



# **Annual Work Plan Strategic/Operational Plan**

**2010-2011**

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## **Vision Statement**

### **Definition of Health**

The Council's purpose, vision and mission statements centrally highlight a conscious healing process that makes the individual, the family, the community and the environment whole. Health is a consciousness of wholeness, which creates an on going healing process integrating the physical, psychological, emotional, environmental and spiritual realities of life.

### **Description of a Healthy Community**

A healthy Community cares about the various health needs of its members, and consciously assesses, plans and coordinates the available resources and services to fight off the threats to the healing process. A healthy Community is a united Community with clear motivation and values that provide it strength to address the weaknesses. The health of all is a conscious motivation in action. Infrastructure and resources in place to provide health care for all is an important part of a healthy Community.

### **Unique Cultural Characteristics or Values**

The historical expression in the Hispanic culture "Les deseamos una vida Buena y Sana" states a central value. English translation is "we wish you a good and wholesome life".

Community elders interpret this to refer to two dimensions of life. A good life means when you plant your own garden and eat clean, fresh vegetables from the sweat of your brow, that is a good life. When you consciously accept and appreciate what God gives you, that is a wholesome life. One dimension refers to a healthy physical life, the other refers to a spiritually healthy life.

## **MISSION**

Acquire knowledge related to family and community health assets and needs, take appropriate action, gain an increased understanding, and achieve a higher awareness/consciousness of the healing necessary to make the person, the family, the community and the environment whole again.

Since its inception, the Council has worked to bring about awareness of health issues to the community through Community assessment and input. The Health Council's goal has been primarily to further facilitate and develop the comprehensive Community health improvement process, through council assessment, planning and coordination at the County level.

The Council established committees to address the priorities and has worked on establishing partnerships in the community to help.

## **Self-Assessment Summary**

### **Summary of CSAS Results**

The Mora County Health Council survey was excluded from the Coalition Self Assessment Survey (CSAS) summary report of the New Mexico Health Council survey of 2008. This was due to no Council affiliation reported.

The Health Council Community awareness survey results of May, 2007, and the Community Health Improvement Process Self Assessment total results for April, 2007 were presented to the Health Council at its December 20, 2007 meeting. This was done in response to contract deliverables requesting to identify and implement a minimum of two (2) strategies supported by the results of the FY07 council self-assessment, and the community satisfaction survey to enhance council effectiveness and development.

The Council responded to the survey finding that related to “familiarity with Health Council”. Council members agreed that more needed to be done to make the Community and partners more aware and knowledgeable about the work of the Health Council. It was agreed that more publicity was needed and a brochure was proposed and produced.

A second strategy decided was in response to the need to get more community involvement in the council. It was decided that more advocacy would help to recruit members to the Council, and expand the Council membership base.

### **Summary of SWOT Analysis**

A gap analysis and an assets map, along with information gathered from local surveys and focus groups were helpful in identifying strengths, weaknesses, and threats; these were other structural discussions alternative to a modified Strengths, Weaknesses, Opportunity and Threats (SWOT) analysis. The health council coordinators presented a list of 18 health concerns to health council members and were asked to select three top health concerns; alcohol/substance abuse and domestic violence/child abuse were top health concerns. A structured discussion regarding strengths/weakness/challenges highlighted a number of weakness and strengths. Currently, the only behavioral health services provided in the County are by Community Based Services five(5) days per month, and the Mora Valley Community Health Services on a two (2) days per week basics. This is an obvious weakness since substance abuse is on the increase in the County. A strength identified is the participation of the Health Council in the Behavioral Health Collaborative with San Miguel and Guadalupe counties (MSG). Another weakness identified is the lack of specialty health care in the area. If patients need lab work or need to see a specialist, and do not have the means to pay, either the problem is not addressed, or the patient ends up in the emergency room. The assets map indicates that quite a few services are offered in Mora County for residents, yet most services are provided in Las Vegas and travel is required to access these services at additional cost. Another threat/weakness identified is that Mora County is perennially at the bottom of the list in per capita income. This poses a problem for many to access services.

A modified Strengths, Weaknesses, Opportunity and Threats (SWOT) process by the Mora, San Miguel, and Guadalupe (MSG) Behavioral Health collaborative outlined the following core values as strengths, weakness and challenges:

- Consumers and families need to be involved in all aspects of service design;
- Holistic continuum of services developed in response to community needs such as the importance of spirituality in life and in the healing process;
- Integration of services-medical, behavioral health and substance abuse;
- Ongoing, clear lines of communication among providers, consumers and families;
- Inclusiveness through promotion of adoption of sliding fee scale so services are available to all;
- Cultural competency and awareness;
- Emphasize prevention and improve availability of appropriate intervention services;
- Convenience and expediency for consumers and families;

This summary of the council's self assessment is helpful to identify objectives and activities.

