



**OTERO COUNTY
COMMUNITY HEALTH COUNCIL
ANNUAL WORK PLAN FY11**

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HEALTH COUNCIL ANNUAL WORK PLAN

1. Vision Statement

The Otero County Community Health Council's **concept of health** is very broad. Our concept of health includes the following:

- ✓ Health is understood to mean both well-being and the absence of illness and other health problems.
- ✓ Health is influenced by many factors, including social, personal, environmental, and economic.
- ✓ Health is inter-related with a wide range of human service issues and needs.
- ✓ Many individuals and entities can and should play a role in maintaining and providing health in the community.

With the above description of health in mind, **our vision is that all Otero County residents, community services, and businesses work together to build a healthy community.**

2. Mission Statement

The mission of the OCCHC is to assess, promote, and enhance the health and well being of county residents by creating a process that encourages broad-based community involvement.

3. Health Council Action Plan (GRID)

Health Council Annual Work Plan Planning Matrix

A. Council Development

System Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
1. Planning: The Health Council is recognized as a community health planning and information body or hub.	1.1 Obtain formal recognition of the health council by the county commission by October 2010.	1.1.1 Present Health Council membership list for approval by county commissioners, September 2010. 1.1.2 Conduct formal presentation to County Commission re: Community Health Improvement Plan, if required by contract, by June 15, 2011. 1.1.3 Provide monthly updates including meeting minutes to the commissioners.	<ul style="list-style-type: none"> • Contacts with policy makers. • Approval of membership list by County Commission.
	1.2 Increase public awareness of health council planning activities in support of identified priorities by June 2011.	1.2.1 Use various media including newspapers, radio, etc. (including Health Happenings columns, Coming Events, PSAs, etc.) to inform the community about activities of the priority Community Action Teams (CAT). 1.2.2 Update the HC at monthly meetings regarding activities of	<ul style="list-style-type: none"> • Frequency of media coverage, including Health Happenings. Compare FY10 frequency to FY11. • Priority reports in monthly meeting minutes. • Number of new people attending Health Council meetings. • Number of new web links

		<p>1.2.3 the priority Community Action Teams (CAT). Conduct a formal presentation to Health Council on priorities at least once/year.</p> <p>1.2.4 Increase incoming web links to the Health Council website.</p>	<p>added to Health Council site. Compare number from FY10 to FY11.</p>
<p>2. Membership: The Health Council has a stable, diverse, and growing membership.</p>	<p>2.1 Increase voting membership by 2 from local hospital, businesses, law enforcement, and/or faith-based organizations by June 2011.</p> <p>2.2 Increase awareness of Health Council membership roles by the Health Council members June 2011.</p>	<p>2.1.1 Personal visits with key stakeholders.</p>	<ul style="list-style-type: none"> • Health Council Roster showing new members and diversity of members from various organizations. • Additional members from identified entities. • Number of membership orientation packets distributed.
<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>3.1 Strengthen committee structure by reviewing present committees, clarifying roles, and revising by-laws if necessary by June 30, 2011.</p>	<p>3.1.1 Conduct review of committee roles, functions, & membership by December 31, 2010.</p> <p>3.1.2 Amend by-laws if necessary by June 15, 2011.</p> <p>3.1.3 Assign council members to committees as necessary throughout the year.</p>	<ul style="list-style-type: none"> • Leadership Team minutes. • Committee minutes. • Health Council minutes. • CSAS results. • Changes in by-laws.

