



**HEALTH IMPROVEMENT PARTNERSHIP PROGRAM
PARTNERSHIP REGISTRATION AND ANNUAL REPORT**

Thank you for taking the time to complete this survey. The information you provide will enable the Bureau of Health Planning to maintain a current Health Improvement Partnership listing and identify education, training, technical assistance and resources to support the activities of the partnerships.

Name of partnership _____

Address _____

County _____

Contact information for person representing the partnership

Name: _____

Title: _____

Telephone _____ Fax _____

Email _____ Website _____

Please briefly describe the organization of the partnership (i.e., non-profit, for profit, etc.).

Does the partnership have a mission statement? Yes No If yes, please attach.

Which best describes the status of the partnership? New 1-3 years 3+ years

What geographic area is served by the partnership?

County or counties (list) _____

Group of townships/boroughs (list) _____

Neighborhoods (list) _____

Indicate the members of the partnership

Civic organizations or coalitions Local college/university

Consumer/volunteer Local government

County/municipal health department Long-term care facility

Emergency medical service Police department

Faith community School district

Healthcare providers

Hospital and/or health system (please specify) _____

Human services

Other _____

COMMUNITY HEALTH IMPROVEMENT INITIATIVES

1) If one has been done, when was the last needs assessment completed for your community?
Date: _____

2) List three community health improvement priorities identified by the above assessment.
1. _____
2. _____
3. _____

3) Please list no more than three current or future health improvement initiatives planned by your partnership for the next 12 months.
1. _____
2. _____
3. _____

4) Describe your most successful health improvement initiative in the past 12 months.

5) Please offer any comments or suggestions to assist the program in improving quality.

Signature

Date

Print name

Please send this survey to:

ATTN: Health Improvement Partnership Program Manager
Division of Plan Development
[Bureau of Health Planning](#)
Department of Health
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Harrisburg, PA 17120-0701
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