

CHAVES COUNTY HEALTH PLANNING COUNCIL

ANNUAL WORK PLAN

Vision Statement

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Webster expands the definition to include “the condition of being sound in body, mind, or spirit ; *especially* : freedom from physical disease or pain.”

WHO defines a healthy city as "... one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential."

These definitions and descriptions provided guidance for the council as members worked to develop a vision statement that would clearly reflect their hope for Chaves County. That vision is:

As a result of collaboration among county agencies, health programs, and individuals responsible for assuring the health of the County and its residents, people living in a Healthy Chaves County will not worry about lack of access to health care and related resources.

Within five years, Chaves County will be New Mexico’s most Healthy Community through reduction of the teen pregnancy rate by 50 percent, recruiting and retaining at least 6 additional family practice physicians, and implementation of a successful substance abuse program targeting youth between the ages of 12 and 18.

Mission Statement

The Chaves County Health Planning Council is appointed by the Chaves County Commission to collect and analyze county health – related data; assess, plan, and support implementation of health care services and systems designed to address key health issues in the county; and communicate health issue information to elected officials and county decision-makers.

Self-Assessment Summary

Two key instruments will be used in the self-assessment summary. The Coalition Self-Assessment Survey (CSAS) was completed by fourteen council members and associates.

1. Summative information derived from the CSAS includes the following:
 - a. The Council is viewed as instrumental in addressing broad-based health issues in Chaves County.
 - b. The Council is viewed as being inclusive in receiving and discussing ideas from all areas of the County.
 - c. The Council continues to need new members who broadly represent Chaves County.
2. A modified SWOT analysis will be completed by Health Council members at each July meeting. That information is summarized in the following table.

Strengths	Challenges/Areas for Improvement
<p>Capabilities of health council members and partners.</p> <p>Resources developed by health council and its partners like the dental program.</p> <p>Linkages with regional and state resources.</p> <p>Quality of services provided through health-council supported programs.</p>	<p>Continuing need for new members.</p> <p>Finding new funding sources for established or new programs and activities.</p> <p>Development of additional council leaders.</p>
Opportunities	Barriers/Needs
<p>New funding opportunities for programs.</p> <p>New facilities including the New Mexico Rehabilitation Center building and the Dental Clinic addition</p> <p>Opportunities through working with local Committee's to enhance and retain physicians in their community.</p>	<p>Elimination of funding by State Legislature.</p> <p>Shortage of health care providers.</p> <p>Teen pregnancy rate.</p> <p>Health care access.</p> <p>Lack of pay sources for health care.</p> <p>Declining economy.</p> <p>Rural health care access issues.</p> <p>Graying of the health care professionals in the region.</p>

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>The Health Council will provide at least 2 reports to the County Commission by June 30th of each year.</p> <p>The Health Council will have at least one representative participating in a local Committees addressing health provider shortages in the community.</p> <p>The Health Council will provide at least two newspaper articles related to broad-based health issues in the County each fiscal year.</p> <p>The Health Council will place one copy of the resource directory and Profile/Plan in the Public Library the beginning of each fiscal year (July).</p>	<p>The Council Chair or their designee will make presentations as necessary.</p> <p>The Council will assure that a representative participates on committee to address provider shortages.</p> <p>The Council’s designee will provide copy material to the newspaper regarding Council activities and data as necessary.</p> <p>The Council’s designee will place copies in the library by November each year.</p>	<ul style="list-style-type: none"> • At least five contacts with policy makers • A minimum of ten requests for resource directory • A minimum of ten requests for Community Health Profile and Plan • At least two articles in local newspaper
<p>2.Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>The Health Council will add new council members as necessary.</p> <p>At least two new members will represent the rural areas of the County.</p>	<p>Members will recruit new members.</p> <p>At least two members will come from the communities or regions of Dexter, Hagerman, and Lake Arthur.</p>	<ul style="list-style-type: none"> • Health Council Roster will reflect member terms. • CSAS results indicate stability and growth of the council.

