



Annual

Work Plan

2011

Catron County New Mexico

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2. Vision Statement

Health in its purest state is a condition of translucent radiance; unimpeded by the forces of disease, defect, pain and ignorance.

It is a state of complete spiritual, mental, emotional, physical and environmental well-being.

We envision a coherent and cohesive community; involved and dedicated to the improvement of the quality of life and the elimination of the barriers that separate us from each other; and from perfect health.

Our distinct cultural differences, distant villages and persistent poverty will only serve to inspire the Catron County Health Council to continue its quest for a better and brighter future.

3. Mission Statement

The Catron County Health Council is a community-based forum for assessment, promotion, and improvement of the health and well being of county residents

4. Self Assessment Summary

CSAS Results—New Mexico Health Council Survey 2008

Twenty-one members of the Catron County Health Council (CCHC) completed the CSAS Survey on-line in the fall of 2008. The three staff members (coordinator and co-coordinators) and 4 other nonvoting members joined 14 Health Council members in answering the questions. This distribution was similar to that for the region and the state. Seven respondents represented various organizations, which was less than half the rate for either region or state, corresponding to the fact that the Health Council is composed primarily of interested volunteers from the various communities. The partners and agency representatives who attend the meeting generally do not work within the County and there are few health related organizations in the County.

The Catron County Health Council was organized in 1991 with a northern branch developed two years ago. Thus some respondents may have been thinking only of the northern branch when they answered as to the length of time the council has been in existence. Two thirds of the respondents had served on the Council for 1-5 years, and almost a third, for over 5 years. Fewer than half of the members served on another health-related partnership. Seventy-five percent thought that the Health Council was diverse enough to accomplish its objectives but most recognized that the Council was actively recruiting new members. Groups not well represented on the Health Council included law enforcement agencies, farm/agricultural organizations, local elected officials, and religious organizations. Ongoing attempts to increase membership in all these areas have been unsuccessful, although some representatives in these categories hold ex-officio membership.

Leadership and decision-making were areas of strength for the CCHC. Most (89%) of respondents felt that they had at least some influence on decisions; 94% felt that majority rule and/or consensus were used. Most of those who responded to the survey are quite heavily involved with the Health Council. The number of meetings was felt to be about right. Almost all respondents felt that had a voice in the Council decisions and expressed satisfaction and loyalty to the Council. It is difficult to determine the validity of responses to questions about organizational contribution the Health Council as 16 people answered these questions despite only seven indicating that they represented an organization. Representatives seemed to believe that their organizations supported the Council and were committed to its work, but that their organizations had a somewhat limited actual contribution to that work (50-81%). Generally the benefits of participating on the Health Council were seen as significant (>65%) except in the area of getting client referrals. Participation was particularly beneficial in developing collaborative relationships with other agencies (94%) and increasing the sense that others shared their goals and concerns (88%). The major problem identified was that of the Health Council reaching the organization's primary constituency, which was an issue for 44%, and cost of travel, which was also a concern for 44%. Few respondents are aware of the Council's role in policy change,

which in our County included creating an Indigent Fund! Even fewer knew about legislative efforts.

Modified SWOT Analysis

Strengths	Weaknesses/Challenges
Representation from entire county Commitment of volunteers Good leadership and staff Appropriate approach to conflict Good decision-making	Diversity of membership/age of members Communication with the community Giving everyone a voice
Opportunities	Threats/Barriers
Increase diversity Attract more young people Improve communications Make changes in the schools	Distances in the County Low population density Time of meetings Low level of community involvement

The SWOT analysis conducted by the CCHC recognizes the value in having two Council branches based on geography and the effect that has had in increasing diversity and commitment. We have effective leadership and appropriate conflict-solving techniques. There are opportunities for increased representation from men, younger residents, and Hispanic families, as well as for involvement by law enforcement, schools, religious organizations, and agricultural and business interests. Communication with the community is an area for improvement, as is being sure that everyone on the Council has a voice. The Catron County Health Council is challenged by the distances in the County, difficulty in choosing a meeting time when all can attend, and a low level of community involvement. These factors create barriers that are difficult to breach.