CHI Planning Framework:

**Health Council Work Plan: Action Plan Matrix**

**A. Council Development**

<b>System/Capacity Outcomes</b>	<b>Health Council Objectives</b>	<b>Health Council Action Steps</b>	<b>Indicators</b>
<p><b>1. Planning:</b> The Health Council is recognized as a community health planning and information body or hub.</p>	<p><b>1.1.</b> Make two radio public presentation by June, 2011.  <b>1.2.</b> Publish three articles in the local newspaper by June, 2011  <b>1.3.</b> Make two presentations to County Commission</p>	<p><b>1.</b> Coordinator will present at KNMX and KFUN on priorities every four months.  <b>2.</b> Partner members will publish council highlights every six months.  <b>3.</b> Council officers will present to the County Commission on health policy every six months.</p>	<ul style="list-style-type: none"> <li>• Contacts with policy makers</li> <li>• Request for resources directory</li> <li>• Requests for Community Health Profile &amp; Plan</li> </ul>
<p><b>2. Membership:</b> The Health Council has a stable, diverse, and growing membership.</p>	<p><b>2.1.</b> Council will review inactive members by October, 2010  <b>2.2.</b> Council will expand membership base to include community based organizations by December, 2010</p>	<p><b>2.1</b> Coordinator will evaluate interest level of inactive members to decide status  <b>2.2.</b> Officers will recruit active partnership of community based organization representation</p>	<ul style="list-style-type: none"> <li>• Health Council Roster</li> <li>• CSAS results</li> </ul>
<p><b>3. Internal structures:</b> The health council is sustained and formalized with effective structures &amp; practices:</p> <ul style="list-style-type: none"> <li>• Leadership team</li> <li>• Committee structure</li> <li>• Effective meetings</li> <li>• Member participation</li> </ul>	<p><b>3.1.</b> Notify members not later than two weeks prior to meeting  <b>3.2.</b> Make regular contacts with partners to discuss their concerns</p>	<p><b>3.1.</b> Solicit input from officers and members for agenda items  <b>3.2.</b> Support partners to present issues at meetings</p>	<ul style="list-style-type: none"> <li>• Leadership Team minutes</li> <li>• Committee minutes</li> <li>• Health Council minutes</li> <li>• CSAS results</li> </ul>
<p><b>4. Internal process:</b> The health council uses productive group processes.</p>	<p><b>4.1.</b> Invite guest presenters to meetings for issue discussions  <b>4.2.</b> Increase advocacy role of council on timely local issues</p>	<p><b>4.1.</b> Coordinator provide time on agenda for guest presenters at meetings  <b>4.2.</b> Provide members with information on key local concerns to strengthen advocacy</p>	<ul style="list-style-type: none"> <li>• CSAS results</li> </ul>

## **A. Council Development:**

### **System/Capacity Outcomes**

**1.Planning:** The Health Council is recognized as a community health planning and information body or hub.

#### **Objectives:**

- 1.1. Make two radio public presentation by June, 2011.
- 1.2. Publish three articles in the local newspaper by June, 2011
- 1.3. Make two presentations to County Commission

#### **Action Steps:**

1. Coordinator will present at KNMX and KFUN on priorities every four months.
2. Partner members will publish council highlights every six months.
3. Council officers will present to the County Commission on health policy every six months.

#### **Indicators:**

- Contacts with policy makers
- Request for resources directory
- Requests for Community Health Profile & Plan

**2. Membership:** The Health Council has a stable, diverse, and growing membership.

#### **Objectives:**

- 2.1. Council will review inactive members by October, 2010
- 2.2. Council will expand membership base to include community based organizations by December, 2010

#### **Action Steps:**

- 2.1 Coordinator will evaluate interest level of inactive members to decide status
- 2.2. Officers will recruit active partnership of community based organization representation

#### **Indicators:**

- Health Council Roster
- CSAS results

**3. Internal structures:** The health council is sustained and formalized with effective structures & practices:

- Leadership team
- Committee structure
- Effective meetings
- Member participation

#### **Objectives:**

- 3.1. Notify members not later than two weeks prior to meeting
- 3.2. Make regular contacts with partners to discuss their concerns

**Action Steps:**

- 3.1. Solicit input from officers and members for agenda items
- 3.2. Support partners to present issues at meetings

**Indicators:**

- Leadership Team minutes
- Committee minutes
- Health Council minutes
- CSAS results

