|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | | |
|  |  |  |  |