Community Health Improvement Plan

COMMUNITY HEALTH IMPROVEMENT PLAN

City/state/region: _____ Time period: _____

Date: _____ dd / mm / yyyy

COMMUNITY HEALTH ASSESSMENT (CHA) RESULTS

Specify below:

PLANNING

Goals:

Objectives:

Principles:

Strategies:

Interventions:

IMPLEMENTATION

Timeline:

Resources required:

Funding sources:

Long-term sustainability plans:

EVALUATION

Progress:

Feedback:

Adjustments:

Communication plan: