



# OHIP Organizational Involvement/Influence Template

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Time Period:

Member Name:

Member Phone Number:

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Organization Name:

Affected OHIP Theme Area(s) (Please select all that apply by holding the control button on your keyboard and left clicking your selections with your mouse.):

Involvement/Influence Description (Please provide a brief detailed description of how your organization involved with and/or influencing the preceding OHIP Theme Area(s).)

Measurable Impact (Please select an option from the provided drop down list and then provide a brief detailed description of the impact in the text box below.)

Involved Parties:

Comments:

If you would like more information on the Oklahoma Health Improvement Plan please click [here](#).