

Health Council Annual Work Plan Report:

Health Council Name: Cibola County Health Council 2009-2010

Vision Statement:

A healthy community is one in which all citizens have the opportunity to lead a healthy and productive life. Health is defined as physical, mental, emotional, and spiritual well-being. All citizens have full access to the health care they need, including primary care, behavioral health care, dental health, and crisis intervention services. Health care services are high-quality and culturally and linguistically appropriate. The community has adequate housing, safe neighborhoods, and parks and recreational facilities that encourage participation in sports and other physical activities. Community residents have the opportunity to participate in processes to create a healthy community, and there is a strong collective awareness of the importance of health and the need to keep improving community health.

Guiding this process is the visions of “working together for a safer, healthier, more skilled Cibola County”

Mission Statement:

The mission of the Cibola County Health Council is to promote and facilitate collaboration between governments, business, non-profit, health and educational entities toward planning, development and implementation of youth/family development programs. To do this a network of recreational, cultural, civic, and educational programs, events, and facilities will be designed and developed for use by all residents of Cibola County.

Summary of Health Council Assessment:

The following table summarizes the SWOT analysis that was conducted during a regular meeting of the health council:

	Strengths	Weaknesses/Challenges
<u>Council</u>	<ul style="list-style-type: none"> • Dedicated members • Linkages on a regional and state level • Diverse membership • Active members • Lots of expertise on the council • Support systems in place • Good collaboration • Skilled, well-informed coordinator • Well organized and productive meetings 	<ul style="list-style-type: none"> • Community Awareness of the Council • Getting new members up to speed • Need more community rep. members • Need more representation from rural areas And tribes • Need more involvement from government leaders
	Opportunities	Barriers/Needs
<u>Environment</u>	<ul style="list-style-type: none"> • Work with neighboring counties/regions • Cultural Diversity/Heritage • New government official who may be more receptive to collaboration • Many historical tourist attractions • Resiliency and ability to recover from economic downfall • Natural Resources • Healthy babies and low infant mortality • Youth Mentoring Programs 	<ul style="list-style-type: none"> • Rural areas: lack of services, transportation, access to care • Limited resources/ funding • Territorialism • High rates of substance abuse/DWI • High rates of diabetes/obesity • High rates of Teen Pregnancy • Illegal Dumping • Unemployment/Career Opportunities/Poverty • High academic failure among students • Poor infrastructure • Poor community involvement and motivation for improvement • Poor communication, coordination, cooperation, collaboration among agencies • Lack of Mental Health Services • Corrupt Leadership

Health Council Annual Work Plan Planning Matrix Outcomes

A. Council Development

Systems/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 September 2009. <i>Formal Recognition was completed At the September County Commission meeting.</i></p> <p>2. Increase public awareness of health council planning activities in support of identified priorities by June 2010.</p>	<p>1.1 Conduct formal presentation to County Commission re: Community Health Improvement Plan. <i>Quarterly presentation were made to the County Commission as well as Attendance by some commissioners at Health Council meetings.</i></p> <p>1.2 Visit individually with County Commissioners <i>The Council president met individually with one commissioner. The coordinator met with two additional commissions.</i></p> <p>1.3 Draft Health Council Roster & present to Commission <i>The Health Council Roster was presented at the September County Commission meeting.</i></p> <p>2.1 Develop social marketing campaign strategy, based on community survey and recommendations from P.R. consultant</p> <p>2.2 Implement social marketing strategy</p> <p>2.3 Post meeting dates and times in community events section of newspaper <i>Each month meeting times and dates Were published in the local paper as well as e-mail and mail notifications.</i></p>	<ul style="list-style-type: none"> • Contacts with policy makers <i>During the months of Feb to May, the Chairman and HC Coordinator conducted meetings with our State Representatives.</i> • Requests for resource directory <i>We gave out 200 resource directories.</i> • Requests for Community Health Profile & Plan <i>We gave out approximately 75 profiles and plans.</i> • Approval of HC membership by County Commission • Frequency of media coverage <i>There were three different stories in the local newspaper regarding HC activites.</i>

<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>1. Increase representation from rural areas on the health council by 2 additional slots by December 2009.</p>	<p>1.1 Conduct two community forums in rural areas <i>We conducted a joint youth council meeting in Acoma to look at issues jointly around substance abuse.</i></p> <p>1.2 Distribute information on health council membership in waiting areas of rural health clinics</p>	<ul style="list-style-type: none"> • Health Council Roster • CSAS results • Addition of 2 health council members from rural areas <i>We added a representative from the Good Samaritan, Cibola General Hospital, Optimum Health, and Youth Visions. Besides the Health Council, we facilitate a Youth Coalition that addresses substance abuse.</i>
<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 reviewing present committees, clarifying roles, and revising by-laws if necessary .by June 30, 2010.</p> <p><i>We updated and reviewed by-laws at the February Meeting.</i></p>	<p>1.1 Conduct review of committee roles, functions, & membership</p> <p>1.2 Amend by-laws if necessary</p> <p>1.3 Assign council members to committees as necessary</p> <p><i>New Officers were elected at the February Meeting</i></p>	<ul style="list-style-type: none"> • Leadership Team minutes • Committee minutes • Health Council minutes • CSAS results • Changes in by-laws <p><i>Attendance at a few of the HC Meetings was lower than usual Due to the switch in time Required by the County Commission.. We will advocate to change the time back to noon.</i></p>
<p>4. Internal processes: The health council uses productive group processes.</p>	<p>1. All meetings will include agenda & minutes as well as implementation of effective meeting protocol</p>	<p>1.1:Council Coordinators as well as chairs will be trained in effective meeting facilitation</p>	<ul style="list-style-type: none"> • CSAS results <p><i>Agendas and minutes were Utilized for each meeting and subcommittee meetings throughout the contract year.</i></p>

