, including how it went, the feedback you received, and any changes you’re considering.** |
| Click or tap here to enter text. |