<p>4. Internal processes: The health council uses productive group processes.</p>			<ul style="list-style-type: none"> • CSAS results
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B. Community Assessment

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>1.1 Update Community Health Profile by June 15, 2011</p> <p>1.2 Increase participation by Health Council members in the Health Council reporting process and assessment by June 2011.</p>	<p>1.1.1 Update secondary data in Profile by December 31, 2010.</p> <p>1.1.2 Do review, analysis, & interpretation of data (by Profile working group and then by full Council) by April 1, 2011.</p> <p>1.1.3 Write update of Profile by June 15, 2011.</p> <p>1.2.1 Periodically review Report Information Request Form for local relevancy.</p> <p>1.2.2 Conduct monthly reviews of changes in programs & services, using Information Request Form.</p>	<ul style="list-style-type: none"> ▪ Community Health Profile completed. ▪ Requests for resource directory. ▪ Requests for Community Health Profile & Plan. ▪ Collection of data through the Report Information Request Form.
<p>2. Monitoring progress: The health council is able to monitor progress in achieving outcomes:</p>	<p>2.1 Committees will be asked to provide monthly updates to the Council that include outcomes and</p>	<p>2.1.1 Committee chairs will be asked to attend each Council meeting and/or to send a representative or</p>	<ul style="list-style-type: none"> ▪ Process for monitoring outcomes. ▪ Process for monitoring

<ul style="list-style-type: none"> • Improving health • Improving community systems 	<p>process changes, related to the committee activity.</p>	<p>written report.</p>	<p>changes in health systems.</p>
<p>3. Emerging issues: The health council has the capacity to respond to emerging issues.</p>	<p>2.2 Identify possible emerging health issues through health council meetings and other ongoing activities by June 2010.</p>	<p>2.2.1 Schedule presentations to health council from county programs, health providers, and various community groups at monthly health council meetings.</p> <p>2.2.2 Study/investigation of emerging issues through participation in community boards and ad hoc committees.</p>	<ul style="list-style-type: none"> ▪ Health Council minutes: discussions of emerging issues. ▪ Participation in community boards and ad hoc committees.

C. Community Action: Coordination & Leadership – Substance Abuse Priority FY10

System Outcomes	Health Council Objectives	Health Council Action Steps	Indicators
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<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>1.1 Provide support services and assistance as needed to the Otero Substance Abuse Awareness Coalition (SAAC).</p> <p>1.2 Expand membership of the SAAC to include law enforcement and faith-based groups (none of whom are currently represented) by June 2011.</p>	<p>1.1.1 Provide organizational & clerical support (such as minutes, meeting announcement dissemination, etc.) to the Otero County Substance Abuse Awareness Coalition on an ongoing basis.x</p> <p>1.1.2 HC Coordinators and CAT members will participate in relevant activities performed by other groups as requested</p> <p>1.2.1 Invite missing community members to the Otero County Substance Awareness Coalition by September 2010.</p> <p>1.2.2 Create Power Point presentation about the SAAC to present to other entities as requested by September 2010.</p>	<ul style="list-style-type: none"> • Meeting minutes for SAAC. • Number of additional related committees. • New linkages between community entities. • Shared planning projects. • Joint initiatives established or strengthened. • Number of new members serving on SAAC. • Number of presentations given.
<p>2. Community programs are jointly developed or strengthened.</p>	<p>2.1 Plan and implement collaborative, evidence-based substance abuse prevention program (“Maze of Life”) by June 2011.</p> <p>2.2 Plan and implement at least one additional community and/or school related activity (such as</p>	<p>2.1.1 Begin regular planning meetings for “Maze of Life” by July 1, 2010.</p> <p>2.1.2 Invite to meetings community entities (such as law enforcement, school officials, etc.) needed for the program by June 1, 2010.</p> <p>2.2.1 Continue serving on committees related to substance abuse as requested.</p>	<ul style="list-style-type: none"> ▪ Number of “Maze of Life” meetings. ▪ Attendance at “Maze of Life” meetings. ▪ Program evaluation results. ▪ New programs jointly developed or implemented. ▪ Activities related to ongoing

