

Monroe County Community Health Improvement Plan 2019 - 2021

CHIP Team Priority Area: _____ Date_____							
Goal: <i>(Big picture – what are you trying to achieve)</i>							
Objective: <i>(What measurable actions will you use to accomplish your goal- <u>should be S.M.A.R.T.</u>)</i>							
Strategies <i>(Method/approach used to accomplish the objective)</i>	Tactics/Activities <i>(Specific actions planned)</i>	Timeline <i>(When will the activity begin & end)</i>	Roles/Responsibilities <i>(Who is responsible for the activities)</i>	Resource Needs <i>(What is needed to do the activities)</i>	Outcomes <i>(What are the desired results)</i>	Evaluation Metrics <i>(How will we measure the outcomes)</i>	Status/Notes <i>(What is the project status, other project notes)</i>

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