**4. Internal process:** The health council uses productive group processes.

**Objectives:**

- 4.1. Invite guest presenters to meetings for issue discussions
- 4.2. Increase advocacy role of council on timely local issues

**Action Steps:**

- 4.1. Coordinator provide time on agenda for guest presenters at meetings
- 4.2. Provide members with information on key local concerns

**Indicators:**

- CSAS results

**Health Council Work Plan: Action Plan Matrix**

**B. Community Assessment & Prioritization**

<b>System/Capacity Outcomes</b>	<b>Health Council Objectives</b>	<b>Health Council Action Steps</b>	<b>Indicators</b>
<p><b>1. Community health assessment:</b> The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p><b>1.1.</b> update profile by June, 2011  <b>1.2.</b> Update Resource Directory by June, 2011  <b>1.3.</b> Distribute Health Profile and Plan</p>	<p><b>1.1.</b> Conduct one focus group using problem Analysis Tool by June, 2011  <b>1.2.</b> Conduct one focus group using modified SWOT Analysis Tool by June, 2011  <b>1.3.</b> Research current information to update the Resource Directory by June, 2011</p>	<ul style="list-style-type: none"> <li>• Community Health Profile</li> <li>• Requests for resource directory</li> <li>• Requests for Community Health Profile &amp; Plan</li> </ul>
<p><b>2. Monitoring progress:</b> The health council is able to monitor progress in achieving outcomes:</p> <ul style="list-style-type: none"> <li>• Improving health</li> <li>• Improving community systems</li> </ul>	<p><b>2.1.</b> Maintain alignment with DOH Strategic Plan  <b>2.2.</b> Perform update to ensure that outcomes are monitored in a regular basis</p>	<p><b>2.1.</b> Request feedback from CSAS on an ongoing basis  <b>2.2.</b> Conduct feedback sessions with council and committees on regular basis</p>	<ul style="list-style-type: none"> <li>• Process for monitoring outcomes</li> <li>• Process for monitoring changes in health systems</li> </ul>
<p><b>3. Emerging issues:</b> The health council has the capacity to respond to emerging issues.</p>	<p><b>3.1.</b> Invite Guest speaker to present information on current policy issues  <b>3.2.</b> Present research data on health care break through</p>	<p><b>3.1.</b> Develop action strategies as needed  <b>3.2.</b> Make appropriate action recommendations to the County Commission</p>	<ul style="list-style-type: none"> <li>• Health Council minutes: discussions of emerging issues</li> <li>• Study/investigation of emerging issues</li> </ul>

## **B. Community Assessment & Prioritization**

### **System/Capacity Outcomes**

**1. Community Health Assessment:** The health council is able to assess community health strengths, needs, problems, and resources.

#### **Objectives:**

- 1.1. Update profile by June, 2011
- 1.2. Update Resource Directory by June, 2011
- 1.3. Distribute Health Profile and Plan

#### **Action Steps:**

- 1.1. Conduct one focus group using problem Analysis Tool by June, 2011
- 1.2. Conduct one focus group using modified SWOT Analysis Tool by June, 2011
- 1.3. Research current information to update the Resource Directory by June, 2011

#### **Indicators:**

- Community Health Profile
- Requests for resource directory
- Requests for Community Health Profile & Plan

**2. Monitoring progress:** The health council is able to monitor progress in achieving outcomes:

- Improving health
- Improving community systems

#### **Objectives:**

- 2.1. Maintain alignment with DOH Strategic Plan
- 2.2. Perform update to ensure that outcomes are monitored in a regular basis

#### **Action Steps:**

- 2.1. Request feedback from CSAS on an ongoing basis
- 2.2. Conduct feedback sessions with council and committees on regular basis

#### **Indicators:**

- Process for monitoring outcomes
- Process for monitoring changes in health systems

**3. Emerging issues:** The health council has the capacity to respond to emerging issues.

#### **Objectives:**

- 3.1. Invite Guest speaker to present information on current policy issues
- 3.2. Present research data on health care break troughs

#### **Action Steps:**

- 3.1. Develop action strategies as needed
- 3.2. Make appropriate action recommendations to the County Commission

#### **Indicators:**

- Health Council minutes: discussions of emerging issues
- Study/investigation of emerging issue