[New Work Plan rationale](#)

[In alignment with downsizing, the Catron County Health Council developed the following plan for next year. The council plans to go forward in updating its Profile and website. This will make vital information available to the public in an efficient and cost](#)

effective manner. The Council will also review recommended updates to the Policies and Procedures in July. A timeline for FY 11 will also be completed for review at this time. The Council has determined that the best way to deal with emerging issues in the county is to address them at Health Council meetings.

Various partners continue to offer classes and workshops designed to provide information on and assist with Council Development. We will continue to promote attendance and provide access to these classes.

Funding resources will be sought to continue the vital work of providing the Annual Health Fairs, the Teen Health Fair/Career Fair, Halloween Street Fair, and possibly a candidate forum. The council has an ongoing goal of seeking additional funding sources. In an effort to effectively downsize the council activities, we will establish or reassign committees, or maintain and expand others as necessary and expedient. These committees will continue in their current form: SACAT, Grassroots, Injury Prevention, Indigent Fund. The following committees will convene as necessary: Policies and Procedures, Community Health Committee and Communications. The Council plans to continue the "To Your Health" newsletter as able, and also distribute information by e-mail concerning emerging issues.

HEALTH COUNCIL WORK PLAN: Action Plan Matrix

A. Council Development

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Planning: The health Council is recognized as a community health planning and information body or hub.</p>	<p>1. Obtain formal recognition of the health council’s planning role from County Commission by June 2011.</p> <p>2. Make updated Resource Directory widely available.</p> <p>3. Update Profile and post on website</p> <p>4. Update policies and procedures</p>	<p>1.1 Conduct formal presentation to County re: downsizing.</p> <p>1.2 Attend Commission meetings once a month</p> <p>1.3 Distribute new Directories</p> <p>1.4 Update website</p> <p>1.5 Have policies and procedures ready for review by August</p>	<ul style="list-style-type: none"> • Contacts with policy makers • Requests for Resource Directory • Requests for Community Health Profile & Plan
<p>2. Membership: The Health Council has stable, diverse, and growing membership.</p>	<p>1. Increase representation from Glenwood, Pie Town, younger population, and other underrepresented sectors.</p>	<p>1.1 Consider change in meeting day and time.</p> <p>1.2 Advertise for new members throughout the county</p> <p>1.3 Place reader boards in strategic community locations</p>	<ul style="list-style-type: none"> • Health Council Roster • CSAS results • Addition of 2 new health council members from unrepresentative areas
<p>3. Internal structures: The health council is sustained and institutionalized with effective structures & practices: Leadership team</p> <ul style="list-style-type: none"> • Committee structure • Effective meetings • Member participation • Leadership team • Committee structure • Effective meetings • Member participation 	<p>1. Increase communications between leadership teams</p> <p>2. Current by laws reflect current needs of all branches of the Health Council.</p>	<p>1.1 Hold quarterly joint leadership team meetings</p> <p>2.1 Review by laws and policies by April 2011.</p> <p>2.2 Attend leadership and council development classes offered by partners.</p>	<ul style="list-style-type: none"> • Leadership Team minutes • Committee minutes • Health Council minutes • CSAS results • Changes in by laws
<p>4. Internal processes: The health council uses productive group processes</p>	<p>No action necessary</p>		

B. Community Assessment

System/ Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Community health assessment: The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p>1. Community has access to updated Profile and Plan.</p>	<p>1.1 Update community Profile and Plan on website.</p> <p>1.2 Complete county-wide needs assessment</p>	<ul style="list-style-type: none"> • Community Health Profile • Requests for Community Health Profile & Plan
<p>2. Monitoring progress: The health council is able to monitor progress in achieving outcomes:</p> <ul style="list-style-type: none"> • Improving health • Improving community systems 		<p>1.1 Develop timeline for FY 11</p>	<ul style="list-style-type: none"> • Process for monitoring outcomes • Process for monitoring changes in health systems
<p>3. Emerging Issues: The health council has the capacity to respond to emerging issues.</p>	<p>1. Develop & implement mechanism to identify possible emerging health issues (by March 2011)</p> <p>2. Develop mechanism to respond to emerging issues</p>	<p>1.1 Review commission agendas to identify emerging issues.</p> <p>2.1 Convene ad hoc committee to deal with any emerging issues.</p> <p>2.2 Address emerging issues at Health Council meetings</p>	<ul style="list-style-type: none"> • Health Council; minutes: discussion of emerging issues • Study/investigation of emerging issues • Ad hoc committee minutes

