Health Equity Initiative Regional Meeting Action Plan Blueprint

JURISDICTION:					
	HIV Programmatic Lead	Health Equity Programmatic Lead			
1	NAME:	±	NAME:		
	EMAIL:		EMAIL:		
7	PHONE:		PHONE:		
	Hepatitis Programmatic Lead				
	NAME:				
	EMAIL:				

PHONE:

S.M.A.R.T GOAL (Specific, Measurable, Achievable, Relevant and Time-bound)	OUTCOME MEASURE	TIMELINE (Start and End Dates)	STATUS In Progress,	(Complete, Not Started)	PRIORITY (High, Medium, Low)	PARTY RESPONSIBLE	RESOURCES needed to	What is complete goal?	STAKEHOLDERS Who needs to be engaged?	ANTICIPATED CHALLENGES	NOTES
Goal#1:											
Goal #2:				·							