

FY 2010-2011
Health Council Annual Work Plan Planning Matrix

A. Council Development

Systems/Capacity Outcomes	Health Council Objectives	Health Council Actions Steps	Indicators
<p>1. Planning: The Health Council is recognized as a community health planning and information body or hub.</p>	<p>1. Expand audience for Planning (i.e. expand sphere of influence & participation of the Health Alliance)</p>	<p>1.1 Re-establish/Enhance relationships with the following:</p> <ul style="list-style-type: none"> • Rehoboth McKinley Hospital • Gallup Indian Medical Center • UNM-Gallup • Zuni Indian Health Center • Na’Nizhoozhi Center, Inc. • McKinley County DWI Planning Council 	<ul style="list-style-type: none"> • Contacts with policy makers/agency leadership • Requests for resource directory • Requests for Community Health Profile & Plan • Update Community Health Plan by June 15, 2010
<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>1. Obtain formal recognition of the health council membership from McKinley County Commission</p>	<p>1.1 Continue to re-establish contacts; meeting reminder calls, update listing after each monthly meeting.</p>	<ul style="list-style-type: none"> • Health Council Roster • Increase attendance at Health Alliance meetings (outreach to

	<p>annually.</p> <p>2. Re-engage original Health Alliance members</p>	<p>1.2 Identify key groups, people in the community to invite to meetings</p> <p>1.3 Incorporate contact info from meetings, exchange info, meet and greet new members (rotate among members)</p>	<p>Crownpoint, Zuni, Tohatchi, Thoreau)</p>
<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. Expand Core Group membership and participation</p> <p>2. New members to be oriented to Health Alliance structure and process</p>	<p>1.1 Regularly invite people</p> <p>1.2 Actively recruit from representatives from key segments of community</p> <p>1.3. New attendee(s) will receive a welcome email with orientation packet that has the following attachments; organizational guidelines with, vision statement, coalition brochure</p> <p>1.4 Make an updated contact list available to the Core Group quarterly (via flash drive)</p> <p>1.5 Follow-up on emails that bounce back; phone calls, etc.</p>	<ul style="list-style-type: none"> • Core Group minutes • Committee minutes • Health Council minutes • Update contact list monthly • Core Group sign in

<p>4. Internal processes: The health council uses productive group processes.</p>	<p>1. Members are actively engaged in mutually beneficial meetings</p>	<p>1.1 To encourage participation and relationship building inform members of opportunities for input into agendas</p> <p>1.2 Promote use of the Health Alliance list for information dissemination</p> <p>1.3 Delegate facilitation or note taker at monthly and core group meetings among members</p>	<ul style="list-style-type: none"> • Health Council minutes • Log of emails forwards of information dissemination
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B. Community Assessment

Systems/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. Revise and update profile Bi-annually</p> <p>2. Use profile as an advocacy tool</p>	<p>1.1 Core Group will revise profile and make recommendations</p> <p>1.2 Convene a group to revise profile</p>	<ul style="list-style-type: none"> • Community Health Profile • Requests for Community Health Profile & Plan • Draft update profile • Finalize profile

<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. Enable health council and community to know/see our history</p>	<p>1.1 Refine/update success matrix with timeline</p> <p>1.2 Insert summary of accomplishments in brochure</p>	<ul style="list-style-type: none"> • Process for monitoring outcomes • Process for monitoring changes in health systems • Finalize success matrix with timeline • Summary of major accomplishments in brochure
<p>1. Emerging issues: The health council has the capacity to respond to emerging issues.</p>	<p>1. Members are continually bringing issues and identifying issues at monthly meetings and community meetings.</p>	<p>1.1 Continue regular presentations by community groups at Health Alliance meetings.</p> <p>1.2 Develop responses to emerging community issues as appropriate.</p>	<ul style="list-style-type: none"> • Health Council minutes: discussions of emerging issues

C. Community Action: Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>1. Frame economic and environmental concerns as health issues</p>	<p>1.1 Continue to show Unnatural Causes Series and other videos to show various</p>	<ul style="list-style-type: none"> • Health Alliance minutes or reports

		<p>forms of health disparities for:</p> <ul style="list-style-type: none"> • Community venues: organizations, groups, churches, etc. <p>1.2 Participation with and report back from Multi-Cultural Alliance for a Safe Environment (MASE)</p> <p>1.3 Participation with and report back from Rural People Rural Policy Network</p>	
<p>2. Community programs are jointly developed or strengthened.</p>	<p>1. Health Alliance is identified as a partner and resource from area leadership</p>	<p>1.1 Step up collaboration with area partners to address behavioral health needs for area youth and families; participation in inter-agency and town-hall meetings focused on a recent crisis situation</p> <p>1.2 Explore ways to knit together the many efforts throughout the County to address “diabetesity” including participation in the Healthy Communities by Design Leadership Team</p>	<ul style="list-style-type: none"> • Event sign-in sheet • Summary report

<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>1. Review policy recommendations of partners and identify issues for advocacy</p> <p>2. Capture new policy objectives as identified</p> <p>3. Work with partners to identify policy changes</p>	<p>1.1. Review Project Trust and make recommendations to identify issues to work on together</p> <p>1.2 NMPHA (Continue to develop legislative advocacy agenda in collaboration with community and NMPHA)</p> <p>1.3 Participate in the Local Collaborative #11 & #15 to establish priorities</p> <p>1.4. Work with MASE regarding uranium policies</p>	<ul style="list-style-type: none"> • Policy change initiatives backed/started by Health Alliance • Discussions of policy changes • Constituencies established or strengthened • Advocacy strategies discussed or implemented • Participate in NMPHA Policy Forum • Health Alliance meeting minutes
<p>4. Funds are received or leveraged in the community.</p>	<p>1. Ensure community input into funding requests</p>	<p>1.1 Continue to review potential funding requests and refer to community partners for further input and consideration</p>	<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