

DE BACA COUNTY HEALTH COUNCIL

ANNUAL WORK PLAN

JUNE 10, 2010

Health Council Name: De Baca County

TABLE OF CONTENTS

TABLE OF CONTENTS	2
VISION STATEMENT	3
MISSION STATEMENT	3
HEALTH COUNCIL SELF-ASSESSMENT SUMMARY	3
HEALTH COUNCIL ACTION PLAN	5

Health Council Name: De Baca County

VISION STATEMENT

To provide organization which will continually be active in facilitating the process of assessing and addressing the total health needs/concerns of those individuals for which the commission has or will have a level of responsibility.

MISSION STATEMENT

Our mission is to establish, maintain and strengthen the coordination of partnership networks which will enhance a comprehensive promotion and maintenance of physical, mental and spiritual well-being.

SELF-ASSESSMENT SUMMARY

The CSAS results from 2009 showed that 100% of the De Baca County Health Council members completing this assessment were voting members of the council, 60% represented an organization and 40% did not. Of the participants responding, 80% answered that the council had been existence 6-10 years. Of the participants completing the assessment, the results showed time on the council as 40% had been apart of the council less than one year; 40% from 1-5 years; and 20% had been involved 11-15 years. However, there were only 5 CSAS assessments completed of the 9 member board due to computer difficulties. (Compared to the previous year of every council member completing an assessment). Eighty percent of the assessment participants were member of another health related partnership. Of the participants completing the assessment, 100% felt the Health Council membership was diverse enough to accomplish the objectives of the Health Council.

In regards to decisions made about Health Council priorities, policies and actions, 50% of the participants voted that the health council members vote, with majority rule and 50% chose that members discuss and come to consensus. 100% of the participants are very comfortable with the health council decision-making process.

The participants were in 100% agreement that notification of meetings is timely. Seventyfive percent of the participants agreed background materials needed for meetings are prepared and distributed in advance of meetings. Twentyfive percent disagree. When looking at the number of times the profile was used; 75% said too frequently to count and 25% said 0-5 times. 100% of the participants agreed that the council's priorities are revisited regularly and as a new assessment information becomes available; and that the health improvement plan includes the listed components.

The respondents to the assessment were 50/50 on being very involved and a little involved. For the next year the participants expect to be very involved (75%) and fairly involved (25%). The participants felt that the number of meetings and committee/task force meetings held are about right.

Health Council Name: De Baca County

Overall the participants (100%) agreed their organization supports the positions of the Health Council publicly and is committed to the work of the Health Council.

When the participants were asked if the Health Council has been responsible for the adoption of public policies that otherwise would not have been adopted; 50% said yes; 25% said no; 25% said don't know. When the participants were asked if the Health Council has been responsible for the defeat of legislation or policies that might have been destructive to your efforts; 25% yes; 25% no; 50% don't know. The participants agreed 100% that the Health Council is essential to making significant progress in community health status changes and one or a small number of people or agencies could make significant progress in changing community health status without the Health Council.

Overall the council members are pleased with the function of the health council and will continue to work toward improvement of health in our community.

Health Council Name: De Baca County

2011 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>Increase collaboration with other entities on focused priorities by June 2011.</p>	<p>Combine efforts with other entities focusing on same priority areas.</p>	<ul style="list-style-type: none"> • Requests of other entities focusing on same priority areas.
<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>1. Increase representation from new alcohol/substance abuse treatment center by 1 by June 2011.</p>	<p>1. Facilitate informational meeting with new alcohol/substance abuse treatment center (Consortium) to encourage participation.</p>	<ul style="list-style-type: none"> • Health Council Roster
<p>3. Internal structures: The health council is sustained and institutionalized with effective structures & practices:</p> <ul style="list-style-type: none"> • Leadership team • Committee structure • Effective meetings • Member participation 	<p>1. Strengthen committee structure by increasing active committees by one by June 2011</p>	<p>1. Discuss committee structure, roles and membership. 2. Assign council members to committees as necessary.</p>	<ul style="list-style-type: none"> • Leadership Team minutes (when applicable) • Committee minutes • Health Council minutes
<p>4. Internal processes: The health council uses productive group processes.</p>	<p>The health council functions very well as a group.</p>	<p>Try to implement more partnerships and creative motivation to keep health council in place without a budget to implement needed programs.</p>	<ul style="list-style-type: none"> • Continued interested in being on the Council.

Health Council Name: De Baca County

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>. Develop mechanism for monthly assessment of changes in access to/availability of health-related services.</p>	<p>Develop communication system for continual discussion. Conduct quarterly review of changes in programs & services.</p>	<ul style="list-style-type: none"> • Communication system (i.e. email, blog, etc.)
<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. Develop mechanism for monthly assessment of changes in access to/availability of health-related services.</p>	<p>1.1 Develop communication system for continual discussion. 1.2 Conduct quarterly review of changes in programs & services.</p>	<ul style="list-style-type: none"> • Quarterly review of changes in programs and services.
<p>3. Emerging issues: The health council has the capacity to respond to emerging issues.</p>	<p>1. Develop mechanism for monthly assessment of changes in access to/availability of health-related services.</p>	<p>1.1 Develop communication system for continual discussion. 1.2 Conduct quarterly review of changes in programs & services.</p>	<ul style="list-style-type: none"> • Health Council minutes: discussions of emerging issues • Quarterly review of changes in programs and services.

Health Council Name: De Baca County

C. Community Action: Coordination & Leadership

System/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	<ol style="list-style-type: none"> 1. Collaborate with DWI council to focus on shared priority areas. 2. Collaborate with Cooperative Extension Service on shared priority areas 3. Collaborate with Fort Sumner Schools on shared priority areas. 	<ol style="list-style-type: none"> 1. Participate in DWI meetings. 2. Utilize support and knowledge base at NMSU for Strong Women Program. 3. Utilize resources from School Based Health Clinic, School Nurse, and Family Health Clinic. 	<ul style="list-style-type: none"> • Shared planning projects
2. Community programs are jointly developed or strengthened.	<ol style="list-style-type: none"> 1. Collaborate with DWI council to focus on shared priority areas. 2. Collaborate with Cooperative Extension Service on shared priority areas. 	<ol style="list-style-type: none"> 1. Participate in DWI meetings. 2. Utilize support and knowledge base at NMSU for Strong Women Program. 	<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.	<ol style="list-style-type: none"> 1. Continue to be represented at the School Health Advisory Council to promote health education, nutritional improvement and physical fitness programs. 	<ol style="list-style-type: none"> 1. Participate in School Health Advisory Council (SHAC) meetings. 2. Assist with health based assessments conducted at the school. 3. Present health related information to school board when appropriate. 	<ul style="list-style-type: none"> • Discussions of policy changes • Advocacy strategies discussed or implemented
4. Funds are received or leveraged in the community.	<ol style="list-style-type: none"> Research alternative sources of funding. 	<ol style="list-style-type: none"> 1. Apply for funding to support health priority areas. 	<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