B. Community Assessment

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
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<p>1. Community health assessment: The health council is able to assess community health strengths, needs, problems, and resources.</p>	<p>1. Update Community Health Profile by June 15, 2010 to include data on trends for priority areas.</p> <p><i>The Health Profile was not updated this fiscal year, but we did work on obtaining secondary data through a community survey.</i></p> <p>2. Develop mechanism for yearly assessment of changes in access to/availability of health-related services.</p>	<p>1.1 Update secondary data 1.2 Conduct community-wide needs assessment survey 1.3 Do review, analysis, & interpretation of data (by Profile working group and then by full Council)</p> <p><i>Several meetings were conducted during the year to review and analyze data.</i></p> <p>1.4 Compile update of Profile</p> <p>2.1 Develop matrix for identifying changes in funding levels, services, and programs started or terminated 2.2 Conduct yearly reviews of changes in programs & services, using matrix</p>	<ul style="list-style-type: none"> • Community Health Profile • Requests for resource directory • Requests for Community Health Profile & Plan • Matrix and noted changes
<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. The HC will review all programs and initiatives that have developed under its guidance to determine the effectiveness and merit for continuation or adjustments needed in order to obtain the best outcomes.</p>	<p>1.1 Establish and implement a monitoring mechanism to evaluate initiatives supported and facilitated by the HC to determine the outcomes and effectiveness of programs and services that were designed to improve health status indicators.</p>	<ul style="list-style-type: none"> • Process for monitoring outcomes • Process for monitoring changes in health systems • Outcome measures and evaluation <p><i>The Executive Board met in April to review and evaluate programs and plan for the coming year on how to address budget cuts and prioritize programs.</i></p>
<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 2010)</p>	<p>1.1. Schedule presentations to health council from county programs, health providers, and environmental groups at monthly health council</p>	<ul style="list-style-type: none"> • Health Council minutes: discussions of emerging issues • Study/investigation of

		meetings 1.2. Publicize health council meetings through local newspaper and radio station	emerging issues The HC worked with other to look at strategies to address underage drinking. They also conducted trainings to address Teen Suicide.
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C. Community Action: Coordination & Leadership

Systems/Capacity Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Networks and partnerships are built and/or enhanced.	1. Health Council member will be encouraged to develop new networks and partnerships. Networking opportunities will be scheduled into the health council meeting agendas.	1.1 Add networking and announcement opportunities to the HC agenda 1.2 Forward information by e-mail to the HC members.	<ul style="list-style-type: none"> • Shared planning projects • New linkages between community entities • Joint initiatives established or strengthened <p>We have included opportunities for networking and sharing at meetings. New linkages have been developed between the council and the DWI Council, Team Builders, Southwest Tribal Tobacco Coalition and the South West Conservations Corps.</p>
2. Community programs are jointly developed or strengthened.	1. The HC will utilize current data to support and facilitate new program development that will add additional services and fill gaps in services.	<ol style="list-style-type: none"> 1. Conduct at least one HC meeting to map existing services and determine where there are gaps. 2. Work in partnership to seek resources to address needed services, especially those in priority areas. 	<ul style="list-style-type: none"> • New programs jointly developed or implemented. • Activities related to ongoing programs • Documentation of program development & implementation • Program evaluation results <p>We worked in partnership with the NMSU Extension Services to implement a</p>

			<p>nutrition and fitness program for youth, with the SW Conservation Corps to implement a Learn and Serve Program, with the schools to develop a weight management program for youth.</p>
<p>3. Policies are changed and/or constituencies are built for policy changes.</p>	<p>1. The HC will discuss and address needed policy changes that will support the work of the Council and selected priorities.</p>	<p>1. The HC will dedicate time to exploring possible policy changes that could be advocated in order to improve health status in the county.</p>	<ul style="list-style-type: none"> • Policy change initiatives backed /started • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented <p>We began work and discussions around instituting a Social Host Ordinance. We applied for two grants that would support this initiative.</p>
<p>4. Funds are received or leveraged in the community.</p>	<p>1. The HC will assist with coordination, technical assistance, and support for funding proposals initiated by community organizations. Emphasis will be placed on reducing duplication of efforts and collaboration to maximize funds.</p>	<p>1. Facilitation , support, and assistance to community organizations as they apply for funds to support health needs in the community.</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 <p>We worked with St. Teresa school, Youth Visions, and Grants Mainstreet on various grants. We submitted a joint application for funding with the DWI Council and the Zuni Mountain Trail Partnership.</p>