**Health Council Work Plan: Action Plan Matrix**

**C. Community Action: Coordination & Leadership**

<b>System/Capacity Outcomes</b>	<b>Health Council Objectives</b>	<b>Health Council Action Steps</b>	<b>Indicators</b>
<b>1. Networks and partnerships are built and/or enhanced.</b>	<p><b>1.1.</b> Identify local mentors for Gardening Project</p> <p><b>1.2.</b> Recruit Gardening Project Coordinator</p> <p><b>1.3.</b> Recruit co-sponsoring community based organizations for Gardening Project</p>	<p><b>1.1.</b> Recruit mentors for Gardening Project</p> <p><b>1.2.</b> Develop partnership agreement with co-sponsoring organizations</p> <p><b>1.3.</b> Negotiate contract with project coordinator</p>	<ul style="list-style-type: none"> <li>• Shared planning projects</li> <li>• New linkages between community entities</li> <li>• Joint initiatives established or strengthened</li> <li>• Minutes &amp; other documentation of Teen Pregnancy Task Force activities</li> </ul>
<b>2. Community programs are jointly developed or strengthened.</b>	<p><b>2.1.</b> Organize Young Families Gardening Project</p> <p><b>2.2.</b> Match mentors and young families</p> <p><b>2.3.</b> Select Gardening sites</p>	<p><b>2.1.</b> Hold planning meetings with families, mentors and co-sponsoring entities</p> <p><b>2.2.</b> Develop understanding between mentor and family as to requirements and responsibilities</p> <p><b>2.3.</b> Schedule dates for planting</p>	<ul style="list-style-type: none"> <li>• New programs jointly developed or implemented.</li> <li>• Activities related to ongoing programs</li> <li>• Documentation of program development &amp; implementation</li> <li>• Program evaluation results</li> </ul>
<b>3. Policies are changed and/or constituencies are built for policy changes.</b>	<p><b>3.1.</b> Recommend to local legislators to support Health Care For All initiatives</p> <p><b>3.2.</b> Develop advocacy strategy</p>	<p><b>3.1.</b> Invite local legislators to attend Health Council meeting</p> <p><b>3.2.</b> Present health care issue to partner organizations for support</p> <p><b>3.3.</b> Present analysis of health care initiative to the media</p>	<ul style="list-style-type: none"> <li>• Policy change initiatives backed started</li> <li>• Discussions of policy changes</li> <li>• Constituencies established or strengthened.</li> <li>• Advocacy strategies discussed or implemented</li> <li>• School policy changed to include hiring of Health Specialist</li> </ul>
<b>4. Funds are received or leveraged in the community.</b>	<p><b>4.1.</b> Request funding for Gardening Project</p>	<p><b>4.1.</b> Write grant proposals for Value Options reinvestment funds</p> <p><b>4.2.</b> Write proposal to the Catholic Foundation</p>	<ul style="list-style-type: none"> <li>• Technical assistance related to grant proposals provided</li> <li>• Endorsements of grant proposals considered</li> <li>• Joint applications for funding</li> <li>• Additional income received</li> </ul>

## **C. Community Action: Coordination & Leadership**

### **1. Networks and Partnerships are built and/or enhanced.**

#### **Objectives:**

- 1.1. Identify local mentors for Gardening Project
- 1.2. Recruit Gardening Project Coordinator
- 1.3. Recruit co-sponsoring community based organizations for Gardening Project

#### **Action Steps:**

- 1.1. Recruit mentors for Gardening Project
- 1.2. Develop partnership agreement with co-sponsoring organizations
- 1.3. Negotiate contract with project coordinator

#### **Indicators:**

- Shared planning projects
- New linkages between community entities
- Joint initiatives established or strengthened
- Minutes & other documentation of Teen Pregnancy Task Force activities

### **2. Community Programs are jointly developed or strengthened.**

#### **Objectives:**

- 2.1. Organize Young Families Gardening Project
- 2.2. Match mentors and young families
- 2.3. Select Gardening sites

#### **Action Steps:**

- 2.1. Hold planning meetings with families, mentors and co-sponsoring entities
- 2.2. Develop understanding between mentor and family as to requirements and responsibilities
- 2.3. Schedule dates for planting

### **Policies are changed and/or constituencies are built for policy changes.**

#### **Objectives:**

- 3.1. Recommend to local legislators to support Health Care For All initiatives
- 3.2. Develop advocacy strategy

#### **Action Steps:**

- 3.1. Invite local legislators to attend Health Council meeting
- 3.2. Present health care issue to partner organizations for support
- 3.3. Present analysis of health care initiative to the media

**Indicators:**

- New programs jointly developed or implemented.
- Activities related to ongoing programs
- Documentation of program development & implementation
- Program evaluation results

**Funds are received or leveraged in the community.**

**Objectives:**

4.1. Request funding for Gardening Project

**Action Steps:**

4.1. Write grant proposals for Value Options reinvestment funds

4.2. Write proposal to the Catholic Foundation

**Indicators:**

- Technical assistance related to grant proposals provided
- Endorsements of grant proposals considered
- Joint applications for funding
- Additional income received