C. Community Action: Coordination & Leadership: Priority one: Poor Distribution of Services

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	1. Locate possible providers for target area by 2013.	1.1 Complete feasibility study of attracting possible healthcare providers to Catron County. 1.3 Collaborate with PMS and BAMHS to recruit additional providers.	<ul style="list-style-type: none"> • Shared planning projects • New linkages between community entities • Joint initiatives established or strengthened
2. Community programs are jointly developed or strengthened	1. Complete needs assessment in county .	1.1 Conduct needs assessment.	<ul style="list-style-type: none"> • New programs jointly developed or implemented • Activities related to ongoing programs
3. Policies are changed and/or constituencies are built for policy changes.			
4. Funds are received or leveraged in the community.			

C. Community Action: Coordination & Leadership; Priority Two: Aging issues and needs.

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	1. Provide paradigm shift training to Health Council.	1.1 Research change management and paradigm shift training options. 1.2 Conduct change management and paradigm shift trainings.	<ul style="list-style-type: none"> • New linkages between community entities. • Joint initiatives for creative thinking established and strengthened.
2. Community programs are jointly developed or strengthened			
3. Policies are changed and/or constituencies are built for policy changes.			
4. Funds are received or leveraged in the community.			

C. Community Action: Coordination & Leadership; Priority Three: Behavioral Health.

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
2. Community programs are jointly developed or strengthened	<p>1. Add one new behavioral health service per year to entire county.</p> <p>2. Have support groups for those with behavioral health challenges in 4 target communities by June 30, 2011.</p> <p>3. Train consumer workforce on an ongoing basis.</p>	<p>1.1 Assist PMS and BAMHS with recruitment of providers.</p> <p>2.1 Conduct facilitator training.</p> <p>3.1 Develop monthly training schedule.</p>	<ul style="list-style-type: none"> • New programs developed or implemented • Active support groups and warm line. • Presence of behavioral services in County
3. Policies are changed and/or constituencies are built for policy changes.	1. Conduct anti-stigma campaign	<p>1.1 Recruit consumers.</p> <p>1.2 Adapt LC6 anti-stigma campaign for use in Catron County.</p>	<ul style="list-style-type: none"> • Constituencies established or strengthened • Advocacy strategies discussed and implemented
4. Funds are received or leveraged in the community.	1. Have adequate funding for behavioral health services in Catron County.	<p>1.1 Work with BAMHS to apply for grant funding.</p> <p>1.2 Legislative advocacy for greater investment in behavioral health.</p>	<ul style="list-style-type: none"> • Dollars received

C. Community Action: Coordination & Leadership; Priority Four: Injury Prevention.

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	<p>1. Develop mechanism for collecting countywide data on both fatal and non-fatal injuries.</p> <p>2. Educate community residents about high incidence of unintentional injuries.</p>	2.1 Educate community residents through presentation of weekly safety tips at senior centers and other community events as possible	<ul style="list-style-type: none"> • New linkages between community entities. • Joint initiatives established or strengthened
2. Community programs are jointly developed or strengthened	1. Create community-wide injury prevention coalition	<p>1.1 Identify possible collaborators.</p> <p>1.2 Hold organizational meeting.</p>	<ul style="list-style-type: none"> • New programs jointly developed or implemented.
3. Policies are changed and/or constituencies are built for policy changes.	1. Work with coalition to create injury prevention program	1.1 Research injury prevention programs online.	<ul style="list-style-type: none"> • Constituencies established or strengthened. • Advocacy strategies discussed or implemented.
4. Funds are received or leveraged in the community.	1. Obtain funding for injury prevention program.	1.1 Locate granting agencies.	<ul style="list-style-type: none"> • Dollars received