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| **Priority Area 1:**   | **County:**  |
| **3-Year Goal:**  |
| **Vital Sign Actions or other Strategies** |
| **Interventions/Activities** | **Who on the Health Council will lead the activity?** | **How will you know you were successful?** | **Update on Intervention Progress** |
| Year 1 |
|  |  |  |  |
| Year 2 |
|  |  |  |  |
| Year 3 |
|  |  |  |  |