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>3.Internal Structures: The health council is sustained and institutionalized with effective structures and practices:</p> <ul style="list-style-type: none"> • Leadership team • Committee structure • Effective meetings • Member participation 	<p>The Leadership Team will meet bimonthly to plan the work of the Council. Committees will meet monthly to address specific council issues. Meetings will be managed with agendas and minutes provided prior to each meeting.</p> <p>Each Council meeting will have a quorum in attendance.</p>	<p>The Council chair or their designee will organize Team meetings. Committee chairs will be responsible for calling monthly meetings. The Council chair or designated representative will develop each agenda and assure that minutes/agenda are disseminated prior to the meeting. The Council representative will email and telephone reminders regarding each meeting.</p>	<ul style="list-style-type: none"> • Leadership Team minutes • Committee minutes • Health Council minutes • CSAS results
<p>4.Internal Processes: the health council uses productive group processes.</p>	<p>The Council will manage all business using Robert’s Rules of Order.</p> <p>Actions requiring a vote will be determined by majority of members voting.</p>	<p>The Council Chair and/or their designee will apply the Robert’s Rules in meeting processes.</p> <p>Council meeting minutes will reflect voting action.</p>	<ul style="list-style-type: none"> • CSAS results • Minutes from Council meetings.

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B. Community Assessment & Prioritization

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1.Community assessment: The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p>The Council will collect and analyze updated county data to use in decision-making with the Community Health Profile to be completed year.</p> <p>The Council will update the Health Plan to address changes in data with the update completed as necessary.</p>	<p>The Council Chair or their designee will work with Council members to secure data for completion of the profile and updated Community Health Plan.</p>	<ul style="list-style-type: none"> • Community health profile • Requests for resource director • Requests for Community Health Profile and 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>The Council will review all programs and initiatives that have developed under its guidance to assure that each has a process for monitoring outcomes and changes with the work completed prior to the end of the fiscal year.</p> <p>Committees will be asked to provide monthly updates to the Council that include outcomes, process changes, and policy changes related to the committee activity.</p>	<p>The Council Chair or their designee and committee chairs will assure that each committee has a monitoring process and reporting mechanism for each committee.</p> <p>Committee chairs will be asked to attend each Council meeting and/or to send a representative or submit a written report.</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>The Council agenda will include a section for discussion of emerging issues at each monthly meeting.</p>	<p>The Council Chair or their designee will assure that the Agenda includes an opportunity for discussion of emerging issues.</p>	<ul style="list-style-type: none"> • Health Council minutes: discussions of emerging issues • Study/investigation of emerging issues.

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C. Community Action: Coordination and Leadership

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	Health Council members will be encouraged to create new networks and partnerships.	The Council members will assure that new opportunities are shared with the membership. New opportunities will be encouraged through marketing of the Council mission and purpose.	<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.	The Health Council will utilize updated data to support and facilitate new program development and/or program strengthening.	The Council committees will explore opportunities that will be shared with the Council for analysis and potential action.	<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.	The Health Council will address advocacy and policy changes that are related to the work of the Council and its committees.	The Council and/or its committees will assess need for policy changes and advocacy strategies that will be shared with the Council at its regular meetings.	<ul style="list-style-type: none"> • Policy change initiatives backed/started • Discussions of policy changes • Constituencies established or strengthened • Advocacy strategies discussed or implemented
System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
4. Funds are received or leveraged in the community.	The Council will provide coordination assistance, provide technical assistance, and support funding proposals that are brought to the group for review and support. The Council will work with requesting entities to encourage networking and collaboration to assure maximum use of funds.	The council members will work with community agencies and entities to encourage involvement and support through the Council. The Council will encourage collaboration to maximize the impact of funding requested for community projects and programs.	<ul style="list-style-type: none"> • Technical assistance related to grant proposals provided • Endorsements of grant proposals considered • Joint applications for funding • Additional income received