	Red Ribbon Week activities) by November 2010. (Evidence-based activities will include those approved by CSAP: Information Dissemination and Community Based Process.)	2.2.2 Continue collaborating on alternative activities by other entities. 2.2.3 Publish life stories of recovering addicts on SAAC webpage.	programs. ▪ Attendance at programs. ▪ Documentation of program development & implementation. ▪ Number of hits on webpage.
3. Policies are changed and/or constituencies are built for policy changes.	3.1 Provide information and data to be used for advocacy purposes by other community entities.	3.1.1 Work with community groups/committees/governing bodies when invited to provide data, information and input as needed based on our Community Health Profile and Plan.	<ul style="list-style-type: none"> • Discussions of policy changes • Constituencies established or strengthened. • Advocacy strategies discussed or implemented. • Number of times data or technical support is provided including via the HC website.
4. Funds are received or leveraged in the community.	4.1 Generate records as complete as possible of grant money received by local agencies.	4.1.1 Provide grant information as available through the Community Health Council email distribution list. 4.1.2 Provide data for proposal writing through the Community Health Profile. 4.1.3 Provide letters of support/collaboration upon request.	<ul style="list-style-type: none"> • Technical assistance related to grant proposals provided. • Letters of support/collaboration written. • Joint applications for funding. • Additional income received.

D. Community Action: Coordination & Leadership – Obesity Priority FY10

System Outcomes	Health Council Objectives	Health Council Action Steps	Indicators

<p>1. Networks and partnerships are built and/or enhanced.</p>	<p>1.1 Provide support services and assistance as needed to the Otero County Diabetes Education and Prevention Collaborative (OCDEPC).</p> <p>1.2 Expand OCDEPC membership by 5 individuals by June 2011.</p>	<p>1.1.1 Provide organizational & clerical support (such as minutes, meeting announcement dissemination, etc.) to the OCDEPC.</p> <p>1.1.2 HC Coordinators and CAT members will participate in relevant activities performed by other groups as requested.</p> <p>1.2.1 Invite missing community members to the Otero County Diabetes Education and Prevention Collaborative.</p>	<ul style="list-style-type: none"> ▪ Meeting minutes for OCDEPC. ▪ Number of additional related committees. ▪ New linkages between community entities.
<p>2. Community programs are jointly developed or strengthened.</p>	<p>2.1 Plan and implement at least 3 employer worksite presentations on obesity related topic(s), including chronic illness related to obesity, by June 2011.</p> <p>2.2 Plan and implement at least one Let's Move Otero Activity by June 15, 2011.</p>	<p>2.1.1 Offer employer-site-based presentations based on results of employer survey.</p> <p>2.1.2 Participate on committees and boards, as requested.</p> <p>2.2.1 Collaborate with agencies/organizations on their events promoting physical activity, and include these organizations in the planning of the Let's Move Otero.</p> <p>2.2.2 Regular meetings to plan the Let's Move Otero. Plan first meeting by July1, 2010.</p>	<ul style="list-style-type: none"> ▪ Number of surveys distributed and returned. ▪ Number of presentations given. ▪ New programs jointly developed or implemented. ▪ Activities related to ongoing programs. ▪ Documentation of program development & implementation. ▪ Number of Let's Move Otero meetings. ▪ Attendance at Let's Move Otero meetings. ▪ Program evaluation results. ▪ Attendance at Let's Move Otero. ▪ Number of activities at

			Ciclovia.
3. Policies are changed and/or constituencies are built for policy changes.	3.1 Provide information and data to be used for advocacy purposes by other community entities.	3.1.1 Work with community groups/committees/governing bodies when invited to provide data, information and input as needed based on our Community Health Profile and Plan. 3.1.2 Attend meetings of the local school wellness committees. 3.1.3 Sit on boards and advisory committees as invited.	<ul style="list-style-type: none"> ▪ Number of times data or technical support is provided including via the HC website. ▪ Discussions of policy changes. ▪ Constituencies established or strengthened. ▪ Advocacy strategies discussed or implemented.
4. Funds are received or leveraged in the community.	4.1 Generate records as complete as possible of grant money received by local agencies.	4.1.1 Provide grant information as available through the Community Health Council email distribution list. 4.1.2 Provide data for proposal writing through the Community Health Profile. 4.1.3 Provide letters of support/collaboration upon request.	<ul style="list-style-type: none"> ▪ Technical assistance related to grant proposals provided. ▪ Letters of support/collaboration written. ▪ Joint applications for funding. ▪ Additional income received.